# PURCHASING FORMS



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Purchasing Department 484-365-7240

New Vendor Form (Updated June 2025) W-9 (Request for Taxpayer Identification Number and Certification) Certificate of Liability Insurance (Vendors Doing Work On Campus)

**Mission:** Lincoln University, the nation's first degree-granting Historically Black College & University (HBCU), educates and empowers students to lead their communities and change the world.

## New Vendor Form



Purchasing Department





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New Vendor F	orm	Date: 4/2	29/25
	perior Seal Coating, Inc.		
Vendor Address:	1401 Gallagherville R	d	
<u>]</u>	Downingtown, PA 1	9335	
Vendor Contact Na	me: Chris Trecker		
Vendor Phone Nun	nber: (484) 886-1362 Ver	ndor Email Addres	christrecker@superior-sealcoating.com
Item being request	ed to purchase: Seal Coa	ating of Bla	acktop
Reason for purchas	e: Seal Coating before	Commenceme	ent
Federally Funded/G	Grant: (Y or N) Account N	umber: <u>10-1-5</u>	050009-72008_Total: \$ <u>11,500</u>
Dept Admin Name;	Maria McGill	_	Extension 7400
	For Pure	hasing Use Only:	
W9 Attached: X	Certificate of Liability	Insurance Require	d: X
Date checked Fede	ral Debarment List: 4/29/2	5 Status:	Not Registered
Date checked State	e Debarment List: 4/29/25	Status:	N/A
Director of Purchas	e Debarment List: sing Signature:	Clifton Cr	awford
	Colleague: 4/29/25 I		

### W-9

lev. M	Naroh (2024)		tion Number	and Certi	ficatio	on				requ	est	er. C		ot
	Revenus Service	Go to www.irs.gov	/FormW9 for instruc	tions and the lat	est inform	ation				sonc	i to	the	IRS.	
and a state of the	the local division of the local method and the second second	ice related to the purpose of	Form W-B, see Purp	ose of Form, belo	w.	-		-	-					-
	entity's name on line 2	Section and the section of the secti	ole proprietor or disrega	rded entity, enter th	e owner's n	arne or	line	, and	enter	the but	ines	s/disr	egard	ed
-	2 Business carpatriane	ng, inc. arded entity name, if different fro	am shous			_		_	_		_	-	-	-
	Superior Seal Coating													
6	3a Check the appropriate box for faderal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven baces.						K	4 Exemptions (codes apply only to certain entities, not individuals;						0
dia	Individual/sole proprietor C corporation 🖉 S corporation 🗌 Partnership 🗋 Trust/estate							see instructions on page 3):						
SE .	LLC. Enter the tax dessification (C = C corporation, S = S corporation, P = Partnership)						-	Exempt payee code (if any)						
truction	Note: Check the "LLC" box above and, in the entry space, ense the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.					to	Exemption from Fersign Account Tax Compliance Act (FATCA) reporting							
lins!	Other(see instructions)						-	code (if any)					22	
See Specific Instructions on page	3b If on line 3a you checked "Partnership" or "TrusVestate," or checked "LLO" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions							(Apples to accounts maintained outside the United States.)					64	
\$	5 Address (number, street, and apt. or suite no.). See instructions. Rec				Recues	uester's name and address (optional)								
	1401 Gallagherville Road													
	6 City, state, and ZIP code													
	Dowingtown, PA 19335											_	_	
	7 List account number(s) here (optional)													
10	Tour man la	and dia add an Alexandra a	718.81			_	-	_	_	_	_	_		-
and the second		entification Number (			103	Sania	Inec	( with )	numbe		_	-	-	-
		ate box. The TIN provided m iduals, this is generally your s						7		1	-	-		-
ider	nt alien, sole proprietor,	or disregarded entity, see th	he instructions for Par	t I, later. For othe	ŕ.			-		-				
		antification number (EIN). If y	ou do not have a nun	nber, see How to	get a	or	-	-		-	-	-		_
V, 18						Empl	oyer	dent	ficetio	n num	ber			
		s than one name, see the inst or for guidelines on whose nu		ee also What Nam	to and	2	1 -	5	4	5 8	9	0	4	
STATE OF	Certification					-		-	-	-	-	-	-	-

Desugad for Townshield

- 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 us 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
- 3.1 am a U.S. citizen or other U.S. person (defined below); and
- 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Cat. No. 10231X

Certification 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 you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For morgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retrement arrangement IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TN. See the instructions for Part 8, later.

Sign Signature of Here U.S. person

### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation eracted after they were published, go to www.is.gow/FormW9.

### What's New

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Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification. New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3, see the Partnership instructions for Schedules K-2 and K-3 (See the See the Schedules K-2 and K-3 (See the See the Schedules K-2 and K-3 (See the Schedules K-2 and K-3 (See the See the Schedules K-2 and K-3 (See the Schedules K-3 (See the Schedules K-3 (See

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they



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Date 03-24-2015

### **Certificate of Liability Insurance**



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HIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDE ERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POL ELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHOU EXPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. MPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A state is certificate does not confer rights to the certificate holder in lieu of such endorsement(s). Blue Marsh Insurance, Inc. Blue Marsh Insurance, Inc. 430 Park Rd, PO Box 333 Fleetwood, PA 19522 INSURER A: Erie Insurance Company INSURER A: Erie Insurance Company INSURER A: Erie Insurance Company INSURER B: Erie Insurance Company of New York INSURER C: Erie Insurance Company of New York INSURER B: Erie Insurance Company of New York INSURER C: Insurance Company of New York INSURER C: Insurance Company of New York INSURER C: INSURER B VERAGES CERTIFICATE NUMBER: 00016103-0 REVISION NUMBER: 99 HIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY NUMER D: INSURER D TO THE INSURED NAMED ABOVE FOR THE POLICY INSURER C: INSURED NAMED ABOVE FOR THE POLICY INSURER C: INSURED NAMED ABOVE FOR THE POLICY NUMER C: INSURER D THE INSURED NAMED ABOVE FOR THE POLICY INSURER C: INSURED TO THE INSURED NAMED ABOVE FOR THE POLICY INSURER C: INSURED TO THE IN	ICIES RIZED endorsed. ement on 44-9476 26263 26271 16233		
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DUCER         CONTACT         Rebecca Fry           Blue Marsh Insurance, Inc.         430 Park Rd, PO Box 333         Fax         Fax         610-944.8105         Fax           430 Park Rd, PO Box 333         Fileetwood, PA 19522         Fax         Rebecca Fry@bluemarsh.com         Fax           superior Seal Coating Inc. & North Dithridge Partners LLC         INSURER A:         Erie Insurance Company         Insurer A:         Erie Insurance Exchange           Number Downingtown, PA 19335         Insurer 6:         Insurer 6:         Insurer 6:         Insurer 6:           VERAGES         CERTIFICATE NUMBER:         00016103-0         REVISION NUMBER:         99           HIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY         Network Been ISSUED To THE INSURED NAME ABOVE FOR THE POLICY	NAIC # 26263 26271 16233		
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