



South Metro Housing Options

Thank you for your interest in becoming a vendor for our community. In order for us to proceed with services, you will need to be certified through Compliance Depot. Compliance Depot is a 3rd party provider responsible for administering Vendor Compliance Program for South Metro Housing Options.

Compliance Depot will collect and store your documents. Copies follow this letter:

- W-9
- Insurance Certificate and Endorsements
- Signed Vendor Agreement
- Any other applicable forms

South Metro Housing Options needs all of the above documents in order to designate you as an approved vendor on our company's vendor list. There is a fee associated with the set up with Compliance Depot. The annual enrollment fee is only \$99 for onsite vendors or \$80 for offsite vendors. You may obtain a sample insurance certificate that you may share with your insurance provider, a blank W-9, and our vendor agreement directly from ComplianceDepot.

There are many benefits to enrolling with Compliance Depot. You will have online exposure to more than 300 property management companies looking for new vendors that need your type of service. You will only have to submit your paperwork once regardless of how many of our locations you service. Everything you need to know to become a preferred vendor will be at your fingertips. They have customer representatives available Monday through Friday from 7:30am to 7:00pm Central time to assist you or your insurance agent with any questions.

Please contact Vendor Credentialing:

- Email: VCCustomerservice@realpage.com
- Call: 888-493-6938
- Login: <https://www.realpage.com/vendor-credentialing/>

All documents may be submitted to Vendor Credentialing via e-mail at VCdocuments@realpage.com or via fax at (877) 665-8910. Please include a cover sheet with the name of your company and reference that the documents are for compliance for South Metro.

We look forward to working with you in the future!

South Metro Housing Options
Risk Management Department



South Metro Housing Options

VENDOR REQUIREMENTS ACKNOWLEDGEMENT & AGREEMENT

PLEASE READ VERY CAREFULLY BEFORE FILLING IN YOUR NAME AND TITLE BELOW AND/OR CLICKING THE "FINISH" BUTTON FOR ELECTRONIC SUBMISSION. BY ENTERING YOUR INFORMATION IN THE BOXES BELOW AND CLICKING "FINISH", YOU ACCEPT AND AGREE TO THESE REQUIREMENTS AND TERMS. IF YOU DO NOT ACCEPT THESE REQUIREMENTS AND TERMS, PLEASE DO NOT COMPLETE THE INFORMATION BELOW OR CLICK "FINISH".

"Manager" means the property management company who acts as agent for a property owner pursuant to a management contract and as part of such contract is tasked with selecting and engaging various individuals and companies to provide products to or perform services at or for a single or multi-family residential or commercial rental property.

"Owner" means the legal owner of the property for which products will be provided or for or at which services will be performed.

"You" or "Vendor" means the entity or individual that acknowledges and accepts the requirements and terms set forth herein and will provide the products or perform the services as required by the Manager or Owner.

INTRODUCTION: This agreement is between You ("Vendor") and the Manager and Owner of the property to which products will be provided or at or for which services will be provided. Once this agreement is executed, it shall remain in full force and effect until cancelled in writing by either party.

Vendor acknowledges and agrees as follows:

