

Business Classification: You must select at least one. Include a copy of your current Minority Business Certification if applicable.

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|---|--|
| <input type="checkbox"/> American Woman-Owned Small Business | <input type="checkbox"/> Labor Surplus Area Concern |
| <input type="checkbox"/> Asian Indian Americans
(Origins include India/Pakistan/Bangladesh) | <input type="checkbox"/> Large Business (more than 50 employees) |
| <input type="checkbox"/> Asian Pacific Americans
(Origins include Japan/China/Philippines/
Vietnam/Korea) | <input type="checkbox"/> Native Americans
(Americans/Eskimos/Aleuts/Native Hawaiians) |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Physically/Mentally Disabled |
| <input type="checkbox"/> Hispanic American | <input type="checkbox"/> Small Business (less than 50 employees) |
| <input type="checkbox"/> Hub Zone Business | <input type="checkbox"/> Small Disadvantaged Business Concern |
| <input type="checkbox"/> Government Organization or Agency | <input type="checkbox"/> Veteran-owned Small Business |
| | <input type="checkbox"/> Educational Institution |
| | <input type="checkbox"/> Utility |

Note: In all categories other than size and geographies there must be at least 51% owned and active participation in the business to qualify. The University of Miami will accept the following certification: Florida Regional Minority Purchasing Council, or State, Federal, City or Dade County School Board. Others may be accepted upon review so please include.

University of Miami Participation:

Are you or any member of your family an employee of the University of Miami? Yes No
If yes, enter name and social security number (use additional pages if more than one).

Last Name:	First Name:	MI:
Dept. Name:		

Are any significant stock holders (10% or more of the current authorized stock), partners or employees in a decision making capacity of your organization employees of the University of Miami? Yes No
If yes, enter name and social security number (use additional pages if more than one).

Last Name:	First Name:	MI:
Dept. Name:		

Are any family members of those identified above employees of the University of Miami? Yes No
If yes, enter name and relationship.

Last Name:	First Name:	MI:
Relationship:		

Supplier acknowledges it has read and agrees to comply with University of Miami Supplier Requirements as stated on <https://umshare.miami.edu/web/wda/purchasing/FORMS2/ VendorRequirements.pdf>. The undersigned does hereby certify that the foregoing and subsequent statements are true and correct and include all material necessary to identify and explain the operations of _____ as well as the ownership thereof. Supplier agrees to purchase and maintain the following insurance policies: comprehensive general liability endorsed to include personal injury and contractual liability, automobile liability and workers' compensation. Professional liability (errors and omission) may also be required based on the type of service being provided. The University of Miami also needs to be named as an additional insured with respect to the general liability coverage. Supplier agrees for each of these coverages to maintain terms and limits acceptable to the University's Director of Risk Management. The undersigned agrees to provide the University of Miami Purchasing Department with current, complete, and accurate information on any project on which it works, and any proposed changes in any contractual agreement. Any misrepresentation will be grounds for terminating any contract, which may be awarded in reliance hereon.

Authorized By: _____ Title: _____
Phone Number: _____ Date: _____

VENDOR CATEGORIES

Please check one (REQUIRED) primary category which applies to your business.
 Please refer to the following document to perform a more detailed search: [Vendor Category Table](#)

CODE: 10 FACILITIES

- CONSTRUCTION
- MAINTENANCE & REPAIR PRODUCTS
- MAINTENANCE & REPAIR SERVICES
- UTILITIES
- FURNITURE
- FLEET
- REAL ESTATE

CODE:90 TRAVEL

- AIR TRAVEL
- LODGING
- GROUND TRANSPORTATION AGENCY
- ENTERTAINMENT

CODE:80 FINANCIAL SERVICES:

- BANKING
- INSURANCE
- BENEFITS

CODE 20: SCIENTIFIC & MEDICAL

- CLINICSL SUPPORT
- HEALTH INFO MANAGEMENT
- LAB SERVICES
- SCIENTIFIC SUPPLIES
- MEDICAL SUPPLIES
- PROFESSIONAL CLINICAL SUPPLIES

CODE 50: PROFESSIONAL SERVICES

- ACCOUNTING
- LEGAL
- MARKETING
- STAFFING
- MANAGEMENT CONSULTING
- PHOTOGRAPHY

CODE: 70 : ADMINISTRATIVE

- OFFICE SUPPLIES
- DOCUMENT SERVICES
- SHIPPING & LOGISTICS
- GENERAL RETAIL

CODE 81: LIBRARY RESOURCES

- BOOKS
- SERIALS
- DATABASES

CODE: 60: FOODSERVICE

- FOODSERVICE MANAGEMENT
- FOODSERVICE PRODUCTS
- CATERING

CODE 30: INFORMATION TECHNOLOGY

- COMPUTER HARDWARE
- IMAGING EQUIPMENT
- TELECOMMUNICATIONS
- SOFTWARE
- AUDIO / VISUAL
- IT SERVICES

CODE 40: NON-PROFIT ORGANIZATIONS

- EDUCATIONAL INSTITUTION
- NON-PROFIT ORGANIZATIONS
- OTHER _____

Return completed supplier applications to the University of Miami Supply Chain : supplychain.supplierapp@miami.edu

