



MAKE TOMORROW, TODAY



University of California Vendor Liability Program Insurance Application

Phone: 866-838-9536 Fax: 515-365-3005 E-mail: plsdsteam.service@mercer.com Mailing Address: P.O. Box 14521, DSM, IA 50306

Please complete all fields, any incomplete applications will be sent back.

Coverage is designed for work performed under contract with the University of California only.

Vendor Name:

Address:

Web Site: www. E-mail address:

Contact person: Telephone:

Fax #:

1 Short Description of Vendor's Business:

2 Contract term with the University of California: To

3 Description of the work to be performed for the University of California:

4 Name, phone #, and e-mail address of your primary contact at the University of California:

5 Indicate the University of California campus for which you will be performing the majority of your work?
Please check only one.

- UC Berkeley UCLA UC San Francisco UC Santa Barbara UC San Diego UC Riverside
- UC Davis UC Merced UC Office of the President UC Irvine UC Santa Cruz

6 Number of years in business:

7 Have there been any claims filed against you in the past 5 years?

- If yes, please give a brief description of the claim(s) including date of claim(s):

Fraud Notice

NOTICE TO APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO NEW YORK APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

NOTICE TO KENTUCKY APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT WHICH IS A CRIME.

NOTICE TO MINNESOTA AND OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

NOTICE TO NEBRASKA AND OKLAHOMA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

NOTICE TO PENNSYLVANIA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO FLORIDA APPLICANTS: ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

NOTICE TO NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO MAINE AND VIRGINIA APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

NOTICE TO OREGON APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD AN INSURER: (1) BY SUBMITTING AN APPLICATION, OR (2) BY FILING A CLAIM CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT, MAY BE VIOLATING STATE LAW.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: "WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT."

NOTICE TO NEW MEXICO APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES."

NOTICE TO TENNESSEE APPLICANTS:"IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS."

The University of California has selected Chartis Insurance company for this insurance program. Alternative insurance products may be available in the insurance market place. Mercer Consumer, a service of Mercer Health & Benefits Administration, LLC, is providing this single insurer option on behalf of The University of California. If the program requirements of the insurer are not met, Mercer may seek additional options on your behalf. In addition, please note that we may utilize a third party Business Insurance Now to gain access to insurers that we do not have direct access to in the insurance marketplace.

In accordance with industry custom, we are compensated through commissions that are calculated as a percentage of the insurance premiums charged by insurers. We may also receive additional monetary and nonmonetary compensation from insurers, or from other insurance intermediaries, which may be contingent upon volume, profitability, or other factors. This compensation may include payment from insurers for marketing related expenses or investments in technology. Our compensation may vary depending on the type of insurance purchased and the insurer selected. We will provide you additional information about our compensation and information about alternative quotes, upon your request.

You may obtain this information by referring to <https://www.personal-plans.com/disclosure> and enter in the security code O4875335, or call us at 1-800-503-0230 for specific details.

Insured Signature*: _____ Date: _____

*Signing this Application shall not constitute a Binder or Obligate the Company to provide this insurance, but it is agreed this Application shall be the basis on which a policy may be issued. Coverage will become effective upon approval of this Application and receipt of your payment.

PAYMENT OPTIONS

Option 1: Upload form to pay with debit/credit card at MercerSecure.com

____ If you choose to pay by credit card, please visit www.mercersecureservice.com/60000 to enter your credit card information and upload this form*. *Submission of your credit card information to Mercer does not constitute receipt of payment of approval or binding of coverage by the insurer. Any coverage is subject to the terms and conditions of the insurance policy issued by the insurer. Payment will be processed upon review and acceptance of your submission.*

Total Amount Authorized \$ _____

Option 2: Mail form with check payment

____ To pay by check, return this form along with your check made payable to: Mercer Consumer. Your check can be mailed to:

Mailing Address:
Mercer Consumer, a service of Mercer Health & Benefits Administration LLC
P.O. Box 14521
Des Moines, IA 50306

AR Insurance License #100102691
CA Insurance License #0G39709
Mercer Health & Benefits Insurance Services LLC

PAYMENT FOR SERVICES REQUEST

*Use this form when you are requesting payment for:
Honorarium, Participant Support/Stipend, or Independent Contractor.*

****This form should be submitted to the BSO before the service begins, this is highly recommended. If it is submitted after service begins, please attach an After The Fact Justification to support the request.****

Payment Type: <input type="checkbox"/> Honorarium <input type="checkbox"/> Participant Support/Stipend <input type="checkbox"/> Independent Contractor <input type="checkbox"/> Independent Contractor - After the Fact
Select appropriately: Honorarium: A one-time payment granted in recognition of a special service or distinguished achievement for which propriety precludes setting a fixed price, such as a special lecture, participation in a workshop or panel discussion, or similar activities. *Please attach flyer or announcement.* Participant Support/Stipend: An individual who is receiving a service or training opportunity from a workshop, conference, seminar, symposium, or other short-term instructional or information sharing activity funded by a sponsored award. Participant support costs items: Participant allowance, supplies, per diem, travel expenses and/or registration fees paid to or on behalf of participants connection in activity of project. Independent Contractor: An individual or entity that performs a specific service for the UC based on a set price, pursuant to a scope of work and deliverables set by the UC, prior to when the service begins. Examples of services: Printing services, web/graphic design, transcription, freelance writer, etc. Independent Contractor - After the Fact: An Independent Contractor who commenced services without prior authorization/approval from Procurement Department and/or Risk Services is considered after the fact and an after the fact justification must be completed.
Payee Type: <input type="checkbox"/> Employee* <input type="checkbox"/> Former UCB Employee <input type="checkbox"/> Student* <input type="checkbox"/> Individual** <input type="checkbox"/> Org/Inst

<p>*If payee is an employee or student, please contact the BSO before the service is performed; we will need to determine if the payee is eligible to receive payments via BearBuy or Payroll.</p> <p>If payee is a foreign national, additional forms are required to issue payment. Refer to Controller's Office website for information on paying foreign nationals: http://controller.berkeley.edu/payroll/glacier-tax-compliance-system. The payee must complete and attach the required forms.</p>	Provide appropriate Payee ID info: Employee ID; Student ID; SS# for Individuals; Fed Tax ID for Org/Inst with no UC affiliation. Empl ID/Student ID _____ SS#/Fed Tax ID: _____ **A Conflict of Interest Certification form must be completed with the exception of Payment Type: Honorarium.
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Payee Name: _____

Payment Address: _____

City _____ State _____ Zip _____

Payee Phone #: _____

Payee Email: _____

Dates of Activity/Service: _____

Amount of Payment: _____

City/State/Country Work Performed _____

** If work was performed outside of CA, please provide detailed description of work in business purpose below.*

Detailed Business Purpose:

Purchase Certification

UNAUTHORIZED PURCHASES
 Responsibility - An individual who has not been delegated purchasing authority who makes an unauthorized purchase of goods or services shall be responsible for payment of the charges incurred.
 At the discretion of the Chancellor or Laboratory Director:
 1. The unauthorized individual shall be required to pay either the full amount whenever the purchase is found to cover unneeded items or items whose purchase would not otherwise be authorized and the transaction cannot be canceled, or the amount of any cancellation charges incurred when cancellation can be arranged.
 2. The unauthorized individual shall be required to pay only the difference between the charges such individual incurred and those the University would be reasonably expected to have incurred whenever the purchase is otherwise found to have been proper.

Account Name/Fund Source: _____

Approval Signature: _____ Date: _____

GSE Authorized Signature (**BSO/DO Use Only**): _____ Date: _____

Complete info below if preparer is not payee

Preparer Name: _____ Preparer Phone: _____

Preparer Email: _____



CONFLICT OF INTEREST CERTIFICATION – Part A

1. Are you currently an employee of any entity of the University of California (including but not limited to any campus, medical center, lab or the Office of the President)? YES NO
2. Are you a former employee, within the last two years, of any campus, medical center, and/or lab of the University of California? YES NO
3. Are you a near relative of an employee of any campus, medical center, and/or lab of the University of California? YES NO
4. If you answer “Yes” to any of the 3 questions above: you must complete Part B. (Prepare a separate Part B for each individual identified above)
5. If you answer “No” to all 3 questions: sign and date the certification statement below. (Do not use Part B.)

