



BH Vendor Enrollment Checklist

PROFESSIONAL SERVICES VENDOR

BH uses RealPage Vendor Credentialing to collect and track tax, insurance, and other required documents during the vendor enrollment process. Use the following checklist as your guide for completing the required enrollment steps. Submit all documents through your Vendor Credentialing account. Do not send documents directly to BH.

- ☐ Complete the following documents: W-9, BH Vendor Services Agreement, Certificate of insurance, BH Pure Air Pledge
- ☐ Obtain and have ready Proof of Insurance for:
 - Additional Insured

RealPage Vendor Credentialing will complete the following steps.

- ☐ Verify applicable licenses
- ☐ Conduct financial background check
- ☐ Conduct criminal background check
- ☐ Conduct credit check

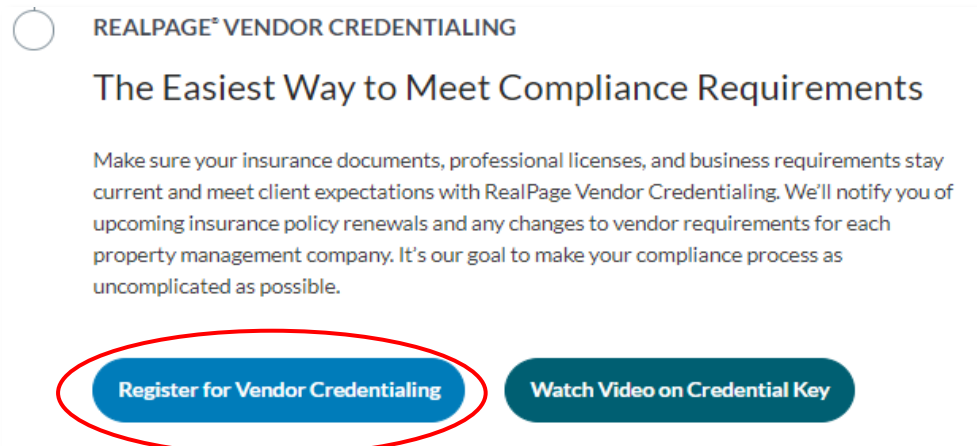
Once you've submitted your documentation, the RealPage Vendor Credentialing system will verify that all information is complete and accurate. Check your status by logging into your Vendor Credentialing account.

Questions? Contact RealPage Vendor Credentialing Support at (toll-free): 888-493-6938, or VCcustomerservice@RealPage.com

How to Enroll in RealPage Vendor Credentialing

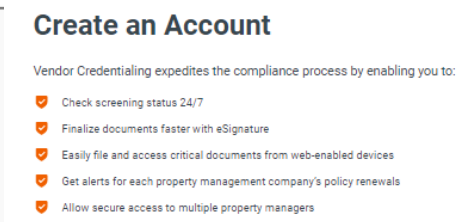
STEP ONE

- Navigate to RealPage's Vendor Credentialing website ([LINK](#))
- Then click on *Register for Vendor Credentialing* to create an account



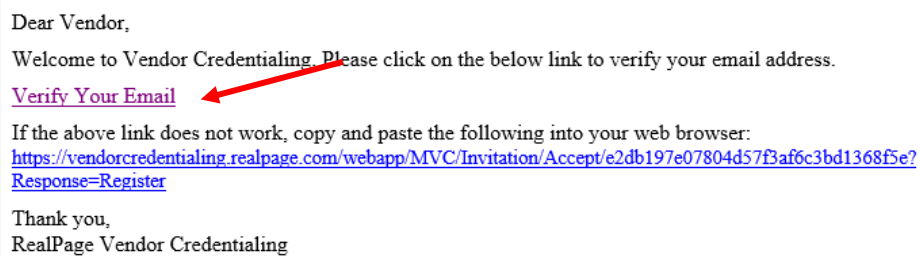
STEP TWO

- Fill in the form
- Click *Create Account* at the bottom of the form to begin registration.

