

# Exempt Vendor Request



Welcome home

Note: If the vendor has APPROVED status in Compliance Depot, you DO NOT need to complete this form. Send an email to Marzena Demko at **MDemko@HDCProp.com** with the vendor name and request that they be added in OneSite.

Community name: \_\_\_\_\_ Associate Name: \_\_\_\_\_

Vendor name: \_\_\_\_\_

Type of service to be provided: \_\_\_\_\_

Annually how many times on property:  More than 10  Less than 10

Annually how much will be billed to property:  More than \$5,000  Less than \$5,000

1. To date, has the vendor completed any work on the property?  YES  NO

2. Has the vendor attempted to get approved with Compliance Depot?  YES  NO

3. Please explain why the vendor is requesting exempt status:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Please provide the following with this request:

All vendors

W-9

On-site Vendors Only

Certificate of General Liability Insurance Policy

Provence Vendor Agreement

Current Auto Liability Insurance Policy

Workers Compensation Insurance Policy; if sole proprietor, must sign  
Provence Exemption Agreement

\_\_\_\_\_  
Associate Signature

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date

PLEASE SUBMIT THIS FORM TO YOUR **PORTFOLIO MANAGER** VIA EMAIL

Vendor approved for exempt status:  YES  NO

\_\_\_\_\_  
Portfolio Manager Signature

\_\_\_\_\_  
Date

## Request for Taxpayer Identification Number and Certification

**Give Form to the  
 requester. Do not  
 send to the IRS.**

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____  <input type="checkbox"/> Other (see instructions) ▶ _____	
	<input type="checkbox"/> Exempt payee	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code		
List account number(s) here (optional)		

<b>Part I Taxpayer Identification Number (TIN)</b>																			
Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> on page 3.																			
	<table border="1" style="margin: auto;"> <tr><td colspan="9" style="text-align: center;">Social security number</td></tr> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>	Social security number																	
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<b>Note.</b> If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.	<table border="1" style="margin: auto;"> <tr><td colspan="9" style="text-align: center;">Employer identification number</td></tr> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>	Employer identification number																	
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<b>Part II Certification</b>	
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).	
<b>Certification instructions.</b> 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 on page 4.	

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Purpose of Form**

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

## VENDOR SERVICE AGREEMENT

\_\_\_\_\_, (Vendor/Business Name) agrees to provide goods and/or services for **Provence Real Estate**, as Agent for the clients under management contract.

As a Vendor for **Provence Real Estate**; I \_\_\_\_\_ (Agent name)

as Agent for \_\_\_\_\_ (Vendor/Business Name), agree to the following terms:

- A) If you are providing any type of good and/or service to a **Provence Real Estate** apartment community you must have a completed W-9 and any applicable professional licenses on file. Additionally, if you are providing any type of good and/or service that requires your company to send a representative to the apartment community you must also have a current certificate of insurance on file for general liability, auto liability, and workers compensation. Excess, on-hook/cargo, or garage keepers liability may also be required if deemed appropriate by the scope of service provided. Coverage shall be primary and non-contributory. Additional insured status should be indicated as follows: **Provence Real Estate and the ownership entities of their owned or managed properties are included as additional insured on the general liability policy as their interests may appear in regard to work performed by the named insured.** A waiver of subrogation is to be issued in favor of the additional insureds 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.
- B) 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.
- C) 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 transferee 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.
- D) Employees, agents or sub-contractors of the vendor agree to conduct themselves in a professional and ethical manner in all dealings with **Provence Real Estate**, its agents, employees, and residents.

Changes or modifications to this agreement shall not be binding on **Provence Real Estate communities**. Violation of any terms of this agreement will result in the termination of approval to perform work for **Provence Real Estate communities**, its agents or employees.

\_\_\_\_\_  
Signature of Agent

\_\_\_\_\_  
Print Name/Title

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State Zip

### Return to Portfolio Manager with Exempt Vendor Request

# Worker's Compensation Agreement – Sole Proprietor



Dear Subcontractor (Sole Proprietor):

**If you are the proprietor or partner of a small business and do not purchase Workers Compensation insurance because you have no employees, then you MUST read and sign below.**

The legal requirements regarding the purchase of Workers Compensation insurance are different in each state. Generally, state laws do not require the owners or executive officers of a business to be covered by Workers Compensation insurance. In many states, owners and executive officers may elect to be covered by Workers Compensation, and we recommend that you do so. In any case, you should carefully review your operational and legal structure in the context of your specific state laws.

Owner(s) Statement:

By signing below, I assert that my business is exempt from carrying Workers Compensation insurance in the state(s) of \_\_\_\_\_, because I do not have any employees as that term is defined by the Workers Compensation statutes and regulations in the state(s) above. All of the work performed in my business is performed by the proprietor, owners, partners or executive officers. I have elected not to cover the proprietor, owners, partners or executive officers with Workers Compensation insurance. This decision is made in full compliance with the Workers Compensation laws and regulations of the above state(s).

If, at a later date, I should hire any employee(s) in my business, then I will purchase Workers Compensation insurance covering my employees and will provide Provence Real Estate, LLC a certificate of insurance for the insurance policy in accordance with my Contract, Subcontract, and/or Agreement.

I understand that if I am injured while working on this job, I will NOT be covered for such injury under Provence Real Estate, LLC's Workers Compensation insurance policies, and I waive all rights of action against Provence Real Estate, LLC and the Owner of the Community, in connection with such injury.

\_\_\_\_\_  
Contractor's COMPANY Name

\_\_\_\_\_  
Name of Proprietor, Partner, or owner

\_\_\_\_\_  
Signature of Proprietor, Partner, or Owner

\_\_\_\_\_  
Date

**[Return to Portfolio Manager with Exempt Vendor Request](#)**