I certify that the above information is true and that I am the person whose name is signed below:		
Print Name	Sign Name	Date

DEFINITIONS

Employee - any individual who is presently employed by the University.

Employee with Teaching or Research Responsibilities – an academic appointee who is engaged in teaching and/or research activities, and certain staff employees (e.g., Staff Research Associates) who may participate in teaching or research activities.

Former employee – an individual who has retired or separated from the University, was dismissed, or was otherwise formerly employed by the University

Near Relative – the spouse, child, parent, brother, sister, son-in-law, daughter-in-law, father-in-law, mother-in-law, brother-in-law, or sister-in-law of a University employee, and step-relatives in the same relationship.

- *Near relative* also includes the domestic partner of a University employee and a relative of the domestic partner in one of the foregoing relationships.



CONFLICT OF INTEREST CERTIFICATION – Part B

Complete this page if you answered yes to any of the three questions in Part A. Prepare a separate Part B for each individual as needed (for example, you would prepare two of Part B if you were an employee within the last two years and you also have a near relative who is currently employed by the University)

1. Please list current and/or former positions held by you or your near relative:

Name	UC Location	Department	Position	Date of Separation
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2. Please describe your financial interest in the transaction (or the financial interest of near-relative):

3. Please describe your financial interest (or the financial interest of your near relative) in any business entity involved in the transaction:

4. Do you (or your near relative) have any past, current, or future responsibility for, involvement in, or direct influence on any of the negotiations, transactions, planning, arrangements, or any part of the decision-making process relevant to the contract?

NO YES, please explain:

5. Do you certify that no University time, material, equipment, or facilities have been or will be used in connection with any resulting purchase order or contract? YES NO

I certify that the above information is true.

Potential Vendor: Print name

Signature

Date

Approved: YES

NO

Director of Business Services (Materiel Manager)

Date



Detail and specificity are important in writing a quality Statement of Work.

Statement of work addresses in detail:

- “What” is wanted
- “When” it is wanted
- “Where & How” it should be delivered
- “How” should it be packaged (if applicable)
- “How, When, and Where” it should be inspected/tested and accepted or reviewed indicating it meets requirements
- Who (department or supplier/vendor) is responsible for certain activities (such as certain furnished materials/services, training, follow-on upgrades, maintenance and spare parts replenishment)
- If there will be progress reviews and progress reporting, and if so, “How, When, Where, and by Whom”
- Specialized personnel which may be required
- Other activities that provide a complete description of the requirements to eliminate misunderstanding of what is required by each side of the transaction



Fax Completed Form to Vending: (510) 664-7209
UC Berkeley Substitute W-9 & Supplier Information Form

Suppliers who do not wish to complete this form in its entirety may elect not to do business with UC Berkeley.

