BH Vendor Enrollment Checklist

HIGH RISK 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:
  - Ongoing and Completed Endorsements
  - Additional Insured
  - Primary Non-Contributory
  - Interior Paint Addendum (for interior pain suppliers and contractors only)
  - Pollution Liability (if applicable, for work that involves hazardous materials or environmental abatement work)

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 VCcustomerservcie@RealPage.com

BH Management Services, LLC

VENDOR SERVICE AGREEMENT

As a vendor for **BH Management Services, LLC**, _____ ("Vendor"), agrees to provide goods and/or services to **BH Management Services, LLC ("BHMS")**, as agent for the owner ("Owner") of one or more apartment communities managed by BHMS under the following terms:

A) Vendor acknowledges that BHMS is not the property owner and that BHMS acts solely as an agent for the Owner and engages all vendors on behalf of Owner and not as a principal. Ultimately, the responsibility for all debts incurred to Vendor and/or its suppliers and subcontractors rest with Owner.

B) Vendor agrees that, before providing any goods and/or 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 RealPage Vendor Credentialing. Additionally, Vendor 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 RealPage Vendor Credentialing for general liability, auto liability, excess liability, if applicable, and workers' compensation. Additional coverage may be required if deemed appropriate by the scope of service. All coverage shall be primary and non-contributory. The general liability policy must be written on an Insurance Services Office (ISO) based policy form. 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: *"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, MANAGERS AND EMPLOYEES ARE ADDITIONAL INSUREDS ON THE GENERAL LIABILITY POLICY."* VENDOR IS REQUIRED TO INCLUDE ENDORSEMENTS CG20101185 FOR ONGOING AND COMPLETED OPERATIONS. IF THIS IS NOT AVAILABLE, EQUIVALCENY CAN BE ACHIEVED BY PROVIDING CG2010 10 01 AND CG20371001 AS APPROVED BY THE SOLE DISCRETION OF BHMS. 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. The definition of "insured contracts" should not be deleted, amended, or otherwise endorsed in any way.

C) **1. TO THE FULLEST EXTENT PERMITTED BY LAW, AND EXCEPT AS SET OUT IN SUBPARAGRAPH (2) BELOW, VENDOR SHALL INDEMNIFY, HOLD HARMLESS AND DEFEND THE OWNER AND BHMS, THE OWNERSHIP ENTITIES OF THEIR OWNED OR MANAGED PROPERTIES, INCLUDING THEIR PARENT ORGANIZATIONS AND THEIR RELATED ENTITIES, THEIR OFFICERS, DIRECTORS, PARTNERS, MEMBERS, MANAGERS AND EMPLOYEES FROM AND AGAINST ALL CLAIMS, DAMAGES, LOSSES AND EXPENSES, INCLUDING, BUT NOT LIMITED TO, 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 VENDOR'S PERFORMANCE OF THE WORK OR OTHER ACTIVITIES OF VENDOR, BUT ONLY TO THE EXTENT CAUSED IN WHOLE OR IN PART BY ANY NEGLIGENT ACT OR OMISSION OF VENDOR OR ANYONE DIRECTLY OR INDIRECTLY EMPLOYED BY VENDOR OR ANYONE FOR WHOSE ACTS VENDOR MAY BE LIABLE.**

2. NOTWITHSTANDING THE FOREGOING, TO THE FULLEST EXTENT PERMITTED BY LAW, VENDOR SHALL INDEMNIFY, HOLD HARMLESS AND DEFEND OWNER, AND BHMS, THE OWNERSHIP ENTITIES OF THEIR OWNED OR MANAGED PROPERTIES, INCLUDING THEIR PARENT ORGANIZATIONS AND THEIR RELATED ENTITIES, THEIR OFFICERS, DIRECTORS, PARTNERS, MEMBERS, MANAGERS AND EMPLOYEES (THE "INDEMNITEES"), FROM AND AGAINST ALL CLAIMS, DAMAGES, LOSSES AND EXPENSES, INCLUDING, BUT NOT LIMITED TO, ATTORNEYS FEES, ARISING OUT OF OR RESULTING FROM BODILY INJURY TO, OR SICKNESS, DISEASE OR DEATH OF, ANY EMPLOYEE, AGENT OR REPRESENTATIVE OF VENDOR OR ANY OF ITS SUBCONTRACTORS, 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, AND BHMS AND VENDOR THAT IN SUCH EVENT VENDOR IS TO INDEMNIFY, HOLD HARMLESS AND DEFEND 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 VENDOR'S EMPLOYEE OR THE EMPLOYEE OF ANY OF ITS SUBCONTRACTORS. 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 INDEFINITELY SURVIVE ANY EXPIRATION, COMPLETION OR TERMINATION OF THIS AGREEMENT. Vendor agrees to continue to maintain Products and Completed Operations coverage for three years from the date on which the work was completed and name Indemnified Parties as additional insureds as required above. There shall be no endorsements or modification of the commercial general liability policy limiting the scope of coverage for liability arising from cross suits, pollution, explosion, collapse, underground property damage, earth movement, subsidence or other exposures unless contractor maintains separate insurance policies providing such coverage.

