

CERTIFICATE OF INSURANCE GUIDELINES

For Vendors, Independent Contractors, Consultants, and/or Other Service Providers
Performing Work/Services for UC Berkeley.

Vendors, independent contractors, consultants, and/or other service providers performing work/services under a purchase order, contract, or other agreement for the University must include as part of their contractual obligation a provision to defend and hold the University harmless from any loss, injury, or damage occurring during the performance of their work, and must indemnify The Regents for any loss suffered as a result of negligence on the part of the contractors, consultants, affiliates, or service providers, including their employees, agents, and sub-contractors. Insurance provides the funding source in case the vendor, independent contractor, consultant, or other service provider needs to make good on this indemnification.

Under the terms and conditions of any purchase order, contract, or other agreement, the non-University entity is required to show evidence of adequate insurance coverage by furnishing a Certificate(s) of Insurance indicating compliance with the required coverages found in *Business and Finance Bulletin*, BUS 63, (“Insurance Requirements/Certificates of Insurance”) found at

<http://www.ucop.edu/ucophome/policies/bfb/bus63-VendorMatrix.pdf>

The information that must be contained on the Certificate is technical and needs to be precisely stated to effectively protect the University’s interests. What to look for when you receive the certificate is discussed below.

1. Review the Insured information – this is the name of the individual, group, or property that is covered by the Insurance Policy. The Producer’s name will be the Insured’s broker. The Insurers information names the carrier(s), and identifies the type of coverage the carrier is giving the Insured.

PRODUCER Name, Address, phone and fax number of the broker/carrier that issued the certificate. PHONE - FAX -	<p>THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.</p> <hr/> <p align="center">INSURERS AFFORDING COVERAGE</p> <hr/> INSURER A. Name of the Carrier for GL Insurance INSURER B. Name of the Carrier for Auto Insurance INSURER C. Name of the Carrier for Excess Liability Insurance INSURER D.
INSURED Vendor Name Vendor Address	

2. Review the Policy Effective and Expiration dates to make sure the **policy covers the terms of the contract or scope of work.**
3. Review the **Insurance Limits** to make sure they are what are stated in the contract.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATIONDATE (MM/DD/YY)	LIMITS – Stated in the contract/PO	
A	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> <hr/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	Policy Number	Please check the policy effective date.	Please check the policy expiration date.	EACH OCCURANCE	
					FIRE DAMAGE (Any one fire)	
					MED EXP (Any one person)	
					PERSONAL & ADV INJURY	
					GENERAL AGGREGATE	
					PRODCUTS-COMP/OP AGG	

4. Make sure **The Regents of the University of California** is named as an **additional insured!** This allows the University to work directly with the insurance carrier in case of a claim.
5. Check to make sure The Regents of the University of California is listed under the Certificate Holder along with the Department Name, Department Contact and address.
6. Review and make sure there is a 30 Days written notice under Cancellation.

Description of Operations/Locations/Vehicles/Exclusions added by Endorsement/Special Provision.	
<p>IMPORTANT: THE REGENTS OF THE UNIVERSITY OF CALIFORNIA IS NAMED AS AN <u>ADDITIONAL INSURED</u>. (precise wording is key here)</p>	
<p>The Regents of the University of California Student Affairs Insurance Coordinator 2610 Channing Way Berkeley, CA 94720</p>	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL</p> <p>30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.</p>
	<p>AUTHORIZED REPRESENTATIVE</p> <p><i>Authorized Signature</i></p>

If you have any questions, please call the Office of Risk Management at 642-5141.

UNIVERSITY OF CALIFORNIA

MINIMUM INSURANCE REQUIREMENTS FOR CONTRACTORS/EXTERNAL USERS

GENERAL

United States Vendors Only¹

A. MINIMUM LEVELS OF COVERAGE

It is always advisable to obtain the maximum levels of coverage that the vendor will accept. However, the following are the *minimum* insurance coverage and policy limits that must be included in *all* contracts with Contractors and External Users. Depending on the activity involved in the contract, additional coverage may be necessary (see Section B below).

Commercial General Liability

\$1MM Each Occurrence
\$2MM Aggregate
\$2MM Products Completed Operations
\$1MM Personal & Advertising Injury
\$100k Fire Damage (any one fire)
\$5k Medical Expense (any one person)

Commercial Auto Liability

\$1MM Combined Single Limit

Workers' Compensation

Statutory Limits

Employers' Liability

\$1MM

B. ADDITIONAL COVERAGE

Additional coverage may be necessary, depending on the activity involved in the contract. For example, additional coverage and limits are normally required for activities that involve a higher risk, including but not limited to:

- Events at which alcohol will be served or sold;
- Charters of aircraft, watercraft or ground transportation (See Transportation – Minimum Insurance Requirements for Contractors/External Users);

¹ Consult Risk Manager for vendors outside the United States.

- Construction activities, including but not limited to facilities alteration, equipment installation (non-health), campus planning, demolition, engineering, land use and materials testing (See Construction – Insurance Requirements for Construction Related Contracts/Service Agreements);
- Health related contracts, including but not limited to contracts for with physicians, medical groups, hospitals, vendors to University medical centers, patient transport and purchasing or installation of medical equipment (See Health Related – Minimum Insurance Requirements for Contractors/External Users);
- Environmental activities, including but not limited to purchase, use or application of hazardous materials, environmental testing, monitoring, assessment or cleanup, transport of hazardous material, pesticide spraying, and certain recycling and waste reduction activities;
- Contracts with professionals such as lawyers, actuaries, child care professionals, and executive search consultants.

Additionally, it may be useful to contact your local risk management office for input as to appropriate coverage.

Campus Risk Management: <http://www.ucop.edu/riskmgt/crmdir.html>

Medical Center Risk Management:: <http://www.ucop.edu/riskmgt/hrmdir.html>

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: _____

VC Administration, University of California, Berkeley



CONFLICT OF INTEREST CERTIFICATION - PART A

DEFINITIONS:

Conflict of Interest	The entanglement of an individual's private interests with his or her professional obligations, such that an independent observer might reasonably question whether the individual's professional actions or decisions are improperly influenced by considerations of personal financial gain. These interests most often relate to income, loans or gifts to the individual, and ownership, investments or positions held by the individual – but could also arise as a result of a personal relationship or the interests of a near relative. <i>UC policy relating to research activities extends to the investigator's spouse and dependent children; other policies relating to purchasing decision-making extend to siblings, parents and in-laws.</i>
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.
Financial Conflict of Interest	A financial or other interest in, or a tangible personal benefit from an organization considered for a contract. Financial benefits (whether real or perceived) can be derived from relationships in which an individual has the potential to receive a salary, gift, royalty, intellectual property rights, consulting fee, honoraria, or other financial benefit. A set of circumstances that reasonable observers would believe creates an undue risk that an individual's judgment or actions regarding a primary interest of the University will be inappropriately influenced by a secondary financial interest.
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.
1. Are you currently an employee of any entity of the University of California (including but not limited to any of the following; campus, medical center, lab or the Office of the President)?	<input type="checkbox"/> YES <input type="checkbox"/> 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?	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. Are you a near relative of an employee of any campus, medical center, and/or lab of the University of California?	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. Is this agreement with the department in which you or your near relative currently or previously work?	<input type="checkbox"/> YES <input type="checkbox"/> NO

- ❖ If you answered “Yes” to any of the questions above: you must complete Part B. *Note: A separate Part B is required for each individual identified above.*
- ❖ If you answered “No” to all the questions above, skip PART B, go to the end to sign and date the certification statement.

VC Administration, University of California, Berkeley

CONFLICT OF INTEREST CERTIFICATION - PART B

Complete this page if you answered yes to any of the questions in Part A. Prepare a separate Part B for each individual as needed (Example: You need to prepare two (2) Part B sections if you were an employee within the last two years and you also have a near relative who is currently employed by the University).

Please provide further explanation for every “yes” response:

Name: _____ **Nature of Relationship:** _____

UC Location: _____ **Department:** _____

Position: _____ **Date of Separation:** _____

Will you or your near relative be providing goods or services?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are those goods or services available through other commercial sources or through the University?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you or your near relative currently work in the department you are contracting with?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have or will you or your near relative be involved in any aspect of engaging this contract (i.e. planning, negotiations, transactions, arrangements, recommendations, etc.)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have or will you or your near relative be overseeing any aspect of this contract (i.e. Supervising, selecting, overseeing details of contract, approvals of funding, etc.)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you or your near relative have any past, current, or future responsibility for, or involvement in this contract?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Please describe all your financial interests (or the financial interests of your near relative) through, in or with any business entity involved in this contract:	
Do you own or control more than 10% interest in a business which proposes to rent or sell goods or provide services to the University?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Does your near relative own or control more than 10% interest in a business which proposes to rent or sell goods or provide services to the University?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you or your near relative a director, officer, partner, trustee, employee or hold any position of management in this organization?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you or your near relative hold stock or other investment interests with the above listed contractor/collaborating organization?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you or your near relative an owner or partner of the above listed organization?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have or will you or your near relative receive royalties paid by, or licenses and other agreements held with the above listed contractor/organization?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you or your near relative have any business arrangements, consultant agreements, pending severance arrangements with the above listed contractor/ organization?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you or the near relative have any interest in real property with the contractor/collaborating organization?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are the personal finances, income, assets or liabilities of you or your near relative likely to go up or down by \$250 or more in a 12 month period as a result of this contract?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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?	<input type="checkbox"/> YES <input type="checkbox"/> NO

VC Administration, University of California, Berkeley

CERTIFICATION

I certify that the information I have submitted is accurate, true and complete to the best of my knowledge. I affirm that the information below pertains to me, my spouse, dependent children, relatives with whom I have a close personal relationship, and household members. In the event that my certification statement requires additional information, I agree to comply with the University's request to provide more detailed information.

To be completed by the Potential Supplier:

Date:

Company Name: _____

Name: _____

Signature _____

To be completed by UC, Berkeley, Supply Chain Management, Policy Exception Authority:

Approved: Yes No

Date:

Signature _____



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) <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">SOCIAL SECURITY NUMBER</div> OR <div style="border: 1px solid black; padding: 2px; display: inline-block;">EMPLOYER IDENTIFICATION NUMBER</div>	DUN & BRADSTREET NUMBER (DUNS, if applicable)		
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	
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"/> Hub Zone (Historically Under-Utilized Small Business) <input type="checkbox"/> ANC1 (Alaska Native Corporation not certified with SBA)	<input type="checkbox"/> VOSB (Veteran Owned Small Business) <input type="checkbox"/> WOSB (Women-Owned Small Business) <input type="checkbox"/> HBCU/MI (Historically Black College or Minority Institution) <input type="checkbox"/> ANC2 (Alaska Native Corp not a small business)	<input type="checkbox"/> SBE (Small Business Enterprise) <input type="checkbox"/> SDVOSB (Service-Disabled Veteran-Owned Small Business) <input type="checkbox"/> WBE (Women Business Enterprise)
	STATE OF CALIFORNIA CERTIFICATIONS: self-certify on the State of CA website		<input type="checkbox"/> DBE (Disadvantaged 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.