NEW SUPPLIER UPDATE EXISTING SUPPLIER NEW INDIVIDUAL REFUND SUPPLIER SUPPLIER ID _____

SUPPLIER INFORMATION				
1	NAME (as registered with the IRS)		PARENT COMPANY NAME (if applicable)	
	BUSINESS NAME/DBA (if different than above)		COUNTRY (if not U.S.A.)	
	ORDER ADDRESS (number, street, and apt or suite no.)		REMITTANCE ADDRESS (number, street, and apt or suite no.)	
	CITY, STATE and POSTAL CODE		CITY, STATE and POSTAL CODE	
	ORDER PHONE NUMBER		PURCHASE ORDER EMAIL	
	PURCHASE ORDER FAX NUMBER		CONTACT NAME (Order and Remit)	
	FEDERAL TAX CLASSIFICATION (check only one) <input type="checkbox"/> INDIVIDUAL/SOLE PROPRIETOR <input type="checkbox"/> C CORPORATION <input type="checkbox"/> S CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> TRUST/ESTATE <input type="checkbox"/> LLC – Tax classification (C=C Corporation, S=S Corporation, P=Partnership) _____ <input type="checkbox"/> OTHER _____			
TAXPAYER IDENTIFICATION NUMBER (TIN, required)		DUN & BRADSTREET NUMBER (DUNS, if applicable)		
SOCIAL SECURITY NUMBER	OR	EMPLOYER IDENTIFICATION NUMBER		
DESCRIPTION OF BUSINESS OR SERVICE PROVIDING TO UC BERKELEY (required) <input type="checkbox"/> REIMBURSEMENT <input type="checkbox"/> HONORARIUM <input type="checkbox"/> PRIZE or AWARD <input type="checkbox"/> STIPEND <input type="checkbox"/> HUMAN SUBJECT <input type="checkbox"/> OTHER _____			UNSPSC CODE (if applicable)	
2	UC BERKELEY STAFF CONTACT NAME	UCB CONTACT PHONE	UCB CONTACT EMAIL	
BUSINESS TYPE / CLASSIFICATION				
3	BUSINESS SIZE <input type="checkbox"/> LARGE <input type="checkbox"/> SMALL	OWNER GENDER <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	SUPPLIER CLASSIFICATION <input type="checkbox"/> SUPPLIER <input type="checkbox"/> ATTORNEY <input type="checkbox"/> INDEPENDENT CONTRACTOR <input type="checkbox"/> CONSULTANT <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> REFUND	
	FEDERAL CERTIFICATIONS: self-certify with the Federal Government			<input type="checkbox"/> MBE (Minority Business Enterprise)
	<input type="checkbox"/> SDB (Small Disadvantaged Business)	<input type="checkbox"/> VOSB (Veteran Owned Small Business)	<input type="checkbox"/> SBE (Small Business Enterprise)	
	<input type="checkbox"/> Hub Zone (Historically Under-Utilized Small Business)	<input type="checkbox"/> WOSB (Women-Owned Small Business)	<input type="checkbox"/> SDVOSB (Service-Disabled Veteran-Owned Small Business)	
	<input type="checkbox"/> ANC1 (Alaska Native Corporation not certified with SBA)	<input type="checkbox"/> HBCU/MI (Historically Black College or Minority Institution)	<input type="checkbox"/> WBE (Women Business Enterprise)	
<input type="checkbox"/> ANC2 (Alaska Native Corp not a small business)			<input type="checkbox"/> DBE (Disadvantaged Business Enterprise)	
STATE OF CALIFORNIA CERTIFICATIONS: self-certify on the State of CA website			<input type="checkbox"/> DVBE (Disabled Veteran Business Enterprise)	
<input type="checkbox"/> WBE (Women Business Enterprise)		<input type="checkbox"/> SBE (Small Business Enterprise)	<input type="checkbox"/> DVBE (Disabled Veteran Business Enterprise)	
ABILITY ONE PROGRAM: (for disabled businesses) <input type="checkbox"/> Ability One				
CERTIFICATION – REQUIRED FOR U.S. ENTITIES AND CITIZENS				
4	Under penalties of perjury, I certify that: (1) The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and (3) I am a U.S. citizen or other person (defined in the instructions). You must cross out item (2) above if you have been notified by the IRS that you are currently subject to backup withholding because of underreporting interest or dividends on your tax return.			
	SIGNATURE (required for U.S. entities and citizens)		DATE	
	PRINTED NAME		TITLE	

Guide to Completing the Substitute W-9 and Supplier Information Form

WHO COMPLETES THE SUBSTITUTE W-9 AND SUPPLIER INFORMATION FORM?

- The supplier or authorized supplier representative completes and signs the Substitute W-9 and Supplier Information Form.

WHO SUBMITS THE FORM TO VENDORING?

- Supplier or Department can submit a completed form. If the supplier submits the form, Section 2 for UC Berkeley staff contact information must be completed.

WHERE SHOULD THE FORM BE SENT?

- The completed form should be faxed to UC Berkeley Vendoring .
Fax: 510-664-7209

Helpful Instructions for Completing the Substitute W-9 and Supplier Information Form

TYPE OF REQUEST?