4. 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. Vendor warrants that an authorized representative of Vendor has 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." Vendor further agrees to indemnify, defend and save BHMS, Owner and/or Owner's Agents from and against any and all claims, losses, costs, and liabilities arising out of Vendor's failure to comply with this provision.

D) Vendor 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 Vendor, or any other person claiming under or through Vendor, 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.

E) Vendor agrees to exercise due diligence in not placing any agents, independent contractors, subcontractors, or the employees thereof to perform Work inside any building or living units or within community boundaries who may have a prior criminal background consisting of crimes including but not limited to those of violence, sex, dishonesty, or breach of trust, or pose as a threat, danger or moral hazard to the residents or property or the community. Vendor agrees that it must use dependable hiring practices and accept BHMS's policy regarding employees' background screening.

F) Vendor agrees on behalf of itself and all of its employees, agents and subcontractors to conduct themselves in a professional and ethical manner in all dealings with BHMS, Owner and their agents and employees.

G) Vendor, any of its employees or subcontractors and their employees shall be considered and are acknowledged to be independent contractors and not employees of BHMS or Owner. Vendor shall exercise all supervisory control and general control over all workers' duties, payment of wages to Vendor's employees and the right to hire, fire, and discipline its employees and workers. As an independent contractor, payment to Vendor shall not be subject to any withholding for tax, social security or other purposes, nor shall Vendor 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.

H) Vendor shall have no authority to commence Work at any job location, until it has received written authorization in the form of a Purchase Order from BHMS. No payment shall be made on any invoice unless a copy of the Purchase Order authorizing the Work is attached and the Purchase Order number is listed on the invoice. Neither BHMS nor Property Owner shall be liable in quantum merit, sworn account, breach of contract, or any other theory of liability as a result of any Work performed by Vendor which was performed without prior written authorization from BHMS.

I) Vendor agrees to abide by the BH Construction General Conditions set forth on the BHMS Vendor website:
https://bhmanagement.com/documents/cms/docs/BH_General_Conditions.pdf

BHMS shall provide vendor with a hard copy of the General Conditions upon written request.

J) 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 Iowa, regardless of the legal theory upon which such matter is asserted; (b) represents the parties' entire understanding regarding Vendor Requirements, and supersedes any prior agreements or discussions, written or oral, regarding Vendor 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, Vendor 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.

Vendor Name: _____

By: _____ _____
Printed Name/Title Signature

_____ _____
Street Address City, State, Zip

Date: _____

Return completed document to RealPage Vendor Credentialing via **ONE** of the following methods:

E-mail: VCdocuments@RealPage.com

** OR **

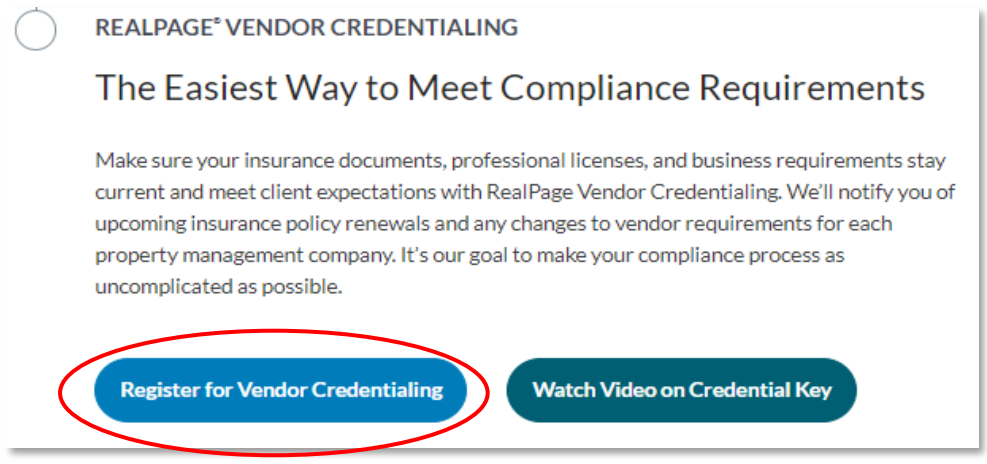
Fax: 877-665-8910

** Changes or modifications to the agreement shall not be binding on BH Management Services, LLC or any of the Indemnitees referenced above.**

