

## **Summit Management Services, Inc. Vendor Management Program Requirements**

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I/we agree to provide goods and/or services for Summit Management Services, Inc. and/or properties managed by Summit Management Services, Inc., as Agent for the clients under management contract. As a Vendor providing goods and/or services to Owner, I/we agree that Summit Management Services, Inc. is the property manager on behalf of Owner, and accordingly Summit Management Services, Inc. shall have no liability for obligations of the property or owner.

### **VENDOR REQUIREMENTS**

As a vendor providing any type of good and/or service to a Summit Management Services, Inc. apartment community, corporate, or regional office, I must have a W-9 and any applicable professional licenses on file with Registry Monitoring Insurance Services, Inc. (RMIS). If I am providing any type of good and/or service, which requires my company to send a representative to the community or office, I must also have a current certificate(s) of insurance on file with RMIS; the amounts of coverage are detailed during RMIS Vendor Credentialing process. The certificate(s) of insurance must include specific additional insured language with regard to the general liability, auto liability, and the umbrella/excess liability policy, naming owner, lender, and their related entities as their interests may appear, Summit Management Services Inc., its subsidiaries, affiliates, divisions, associates or allied companies, corporations, firms, LLCs, partnerships or joint ventures, partners, officers, directors, members, agents and employees as additional insureds with respect to the vendor's operations for/on behalf of Summit Management Services Inc. A waiver of subrogation will also apply in favor of all additional insured regarding general liability, auto liability, and workers compensation. RMIS will provide the specific language needed on the certificates as part of the Vendor Credentialing process. The certificate(s) of insurance must remain current and any lapse in coverage will result in the termination of future purchases of goods and services. Annual renewal with RMIS is a requirement of continuing as a Summit Management Services, Inc. approved vendor.

### **BACKGROUND SCREENING OF WORKERS**

Vendor agrees to exercise due diligence in not placing 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 rape, molestation, sexual assault, indecent exposure, indecency with a child, murder or kidnapping. Vendor also agrees to comply with Immigration and Customs Enforcement (ICE) regulations. I understand that it is my duty to use responsible hiring practices and acknowledge Summit Management Services, Inc.'s policy regarding the background screening of my labor force. If requested by Summit Management Services, Inc. I will provide proof of such screening within 10 days of request.

### **FAIR HOUSING POLICY**

It is the policy of Summit Management Services, Inc. to treat all residents, prospective residents and their guests in a fair, professional manner without regard to race, color, religion, sex, familial status, handicap or national origin, and in accordance with all jurisdictional guidelines. As a contractor/vendor to Summit Management Services, Inc., I agree that I will treat all Summit Management Services, Inc. staff, residents, prospective residents and their guests in a fair, professional manner without regard to race, color, religion, sex, familial status, handicap or national origin and in accordance with all jurisdictional guidelines. In addition, I accept the responsibility to train my employees to treat all Summit Management Services, Inc. staff, residents, prospective residents and their guests in a fair, professional manner without regard to race, color, religion, sex, familial status, handicap or national origin. I understand that failure to adhere to this policy, by either myself or my employees, may result in an immediate termination of my relationship with Summit Management Services, Inc.

### **WORKERS COMPENSATION POLICY**

I understand that Summit Management Services, Inc. requires workers compensation coverage for all vendors regardless of state regulations, except for vendors who are sole proprietors with zero employees. In such cases, the sole proprietor is required to complete an attestation indicating that he/she is lawfully exempt. Vendors categorized as off-site are not required to provide proof of workers compensation insurance.

### **PURCHASE ORDER POLICY**

We at Summit Management Services, Inc. want our vendors to be paid timely and without any risk of confusion about what was ordered. In order ensure this happens, Summit Management Services, Inc. has a Purchase Order system in place that must be used on any goods or services ordered by our on-site teams. The Property Manager or Maintenance Supervisor may issue these Purchase Orders and the Vendor must be in receipt of a Purchase Order number before work begins and/or goods are ordered. Summit Management Services, Inc. reserves the right to not accept nor pay invoices for work done and/or goods provided without a valid Purchase Order.

### **BILLING AND ACCOUNTING**

All vendor accounts for goods and/or services provided at any location other than the Summit Management Services, Inc. corporate or regional offices shall be set up in the property's name and will not be set up in the name of Summit Management Services, Inc. I agree that in the event collection procedures become necessary for any goods and/or services provided at any location other than the Summit Management Services, Inc. corporate or regional offices, that neither I nor my Company will name Summit Management Services, Inc. in any part of collection proceedings, but will instead collect directly from the property.

In an effort to increase efficiencies and improve the timeliness of processing payments to our vendors, Summit Management Services, Inc. uses an automated invoice processing system within our accounts payable department. Separate instructions detailing the submission of invoices through this system will be provided to vendors once they are an approved vendor. Vendor shall submit invoices for goods and/or services within 10 days of delivery/completion. All invoices must be numbered. Please note that invoices submitted incorrectly will result in delayed payment.

### **NON-DISCLOSURE AGREEMENT**

Vendor will not disclose any information gathered in their work with Summit Management Services, Inc. to any third party without Summit Management Services, Inc.'s knowledge. The vendor will take reasonable security precautions to safeguard Summit Management Services, Inc.'s property and customer information.

### **DRUG-FREE WORKPLACE POLICY**

Vendor understands that Summit Management Services, Inc. requires a drug-free workplace policy with all personnel and vendors. Individuals who are working for Summit Management Services, Inc. on a temporary basis or as a vendor/subcontractor are subject to this policy and program to the extent that it governs acceptable conduct, certain testing, and testing related items. These individuals will be subject to testing by their employers as a condition to being assigned to Summit Management Services, Inc. The tests performed by their employer must, at a minimum, be a five-panel screening. The test must also have a negative result. A person with a positive result will not be allowed to work under an assignment to Summit Management Services, Inc.

### **GENERAL CONDUCT**

Employees, agents or sub-contractors of the Vendor agree to conduct themselves in a professional and ethical manner in all dealings with Summit Management Services, Inc., its agents and employees. Violation of any terms will result in the termination of approval to perform work for Summit Management Services, Inc., its agents or employees.







CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : <b>ABC Insurance</b>	<b>25674</b>
INSURED  <b>ABC Company, Inc. 123 Main Street Akron, OH 44303</b>	INSURER B : <b>ABC Insurance</b>	
	INSURER C : <b>ABC Insurance</b>	
	INSURER D :	
	INSURER E :	
	INSURER F :	

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> 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:	X	X	ABC1234567	xx/xx/xxxx	xx/xx/xxxx	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 500,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	X	X	ABC1234567	xx/xx/xxxx	xx/xx/xxxx	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	X		ABC1234567	xx/xx/xxxx	xx/xx/xxxx	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	X	ABC1234567	xx/xx/xxxx	xx/xx/xxxx	PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 Owner, lender, and their related entities as their interests may appear, Summit Management Services Inc., its subsidiaries, affiliates, divisions, associates or allied companies, corporations, firms, LLCs, partnerships or joint ventures, partners, officers, directors, members, agents and employees are named as additional insureds for general liability, auto liability and umbrella/excess liability with respect to the named insured's operations for/on behalf of Summit Management Services Inc. A waiver of subrogation applies in favor of all additional insureds regarding general liability, auto liability, and workers compensation coverage.

CERTIFICATE HOLDER  Summit Management Services, Inc. C/O Registry Monitoring Insurance Services, Inc. 5388 Sterling Center Dr Westlake Village, CA 91361	CANCELLATION  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