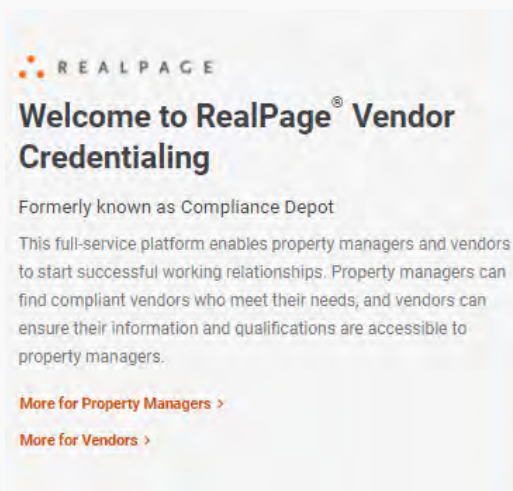
The screenshot shows the registration form with fields for "Company Name", "Contact Name", "Phone", "Email Address", and "Confirm Email Address". There is a checkbox for "I'm not a robot" and a CAPTCHA image. At the bottom right, the "Create Account" button is highlighted with a red circle.

STEP THREE

- 1 Check your inbox for the welcome email and click *Verify Your Email* to finish setting up your account.
- 2 Fill in the vendor information and click *Continue*. On the next screen, set your Username and Password and click *Save*.

The screenshot shows the "Set Username and Password" form. It has fields for "Contact Name", "User Name", "New Password", and "Confirm Password". Below these fields is a "Save" button highlighted with a red circle. To the left, there is a "Vendor Credentialing" form with fields for "Company Name", "Vendor EIN", "Vendor SSN", "Email Address", "Phone", "Street Address", "City", "State", "Zip", and "Remit (Payment) Address". The "Continue" button at the bottom of this form is also highlighted with a red circle.

Congratulations, you have created your new account!
Login to RealPage Vendor Credentialing [Here](#)

The screenshot shows the RealPage Vendor Credentialing login page. It has fields for "Username" and "Password". Below these fields is a checkbox for "Remember me" and a link for "Forgot password?". At the bottom, there is a "LOGIN" button. Below the button, it says "Are you a new vendor? Join Vendor Credentialing".

The **BEST WAY** to get questions answered regarding your account RealPage Vendor Credentialing is to take advantage of Virtual Office Hours.

Virtual Office Hours

- Who:** You and insurance subject matter expert! Get assistance when you need it.
- What:** A scheduled and personal 1x1 phone call to discuss your account where we can answer questions and/or assist in getting you back to an approved status.
- When:** Meetings can be scheduled daily Monday through Friday between 1:00 PM CST and 2:00 PM CST.
- Where:** Meetings are conducted via a phone call with an optional Zoom meeting link if you want to see your representative’s computer screen for more insight. However, screen sharing is not required.

The meeting registration link and a screen shot of the registration page are below:
<https://realpage.jifflenow.com/external-request/vcofficehours/meeting-request?token=4a6246c9b318c019dbac>

- Why:**
1. Our hope is that by giving you that ability to schedule a call that best suits your needs, it will ultimately be less disruptive to your day. You will not waste time sitting on hold waiting for the next available representative in the call center.
 2. The representative will have reviewed your account prior to the call so that they can make the best use of your time together. They are often able to get the account approved before the call.



Ask a Credentialing Expert

Got a specific question that you’d like to cover with a Vendor Credentialing expert? Sign-up for a 20-minute session here. We’ve set aside some appointment times beginning at 1 p.m. CT each Monday through Friday to provide some real-time assistance.

- 1:00 CT each Monday - Friday
- 1:20 CT each Monday - Friday
- 1:40 CT each Monday - Friday

Book a session in 3 easy steps!

