

**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](mailto:maintenance@slpropmgmt.com) or [maintenance1@slpropmgmt.com](mailto:maintenance1@slpropmgmt.com)