



PREFERRED SERVICE PROVIDER

PRIVACY INFORMATION AND RELEASE AUTHORIZATION

Application information

I certify that all information in my application is true and complete. I understand that any false information or omission may disqualify me from further consideration for preferred provider service and may result in dismissal, if discovered later. I understand, in consideration of my application, a background investigation may be conducted should my business not have the required insurances or licenses. I understand this investigation may include, but is not limited to, a criminal background check in the files of any Federal, state or local justice agency, driving history, or reference verification. Lamorinda Village uses the third-party service Verified Volunteers, Inc. to conduct criminal background checks. Verified Volunteers is solely responsible for its results. I authorize Lamorinda Village to conduct the background investigation if needed and **release Lamorinda Village from responsibility for this investigation.** I understand the requested information is for the sole purpose of gathering accurate information for preferred provider services at Lamorinda Village.

I have read and understand the above and by my signature consent to these statements.

Print name _____

Company name _____

Signature _____ Date _____

Please sign, date, and return to:

Lamorinda Village
ATTN: Service Providers
P.O. Box 57
Lafayette, CA 94549

www.lamorindavillage.org PO Box 57, Lafayette, CA 94549 Phone 925-253-2300



PREFERRED SERVICE PROVIDER REPRESENTATIONS AND AGREEMENTS

By signing below, I hereby represent and agree to the following:

1. I am in good standing with all regulating agencies/associations mandated by my profession. I shall continue to maintain the licensing and bonding required by my profession, as well as appropriate insurance coverage. I agree to notify Lamorinda Village prior to expiration or cancellation date of any such licensing, bonding, or insurance coverage. I shall refuse any further referrals from Lamorinda Village for so long as I am not in compliance with the licensing, bonding, and insurance requirements. (For the purposes of this application "I" or "my" or "me" includes any professional entity I have identified.)
2. I am not currently the subject of any disciplinary proceedings regarding my professional work, nor are there currently any criminal charges pending against me. I have never been convicted of a felony.
3. None of my sub-contractors or employees have been the subject of any disciplinary proceedings regarding their work, nor are there currently any criminal charges pending against them. None of my sub-contractors or employees has been convicted of a felony.
4. I have sufficient experience and skill necessary to perform the identified services to Lamorinda Village members.
5. I will indemnify, defend, and hold harmless Lamorinda Village from any adverse claim award, judgment, or settlement occurring because of my service to a member of Lamorinda Village.
6. If there are any material changes in my circumstances that would render any of the representations I have made above inaccurate, I agree to notify Lamorinda Village.
7. I understand that Lamorinda Village may refuse to include me in its preferred provider list at any time.

Print name _____

Company name _____

Signature _____ Date _____

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