

Preferred Vendor Application

Bryant University

Company Name:			
Address:			
City/State/Zip:			
Phone:		Fax:	
CEO/President/Owner Name:			
CEO/President/Owner Email:		CEO Phone:	
Company's Web Site(s):			
Projected Annual Vendor Fee:			
Does this vendor/supplier offer discounts or incentives for a preferred vendor		Yes	No
Does the vendor meet the University's minimum insurance or more requirement or more depending on the activity that it is performing for the University.		No	Yes
<p>At a minimum, a preferred vendor must provide evidence of:</p> <p>Commercial General Liability comprehensive or commercial insurance minimum limits each occurrence 1,000,000 general aggregate 2,000,000 aggregate/Third Party Employment Practices Liability insurance \$ 1,000,000 each claim/Workers' Compensation/Business Auto coverage of no less than a \$1,000,000</p>			
Justification: This section should include examples of superior service and why this vendor/supplier's relationship would make for a successful partnership.			
Is this a renewal or new preferred vendor application?		New	Renewal
If a renewal, please list last dates of preferred vendor status:			
Is the vendor:	Small business	Minority-Owned Business	Veteran-Owned Business
	Women-Owned Business	Veteran Disabled-Owned Business	
Other Socioeconomic Factor(s)?			
Contact Information:		Phone Number:	
W9 Collected:	Yes	No	
Contract Signed:	Yes	No	
Quotes for competing vendor attached:	Yes	No, please explain	
Please include previous event quotes, if available.			
Products/Services offered by the vendor (short narrative):			
Vice President Endorsement Name:		Date:	
Vice President Signature:			
Purchasing Approval:			
Preferred Vendor Period:	Start:	End:	Date: