



NEW VENDOR REQUEST CHECKLIST

Dear Vendor Partner,

Please return the completed forms listed below to become an approved vendor of WOW Logistics Company.

- New Vendor Request Form with contact and payment information
- Review and sign agreement to WOW Logistics Vendor and Purchase Order Terms and Conditions.
 - Terms are located at www.wowlogistics.com/vendor-terms
 - Signature is required on the New Vendor Request Form
- Vendor ACH Payment Authorization Form
- W-9 Form
- Certificate of Insurance meeting requirements listed in the Insurance Certificate Instructions.

Please note: An active vendor number is required before any purchases or services can be completed.



Corporate Office
 1450 McMahon Drive
 Neenah, WI 54956
 800.236.3565

NEW VENDOR REQUEST FORM

BUSINESS INFORMATION			
Company Name		Taxpayer ID Number	
Company Website		SCAC (if applicable)	
Phone Number		E-Mail Address	
Physical Address City, State Postal Code		Does your company have a relationship with an owner or employee of WOW Logistics or any of its affiliates?	<input type="checkbox"/> No <input type="checkbox"/> Yes, who and what is relationship

ACCOUNTS RECEIVABLE & PAYMENT INFORMATION			
Preferred Payment Method <i>(Complete ACH Form)</i>	<input type="checkbox"/> ACH Direct Deposit <input type="checkbox"/> Other	Preferred Invoice Submission	<input type="checkbox"/> Email to AP@wowlogistics.com <input type="checkbox"/> Other
Remittance Address <i>(if different)</i>		Preferred Payment Terms	<input type="checkbox"/> Net 30 Days <input type="checkbox"/> 10-Day Express-2% Program
Accounts Receivable Contact		Phone	
E-mail		Fax	

TRANSPORTATION VENDORS ONLY			
Do you use a factoring company to process invoices and payments?	<input type="checkbox"/> No <input type="checkbox"/> Yes, complete below		
Name of factoring company		Phone	
City, State Postal Code		E-mail	

CONTACT INFORMATION			
Company Principal Contact <i>(Owner, CEO/President)</i>		Phone	
Address		Fax	
City, State, Postal Code		E-mail	
Company Salesperson Contact		Phone	
Address		Fax	
City, State, Postal Code		E-mail	
Company Purchase Order Contact		Phone	
Address		Fax	
City, State, Postal Code		E-mail	

Yes, I have reviewed and agree to the WOW Logistics **Vendor and Purchase Order Terms and Conditions.**

Signature	Date
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WOW Department Manager Approval: _____
 Approval Date: _____

Vendor Type: _____
 Department: _____



VENDOR ACH PAYMENT AUTHORIZATION FORM

WOW Logistics Company pays invoices electronically rather than by check. Your payments will be deposited electronically into a checking or savings account of your choice. Please complete this form and return to **AP@WOWLogistics.com** or mail to:

WOW Logistics Company, 1450 McMahon Drive, Neenah, WI 54956

AUTHORIZATION

By completing, signing, and returning this form (attaching a voided check is recommended but not required), you authorize WOW Logistics Company to initiate payment to your checking or savings account at the financial institution listed below. In the event WOW Logistics Company erroneously initiates payment to the account listed below and to which such payment you are not entitled, WOW Logistics Company will notify you and you shall notify the financial institution to return said payment to WOW Logistics Company. This authorization will remain in effect until WOW Logistics Company receives written notice of cancellation from you in such a manner of time to afford WOW Logistics Company and the financial institution a reasonable opportunity to act on it.

PAYEE INFORMATION	
Payee Name	
BANK INFORMATION	
Account Type	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Bank Name	
Bank Address	
Name on Account	
Routing #	
Account #	
Remittance Email	

I certify that I am an authorized user of the account listed above and will not dispute these scheduled transactions with my financial institution; so long as the transactions correspond to the terms indicated in this authorization form. If payment is initiated on a weekend or holiday, you understand that the payment may be executed or received on the next business day. You agree that no prior notification will be provided with respect to each initiated payment. Any loss of data will be borne by you unless the loss is due to WOW Logistics Company's gross negligence. WOW Logistics Company shall be permitted to rely on the information supplied by you on this authorization form and you agree to indemnify, defend, and hold WOW Logistics Company harmless for any damages arising out of your failure to properly change the information and provide notification with respect to such change. WOW Logistics Company shall not be liable for any incidental, consequential, indirect, or special damages arising out of initiating payment or your failure to timely receive any payment, including but not limited to interest charges or lost profits. WOW Logistics Company's maximum liability for any erroneous payment made hereunder is the amount of the payment.

NAME		TITLE	
SIGNATURE		DATE	



INSURANCE CERTIFICATE INSTRUCTIONS

The Certificate of Insurance submitted must meet the minimum coverage amounts listed below and list WOW Logistics Company as the certificate holder and additional insured. Please also reference the Example Insurance Certificate.

- o **General Liability:**
 - \$1,000,000 per Occurrence minimum and Personal and Advertising Injury
 - \$2,000,000 General Aggregate and Products/Completed Operations
 - \$100,000 Damage to Rented Premises
 - \$5,000 Medical Expense

- o **Automobile Liability:**
 - \$1,000,000 combined single limit for Bodily Injury and Property Damage
 - "Any Auto" (Owned, Hired, Non-Owned) box is checked

- o **Workers Compensation:**
 - Statutory limits, "Per Statute" box is checked
 - Employers Liability limits of:
 - \$100,000 Accident
 - \$100,000 EA Employee
 - \$500,000 Policy Limit

- o **Umbrella Liability:**
 - \$3,000,000 per Occurrence
 - \$3,000,000 General Aggregate

- o **Equipment Floater** (if applicable):
 - \$75,000 for Leased and Rented Equipment

- o **Description of Operations/Locations/Vehicles:**
 - WOW Logistics Company and Owners, Affiliates, Subsidiaries, Employees are additional insured on the General Liability, including ongoing and completed operations, and Auto Liability policies on a primary, non-contributory basis per written contract between the named insured and the certificate holder that requires such a status subject to the terms and conditions of the endorsement attached to the policy. The General Liability, Auto Liability, and Workers Compensation policies includes a waiver of subrogation in favor of the additional insureds per written contract between the named insured and the certificate holder that requires such a status subject to the terms and conditions of the endorsement attached to the policy. The Umbrella policy follows form subject to all terms and conditions of the policy. A 30 day notice of cancellation is provided by the insurance company to the certificate holder as outlined by the endorsement attached to the General Liability, Auto Liability, Workers Compensation, and Umbrella policies.

- o **Certificate Holder:**
 - WOW Logistics Company, 1450 McMahan Dr Neenah WI 54956

Any questions on the insurance certificate or requirements should be directed to :

Kristina Woitekaitis

Purchasing Manager

920-687-5503

Kristinawo@wowlogistics.com



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/16/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER ABC Company 123 Main St Neenah WI 54956	CONTACT NAME: PHONE (A/C, No, Ext): XXX-XXX-XXXX		FAX (A/C, No): XXX-XXX-XXXX
	E-MAIL ADDRESS:		
		INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED XYZ Corporation 789 E Blvd Neenah WI 54956	INSURER A :		
	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		
	INSURER F :		

COVERAGES

CERTIFICATE NUMBER: 563912038

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
X	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y					EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
X	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	Y					COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
X	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0	Y					EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

WOW Logistics Company and Owners, Affiliates, Subsidiaries, Employees are additional insured on the General Liability, including ongoing and completed operations and Auto Liability policies on a primary, non-contributory basis per written contract between the named insured and the certificate holder that requires such a status subject to the terms and conditions of the endorsement attached to the policy. The General Liability, Auto Liability, and Workers Compensation policies includes a waiver of subrogation in favor of the additional insureds per written contract between the named insured and the certificate holder that requires such a status subject to the terms and conditions of the endorsement attached to the policy. The Umbrella policy follows form subject to all terms and conditions of the policy. A 30 day notice of cancellation is provided by the insurance company to the certificate holder as outlined by the endorsement attached to the General Liability, Auto Liability, Workers Compensation, and Umbrella policies.

CERTIFICATE HOLDER**CANCELLATION**

WOW Logistics Company 1450 McMahon Dr Neenah WI 54956	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE Please include signature.

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