

Enrollment Instructions

When you become a Greystar Compliant Vendor you have been approved to offer your services to **all properties owned and/or managed by Greystar Real Estate Partners across the country**. To become compliant with Greystar policies and insurance requirements, you must register with Compliance Depot and provide documentation per the attached checklist.

1. **Call Compliance Depot to enroll at 888-493-6938 x5.** You will be asked for company information and an annual enrollment fee.

Note: Your business will be categorized as an on-site or an off-site vendor based on whether your business category typically visits the property or never visits the property. On-site vendors are required to provide proof of insurance (general liability, workers comp, auto, and excess). Off-site vendors are not required to provide proof of insurance, but must still enroll and complete other requirements (provide a W-9, company information, sign a Vendor Services Agreement, and any required licenses).

2. **Email scanned documents** per checklist attached to Compliance Depot at documents@compliance depot.net.

Note: Do not send documents to Greystar corporate or site offices.

3. Once complete, you may check your status via the Compliance Depot website at www.compliance depot.net using the user name and password that you have been provided by Compliance Depot.
4. **Begin work** for Greystar.

Notes:

- Until all requirements are met, the property staff may not hire you as a vendor.
- Beginning work before becoming an approved vendor may result in delayed payment.
- Approval as a Greystar vendor does not guarantee being hired for work; you should contact our on-site property staff to be hired as a vendor. *Approved vendors* may request a list of currently managed Greystar properties from vendors@greystar.com.

Contact information:

- vendors@greystar.com regarding Greystar policies and property contact information
- The on-site manager regarding payment of invoices
- Compliance Depot at 888-493-6938x5 regarding approval status

Thank you for your interest in Greystar!

INSURANCE REQUIREMENTS (On Site Vendors Only)

GENERAL LIABILITY	REQUIRED LIMIT	COVERAGE	Attached
	\$1,000,000	Each Occurrence (*)	
	\$1,000,000	General Aggregate (*)	
	\$1,000,000	Product – Comp/Op Aggregate (*)	
	\$1,000,000	Personal & Adv Injury	
AUTO LIABILITY	REQUIRED LIMIT	COVERAGE	
	\$1,000,000	Any Auto - Combined single limit	
My company has no owned vehicles and am providing \$1,000,000 "Hired Autos" and "Non-Owned Autos" coverage in lieu of "Any Auto." I understand that if my company purchases one or more autos at any time in the future, this variance will no longer apply.			(Initial Here)
EXCESS GL COVERAGE	REQUIRED LIMIT	COVERAGE	
(If 3 GL limits above marked * => \$2mm, excess not req.)	\$1,000,000	Each Occurrence	
(If 3 GL limits above marked * => \$2mm, excess not req.)	\$1,000,000	Aggregate	
WORKERS COMP	REQUIRED LIMIT	COVERAGE	
	\$500,000	EL Each Accident	
	\$500,000	EL Disease – Each Employee	
	\$500,000	EL Disease Policy Limit	
I certify that I am a sole proprietor with zero employees, and request exemption from Workers Comp requirement. I understand that if I hire one or more employees at any time in the future, this exemption will no longer apply. Workers Comp insurance is required by Greystar for all vendors with one or more employees, regardless of state requirements.			(Initial Here)
Policy certificate states 30 Day Notice of Cancellation			
Additional Insured language is included, as follows: "Greystar and all owner entities and managed properties are additional insured on the General Liability insurance policy."			
Certificate Holder box must list: Compliance Depot 1800 Preston Park Blvd Ste. 220 Plano, TX 75093			
My firm is an Off-Site vendor, and is exempt from above insurance requirements			(Initial Here)

ADDITIONAL ITEMS (All Vendors)

W-9 Form, signed and dated	
Vendor Agreement, signed and dated	
Applicable licenses must be submitted. For example, an electrician must submit an electrical license	

Please print clearly:

Vendor Name _____

Date _____

Fax to 214-291-8910 or scan to documents@compliance depot.net

_____, a () Sole Proprietor () Corp/LLC () Partnership

Vendor/Business Name

agrees to provide goods and/or services for **Greystar** and/or properties managed by **Greystar**, as Agent for the clients under management contract. As a Vendor providing goods and/or services to Owner, I/we agree that Greystar is the property manager on behalf of Owner, and accordingly Greystar shall have no liability for obligations of the property or owner. I/we agree to the following terms:

Vendor Requirements. As a vendor providing any type of good and/or service to a **Greystar** apartment community, corporate, or regional office, I must have a W-9 and any applicable professional licenses on file with ComplianceDepot. If I am providing any type of good and/or service which requires my company to send a representative to the community or office, I must also have a current certificate(s) of insurance on file with ComplianceDepot; the amounts of coverage are detailed on the Vendor Checklist I have been provided. The certificate(s) of insurance must include specific additional insured language with regard to the general liability policy and the excess liability policy. The certificate(s) of insurance must remain current and any lapse in coverage will result in the termination of future purchases of goods and services. Annual renewal with ComplianceDepot is a requirement of continuing as a Greystar approved vendor.