How to Enroll in RealPage Vendor Credentialing

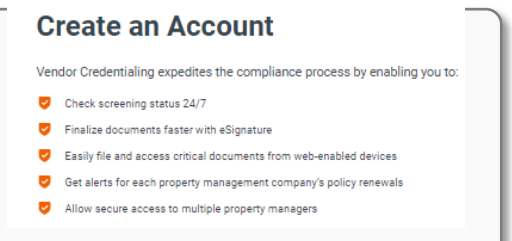
STEP ONE

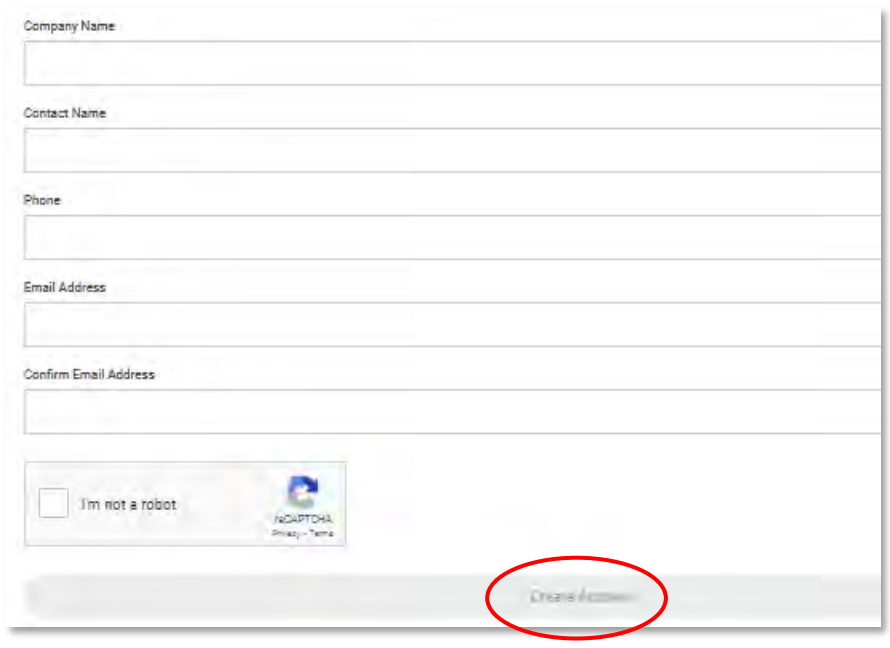
- Navigate to RealPage's Vendor Credentialing website (LINK)
- Then click on *Register for Vendor Credentialing* to create an account



STEP TWO

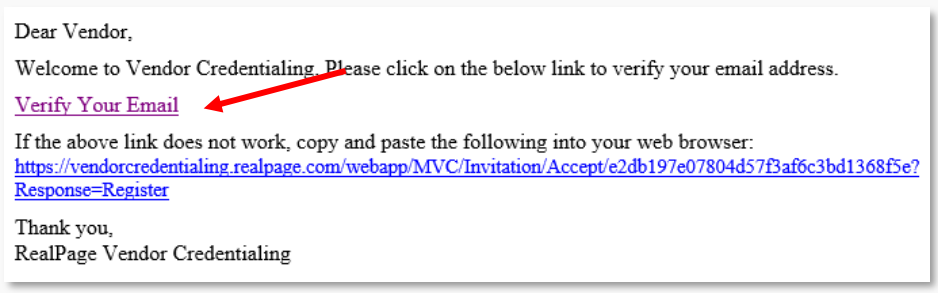
- Fill in the form
- Click *Create Account* at the bottom of the form to begin registration.



