



Vendor Management Program (VMP)

Dear New Vendor Partner,

Thank you for your interest in doing business with Summit Management Services, Inc. As a premier national residential real estate company, Summit Management requires all of our vendors to participate in our Vendor Management Program (VMP).

This program helps ensure that all vendors whom we conduct business with are accountable to the reputable business practices and standards we have set forth. These standards and practices essentially minimize unwanted risk and, in turn, ensure that our residents and vendors have an overall better experience with our organization. The areas of accountability that our program focuses on include ongoing compliance with our insurance requirements and compliance with IRS requirements. This program is administered through an online vendor portal, known as VendorCafé, and as a result, all vendors are required to register for an online VendorCafé account.

VendorCafé provides our vendors a cost-efficient, secure, and effective way to process and manage business with Summit Management online. Vendors have access to real-time information on several aspects of business with Summit Management, including compliance status and invoice status. Through VendorCafé, vendors can:

- Monitor their compliance within our VMP and receive alerts about their status
- View their ledger to ensure all invoices have been received and monitor the approval status of invoices
- Electronically submit invoices directly through the online portal

There are distinct benefits for those vendors who wish to submit invoices electronically through VendorCafé, including the elimination of costs associated with paper invoices and the elimination of postage costs for sending paper invoices. Submitting invoices through the portal also drastically reduces the opportunity for invoice-loss and will ultimately reduce invoice processing time, further expediting payment processing to our vendors.

To register and maintain status as an “Approved Vendor” in our Vendor Management Program, there is a fee all vendors will be responsible for. When registering through VendorCafé, **all onsite vendors are required to pay an annual fee, which is currently \$85.00.** This fee goes directly to Registry Monitoring Insurance Services (RMIS), the service provider who will be working *directly* with your insurance agent/producer to ensure all specific insurance requirements are satisfied. Through the use of RMIS, your valuable time is not wasted in an attempt to obtain insurance information that only insurance professionals may understand. RMIS will expedite the necessary task of establishing insurance compliance which will assist you, our vendor partner, in attaining “Approved Vendor” status as soon as possible.

Additionally, for those vendors who wish to submit invoices electronically, there may be costs associated with this feature based on the number of invoices submitted. Below is the fee schedule from Yardi Systems Inc., the software provider of VendorCafé, for using the electronic invoice feature:

Annual Fee	# of Electronic Invoices Submitted/Year
Free	Up to 6 invoices
29.99	Up to 30 invoices
79.99	Unlimited invoicing



Any fees due for the use of the electronic invoice submission feature in VendorCafé will be charged by and paid directly to Yardi Systems within the VendorCafé system. It's important to note that the use of the electronic invoice submission feature is **OPTIONAL**. Vendors are not required to submit invoices electronically. However, it is highly recommended due to the benefits it can provide our vendor partners.

When vendors choose not to use the electronic invoice submission feature, invoices are required to be submitted to the Summit Management Services PO Box designated for automated invoice processing. When invoices are received via this PO Box, they are scanned directly into our accounting system. All properties share this same PO Box address. However, each property has a unique "billbox number" that will need to be included with the address and this number directs the processing of your invoice in our automated system. Below is the address format that will be required when submitting invoices by mail:

Apartment Community Name (or Summit Management Services when applicable)

Billbox #00-vendorcode-propertycode

PO Box 1008

Hicksville, NY 11802-1008

Keep in mind that all envelopes and invoices being mailed must be addressed in the manner reflected above, replacing "vendorcode" with the vendor code assigned to your company by Summit Management and also replacing "propertycode" with the appropriate Summit Management property code that is associated with the apartment community being billed. Your company's vendor code and the Summit Management property codes will be provided to you once your company has reached the status of an "Approved Vendor". Invoices should NOT be submitted to a property's office, any of our corporate offices, or by email to Summit Management staff. Failure to adhere to these requirements will result in delayed payment.

VendorCafé support will be available to you for assistance with the registration process and for any assistance you might need once your account is established. VendorCafe support can be reached by emailing VendorCafe_Support@yardi.com or by calling 1-888-251-8210. Also, should you have any general questions about the information contained within this letter or general questions regarding our Vendor Management Program, please send your inquiries via email to vendors@summitmanagementservices.net.

We thank you for your partnership and look forward to enjoying collaborative success with you for years to come.

Sincerely,

Summit Management Services, Inc.



New Vendor Setup Form

The steps to becoming a Summit Management Vendor...

