

ENROLLMENT INSTRUCTIONS

When you become a Rentwell compliant vendor you are approved to offer your services to all properties managed by Rentwell anywhere in Pennsylvania. To become compliant with Rentwells policies and insurance requirements, you must provide documentation follow the steps below.

- Completed New Vendor Pre-qualification Form
- W-9
- Copy of Your Pennsylvania Contractor's License
- Certificates of Insurance evidencing your coverage for:
 - General Liability
 - Workers Compensation
 - Auto Liability
- Workers' Compensation Policy
- Workers' Compensation Waiver

Return only if this packet contains **ALL** of the required information. Once you have assembled the documents on the checklist you may return them via two methods:

1. E-Mailed to hreimel@rentwell.com
2. Mail packet to our office.

Your Local Leasing Company
Attn: Heather Reimel
100 Center Ave
West View, PA 15229

After you have submitted your documents, you can check on the status of your application by contacting: Heather Reimel ; Hreimel@rentwell.com

PLEASE NOTE

- Until you have been approved as compliant you may not be hired as a vendor
- Becoming an approved vendor does not guarantee being hired for all jobs
- All work producing loud noise (such as hammers and drills) must not be before 8:00am.
- Checks are cut on Thursdays (net 30 days max)
- **Please submit a copy of your driver's license with your application**
- Background check of Criminal, Credit and Sexual Offender will be done

NEW VENDOR PRE-QUALIFICATION FORM

Please complete this form with as much detail as possible to assist us in evaluating your company's qualifications.

Company Name (same as W9): _____

Company Contact: _____

Name on Check: _____

Driver's License Number / State _____

Street Address: _____

Mailing Address: _____

(check if same as above)

Business Phone: _____

After Hours/Weekends # if
different: _____

Mobile Phone: _____

Fax Number: _____

E-Mail Address: _____

Federal Tax # of Company _____

Company Entity-check one Corp. _____ Partnership _____ Sole _____

Normal Business Hours _____

Type of work performed: _____

Please list 3 trade references: _____

How long has your company been in business? _____ years With the same License Number? _____ years

Will you provide a one year warranty on all labor and workmanship? ___ Yes ___ No

NEW VENDOR PRE-QUALIFICATION FORM

VENDOR SERVICE AGREEMENT

THIS AGREEMENT (hereinafter referred to as “Subcontract”) is made and entered into this ____ day of _____, 20____ by and between Rentwell, a Pennsylvania limited liability company, whose address is 100 Center Ave, West View, PA 15229 (hereinafter referred to as “Contractor”) and _____, whose address is _____ (hereinafter referred to as “Vendor”)

- A) **Rentwell** is not the property owner. Rather **Rentwell** acts solely as an agent for the Owners of each property they manage and engage all vendors on behalf of the Owners and not on behalf of **Rentwell**. Ultimately, the responsibility for all debts incurred by a property rest with the property Owner.
- B) Vendors providing any type of good and/or service to **Rentwell** must have a W-9 and any applicable professional licenses on file with **Rentwell**. Additionally, Vendors providing any type of good and/or service that require their company to send a representative to the apartment community must have a current certificate of insurance on file with **Rentwell** for general liability, workers compensation and auto liability. Additional coverage may be required if deemed appropriate by the scope of service. **All coverage shall be primary and non-contributory**. The following parties must be added to the general liability policy as an additional insured as their interests may appear in regard to work performed by Vendor: **“Pittsburgh Management Group DBA Rentwell, THE OWNERSHIP ENTITIES OF THEIR OWNED OR MANAGED PROPERTIES INCLUDING THEIR OFFICERS, DIRECTORS, PARTNERS, MEMBERS, EMPLOYEES AND MANAGERS are additional insured on the general liability policy solely in regard to goods and/or services provided by the named insured. Insurance is primary and all others are non-contributory”** A waiver of subrogation shall apply in favor of the aforementioned parties on all policies as permitted by law. The certificate of insurance must remain current and any lapse in coverage will result in the termination of future purchases of goods and services.
- C) The vendor, including all subcontractors, day laborers, employees or agents, agrees to indemnify and hold harmless the Owner, the management company, their officers, agents and employees and affiliates from and against any and all claims, damages, expenses, losses, demands, suits and liabilities (including reasonable attorney’s fees) that arise out of, relating to, or resulting from performance or material or services performed or supplied by the Vendor or by persons furnished by the vendor, including subcontractors, day laborers, employees or agents that result in injuries or death to persons or damage to property, including theft or assertions under workers compensation or similar acts made by persons furnished by the vendor or any subcontractor, day laborer, employees or agents.
- D) The Vendor shall comply with the Immigration Reform and Control Act of 1986 (“IRCA”) in all respects for each employee who performs work pursuant to or in the furtherance of this Agreement. The Vendor warrants that an authorized representative of the Vendor has (1) verified that the employee is legally authorized to work in the United States for the duration of all services provided to the Owner and/or Owner’s Agents; (2) required the employee 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

NEW VENDOR PRE-QUALIFICATION FORM

through Department of Homeland Security-Employment Eligibility Verification "E.E.V." The Vendor further agrees to indemnify, defend and save Owner and/or Owner's Agents from and against any and all claims, losses, costs, and liabilities arising out of the Vendor's failure to comply with this provision.