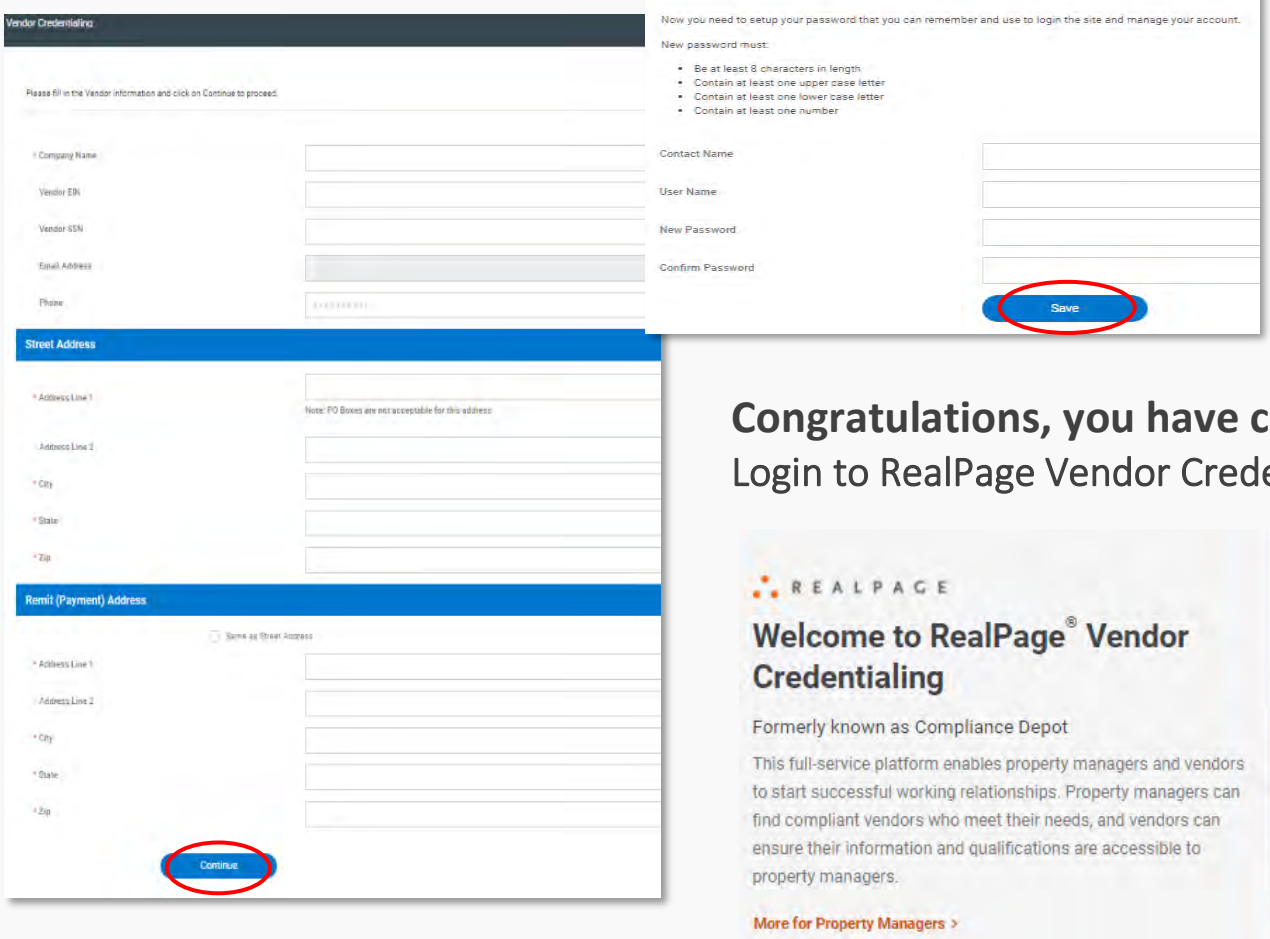


STEP THREE

❶ Check your inbox for the welcome email and click *Verify Your Email* to finish setting up your account.

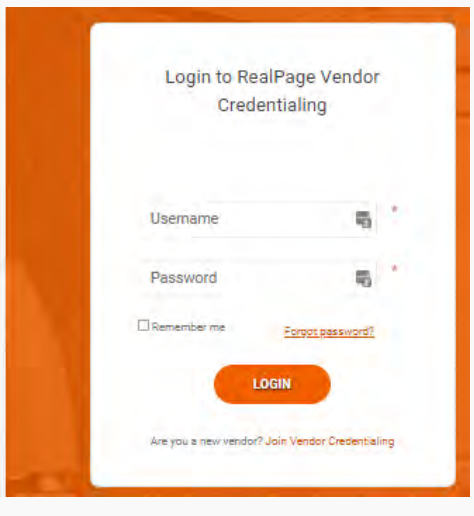


❷ Fill in the vendor information and click *Continue*. On the next screen, set your Username and Password and click *Save*.



Congratulations, you have created your new account!

Login to RealPage Vendor Credentialing Here



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

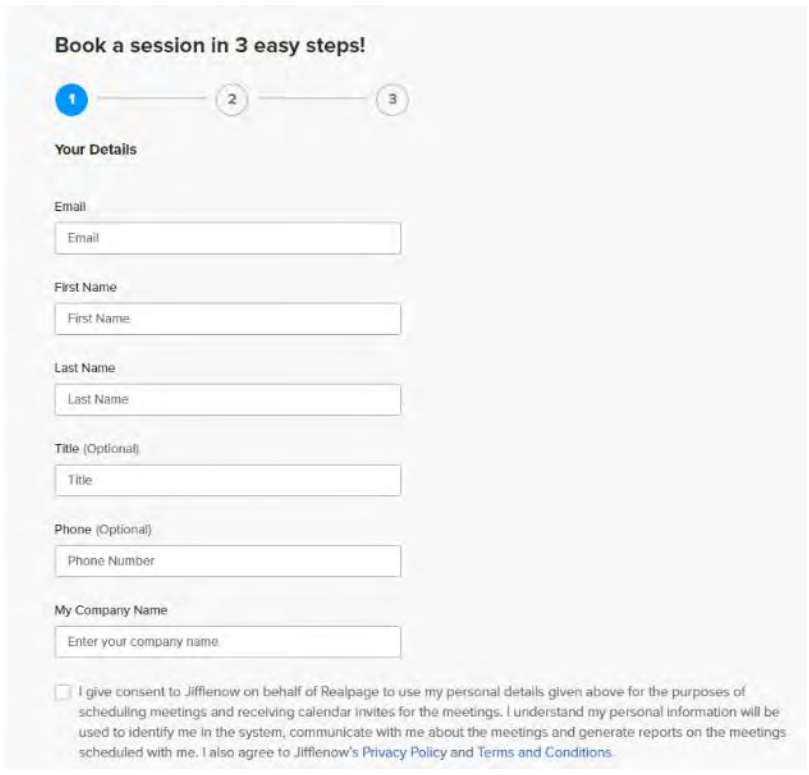
Why: 1. Our hope is that by giving you that ability to schedule a call that best suits your needs, it will ultimately be less disruptive to your day. You will not waste time sitting on hold waiting for the next available representative in the call center.
2. The representative will have reviewed your 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.

REALPAGE
OUTPERFORM

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



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	CONTACT NAME:	
	PHONE (A/C, No, Ext)	FAX (A/C, No)
	E-MAIL ADDRESS:	
	INSURERS AFFORDING COVERAGE	NAIC #
	INSURER A: **(Insurer must have an AM Best Rating of A- or higher.)**	
INSURED	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES | CERTIFICATE NUMBER: | REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF DATE(MM/DD/YY)	POLICY EXP DATE(MM/DD/YY)	LIMITS	
	GENERAL LIABILITY			**Please enter self-insured retention amount if applicable**			EACH OCCURRENCE	$ **1,000,000**
	☒ COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
	☐ CLAIMS MADE ☒ OCCUR						MED EXP (Any one person)	$
	☐ _____	**X**					PERSONAL & ADV INJURY	$ **1,000,000**
	☐ _____						GENERAL AGGREGATE	$ **1,000,000**
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS-COMP/OP AGG	$ **1,000,000**
	☐ POLICY ☐ PROJECT ☐ LOC							
	AUTOMOBILE LIABILITY					**COMBINED SINGLE LIMIT Or BODILY INJURY/Person BODILY INJURY/Accident PROPERTY DAMAGE**	COMBINED SINGLE LIMIT (Ea accident)	$ **500,000**
	☒ ANY AUTO						BODILY INJURY (Per person)	$ **100,000**
	☐ ALL OWNED AUTOS ☐ SCHEDULED AUTOS						BODILY INJURY(Per accident)	$ **300,000**
	☐ HIRED AUTOS ☐ NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$ **100,000**
	☐ ☐							
	☐ UMBRELLA LIAB ☐ OCCUR						EACH OCCURRENCE	$
	☐ EXCESS LIAB ☐ CLAIMS MADE						AGGREGATE	$
	☐ DED ☐ RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ☐ ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? **(Mandatory in NH)** If yes, describe under DESCRIPTION OF OPERATIONS below						WC STATU-ORY LIMITS ☐ OTH-ER	
							E.L. EACH ACCIDENT	$ **500,000**
							EL DISEASE-EA EMPLOYEE	$ **500,000**
							EL DISEASE-POLICY LIMIT	$ **500,000**
	Professional Liability							$**1,000,000**

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	CANCELLATION
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**	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