

Dear Valued Subcontractor,

Attached is the vendor packet for IPS Multifamily LLC. that I need you to fill out, sign and return along with the W-9 and COI with **IPS Multifamily LLC. as a certificate holder and additional insured.** 

There is a sample COI in the packet that shows what is needed as far as limits as well as the needed verbiage in the description of operations. You can forward this sample to your insurance agent to follow and then email me the needed copy.

If you do not have workman's comp because you are exempt, then I will need a copy of your exemption certificate as well.

Please make sure you read our invoice procedures, so you know when payments are expected to be received and where to send your invoice.

Please have all the needed documents to this office before you start work with IPS so that payments are not delayed waiting for the paperwork.

If you have any further questions do not hesitate to contact me.

Sincerely,

Josefa Barros Integrity Property Services Multifamily LLC./Graham's Roofing 4154 Central Ave St. Petersburg, FL 33711 Office 727-865-9354 Fax 727-827-2926 www.Integrityprops.com ap@integrityprops.com JoB@integrityprops.com



# Vendor Information Sheet

## **COMPANY INFORMATION**

| Company Name:   |  |            |             |  |  |  |
|---|--|------------|-------------|--|--|--|
| Products /Services Description:   |  |            |             |  |  |  |
| Address:  |  |            |             |  |  |  |
| City:   | ty:State:Zip:  |            |             |  |  |  |
| Social Security/ Tax ID#:   |  |            |             |  |  |  |
| Contact Person:   | Title:   |            |             |  |  |  |
| Phone.:   | Extension:   |            |             |  |  |  |
| Fax#:E-mail:  |  |            |             |  |  |  |
| COMPANY OFFICERS  |  |            |             |  |  |  |
| President:  | Controller:  |            |             |  |  |  |
| OTHER BRANCH LOCATIONS  |  |            |             |  |  |  |
| Workers Comp Carrier:   | Policy No  | Exp. Date: | _           |  |  |  |
| General Liability Carrier:  | Policy No  | Exp. Date: | _           |  |  |  |
| <ol> <li>Completed and signed W-9<sup>-7</sup></li> <li>Signed Code of Conduct and</li> </ol> | ce if work is performed or delivery is mad<br>Fax Form.<br>Ethics HotlineAcknowledgement |            | -           |  |  |  |
| For Property use only.<br>Property using Vendor:  |  |            |             |  |  |  |
| Person requesting Vendor:<br>For Corporate use only   |  |            | <del></del> |  |  |  |
| Vendor accepted: Yes  |  |            |             |  |  |  |
|   | 1  |            |             |  |  |  |



### INVOICING PROCEDURE

When work is complete, please be sure to send your invoices ta <u>AP@integrityprops.com.</u>

#### Invoices need to include the following items:

- Your company name and contact information.
- An invoice number.
- The Job Code Number. (This number will be on your contract for the work performed. If you did not receive a contract when work was scheduled, please contact the project manager to have one created and sent to you prior to starting the job).
- A description of the work performed.

#### Invoices will not be processed without the following items in place:

- A Complete Vendor Packet.
- Up to date insurance certificates. (Note that general liability certs need to list us as additionally insured).
- A contract or change order for the work being billed.

•\*Please note that invoices are paid as outlined in your signed contract, so please be sure to read your contract fully and contact your project manager to discuss your terms<mark>. Note that the minimum term is 15 days</mark> from the receipt of your invoice, as we do have to process your invoice through our system.

(Name)

(Company Name)

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\_\_\_\_\_of\_\_\_\_\_

have

read the aforementioned invoicing procedure and understand that I must follow these procedures in order for my invoices to be processed in a timely manner. I further understand failure to do include or have on file with IPS MULTIFAMILY LLC any of these items listed above will delay payment of my invoicing until the missing or incorrect items have been sent to the IPS MULTIFAMILY LLC office.

Vendor Signature:



## CODE OF CONDUCT

IPS Multifamily LLC adopts this code of conduct with all its employees and vendors to mutually acknowledge the highest of ethical performance in its business affairs.

- 1. No employee is to accept gratuities, compensation, or gifts from a vendor or service contractor. A holiday gift or occasional lunch of normal value (less than \$25) received in the normal course of business Is acceptable.
- 2. No employee, vendor or service contractor is to operate in any manner that Is contrary to the best interest of the company {e.g., discrimination, sexual harassment or divulging confidential information Is inappropriate conduct, etc.).
- 3. No employee is to give unfair advantage to a vendor or service contractor (e.g., by disclosing unpublished price quotes or competitors).
- 4. No employee, vendor or service contractor Is to conduct any company business without disclosing all relationships with the employees and vendors of IPS Multifamily LLC. with which there could be a conflict of interest: Please list potential conflicts of interest such as relatives and close friends employed by vendors.
- 5. No employee is to use foul or offensive language on the premises of any IPS Multifamily LLC. job site.
- No employee shall engage in any loud and boisterous conduct such as but not limited to playing loud or offensive music and/or involvement in verbal or physical altercations on premises.
- 7. There is **NO** smoking allowed by any employee or subcontractor in any unit or enclosed space on the job site.
- 8. No employee or subcontractor shall leave any unit/premises in disarray (if you make a mess, you will be responsible for cleaning up after yourself).
- 9. IPS Multifamily has a **ZERO** Tolerance policy for any drug or alcohol use during working hours. If any employee or subcontractor is caught partaking in any drug/alcohol use or found to be under the influence on site/during working hours this will be grounds for immediate termination.