- E) There shall be no discrimination against or segregation of any person or group of persons on account of race, color, religion, sex, individual gender, marital status, ancestry, national origin, disability or familial status in the services provided, nor shall the 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 tenants, lessees, sub-tenants or vendees of the premises.
- F) Employees, agents or subcontractors of the vendor agree to conduct themselves in a professional and ethical manner in all dealings with **Rentwell**, its clients and customers:
- G) Vendor and its employees shall show identification to all tenants and owners on the property prior to entry.
- H) Vendor will call the scheduler for the following reasons:
 - a. Job will exceed \$300. **Rentwell** must get owner approval before completing work. If YLLCO does not receive this call and the invoice is greater than \$500. Vendor agrees to absorb any cost greater than \$300.
 - b. After work is complete to close the loop. **Rentwell** needs to mark work order as complete
- I) Vendor and its employees are expected to be professional and courteous at all times and are prohibited from any of the following
 - a. Foul Language
 - b. Smoking in the building
 - c. Use of the tenant's radios and/or televisions
 - d. Leaving any trash or waste generated by vendor, including cigarette butts bottles, bags and/or cans.
- J) ALL INVOICES MUST BE SUBMITTED WITHIN 30-DAYS OF COMPLETING WORK.

By signing below I acknowledging receipt and agreement to the above terms and conditions. It is understood that violation of any terms of the agreement will result in the termination of approval to perform work for **Rentwell**, its agents or employees.

Signature of Agent

Printed Name/Title

Address City, State, Zip

Date

INSURANCE REQUIREMENTS

The following is a list of insurance requirements which are mandatory for all vendors. Please contact your agent as soon as possible to ensure that your company has proper coverage.

General Liability

Minimum Coverage

\$1,000,000 Each Occurrence
\$1,000,000 Personal Injury
\$1,000,000 General Aggregate

Workers Compensation

Minimum Coverage

\$500,000

Auto Liability

Minimum Coverage

\$250,000

In **Description of Operations** section of certificate, insert the following required wording:

“Rentwell, THE OWNERSHIP ENTITIES OF THEIR OWNED OR MANAGED PROPERTIES INCLUDING THEIR OFFICERS, DIRECTORS, PARTNERS, MEMBERS, EMPLOYEES AND MANAGERS are additional insured on the general liability policy solely in regard to goods and/or services provided by the named insured. Insurance is primary and all others are non- contributory.”

In **Certificate Holder** area, insert:

Rentwell
100 Center Ave
West View, PA 15229

NEW VENDOR PRE-QUALIFICATION FORM

<u>ACORD</u> CERTIFICATE OF LIABILITY INSURANCE	DATE (MM/DD/YY) xx/xx/xxxx
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PRODUCER	THIS CERTIFICATE ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.
INSURERS AFFORDING COVERAGE	
INSURED	INSURER A: INSURER B: INSURER C: INSURER D: INSURER E:

COVERAGES

THE POLICES 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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INS LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE 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				EACH OCCURRENCE \$ 1,000,000 FIRE DAMAGE (any 1 fire) \$ MED EXP (any 1 person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS – COMP/OP AGG \$						
	AUTOMOBILE LIABILITY <input 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"/> _____ <input type="checkbox"/> _____			reimel@rentwell.com	COMBINED SINGLE LIMIT (Ea Accident) \$ BODILY INJURY (per person) \$ BODILY INJURY (per accident) \$ PROPERTY DAMAGE (Per accident) \$						
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> _____				AUTO ONLY – EA ACCIDENT \$ <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; border: none;">OTHER THAN AUTO ONLY</td> <td style="width: 30%; border: none;">EA ACC</td> <td style="width: 10%; border: none;">\$</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;">AGG</td> <td style="border: none;">\$</td> </tr> </table>	OTHER THAN AUTO ONLY	EA ACC	\$		AGG	\$
OTHER THAN AUTO ONLY	EA ACC	\$									
	AGG	\$									
	EXCESS LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$ _____				EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ _____ \$ _____ \$ _____ \$						
	WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N				<input type="checkbox"/> WC Statutory Limits <input type="checkbox"/> Other E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE –EA EMPLOYEE \$ E.L. DISEASE –POLICY LIMIT \$						
	OTHER										

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS:
YOUR LOCAL LEASING COMPANY, THE OWNERSHIP ENTITIES OF THEIR OWNED OR MANAGED PROPERTIES INCLUDING THEIR OFFICERS, DIRECTORS, PARTNERS, MEMBERS, EMPLOYEES AND MANAGERS are additional insured on the general liability policy solely in regard to goods and/or services provided by the named insured. Insurance is primary and all others are non- contributory.

CERTIFICATE HOLDER <input checked="" type="checkbox"/> ADDITIONAL INSURED; INSURER LETTER: _____	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL _____ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.
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Rentwell
 100 Center Ave
 West View, PA 15229

NEW VENDOR PRE-QUALIFICATION FORM

WORKERS' COMPENSATION INSURANCE COVERAGE INFORMATION

A. The applicant is a contractor within the meaning of the Pennsylvania Worker's Compensation Law.
YES _____ (complete Sections B&C)

B. Insurance Information

Name of Applicant: _____

Business Name: _____

Address: _____

Phone 1: (_____) _____

Phone 2: (_____) _____

Federal of State Employer Identification No. _____

Applicant is a qualified self-insurer for Workers' Compensation. Certificate Attached

Name of Workers' Compensation Insurer: _____

Compensation Insurance Policy #: _____

Expiration Date: _____

C. Exemption

Complete Section "C" if the applicant is a contractor claiming exemption from providing Worker's Compensation Insurance.

The undersigned swears or affirms that he/she is not required to provide Workers' Compensation Insurance under the provision of Pennsylvania Worker's Compensation Law for one of the following reasons:

_____ Contractor with no employees. Contractor prohibit by law from employing any individual to perform work pursuant to this Permit unless contractor provides proof of insurance to the Township.

_____ Religious exemption under the Workers' Compensation Law.

MUST BE NOTARIZED

Subscribed and sworn to me this _____ Day of _____ 20____

My commission Expires: _____

(Signature of Applicant)

(Address)

(Municipality of)