- A) Role of Manager. Vendor acknowledges and agrees that Manager is not the property owner and that Manager acts solely as an agent for the Owner of each property it manages. Vendor acknowledges and agrees that Manager engages all vendors on behalf of the Owner and not on behalf of Manager and agrees that the responsibility for all debts incurred by a property rest with the Owner.
- B) W-9 and License Requirements. Vendor agrees to provide a current W-9 and any required professional licenses to RealPage Vendor Credentialing, with whom Owner or Manager has contracted for administrative vendor compliance services. Vendor acknowledges that prior to providing any type of product and/or service to a property, Vendor must have a W-9 and any applicable professional licenses on file with Vendor Credentialing.
- C) Insurance Requirements. Vendor acknowledges that prior to providing any type of good and/or service that requires Vendor to send a representative to the property, Vendor must have a current certificate of insurance on file with Vendor Credentialing for general liability, auto liability, excess liability (if applicable), and workers' compensation. Additional coverage, including but not limited to professional liability, pollution liability, environmental liability and criminal/fidelity, may be required if deemed appropriate by the scope of service. Full policy limits available to the Vendor shall also apply to the additional insureds. Coverage provided to the additional insured shall be applicable for a period of two years from the date the work is completed. Vendor agrees that all coverage shall be primary and non-contributory. Vendor agrees to add the following parties, evidenced via an endorsement, which includes coverage for ongoing and completed operations, to policies as an additional insured as their interests may appear in regard to work performed by Vendor: **"South Metro Housing Options and the ownership entities of their owned or managed properties where goods and/or services are provided."** Vendor agrees that a waiver of subrogation shall apply in favor of the aforementioned parties on all policies as permitted by law. Vendor acknowledges and agrees that the certificate of insurance must remain current and any lapse in coverage will result in the termination of future purchases of goods and services. Insurance requirements identified in this agreement shall take precedence over any conflicting document.
- D) Vendor Employees/Subcontractors. Vendor agrees to exercise due diligence with respect to placement of employees, laborers and subcontractors on the property. Vendor agrees that Vendor will not provide any employees, laborers, or subcontractors to perform work within property boundaries and inside dwelling units who may have a history of criminal convictions or deferred-adjudication or pose a potential threat or risk of injury to residents and others. Unacceptable criminal history might include, but is not limited to, such crimes as assault, battery, rape, molestation, sexual assault, indecent exposure, indecency with a child, murder or kidnapping. Vendor also agrees to contractually require its subcontractors to carry appropriate licensing and insurance of the same types and limits including additional insured, waiver of subrogation and primary and non-contributory status as indicated for the Vendor in paragraphs B and C. Manager reserves the right to request evidence of this coverage at any time.

- E) Compliance with Laws. Vendor shall comply with all applicable laws in providing any products and/or services to Owner or Manager, including, without limitation, the Immigration Reform and Control Act of 1986 ("IRCA"). Vendor warrants that an authorized representative of the Vendor has (1) verified that each Vendor employee, laborer or subcontractor is legally authorized to work in the United States for the duration of all products or services provided to the Owner and/or Owner's agents; (2) required the employee, laborer and/or subcontractor to complete and execute Section 1 of the DHS Form I-9; (3) completed and executed Section 2 of the DHS Form I-9, and (4) processed through Department of Homeland Security-Employment Eligibility Verification "E.E.V." Vendor agrees to indemnify, defend and save Owner, Manager and each of their respective members, managers, directors, officers, agents, contractors, employees and affiliates from and against any and all claims, losses, costs, and liabilities arising out of the Vendor's failure to comply with these requirements.
- F) Non-Discrimination. Vendor agrees that Vendor will not discriminate against or segregate any person or group of persons on account of race, color, religion, sex, individual gender, marital status, ancestry, national origin, disability or familial status, nor shall Vendor himself or herself or any other person claiming under or through him or her, establish or permit any such practice or practices of discrimination or segregation with reference to the selection, location, number, use or occupancy of employees, laborers, subcontractors, tenants, lessees, sub-tenants or vendees of the property.
- G) Code of Conduct. Vendor agrees that it will and will cause each of its employees, agents and sub-contractors to conduct itself and themselves in a professional and ethical manner in all dealings with Manager, Owner and each of their respective agents, employees and contractors.
- H) Hold Harmless Agreement. To the fullest extent permitted by law, Vendor hereby assumes entire responsibility and liability for any and all damage or injury of any kind or nature (including death resulting therefrom) to all persons, whether employees or otherwise, and to all property caused by, resulting from, arising out of, or occurring in connection with the use or operation of said equipment while in Vendor's use or under Vendor's control or resulting from the condition of said entry and occupancy, equipment, or the ways, works or machinery, should any claims for such damages be made or injury (including death resulting therefrom) be made or asserted, whether or not such claims are based on Owner alleged active or passive negligence or participation in the wrong or upon any alleged breach of any statutory duty or obligation on the part of the Owner. The Vendor agrees to indemnify and save harmless the Owner, its officers, agents, servants, and employees from and against any and all such claims, and further from any and against any and all loss, cost, expense, claims, liability, damage or injury, including legal fees and disbursements, that Owner, its officers, agents, servants, and employees may directly or indirectly sustain, suffer or incur as a result thereof, and Vendor agrees and does hereby assume, on behalf of Owner, its officers, agents, servants, and employees, the defense of any action at law or in equity which may be brought against Owner, its officers, agents, servants, and employees upon or by reason of such claims and to pay on behalf of Owner, its officers, agents, servants, and employees upon its demand the amount of any judgment that may be entered upon Owner, its officers, agents, servants, and employees in any such action.