4154 Central Avenue, St. Petersburg, FL 33711 727-865-9354 Office 727-827-2926 Fax License # CBC1257010



As a member of the IPS Multifamily team, it is easy to understand how the behavior of one individual may affect everyone on the team, especially when that behavior involves dishonesty or company ethics violations. Not only are your reputation and your company's reputation at stake, company income, which directly affects employee bonuses and pay raises, Is also at stake. Our Code of Conduct requires all of us to be alert to possible violations.

We are aware that the great majority of our employees, vendors and contractors operate honestly and ethically. In those few instances where it may be otherwise, we highly encourage you to help us to make a stand against dishonest or unethical conduct. Your call will help.

| acknowledge that | have received a copy of this statement and | agree to abide by its terms.

Vendor/ Contractor Signature

Date

Print Name

4154 Central Avenue, St. Petersburg, FL 33711 727-865-9354 Office 727-827-2926 Fax License # CBC1257010



# **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 04/10/2023

| THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS<br>CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES<br>BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED<br>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.<br>If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on<br>this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).                          |  |        |  |                                      |  |                               |  |                            |        |
|  | DUCER  |        |  | CONTAC                               |  |                               |  |                            |        |
|  |  |        |  | NAME:<br>PHONE                       |  |                               | FAX                                    |                            |        |
|  |  |        |  | (A/C, No<br>E-MAIL                   | , Ext):  |                               | (A/C, No):                             |                            |        |
|  | Your Agent details   |        |  | ADDRES                               | SS:  |                               |  |                            |        |
|  |  |        |  | INSURER(S) AFFORDING COVERAGE NAIC # |  |                               |  |                            | NAIC # |
|  |  |        |  | INSURER A : !                        |  |                               |  |                            |        |
| INSU   | JRED   |        |  | INSURER B : !                        |  |                               |  |                            |        |
|  |  |        |  | INSURE                               | RC:  |                               |  |                            |        |
|  | Your Company Name and A  | ddres  | SS   | INSURE                               | RD:  |                               |  |                            |        |
|  |  |        |  | INSURE                               | RE:  |                               |  |                            |        |
|  |  |        |  | INSURE                               |  |                               |  |                            |        |
| <u> </u>   | VERAGES CERT   | IFICA  | ATE NUMBER: CL234106689                                    |                                      |  |                               | REVISION NUMBER:                       |                            |        |
|  | HIS IS TO CERTIFY THAT THE POLICIES OF IN  | -      |  |                                      | TO THE INSUE   |                               |  | חר                         |        |
| IN<br>CI   | NDICATED. NOTWITHSTANDING ANY REQUIR<br>ERTIFICATE MAY BE ISSUED OR MAY PERTAI<br>XCLUSIONS AND CONDITIONS OF SUCH POL | EMEN   | IT, TERM OR CONDITION OF ANY<br>E INSURANCE AFFORDED BY TH | CONTRA<br>E POLICI                   | CT OR OTHEF  | R DOCUMENT N<br>D HEREIN IS S | WITH RESPECT TO WHICH TH               |                            |        |
| INSR<br>LTR  | TYPE OF INSURANCE  | ADDL S |  |                                      | POLICY EFF<br>(MM/DD/YYYY)   | POLICY EXP<br>(MM/DD/YYYY)    | LIMITS                                 |                            |        |
|  |  |        |  |                                      | (אוואו, שט, דדד ()   | (אזזז/סט/וויאן)               |  |                            | 0,000  |
|  |  |        |  |                                      |  |                               | DAMAGE TO RENTED                       | Ψ<br>ΕΟ Ο                  |        |
|  |  |        |  |                                      |  |                               |  | <u></u> \$ 50,0<br>\$ 1,00 |        |
| А  |  |        |  |                                      |  |                               |  | 1 00                       |        |
| ~  |  | Y      |  |                                      |  |                               | PERSONAL & ADV INJURY                  | Ψ                          |        |
|  | GEN'L AGGREGATE LIMIT APPLIES PER:   |        |  |                                      |  |                               | GENERAL AGGREGATE                      | \$ 2,00                    |        |
|  | POLICY PRO-<br>JECT LOC  |        |  |                                      |  |                               |  | φ                          | 0,000  |
|  | OTHER:   |        |  |                                      |  |                               |  | \$                         |        |
| _  | AUTOMOBILE LIABILITY   |        |  |                                      |  |                               | COMBINED SINGLE LIMIT<br>(Ea accident) | \$ 1,00                    | 0,000  |
|  | ANY AUTO   |        |  |                                      |  |                               | BODILY INJURY (Per person)             | \$                         |        |
| В  | OWNED SCHEDULED AUTOS ONLY   |        |  | ΛΠ                                   |  |                               | BODILY INJURY (Per accident)           | \$                         |        |
|  | HIRED NON-OWNED  |        |  |                                      |  | <b>.</b>                      | PROPERTY DAMAGE<br>(Per accident)      | \$                         |        |
|  | AUTOS ONLY AUTOS ONLY  |        | •                    | ••                                   |  |                               |  | \$ 1,00                    | 0.000  |
|  |  |        |  |                                      |  |                               |  | \$ 4,00                    | 0,000  |
| А  |  |        |  |                                      |  |                               |  | φ<br>4 00                  | 0,000  |
|  | CLAIMS-MADE  |        |  |                                      |  |                               |  | φ.                         | 0,000  |
|  | DED RETENTION \$   |        |  |                                      |  |                               |  | \$                         |        |
|  | AND EMPLOYERS' LIABILITY   |        |  |                                      |  |                               | STATUTE ÉR                             | 4 00                       | 0.000  |
| С  |  | N / A  |  |                                      |  |                               |  | \$ 1,00                    |        |
|  |  |        |  |                                      |  |                               |  | <sub>\$</sub> 1,00         |        |
|  | If yes, describe under<br>DESCRIPTION OF OPERATIONS below  |        |  |                                      |  |                               | E.L. DISEASE - POLICY LIMIT            | <sub>\$</sub> 1,00         | 0,000  |
|  |  |        |  |                                      |  |                               |  |                            |        |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) SAMPLE  |  |        |  |                                      |  |                               |  |                            |        |
| Integrity Property Services Multifamily, LLC and their related and affilliated entities are listed as Additional Insured, including products and completed operations on a per project aggregate basis with respects to General Liability.   |  |        |  |                                      |  |                               |  |                            |        |
|  |  |        |  |                                      |  |                               |  |                            |        |
| CERTIFICATE HOLDER CANCELLATION  |  |        |  |                                      |  |                               |  |                            |        |
| Integrity Property Services Multifamily, LLC   |  |        |  |                                      | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE<br>THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN<br>ACCORDANCE WITH THE POLICY PROVISIONS. |                               |  |                            |        |
| 4154 Central Avenue AL<br>St. Petersburg FL 33711  |  |        |  |                                      | RIZED REPRESEN   | NTATIVE                       |  |                            |        |