1

2

3

Your Details

Email

Email

First Name

First Name

Last Name

Last Name

Title (Optional)

Title

Phone (Optional)

Phone Number

My Company Name

Enter your company name

☐ I give consent to Jifflenow on behalf of Realpage to use my personal details given above for the purposes of scheduling meetings and receiving calendar invites for the meetings. I understand my personal information will be used to identify me in the system, communicate with me about the meetings and generate reports on the meetings scheduled with me. I also agree to Jifflenow's [Privacy Policy](#) and [Terms and Conditions](#).



PROFESSIONAL SERVICES AGREEMENT

As a consultant for **BH Management Services, LLC**,

("Consultant"), agrees to provide services to **BH Management Services, LLC ("BHMS")**, as Project Manager for the owner ("Owner") of one or more apartment communities managed by BHMS under the following terms:

- A) Consultant acknowledges that BHMS is not the property owner and that BHMS acts solely as a Project Manager for the Owner and engages all consultants on behalf of Owner and not as a principal. Ultimately, the responsibility for all debts incurred to Consultant and/or its employees or agents rest with Owner.
- B) Consultant agrees that, before providing any services to a BHMS-managed apartment community, it will have a completed and signed IRS Form W-9 along with any applicable professional licenses on file with Compliance Depot. Additionally, Consultant agrees that, before sending any representative or agent to a BHMS-managed apartment community to perform work of any nature, it will have a current certificate of insurance on file with Compliance Depot for general liability, auto liability, excess liability, professional liability, and if applicable, and workers' compensation.
- C) **1. TO THE FULLEST EXTENT PERMITTED BY LAW, AND EXCEPT AS SET OUT IN SUBPARAGRAPH (2) BELOW, CONSULTANT SHALL INDEMNIFY, HOLD HARMLESS AND THE OWNER, BHMS, THEIR PARENT COMPANIES AND SUBSIDIARIES, AND ALL OF THEIR OFFICERS, DIRECTORS, AGENTS AND EMPLOYEES, FROM AND AGAINST ALL CLAIMS, DAMAGES, LOSSES AND EXPENSES, INCLUDING, BUT NOT LIMITED TO, REASONABLE ATTORNEYS FEES, ARISING OUT OF OR RESULTING FROM BODILY INJURY OR DEATH OF ANY PERSON, OR PROPERTY DAMAGE, INCLUDING LOSS OF USE OF PROPERTY, ARISING OR ALLEGED TO ARISE OUT OF OR IN ANY WAY RELATED TO THIS CONTRACT OR CONSULTANT'S PERFORMANCE OF THE SERVICES OR OTHER ACTIVITIES OF CONSULTANT, BUT ONLY TO THE EXTENT CAUSED IN WHOLE OR IN PART BY ANY NEGLIGENT ACT OR OMISSION OF SERVICES OR ANYONE DIRECTLY OR INDIRECTLY EMPLOYED BY CONSULTANT OR ANYONE FOR WHOSE ACTS CONSULTANT MAY BE LIABLE.**

2. NOTWITHSTANDING THE FOREGOING, TO THE FULLEST EXTENT PERMITTED BY LAW, CONSULTANT SHALL INDEMNIFY AND HOLD HARMLESS OWNER, BHMS, INCLUDING THEIR PARENT COMPANIES AND SUBSIDIARIES, AND ALL OF THEIR OFFICERS, DIRECTORS, AGENTS AND EMPLOYEES (THE "INDEMNITEES"), FROM AND AGAINST ALL CLAIMS, DAMAGES, LOSSES AND EXPENSES, INCLUDING, BUT NOT LIMITED TO, REASONABLE ATTORNEYS FEES, ARISING OUT OF OR

