

Indemnification Agreement (Part B)

Dear Industry Partner,

If you are self-employed with no employees and you are not required to carry workers compensation, please execute the certification below and return to our office.

I certify that I am self-employed and not required to carry workers compensation coverage.

<i>Company</i> <i>Name:</i> _____
<i>Name:</i> _____ <i>(please print)</i>
<i>Title:</i> _____
<i>Signature</i> _____
<i>Date:</i> _____

VENDOR INFORMATION SHEET (Part A- Page 1 of 2)

If you are filing your tax return using a Social Security Number, please give us the following information:

Social Security Number: _____

First and Last Name You File Under: _____ (please print)

I attest that the above information is true and complete to the best of my knowledge:

Printed Name: _____
(Name/title)

Signed: _____

Date: _____

Return completed packet to:

S & L Property Management

ATTN: Maintenance Department

P.O. Box 610

Murrieta, CA 92564-1107

Office Number: 951-698-4030

Fax Number: 951-698-4469

Email: maintenance@slpropmgmt.com or maintenance1@slpropmgmt.com