

### ENROLLMENT INSTRUCTIONS

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

- o Completed New Vendor Pre-qualification Form
- o W-9
- o Copy of Your Delaware Contractor's License
- o Certificates of Insurance evidencing your coverage for:
  - o General Liability
  - o Workers Compensation
  - o Auto Liability
- o Workers' Compensation Policy
- o 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 [nadia@rentwell.com](mailto:nadia@rentwell.com).
2. Mail packet to our office.

3203 Concord Pike  
Suite E  
Wilmington, DE 19803

After you have submitted your documents, you can check on the status of your application by speaking with your initial point of contact with Rentwell.

### 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.
- Payments are processed within 30 days
- **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

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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

## NEW VENDOR PRE-QUALIFICATION FORM

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

### VENDOR SERVICE AGREEMENT

THIS AGREEMENT (hereinafter referred to as "Subcontract") is made and entered into this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by and between Rentwell, a Delaware limited liability company, whose address is 3203 Concord Pike, Suite E, Wilmington, DE 19803 (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: **"Delaware Management Team dba RENTWELL LEASE MANAGE MAINTAIN, 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.

## NEW VENDOR PRE-QUALIFICATION FORM

- 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 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 RENTWELL does not receive this call and the invoice is greater than \$300. 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. BEYOND 30 DAYS AND WE CANNOT GUARANTEE PAYMENT.**

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.

## NEW VENDOR PRE-QUALIFICATION FORM

_____ Signature of Agent	_____ Printed Name/Title
_____ Address City, State, Zip	
_____ Date	

### INVOICE SUBMISSION INSTRUCTIONS

#### Submitting an invoice for payment

Go to form online: <http://www.RENTWELL.com/new-vendors/> (click on "Submit an Invoice")

Answer the first question, do you have an invoice to upload "yes" or "no"

**YES** - Upload a copy of your invoice and complete the remaining mandatory fields

- 1) Company Name
- 2) Work Order # (if you do not have a work order number please contact the person that sent you the work order. You cannot submit an invoice with a work order number)
- 3) Vendor Invoice #

#### **NO**

- 1) Complete the mandatory fields (as noted above)
- 2) Fill out the category, description and price fields so we know how to pay you
- 3) Upload a picture
- 4) Enter your email address if you would like to receive a copy
- 5) Click Continue

Your invoice has now been submitted and we will process. Please allow up to 15 business days. If you need payment sooner, please note that in the "Comments & Clarification" box.

**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:

“Your Local Leasing Company dba/ Rentwell Lease Manage Maintain, 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  
3203 Concord Pike, Suite E Wilmington, DE 19803

## NEW VENDOR PRE-QUALIFICATION FORM

<b><u>ACORD</u> CERTIFICATE OF LIABILITY INSURANCE</b>	DATE (MM/DD/YY) <b>xxx/xx/xxxx</b>
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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.
	<b>INSURERS AFFORDING COVERAGE</b>
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
	<b>GENERAL LIABILITY</b> <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 \$ <b>1,000,000</b> FIRE DAMAGE (any 1 fire) \$ MEDEXP (any 1 person) \$ PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>1,000,000</b> PRODUCTS - COMP/OP AGG \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HRED AUTOS <input type="checkbox"/> NON OWNED AUTOS <input type="checkbox"/> _____ <input type="checkbox"/> _____				COMBINED SINGLE LIMIT (Ea Accident) \$ BODILY INJURY (per person) \$ BODILY INJURY (per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> _____				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY EA ACC \$ AGG \$
	<b>EXCESS LIABILITY</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$ _____				EACH OCCURRENCE \$ <b>1,000,000</b> AGGREGATE \$ \$ \$
	<b>WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N				<input type="checkbox"/> WC Statutory Limits <input type="checkbox"/> Other E.L. EACH ACCIDENT \$ <b>500,000</b> E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	<b>OTHER</b>				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS:  
 YOUR LOCAL LEASING COMPANY, THE OWNERSHIP ENTITIES, 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
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## NEW VENDOR PRE-QUALIFICATION FORM

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### WORKERS' COMPENSATION INSURANCE COVERAGE INFORMATION

A. The applicant is a contractor within the meaning of the Delaware 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: \_\_\_\_\_



## NEW VENDOR PRE-QUALIFICATION FORM

PLEASE LET US KNOW WHAT AREAS YOUR SERVICES ARE PROVIDED

**City/County**                      **X by city for yes**

<b>[COUNTY A]</b>	
[TOWN]	
[TOWN]	
[TOWN]	
[TOWN]	
[TOWN]	
[TOWN]	
[TOWN]	
[TOWN]	
<b>[COUNTY B]</b>	
[TOWN]	
[TOWN]	
[TOWN]	
[TOWN]	
[TOWN]	
[TOWN]	
[TOWN]	
[TOWN]	
<b>[COUNTY C]</b>	
[TOWN]	
[TOWN]	
[TOWN]	
<b>[COUNTY D]</b>	
[TOWN]	
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<b>[COUNTY E]</b>	
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