



Dear Vendor,

Thank you for your interest in joining our vendor network. We are a Property Management Company specialized in rental homes and small apartment units across multiple States.

Each area has a Regional Manager, several local property managers and maintenance coordinators who request property repairs, renovations and tenant turn over work. We have over 25,000 homes under management. All work is assigned by maintenance coordinators and the invoices are also approved by them. Once approved, the accounts payable team processes payments.

In order to be a part of our company team of vendors, we require a few documents in a legible **PDF form**:

W-9: We need a W-9 on the **latest IRS version, currently Oct2018** and it needs to be signed and dated. HomeRiver Group corporate audit team validates the tax ID you entered on the form against the IRS Database. The name as shown on your/your company income tax return, (line 1 on the form) must match the IRS records.

COI: HomeRiver Group requires an Acord Certificate of Liability Insurance naming HomeRiver Group as a certificate holder. The name of the company insured, must match the name on your W-9 you provided to us.

Workman's Comp: If workers compensation is required (if the company has employees) then an Acord Certificate of Workman's Comp shall be provided including expiration dates and the vendor shall notify HRG if the insurance lapses. If your company is exempt, we need an exemption form.

Certificate Holder
HomeRiver Group
6404 International Pkwy. Ste 2010
Plano, TX 75093

Vendor Agreement: HomeRiver Group requires a signed vendor agreement for all contractors. This agreement states that HomeRiver Group will subtract the contractor invoices by 10%. In exchange for the discount, HomeRiver Group will give volume to the vendor, fast payment via ACH and market your services to the owners.

Contact: We need a contact name, an email address to send work orders and a phone number.

License: if your trade requires a license, we would like a copy for our records.

ACH: We pay vendors via Electronic Payments (ACH). Please complete the attached ACH Authorization Form. To ensure the account is set up correctly, we also need either a voided check or a letter on the bank letterhead with the business name, the account number and the routing number.

- Must use the latest W-9 from the IRS (currently October 2018). Earlier forms aren't being accepted.
- W-9 must have complete address and be signed and dated
- Our auditors run an IRS Verification on your Taxpayer Identification Number. The Taxpayer Identification Number you use (SSN or EIN number) that is on the IRS records, must match the name you use on Line 1.

Form W-9
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

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

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

5 Address (number, street, and apt. or suite no.) See instructions.

6 City, state, and ZIP code

7 List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to Get a TIN*, later.

Part II Certification

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); and

4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

General Instructions

• Form 1099-DIV (dividends, including those from stocks or mutual

Request for Taxpayer Identification Number and Certification

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

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.		
	2 Business name/disregarded entity name, if different from above		
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.		4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC <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) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.		
	<input type="checkbox"/> Other (see instructions) ▶ _____		
	5 Address (number, street, and apt. or suite no.) See instructions.		Requester's name and address (optional)
6 City, state, and ZIP code			
7 List account number(s) here (optional)			

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
-				-					
or									
Employer identification number									
-									

Part II Certification

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); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. 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 for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

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

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/13/2021

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 McDaniel-Whitley, Inc. P.O. Box 382007 Memphis TN 38183-2007	CONTACT NAME: Kristy Chandler PHONE (A/C No. Ext): (901) 881-6464 E-MAIL ADDRESS: kchandler@mcwins.com FAX (A/C No): (901) 881-6467																					
INSURED <div style="background-color: #c8e6c9; padding: 5px; display: inline-block;">Must match name on W-9</div>	<table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A:</td> <td>Ohio Security Insurance Company</td> <td>24082</td> </tr> <tr> <td>INSURER B:</td> <td></td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Ohio Security Insurance Company	24082	INSURER B:			INSURER C:			INSURER D:			INSURER E:			INSURER F:		
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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 INSP	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:				1/26/2021	1/26/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS				1/26/2021	1/26/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DEF <input checked="" type="checkbox"/> RETENTION \$ 10,000				1/26/2021	1/26/2022	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below				1/26/2021	1/26/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

<div style="background-color: #c8e6c9; padding: 5px;">Home River Group 6404 International Pkwy Suite 2010 Plano, TX 75093</div>	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 McKenzie Hill/CHANDL
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PREFERRED VENDOR SERVICES AGREEMENT



Vendor Name (dba): _____ (“Vendor”)

Are you or a member of your company related to an employee of HomeRiver Group? YES NO

Vendor’s legal taxpayer name: _____

Vendor Address: _____

Phone # _____ Email Address: _____

Type of Entity: Individual/sole proprietor or single member LLC LLC C Corp S Corp Partnership

Business License #: _____ Lead Safe Certified: Yes No Lead Safe Cert Exp Date: _____

Vendor Service Area: _____ Trade: _____ (“Services”)

This Preferred Vendor Services Agreement (“Agreement”) by and between Vendor and HomeRiver Group (“Broker”) is entered into on _____ (“Effective Date”), whereby the parties agree as follows:

1. VENDOR acknowledges that Broker has no ownership interest in managed properties (“Property”) for investor owners (“Owner”) and that Broker is the agent for each Property Owner;
2. VENDOR agrees not to discuss the nature of repairs ordered or results of a service call with tenants at a Property (“Tenant”), but to report all findings to Broker, agents of Broker or Owner. Further, Vendor shall not perform any work at a Property unless approved by Broker and/or Owner;
3. VENDOR agrees to pay Broker a service fee for the following services/support performed by Broker (“Service Fee”): Job Management Software, Electronic Status Updates, Auto Invoicing and Fast Pay Funding Program. Service Fee shall equal 10 (%) of revenue for all work billed to Broker;
4. VENDOR shall: (a) not markup invoices for Services performed at a Property to adjust for Service Fee; (b) provide the best price for all Services performed in relation to the volume of business received from Broker; and (c) insure pricing for Services shall not exceed pricing charged by Vendor to other retail customers for Services of a similar nature or kind;
5. VENDOR shall at all times during Agreement: (a) carry appropriate insurances, licenses and permits necessary to provide Services required by applicable laws; (b) maintain at Vendor’s expense, general commercial liability insurance in an amount not less than \$1,000,000 per occurrence; and (c) furnish an insurance certificate evidencing such compliance to Broker annually.

This Agreement may be cancelled by either party at any time and for any reason by providing written notice to the other party and further constitutes the entire understanding between the parties.

Vendor: _____ Date: _____ (Vendor Address & Email noted above)

By: _____

Title: _____

Broker: _____ Date: _____

By: Alexandre Capeto

Address: 6404 International Pkwy. Ste 2010. Plano, TX 75093

Title: Manager - Vendor Services

HOMERIVER GROUP

VENDOR ACH AUTHORIZATION FORM



Action Requested: (check one) NEW CHANGE CANCEL

Section 1: Vendor Identification

VENDOR NAME		
ADDRESS		
CITY	STATE	ZIP CODE
CONTACT PERSON	TELEPHONE	
TAXPAYER IDENTIFICATION NUMBER [EIN <u>or</u> SSN]	EMAIL FOR PAYMENT NOTIFICATIONS	

Section 2: Banking Information

BANK NAME			
ADDRESS	CITY	STATE	ZIPCODE
ACCOUNT NUMBER	ROUTING NUMBER	ACCOUNT TYPE (check one) <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
CHANGE Request – Previous Bank Account Number:			

Section 3: Vendor Authorization

I authorize HomeRiver Group to initiate/change/cancel ACH credit entries to the above bank account. I further authorize HomeRiver Group to reverse any payment made to this account in error. Please note, signature below must be from a signor on the bank account and/or officer of the requesting company/vendor.

SIGNATURE		
PRINTED NAME	TITLE	DATE

Attach Scanned Copy of Voided Check (required)

HOMERIVER GROUP Use Only

Processed By	Processed Date
Confirmed & Authorized By	