RESULTING FROM BODILY INJURY TO, OR SICKNESS, DISEASE OR DEATH OF, ANY EMPLOYEE, AGENT OR REPRESENTATIVE OF CONSULTANT, REGARDLESS OF WHETHER SUCH CLAIM, DAMAGE, LOSS OR EXPENSE IS CAUSED, OR IS ALLEGED TO BE CAUSED, IN WHOLE OR IN PART BY THE NEGLIGENCE OF ANY INDEMNITEE, IT BEING THE EXPRESS INTENT OF OWNER, BHMS, AND CONSULTANT THAT IN SUCH EVENT CONSULTANT IS TO INDEMNIFY, HOLD HARMLESS THE INDEMNITEES FROM THE CONSEQUENCES OF THEIR OWN NEGLIGENCE, WHETHER IT IS OR IS ALLEGED TO BE THE SOLE OR CONCURRING CAUSE OF THE BODILY INJURY, SICKNESS, DISEASE OR DEATH OF CONSULTANT'S EMPLOYEE OR THE EMPLOYEE OF ANY OF ITS AGENTS. THE INDEMNIFICATION OBLIGATIONS UNDER THIS PARAGRAPH SHALL NOT BE LIMITED BY ANY LIMITATION ON THE AMOUNT OR TYPE OF DAMAGES, COMPENSATION OR BENEFITS PAYABLE BY OR FOR THE INDEMNITEES UNDER WORKERS COMPENSATION ACTS, DISABILITY BENEFIT ACTS OR OTHER EMPLOYEE BENEFIT ACTS.

3. IT IS MUTUALLY UNDERSTOOD AND AGREED THAT THE ASSUMPTION OF LIABILITIES AND INDEMNIFICATION PROVIDED FOR IN THIS AGREEMENT SHALL SURVIVE ANY EXPIRATION, COMPLETION OR TERMINATION OF THIS AGREEMENT FOR A PERIOD OF THREE (3) YEARS.

- D) Consultant agrees 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 Consultant, or any other person claiming under or through Consultant, establish or permit any such practice or practices of discrimination or segregation with reference to the selection, location, number, use or occupancy of residents, lessees, sub-tenants or vendees of the premises.
- E) Consultant agrees on behalf of itself and all of its employees and agents to conduct themselves in a professional and ethical manner in all dealings with BHMS, Owner and their agents and employees.
- F) Consultant, any of its employees or agents and their employees shall be considered and are acknowledged to be independent contractors and not employees of BHMS or Owner. Consultant shall exercise all supervisory control and general control over all workers' duties, payment of wages to Consultant's employees and the right to hire, fire, and discipline its employees and agents. As an independent contractor, payment to Consultant shall not be subject to any withholding for tax, social security or other purposes, nor shall Consultant or its employees be entitled to sick leave, pension benefit, vacation, medical benefits, life insurance, worker's unemployment compensation, or any employee benefits of any type, from BHMS or Owner.
- G) This Agreement: (a) and any and all matters in dispute between the parties to this agreement, whether arising from or relating to the agreement itself, or arising from alleged extra-contractual facts prior to, during, or subsequent to the agreement, including, without limitation, fraud, misrepresentation, negligence or any other alleged tort or violation of the contract, shall be governed by, construed, and enforced in accordance with the laws of the state in which the Project is located, regardless of the legal theory upon which such matter is asserted; (b) represents the parties'

entire understanding regarding Consultant Requirements, and supersedes any prior agreements or discussions, written or oral, regarding Consultant Requirements; (c) may be modified only by written amendment signed by the parties' officers or authorized designees; (d) is to be considered severable, and any provision or portion of an Order shall be adjudged invalid or unenforceable by a court of competent jurisdiction or by operation of any applicable law, that provision or portion of the Order shall be deemed omitted and the remaining provisions and portions shall remain in full force and effect. The provisions of an Order that by their nature continue, including, but not limited to the warranty, confidentiality, indemnification, and allocation or liability provisions set forth in the Order, shall survive any expiration, cancellation or termination of the Order. No waiver by a party of a right or default under an Order shall be effective unless in writing. No such waiver shall be deemed a waiver or any subsequent right or default of a similar nature or otherwise.

