

## **SUPPLIER QUALIFICATION FORM**

**Procurement Services** 128 Hofstra University

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This form must be completed by all suppliers interested in obtaining acceptance as an approved supplier of Hofstra University. This form shall be updated periodically to maintain an Approved Supplier Status.

Billing Address: (If different from above)	
Business Telephone Number: (	)
Supplier Representatives:	
Name:	Title:
Telephone Number: ()	Cell: ()
Name <sup>,</sup>	Title:
Telephone Number: ()	Cell: ()
Accounts Receivable Representative:	
Name:	Title:
Telephone Number: () Email Address:	

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## Section II. Supplier References

Type of Product/Service:_			
Provide five (5) reference	es for the last two	years:	
1) Customer Name:			
Contact Name/Title:			
Contact Telephone: (			
2) Customer Name:			
Contact Name/Title:			
Contact Telephone: (			
3) Customer Name:			
Contact Name/Title:			
Contact Telephone: (			
4) Customer Name:			
Contact Name/Title:			
Contact Telephone: (			
5) Customer Name:			
Contact Name/Title:			
Contact Telephone: (			
Federal Tax ID: Dun and Bradstreet Numb Payment Terms: Discount to Payment Term Annual Sales for the past of Year Year Year Year Number of Years in Busing	ns: three years:		
Business Classification:	☐ Minority owned☐ Disadvantaged	☐ Women owned☐ Veteran owned	☐ Hub Zone ☐ Small Business

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Supplier Name:		
Section III. Hofstra University Insurance Requirements Suppliers qualified to perform work on the campus of Hostandard insurance requirements as listed below, naming your policy. All policies shall be on an Occurrence basis, All policies shall also provide coverage for Terrorism and carry on your policy, whether higher or lower:	Hofstra University as including the Umbre	s additional insured under ella Policy, with no deductible
	Requirements (Minimum)	Supplier Policy Limits
General Liability Commercial (to include terrorism and sexual molestation)		
General Aggregate – Per Project or Per Location	\$ 2 million	
Aggregate Product & Completed Operation	\$ 2 million	
Bodily Injury & Property Damage Combined	\$ 1 million	
Personal Injury & Advertising Injury	\$ 1 million	
Fire Legal Liability	\$ 1 million	
Workers Comp, Each Accident	\$ 1 million	
Workers Comp, Bodily Injury by Occup Disease – Each Employee	\$ 1 million	
Workers Comp, Bodily Injury by Occup Disease – Policy Limit	\$ 1 million	
Auto Liab for Bodily & Property Damage Combined Single Limit for all owned, non-owned, hired vehicles to include terrorism as well as loading & unloading activity	\$1 million	
Umbrella Liability – Each Occurrence	\$ 5 million	
Umbrella Liability (Major Construction Projects Only)	\$ 10 million	
Property Insurance		
Environmental Pollution (if applicable)	\$ 1 million	
Professional Liability (if applicable)		
Other Coverage you may have:		
PLEASE ATTACH PROOF OF INSURANCE		
Name (Print) Title	Authorize	ed Signature Date

Return This Form Via Fax to 516-463-4646 or email at procurement@hofstra.edu.