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

|   | 2 Business name/disregarded entity name, if different from above   |   |  |  |  |  |  |  |  |
|---|--|---|--|--|--|--|--|--|--|
| e.<br>ns on page 3.   | following seven boxes.   | 4 Exemptions (codes apply only to<br>certain entities, not individuals; see<br>instructions on page 3):<br>Exempt payee code (if any) |  |  |  |  |  |  |  |
| <ul> <li>single-member LLC</li> <li>Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶</li> <li>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</li> <li>Other (see instructions) ▶</li> <li>5 Address (number, street, and apt. or suite no.) See instructions.</li> </ul> |  |   |  |  |  |  |  |  |  |
| See <b>Sp</b>   |  |   |  |  |  |  |  |  |  |
|   | 6 City, state, and ZIP code  |   |  |  |  |  |  |  |  |
|   | 7 List account number(s) here (optional)   |   |  |  |  |  |  |  |  |
| Par   | t I Taxpayer Identification Number (TIN)   |   |  |  |  |  |  |  |  |
|   | nter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid Social security number   |   |  |  |  |  |  |  |  |
| reside  | p withholding. For individuals, this is generally your social security number (SSN). However, for a nt alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other s, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a</i> |   |  |  |  |  |  |  |  |

| TIN, later.  |          |       |                     |           |        |             |             |               | -           |
|--------------|----------|-------|---------------------|-----------|--------|-------------|-------------|---------------|-------------|
| Note: If the | account  | is in | more than one na    | ame, see  | the ir | nstructions | for line 1. | Also see What | at Name and |
| Number To    | Give the | Reau  | lester for quidelin | nes on wh |        | number to i | enter       |               |             |

Certification Part II

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 | Signature of  |  |  |  |  |
|------|---------------|--|--|--|--|
| Here | U.S. person > |  |  |  |  |

# **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)

or

Employer identification number

• Form 1099-S (proceeds from real estate transactions)

Date 🕨

- 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.