By signing this agreement, Vendor agrees to indemnify the Owner and its agents against all liabilities resulting from their provided product and/or services.

REV: Dec 2019

_____	_____	_____	_____	_____
Vendor Company Name	Street Address	City	State	Zip
_____	_____			
Printed Name of Authorized Agent	Title of Authorized Agent			
_____	_____			
Signature of Authorized Agent	Date			

Return signed document to Vendor Credentialing via ONE of the following:

- Upload via the Vendor Credentialing Website
- Email to VCdocuments@realpage.com



SECTION 3

Company Name: _____ **Tax ID#:** _____

Company Address: _____

As a recipient of assistance from HUD, the South Metro Housing Options (SMHO) must comply with 24 CFR 135 – Economic Opportunities for Low – and Very low – Income Persons, Section 3 and many other federal regulations.

The purpose of Section 3 of the Housing and Urban Development Act of 1968 is to ensure that employment and other economic opportunities be directed to low and very low income persons and to business concerns which provide economic and opportunities to low and very low income persons. Please see the backside of this form for guidelines on “Determining Income Levels”.

As your company is/was or may become a contractor on a HUD funded project, SMHO is required to obtain from you the information requested below. Please complete this form, then sign and return.

SECTION 3, MBE/WBE QUALIFICATION:

- 1) Is 51% or more of your company owned by residents of public housing or low or very low income persons? **YES** _____ **NO** _____
If “YES”, what racial or ethnic group does the owner or the controlling (51+%) group of this company belong? Please circle the correct group: White American, Black American, Native American, Hispanic American, Asian/Pacific American, Hasidic Jew.
- 2) Are 30% or more of your full time, permanent employee’s residents of public housing or low or very low income persons? **YES** _____ **NO** _____
- 3) Is your company able to provide evidence of a commitment to subcontract in excess of 25% of the dollar award of all subcontracts to be awarded to a Section 3 business concern?
YES _____ **NO** _____
- 4) Is this business owned by a woman? **YES** _____ **NO** _____

Attest Name: _____ **Signature:** _____

Title: _____ **Date:** _____

DETERMINING INCOME LEVELS:

(per www.hud.gov/program_offices/fair_housing_equal_op/section3/section3brochure)

- Low income is defined as 80% or below the median income of that area
- Very low income is defined as 50% or below the median income of that area
- Median incomes can be found using the “American Fact Finder” at <https://factfinder.census.gov/>

ATTACHMENT B

To Agreement Between Owner and Construction Contractor

ADDITIONAL FEDERAL REQUIREMENTS

1. To the greatest extent feasible, preference in the award of contracts and subcontracts shall be given to low income locals in accordance with section 3 of the Housing and Urban Development Act of 1968 but not in derogation of compliance with section 7(b). The section 3 requirements however apply only to projects or activities that exceed \$200,000.
2. Compliance with Executive Order 11246 of September 24, 1965 entitled "Equal Employment Opportunity," as amended by Executive Order 11375 of October 13, 1967 and as supplemented in Department of Labor regulations (41 CFR Chapter 60) (All construction contracts awarded in excess of \$10,000).
3. Compliance with the Copeland "Anti-Kickback" Act (18 U.S.C. 874) as supplemented in Department of Labor regulations (29 CFR part 3) (All contracts and sub-grants for construction or repair).
4. Compliance with the Davis-Bacon Act (40 U.S.C. 276a to a-7) as supplemented by Department of Labor regulations (29 CFR part 5) (Construction contracts in excess of \$2,000 when required by Federal grant program legislation).
5. Compliance with Sections 103 and 107 of the Contract Work Hours and Safety Standards Act (40 U.S.C. 327-330) as supplemented by Department of Labor regulations (29 CFR part 5) (Construction contracts in excess of \$2,000, and in excess of \$2,500 for other contracts which involve the employment of mechanics or laborers).
6. Access to and retention of records for a period of three (3) years relating to this Project as required by 24 CFR 85.36(j) (10) and (11). Cooperation and provision of all necessary information and documentation as may be required for reporting relating to this project.
7. Affirmative steps to assure that minority firms, women's business enterprises, and labor surplus area firms are used when possible (24 CFR 85.36(e); E.O. 11625).
8. No award or subcontract at any tier to any party which is debarred or suspended or is otherwise excluded from or ineligible for participation in Federal assistance programs under Executive Order 12549, "Debarment and Suspension."
9. Compliance with the provisions of the Hatch Act (5 U.S.C. 1501-1508) and the Intergovernmental Personnel Act of 1970 as amended by Title VI of Civil Service Reform Act (Pub. L. 95-454 Section 4728) prohibiting use of federally appropriated funds for influencing or attempting to influence the award of any federal monies and to make such reports and disclosures as are required thereunder. The signing of the contract in which this Attachment is referenced is a certification of agreed compliance.
10. Prohibition against personal or financial interest in or benefit from this

contract obtained by certain affiliates, associates, board members or employees of Owner or its grantees, either for themselves or their families or business associates, during their tenure or for one year thereafter.

C-5

11. Compliance with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. 4821, et seq.) and implementing regulations at 24 CFR 570.608, as well as compliance with the requirements regarding asbestos of 40 CFR Part 61 and 40 CFR Part 763, as well as 29 CFR 1910.1001 and 1926.58.
12. Compliance with prohibitions against discrimination as provided by Title VI of the Civil Rights Act of 1976 (Pub. L. 88-352) and related HUD regulations, Age Discrimination Act of 1975 and the implementing regulations at 24 CFR Part 146, Section 504 of the Rehabilitation Act of 1973, as amended, 24 CFR Part 8, and Title VIII of the Civil Rights Act of 1968.
13. In part because of agreements regarding the monies utilized to fund this contract and federal requirements, the Owner and HUD have reserved certain rights to licenses and copyrights regarding work developed or purchases made relating to said funds (See, 24 CFR Part 85).

SMHO

(Owner's initials)

(Contractor's initials)

Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.
See Specific Instructions on page 3.

	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate	Exempt payee code (if any) _____
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____	Exemption from FATCA reporting code (if any) _____
	<input type="checkbox"/> Other (see instructions) ▶ _____	<small>(Applies to accounts maintained outside the U.S.)</small>
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number																								
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Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
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 as 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. I 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.

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 mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶
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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 enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)

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 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	CONTACT NAME:	
	PHONE (A/C, No, Ext)	FAX (A/C, No)
E-MAIL ADDRESS:		
INSURERS AFFORDING COVERAGE		NAIC #
INSURER A: (Insurer must have an AM Best Rating of A- or higher.)		
INSURED	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

Contact RealPage
for your Sample at
888-493-6938

COVERAGES CERTIFICATE NUMBER: 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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF DATE (MM/DD/YY)	POLICY EXP DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> _____ <input type="checkbox"/> _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	X	X				EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$ MED EXP (Per one person) \$ FELT & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS-COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> _____	X	X				COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ 500,000 BODILY INJURY (Per accident) \$ 500,000 PROPERTY DAMAGE (Per accident) \$ 500,000
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$	X					EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						WC STATUTORY LIMITS OTHER E.L. EACH ACCIDENT \$ 1,000,000 EL DISEASE-EA EMPLOYEE \$ 1,000,000 EL DISEASE-POLICY LIMIT \$ 1,000,000

Sample

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

Attach a copy of the General Liability; Automobile Liability Additional Insured Endorsement(s) reflecting the following: LITTLETON HOUSING AUTHORITY DBA SOUTH METRO HOUSING OPTIONS AND THE OWNERSHIP ENTITIES OF ALL OWNED OR MANAGED PROPERTIES are included as an additional insured on the general liability and auto policies in regard to work/service provided by the named insured. Excess/Umbrella liability policy to follow form.

Attach a copy of the General Liability On Going Operations Endorsement.

Attach a copy of the General Liability Completed Operations Endorsement.

Attach a copy of the General Liability; Automobile Liability; Workers Compensation Waiver of Subrogation Endorsement(s) reflecting the following: A waiver of subrogation have been issued in favor of Littleton Housing Authority dba South Metro Housing Options and the ownership entities of all owned or managed properties on all policies. INSURANCE AGENTS: If your insured has a scheduled endorsement the aforementioned parties must be included in the schedule and a copy of endorsement must be submitted along with the certificate. If your insured has a blanket endorsement, it must also be submitted along with the certificate. Language regarding additional insured status does not need to be reflected in the Description of Operations section of the certificate.

CERTIFICATE HOLDER	CANCELLATION
South Metro Housing Options c/o RealPage Vendor Credentialing P.O. Box 115006 Carrollton, TX 75011 Fax: (877) 665-8910 Email: VCdocuments@realpage.com	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

Vendor Credentialing Quick Steps Vendor Guide

How to Enroll/Make a Payment

- 1. Click [Pay Now](#) Tab for each Management Company and click on [Make Payment](#) tab.
- 2. Read and accept our [Privacy Policy & Terms of Use](#).
- 3. Enter name listed on card; card#; expiration date; card security code.
- 4. Click Next and [Confirm Payment](#).

Forgot my Username and Password

1. Visit the Vendor Credentialing login page and click forgot my password.
2. Enter the email address associated with the user for your account and an email will be sent with your username and password.

How to Upload Documents

Tip: Quickest way to apply documents to your account is to upload them directly to our system.

1. Save all documents as a [PDF](#) on your computer.
2. Click the [Submit Documents](#) tab and start uploading.
3. Choose from the document list to submit all the required documents such as; W-9, Vendor Agreement, Insurance Certificate, Professional License or Minority-Owned Business Certificate.
4. Click Browse and locate the PDF file on your computer and Click Submit.

How to Update Remit (Payment) Address

1. Click on Company Tab and scroll down to Contact Information.
2. Click on the blue remit (Payment) address to update.
3. Update with correct address and Click OK.

How to Create a New User

1. Go to the User tab and click Add New User.
2. Enter a username and password.
3. Enter the person's name, phone, and email.
4. Select type of user access from the list below:
 - **Administrator:** Users can review/add/change/edit information on the account for name, remit address, contact information, payments, and principal/owner.
 - **Guest:** Users can change/edit contact information, remit address, and payment information.
 - **Read Only:** Users can review the account. No changes or payments allowed.
5. Click Save.

How to Update your W-9

Click on Company tab to update a new W-9 online or upload/email/fax a W-9 that you have already completed.

Note:

- If your company name or EIN/SSN has changed from what we have on file, please call our office as we will need to create a new account.
- If the annual enrollment fee is current, the documents will be processed within 24-48 hours.

Customer Support

- Monday-Friday 7:30 AM-6:30 PM CST
- Call us at: **888-493-6938**
- Email us at: VCCustomerservice@realpage.com
- Sign up for live user training on your account

Enrollment Status Definitions

Approved: Vendor has paid enrollment/annual renewal fee and provided all necessary documents required in order to be compliant vendor. There are no errors or discrepancies on the documents. Background screening was clear on business and the owner(s) of the business.