- **NEW SUPPLIER** - New supplier providing a product or service when doing business with UC Berkeley
- **UPDATE EXISTING SUPPLIER**- Changes/updates to existing supplier information
- **NEW INDIVIDUAL**- To whom payment is due. Also used for reimbursement, honorarium or subject or research participant payment
- **REFUND SUPPLIER**- Refund due for only cash or check payment

SUPPLIER INFORMATION

- **NAME** – Name used when filing IRS taxes. Must correspond to the Social Security Number or Employer Identification Number
- **BUSINESS NAME/DBA** – Name of the company, if different from legal name
- **PARENT COMPANY NAME**– Name of the parent company, if subsidiary completing the form
- **ORDER ADDRESS** – Primary business location
- **REMITTANCE ADDRESS** – Address where payments are sent, if different from primary address
- **ORDER PHONE NUMBER** – Primary business telephone number
- **PURCHASE ORDER EMAIL** – Email address to send Purchase Orders to
- **PURCHASE ORDER FAX NUMBER** – Fax number for UCB to send Purchase Orders to
- **CONTACT** – Supplier contact name
- **FEDERAL TAX CLASSIFICATION** – Select the applicable tax classification; check only one (1) type
- **TAXPAYER IDENTIFICATION NUMBER** – The social security number **or** employer identification number, required
- **DUN & BRADSTREET NUMBER** – The unique 9 digit identification number assigned to your business, if applicable
- **UNSPSC CODE** – United Nations Standard Products and Services Code (www.unspsc.org) or the description of business or services providing to UC Berkeley

UC BERKELEY STAFF CONTACT INFORMATION

- **UC BERKELEY STAFF CONTACT** – Name, phone number and email address for the UC Berkeley staff contact who requested you to complete the form

BUSINESS TYPE/CLASSIFICATION

- **BUSINESS SIZE, OWNER GENDER, SUPPLIER CLASSIFICATION** – select the appropriate options
- **GOVERNMENT CLASSIFICATIONS** – select all for which the business has self-certified as defined in the System for Award Management or on the State of California Contract Registration e-Procurement website

CERTIFICATION

- Supplier or authorized payee representative must sign the Certification. Required for U.S. entities and citizens

Substitute W-9 Form Disclosures

AFFIDAVIT

The signatory of this document affirms they are authorized to represent the company. The signatory confirms that the number shown on this form is the company's correct taxpayer identification number. He or she hereby certifies under penalty of perjury under the laws of the State of California that the information provided on this document is true and correct as it pertains to company's business size and classifications as defined by the federal Small Business Administration's (SBA) business size standards and other business classifications. Any misrepresentation may prevent the company from doing business with UC Berkeley, and be subject to any other penalties allowed by law. If any of the business information on this form changes, the supplier is responsible for advising and resubmitting a form with the new information back to UC Berkeley's Procurement Services Vending Group.

PRIVACY NOTIFICATIONS

FEDERAL

Pursuant to the Federal Privacy Act of 1974 (as of 2001) protects individuals by regulating when and how local, state and federal government and their agencies can request individuals to disclose their Social Security Number (SSN) and by requiring that Social Security Numbers must be maintained as confidential by those local, state and federal government and agencies.

STATE

If any type of personal information is requested or volunteered by the user, State law, including the Information Practices Act of 1977, Government Code Section 11015.5 and the federal Privacy Act of 1974 may protect it. Information provided in this form, with the exception of a Social Security Number or federal tax identification, may be a public record and could be subject to public inspection and copying if not otherwise protected by federal or State law.

INSURANCE REQUIREMENTS

Insurance requirements are based on degree of risk rather than the dollar value of the contract, and will be reviewed with vendor prior to commencing business. Coverage must be current and in place at the time when a supplier is actively doing business with Berkeley. All insurance policies shall be subject to review and approval by the University, including submitting the firm's current certificate of insurance.

PRIVACY ACT NOTICE:

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons who are required to file information returns with the IRS to report interest, dividends, and certain other income paid to you; mortgage interest you paid, the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, or Archer MSA or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply for providing false or fraudulent information.

PENALTIES:

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

ADDITIONAL INSTRUCTIONS: See IRS Form W-9, Request for Taxpayer Identification and Certification.