1. **Complete & return new vendor setup form.** Complete and return the form to the community or regional office that selected you as the vendor to begin the enrollment process in our Vendor Management Program (VMP).
2. **Register for an account with VendorCafé.** Within 5 business days of submitting this form you should receive an email invitation with instructions on registering for a VendorCafé account. VendorCafé is an online vendor portal, through which our VMP is administered. *Please note Summit has a closed enrollment system, so you must wait for the email from VendorCafé to begin your enrollment.*
3. **Satisfy Compliance Requirements.** As part of the registration process you will be asked to agree to Summit Management's Vendor Services Agreement and submit insurance/tax identification documentation within VendorCafé. This information is then provided to our screening partner, Registry Monitoring Insurance Services (RMIS), who will review your information and ensure your company satisfies Summit's requirements.
4. **Become An Approved Vendor.** Once you complete your registration for VendorCafé and have satisfied all compliance requirements, your status will be reflected as "Approved".

Please Complete the Following Information

Vendor Legal Business Name (REQUIRED)
Vendor "Doing Business As" Name (if applicable)
Vendor Email Address (Must be for Authorized Representative REQUIRED)
Vendor Remittance Address
Vendor Phone
Vendor Fax
Service(s) Provided (REQUIRED)

Summit Management Services, Inc. Vendor Management Program Requirements

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 #	
INSURED	INSURER A : ABC Insurance	
	INSURER B : ABC Insurance	
	INSURER C : ABC Insurance	
	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"/> PROJECT <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 \$ 1,000,000
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <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 type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	X		ABC1234567	xx/xx/xxxx	xx/xx/xxxx	EACH OCCURRENCE \$ 1,000,000
							AGGREGATE \$ 1,000,000
							\$
							PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
							\$
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	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

CANCELLATION

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



****SAMPLE****

SUMMAN-01

CERTIFICATE OF LIABILITY INSURANCE

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PRODUCER	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	NAIC #	
INSURED	INSURER A : ABC Insurance	
	INSURER B : ABC Insurance	
	INSURER C : ABC Insurance	
	INSURER D :	
	INSURER E :	
INSURER F :		

ABC Company, Inc.
123 Main Street
Akron, OH 44303

COVERAGES

CERTIFICATE NUMBER:

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A	X	COMMERCIAL GENERAL LIABILITY			X	X	ABC1234567	xx/xx/xxxx	xx/xx/xxxx	EACH OCCURRENCE	\$ 1,000,000		
		CLAIMS-MADE	X	OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000		
										MED EXP (Any one person)	\$ 5,000		
										PERSONAL & ADV INJURY	\$ 500,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:			GENERAL AGGREGATE						\$ 1,000,000			
		POLICY		PRO-JECT							LOC	PRODUCTS - COMP/OP AGG	\$ 1,000,000
		OTHER:									\$		
B	AUTOMOBILE LIABILITY			X	X	ABC1234567	xx/xx/xxxx	xx/xx/xxxx	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000			
	X	ANY AUTO OWNED AUTOS ONLY								SCHEDULED AUTOS	BODILY INJURY (Per person)	\$	
	X	HIRED AUTOS ONLY							X	NON-OWNED AUTOS ONLY	BODILY INJURY (Per accident)	\$	
										PROPERTY DAMAGE (Per accident)	\$		
											\$		
C	X	UMBRELLA LIAB		X	OCCUR	X	ABC1234567	xx/xx/xxxx	xx/xx/xxxx	EACH OCCURRENCE	\$ 3,000,000		
		EXCESS LIAB			CLAIMS-MADE					AGGREGATE	\$ 3,000,000		
		DED	X	RETENTION \$ 10,000							\$		
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			N / A	X	ABC1234567	xx/xx/xxxx	xx/xx/xxxx	<input type="checkbox"/> PER STATUTE	<input type="checkbox"/> OTH-ER			
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)			<input type="checkbox"/> Y / N						E.L. EACH ACCIDENT	\$ 1,000,000			
If yes, describe under DESCRIPTION OF OPERATIONS below									E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000			
									E.L. DISEASE - POLICY LIMIT	\$ 1,000,000			

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CERTIFICATE HOLDER

CANCELLATION

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	AUTHORIZED REPRESENTATIVE



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	PHONE (A/C, No, Ext):	FAX (A/C, No):
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	INSURER(S) AFFORDING COVERAGE	
	NAIC #	
INSURED	INSURER A : ABC Insurance	25674
	INSURER B : ABC Insurance	
	INSURER C : ABC Insurance	
	INSURER D :	
	INSURER E :	
INSURER F :		

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C	X UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR X EXCESS LIAB <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
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	AUTHORIZED REPRESENTATIVE