Exempt: Vendor is not required to complete the process with Vendor Credentialing.

Pending: Vendor has paid the enrollment fee; Vendor Credentialing is reviewing documentation and running background screening. This status will only appear for 24-48 hours.

Incomplete: Vendor has paid enrollment/annual renewal fee; Vendor has not yet provided all documentation, or the documents provided contain errors. For example, the documentation is missing the correct additional insured information.

Declined: Vendor has paid enrollment/annual renewal fee and provided documentation. However, the background screen detected bankruptcy, liens, or criminal records.

Account Locked: Vendor has not paid Vendor Credentialing annual renewal fee.

Not Enrolled: Property Management Company has requested to work with you; no enrollment fee has been paid by the vendor. Vendor Credentialing process starts once payment is received.

Note: The enrollment process begins once the annual enrollment fee is paid; however, that does not guarantee your approval or guarantee any extra work from your customer(s). Documents are not evaluated for accuracy until your Vendor Credentialing enrollment fee is paid.



Top 10 Reasons to Enroll with RealPage® Vendor Credentialing

And make us your number-one connection for building your business.

1. BUILD YOUR CLIENT BASE

Increase your potential of being selected to serve any of our 300+ property management clients and other clients outside the industry.

- Our client users can search for and select new vendors from our database, by company name, city, state, zip or type of business (e.g., landscapers, electricians, plumbers, painters, etc.).

2. COMPETE WITH THE BEST

You will never compete for business with any competitor who may be unlicensed, uninsured or underinsured.

- We ensure that any other vendor within your same industry must meet the same licensing and insurance requirements that your company does in order to conduct business with our mutual clients.

3. SUBMIT THROUGH A ONE-STOP PORTAL

Use a single cloud-based portal to submit all necessary documents to conduct business for each of your clients.

- Your company can be set up to conduct business the same day by calling our customer service department or by submitting the necessary paperwork through your Vendor Credentialing portal.

4. MANAGE DOCUMENTS EASILY

A secure web interface provides a convenient way to easily manage, store and archive your insurance, professional license and W-9 documents for each of your Vendor Credentialing clients.

- If your company has already enrolled with another management company, you should have received a user ID and password for the Vendor Credentialing site.

5. WE WORK DIRECTLY WITH YOUR INSURANCE AGENT

We can work directly with your insurance agent, on your behalf, to help speed up the approval process for any of our mutual clients.

- Our staff provides the appropriate additional insured language and policy limits you need to become approved for our mutual client(s).

6. APPROVAL ON A PORTFOLIO-WIDE BASIS

Reach an approved status for all of your customer's properties within your service location.

- We use a global approach to credentialing so that once you reach an approved status for your customer, you will be approved for all of their locations without the need for additional paperwork per property.

7. AVOID POLICY LAPSES

We help you stay on track with your insurance and licensing, year round.

- We will notify your company as well as your insurance agent(s) in advance of policy expirations. We will also notify you of upcoming license expirations.

8. GET SAME-DAY APPROVAL

Become a Credential Key Vendor and get same-day approval.

- The Credential Key program is a premium paid service that gives you preferred placement in a search engine used by hundreds of apartment communities each week. Once you are approved as our Credential Key vendor, you earn a "key" icon next to your name, giving you the ability to unlock same-day approval for your participating clients.

9. ACCESS TO THE COMPATIBILITY INDEX

Our Compatibility Index enables you to determine if you meet a customer's insurance requirements prior to making a payment.

- This feature provides you an instant analysis of your insurance against your customer's requirements with the click of a button.

10. ENSURE SUCCESS WITH LIVE SUPPORT

Live Customer Support is here to ensure your Vendor Credentialing program is successful.

- Our team can assist you with implementation, training and any vendor management-related questions. This includes ongoing support from start to finish to ensure your approval process runs smoothly.