By signing below, Consultant acknowledges 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 BHMS and/or Owner.

_____(Consultant)

By:_____

Signature_____

Printed Name/Title

Address

City/State/Zip

Date

Return completed document to Compliance Depot via **ONE** of the following methods:

E-mail: documents@compliancedepot.com

Phone: 1-888-493-6938 Option 5

Fax: 877-665-8910

**** Changes or modifications to the agreement shall not be binding on BHMS or Owner unless BHMS expressly consents and agrees to each change or modification in writing. ****

	CERTIFICATE OF LIABILITY INSURANCE	DATE (MM/DD/YY)																						
THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).																								
PRODUCER	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">CONTACT NAME:</td> </tr> <tr> <td>PHONE (A/C, No, Ext)</td> <td>FAX (A/C, No)</td> </tr> <tr> <td colspan="2">E-MAIL</td> </tr> <tr> <td colspan="2">ADDRESS:</td> </tr> <tr> <td colspan="2" style="text-align: center;">INSURERS AFFORDING COVERAGE</td> </tr> <tr> <td colspan="2">INSURER A: (Insurer must have an AM Best Rating of A- or higher.)</td> </tr> <tr> <td colspan="2">INSURER B:</td> </tr> <tr> <td colspan="2">INSURER C:</td> </tr> <tr> <td colspan="2">INSURER D:</td> </tr> <tr> <td colspan="2">INSURER E:</td> </tr> <tr> <td colspan="2">INSURER F:</td> </tr> </table>		CONTACT NAME:		PHONE (A/C, No, Ext)	FAX (A/C, No)	E-MAIL		ADDRESS:		INSURERS AFFORDING COVERAGE		INSURER A: (Insurer must have an AM Best Rating of A- or higher.)		INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>WC STATU- ORY LIMITS</td> <td>OTH- ER</td> </tr> <tr> <td colspan="2">E.L. EACH ACCIDENT \$ 500,000</td> </tr> <tr> <td colspan="2">EL DISEASE-EA EMPLOYEE \$ 500,000</td> </tr> <tr> <td colspan="2">EL DISEASE-POLICY LIMIT \$ 500,000</td> </tr> </table>	WC STATU- ORY LIMITS	OTH- ER	E.L. EACH ACCIDENT \$ 500,000		EL DISEASE-EA EMPLOYEE \$ 500,000		EL DISEASE-POLICY LIMIT \$ 500,000										
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) Attach a copy of the General Liability Additional Insured Endorsement(s) reflecting the following: BH MANAGEMENT SERVICES, LLC., THE OWNERSHIP ENTITIES OF THEIR OWNED OR MANAGED PROPERTIES INCLUDING THEIR PARENT ORGANIZATIONS AND THEIR RELATED ENTITIES, THEIR OFFICERS, DIRECTORS, PARTNERS, MEMBERS, EMPLOYEES AND MANAGERS have been included as additional insured on the general liability policy solely in regard to goods and/or services provided by the named insured.																								

Attach a copy of the General Liability Primary and Non-Contributory Endorsement. INSURANCE AGENTS: If there is a self-insured retention (SIR or DED) on the general liability policy please indicate the amount as part of your document submission. INSURANCE AGENTS: If your insured has a scheduled endorsement the aforementioned parties must be included in the schedule and a copy of endorsement must be submitted along with the certificate. If your insured has a blanket endorsement it must also be submitted along with the certificate. Language regarding additional insured, waiver of subrogation or primary and non-contributory status does not need to be reflected in the Description of Operations section of the certificate.	
CERTIFICATE HOLDER BH Management Services LLC c/o RealPage Vendor Credentialing P.O. Box 115006 Carrollton, TX 75011 Vendors may upload documents directly to their account via the RealPage VC website Email: VCdocuments@realpage.com	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE