



Dear Valued Subcontractor,

Attached is the vendor packet for IPS Multifamily LLC. that I need you to fill out, sign and return along with the W-9 and COI with **IPS Multifamily LLC. as a certificate holder and additional insured.**

There is a sample COI in the packet that shows what is needed as far as limits as well as the needed verbiage in the description of operations. You can forward this sample to your insurance agent to follow and then email me the needed copy.

If you do not have workman's comp because you are exempt, then I will need a copy of your exemption certificate as well.

Please make sure you read our invoice procedures, so you know when payments are expected to be received and where to send your invoice.

Please have all the needed documents to this office before you start work with IPS so that payments are not delayed waiting for the paperwork.

If you have any further questions do not hesitate to contact me.

Sincerely,

Josefa Barros

Integrity Property Services Multifamily LLC.

4154 Central Ave

St. Petersburg, FL 33711

Office 727-865-9354

Fax 727-827-2926

ap@ipsmultifamily.com

JoB@ipsmultifamily.com



Vendor Information Sheet

COMPANY INFORMATION

Company Name: _____

Products /Services Description: _____

Address: _____

City: _____ State: _____ Zip: _____

Social Security/ Tax ID#: _____

Contact Person: _____ Title: _____

Phone.: _____ Extension: _____

Fax#: _____ E-mail: _____

COMPANY OFFICERS

President: _____ Controller: _____

OTHER BRANCH LOCATIONS

Workers Comp Carrier: _____ Policy No. _____ Exp. Date: _____

General Liability Carrier: _____ Policy No. _____ Exp. Date: _____

Please attach the following:

1. Current Certificate of Insurance if work is performed or delivery is made at IPS MULTIFAMILY LLC property location.
2. Completed and signed W-9 Tax Form.
3. Signed Code of Conduct and Ethics Hotline Acknowledgement

Prepared by: _____ Date: _____

For Property use only.

Property using Vendor:

Person requesting Vendor:
For Corporate use only

Vendor accepted: Yes _____ No _____

Approval Signature: _____ Date: _____

INVOICING PROCEDURE

When work is complete, please be sure to send your invoices to AP@IPSMultifamily.com.

Invoices need to include the following items:

- Your company name and contact information.
- An invoice number.
- The Job Code Number. (This number will be on your contract for the work performed. If you did not receive a contract when work was scheduled, please contact the project manager to have one created and sent to you prior to starting the job).
- A description of the work performed.

Invoices will not be processed without the following items in place:

- A Complete Vendor Packet.
- Up to date insurance certificates. (Note that general liability certs need to list us as additionally insured).
- A contract or change order for the work being billed.

*•*Please note that invoices are paid as outlined in your signed contract, so please be sure to read your contract fully and contact your project manager to discuss your terms. Note that the minimum term is 15 days from the receipt of your invoice, as we do have to process your invoice through our system.*

(Name)

(Company Name)

I, _____ of _____ have read the aforementioned invoicing procedure and understand that I must follow these procedures in order for my invoices to be processed in a timely manner. I further understand failure to do include or have on file with IPS MULTIFAMILY LLC any of these items listed above will delay payment of my invoicing until the missing or incorrect items have been sent to the IPS MULTIFAMILY LLC office.

Vendor Signature: _____

CODE OF CONDUCT

IPS Multifamily LLC adopts this code of conduct with all its employees and vendors to mutually acknowledge the highest of ethical performance in its business affairs.

1. No employee is to accept gratuities, compensation, or gifts from a vendor or service contractor. A holiday gift or occasional lunch of normal value (less than \$25) received in the normal course of business is acceptable.
2. No employee, vendor or service contractor is to operate in any manner that is contrary to the best interest of the company {e.g., discrimination, sexual harassment or divulging confidential information is inappropriate conduct, etc.).
3. No employee is to give unfair advantage to a vendor or service contractor (e.g., by disclosing unpublished price quotes or competitors).
4. No employee, vendor or service contractor is to conduct any company business without disclosing all relationships with the employees and vendors of IPS Multifamily LLC. with which there could be a conflict of interest: Please list potential conflicts of interest such as relatives and close friends employed by vendors.
5. No employee is to use foul or offensive language on the premises of any IPS Multifamily LLC. job site.
6. No employee shall engage in any loud and boisterous conduct such as but not limited to playing of loud or offensive music and/or involvement in verbal or physical altercations on premises.

7. There is **NO** smoking allowed by any employee or subcontractor in any unit or enclosed space on the job site.
8. No employee or subcontractor shall leave any unit/premises in disarray (if you make a mess, you will be responsible for cleaning up after yourself)
9. IPS has a **ZERO** Tolerance policy for any drug or alcohol use during working hours. If any employee or subcontractor is caught partaking in any drug/alcohol use or found to be under the influence on site/during working hours this will be grounds for immediate termination.

As a member of the IPS Multifamily team, it is easy to understand how the behavior of one individual may affect everyone on the team, especially when that behavior involves dishonesty or company ethics violations. Not only are your reputation and your company's reputation at stake, company income, which directly affects employee bonuses and pay raises, is also at stake. Our Code of Conduct requires all of us to be alert to possible violations.

We are aware that the great majority of our employees, vendors and contractors operate honestly and ethically. In those few instances where it may be otherwise, we highly encourage you to help us to make a stand against dishonest or unethical conduct. Your call will help.

I acknowledge that I have received a copy of this statement, and I agree to abide by its terms.

Vendor/ Contractor Signature

Date

Print Name



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/01/2025

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 have ADDITIONAL INSURED provisions or 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	Your Agent details	CONTACT NAME:	
		PHONE (A/C, No, Ext):	FAX (A/C, No):
INSURED	Your Company Name and Address	E-MAIL ADDRESS:	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A :	
		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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	Y					EACH OCCURRENCE	\$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000
							MED EXP (Any one person)	\$ 1,000
							PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> JEC1 <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:							\$
B	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO		BODILY INJURY (Per person)				\$	
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY		BODILY INJURY (Per accident)				\$	
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/>		PROPERTY DAMAGE (Per accident)				\$	
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR						PIP- Basic	\$ 10,000
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						EACH OCCURRENCE	\$ 5,000,000
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						AGGREGATE	\$ 5,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y / N N	N / A				<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						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)

SAMPLE

Integrity Property Services Multifamily, LLC and their related and affiliated entities are listed as Additional Insured, including products and completed operations on a per project aggregate basis with respects to General Liability.

CERTIFICATE HOLDER

CANCELLATION

Integrity Property Services Multifamily, LLC

4154 Central Avenue

St. Petersburg

FL 33711

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

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.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)		
2 Business name/disregarded entity name, if different from above.		
3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/Vestate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions)	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____	
3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, this box if you have any foreign partners, owners, or beneficiaries. See instructions and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check <input type="checkbox"/>	(Applies to accounts maintained outside the United States.)	
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 <i>How to get a TIN</i> , later. Note: If the account is in more than one name, see the instructions for line 1. See also <i>What Name and Number To Give the Requester</i> for guidelines on whose number to enter.	Social security number DJJ-11111111 or Employer identification number
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Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- 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

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.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they