

## GUIDELINES FOR VENDORS

Consolidated Community Management, Inc. always works closely with our vendors to provide the best possible service to our mutual clients. While it is clearly understood CCM cannot dictate how you conduct your business practices, we do expect the highest level of professionalism and quality of workmanship as you do in part represent our company when you are conducting business at our request.

The following list of helpful hints has been developed by CCM and our Maintenance Department to better advise all of our vendors as to what our expectations are when you go on a job for us:

1. Always confirm with us when you have contacted the residents and confirmed an appointment to be at the property.
2. Contact our maintenance department immediately if the appointment has been rescheduled by the residents or you were unable to gain access to the property.
3. While under no circumstances do we expect or encourage our vendors to “spy” on residents while at a property, vendors should use common sense and report to us anything that is unusual and causing potentially serious damage to the property (examples: a hot tub in a living room, spray paint on the walls, unsafe living conditions).
  - a. In regards to the aforementioned statement, if for example you are at a home to fix a specific plumbing problem and you see other plumbing issue that needs attention, do NOT put it in the invoice or discuss it with the residents. Let us know.
4. If during a job at a property, you determine that the repair was a result of tenant negligence or abuse, make sure you give a detailed description of the problem in your invoice.
5. UNDER NO CIRCUMSTANCES SHOULD VENDORS EVER SUGGEST OR RECOMMEND REPAIRS OR OTHER WORK AT A PROPERTY TO RESIDENTS. (see item 3).
6. Please do not accept work if you cannot complete a job within a given time frame or if the job maybe too large for you to handle. Vendors that continue to do excellent work will continue to get work, even if a particular job is not a good fit.
7. Vendor Application Information

CCM and the clients we represent appreciate the services you will provide and the ongoing business relationship we share.

Our policy requires all industry partners supply us with information concerning their operation.

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These policies are in accordance with state and federal regulations, as well as good business practices regarding licensing, insurance and taxes.

In order to receive prompt payment, we must have the following information on file:

- Completed Vendor Information Sheet.
- Executed Indemnification Agreement.
- Certificate of Workers Compensation Policy and expiration date.
- (Note: If you are self-employed and are not required to carry Workers Compensation, please download this form and note accordingly).
- An original Certificate of Liability Insurance with coverage of at least
- \$ 1,000,000 (\$3,000,000 for security companies), naming CCM as additional insured. This original certificate should also give the expiration date of the policy. We must receive a 30-day notice of cancellation.
- Confirmation on your Certificate of Liability Insurance that your coverage does not exclude multi-family products, projects, coverage or homeowners associations. Copy of your Contractors License and expiration date (if applicable).

**ALL DOCUMENTATION MUST BE RECEIVED IN OUR OFFICE PRIOR TO YOU COMMENCING SERVICES AT ANY PROPERTY!**

In addition to State and Federal Regulations, vendors must adhere to certain CCM policies:

- You pay out of pocket for all initial repairs and services. CCM does not pre-pay invoices or work orders.
- Residents are NEVER required to tender any payment or compensation on site unless
- You are specifically instructed by this office to do so. In addition, residents should NEVER
- Be asked to assist you with any work that is being conducted.
- Any work or materials not ordered and authorized by this office will not be reimbursed. CCM will reimburse you within 30-40 days of repairs.
- You MUST guarantee your work.

After your initial set-up, your documentation must be kept current at all times.

If new documentation is not received by the expiration date, this may result in immediate termination of services!

We thank you in advance for your cooperation and assistance! If you have any questions or need help, contact our maintenance department at extension ??? or ???, or email us, ATTN: [maintenance@ccmfla.com](mailto:maintenance@ccmfla.com), or Customer Service: [customerservice@ccmfla.com](mailto:customerservice@ccmfla.com)

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## VENDOR INFORMATION SHEET (PART A - Page 1 of 2)

Dear Industry Partner,

In August, 1983, Congress passed the Interest and Divided Tax Compliance Act of 1983 which states in part, "A person engaged in a trade or business must file an information return for certain payments that he makes to other during a calendar year in the course of his trade or business." Where a 1099 is required to be filed by a payer, the payer will be required to withhold on the payment unless an identification number is required from payee. This amounts to 31% withheld on payments made to you if we do not receive this information.

Please assist us in complying with the reporting requirements of the IRS by completing the following information and returning this letter to CCM.

Company Name:
Mailing Address
(Address Line 2)
City, State, Zip
Type of Business or Service Provided:
Supplier Only (will not be on premises): Yes ____ No ____ (Check one)
Contractor's License Number/Expiration Date: _____ / _____
Will you be providing services on-site? Yes ____ No ____ (Check one)
Are you a corporation? Yes ____ No ____ (Check one)
Are you subject to backup withholding? Yes ____ No ____ (Check one)
Federal Tax ID Number:

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### VENDOR INFORMATION SHEET (PART A - Page 2 of 2)

If you are filing your tax return using a Social Security Number, please give us the following information:

Social Security Number: \_\_\_\_\_

First and Last Name You File Under: \_\_\_\_\_ (please print)

I attest that the above information is true and complete to the best of my knowledge:

Printed Name: \_\_\_\_\_  
(Name/title)

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Return completed packet to:

Consolidated Community Management, Inc.  
Maintenance Department  
7124 N. North Nob Hill Rd.  
Tamarac, FL 33321  
Office Number: 954-718-9903  
Fax Number: 954-718-9946  
Email: [maintenance@ccmfla.com](mailto:maintenance@ccmfla.com) or [maintenance1@ccmfla.com](mailto:maintenance1@ccmfla.com)

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## Indemnification Agreement (Part B)

Dear Industry Partner,

If you are self-employed with no employees and you are not required to carry workers compensation, please execute the certification below and return to our office.

I certify that I am self-employed and not required to carry workers compensation coverage.

Company Name: _____
Name: _____ (please print)
Title: _____
Signature _____
Date: _____