Background Screening of Workers. 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. I understand that it is my duty to use responsible hiring practices and acknowledge **Greystar's** policy regarding the background screening of my labor force.

Fair Housing Policy. It is the policy of **Greystar** to treat all residents, prospective residents and their guests in a fair, professional manner without regard to race, color, religion, sex, familial status, handicap or national origin, and in accordance with all jurisdictional guidelines. As a contractor/vendor to **Greystar**, I agree that I will treat all **Greystar** staff, residents, prospective residents and their guests in a fair, professional manner without regard to race, color, religion, sex, familial status, handicap or national origin and in accordance with all jurisdictional guidelines. In addition, I accept the responsibility to train my employees to treat all **Greystar** staff, residents, prospective residents and their guests in a fair, professional manner without regard to race, color, religion, sex, familial status, handicap or national origin. I understand that failure to adhere to **Greystar's** Fair Housing Policy and the Fair Housing Laws will result in the termination of my relationship with **Greystar**. My signature below indicates my understanding of **Greystar's** Fair Housing Policy and my commitment to comply with that policy.

Workers Compensation Requirements. I understand that **Greystar** requires workers compensation coverage for all vendors regardless of state regulations, except for vendors who are sole proprietors with zero employees. Vendors categorized as off-site are not required to provide proof of workers compensation insurance.

Employees, agents or sub-contractors of the vendor agree to conduct themselves in a professional and ethical manner in all dealings with **Greystar**, its agents and employees.

My signature indicates acknowledgement of receipt and agreement with the above terms. Violation of any terms of this agreement will result in the termination of approval to perform work for **Greystar**, its agents or employees.

Signature of Agent

Date

Print Name/Title

Vendor Name and Address

A signed copy of this agreement must be faxed to 214-291-8910 or scanned to documents@compliancepot.net

Please provide to your carrier/agent – all requirements shown in red must be met, except as highlighted in yellow.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE(MM/DD/YY)	POLICY EXPIRATION DATE(MM/DD/YY)	LIMITS	
	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> _____ <input type="checkbox"/> _____ GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				EACH OCCURENCE	\$ 1,000,000
					DAMAGE TO RENTED PREMISES	\$
					MED EXP (Any one person)	\$
					PERSONAL & ADV INJURY	\$ 1,000,000
					GENERAL AGGRREGATE	\$ 1,000,000
					PRODUCTS-COMP/OP AGG	\$ 1,000,000
	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> _____ <input type="checkbox"/> _____	[May be "Hired Autos" AND "Non Owned Autos" instead of "Any Auto" only for companies who do not own any vehicles.]			COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
					BODILY INJURY (Per person)	\$
					BODILY INJURY (Per accident)	\$
					PROPERTY DAMAGE (Per accident)	\$
	EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$	[Excess not required if Each Occur, Gen. Aggreg., and Products/Comp limits on GL coverage above are each \$2mm or more]			EACH OCCURENCE	\$ 1,000,000
					AGGREGATE	\$ 1,000,000
	WORKERS COMPENSATION AND EMPLOYERS LIABILITY	[[Exemption available for sole proprietors with zero employee]			WC STATU-ORY LIMITS	OTH-ER
					E.L. EACH ACCIDENT	\$ 500,000
					EL DISEASE-EA EMPLOYEE	\$ 500,000
					EL DISEASE POLICY LIMIT	\$ 500,000
	OTHER					
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS Greystar and all owner entities and managed properties are additional insured on the General Liability insurance policy.						
CERTIFICATE HOLDER	<input checked="" type="checkbox"/>	ADDITIONAL INSURED; INSURER LETTER: __		CANCELLATION		
Compliance Depot, LLC 1800 Preston Park Blvd. Suite 220 Plano, Texas 75093		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OF REPRESENTATIONS AUTHORIZED REPRESENTATIVE				