



Dear CR Solutions Vendor,

We value our relationships with each of our vendors. Following is a list of requirements for vendors doing business with CR Solutions. Please review the list below and submit copies of all items to ensure compliance with our standards. This will also help to ensure timely payment for your services. We look forward to you joining the CR Solutions team!

1. Complete the "Vendor Information Form"
2. Send a current copy of your liability insurance with the below certificate holder information:

Carolina Renovations, Inc.
DBA CR Solutions
PO Box 848
Belmont, NC 28012

3. Send a copy of workers compensation policy coverage. IF you choose not to supply CR Solutions with a workers compensation policy, a 10% fee will be deducted from each vendor invoice until a policy is secured and sent to CR Solutions.
4. Review and sign "Release, Waiver, and Assumption of Risk of Liability"
5. Review and sign "Vendor Code of Conduct"
6. Sign up in *Corrigo* (our dispatching software) as a service pro to handle any jobs for CR Solutions. This is a requirement to receive work orders and turns/rehabs. We will send you an invite upon receiving your completed vendor packet.
7. Sign up with Bill.com for free direct deposit payments. If you choose not to utilize Bill.com, check payments are sent out the 10th of every month and any late fee's will not be honored.

Send completed items to: vendors@crsolutions.net



Vendor Information Form

Vendor Name: _____

Other Names (DBA): _____

License Number (If Applicable): _____

Primary Contact: _____

Accounting Contact: _____

Check one:

New Vendor Vendor Update

Check if incorporated (incorporated will not receive a 1099)

Remit Payment Address: _____

City: _____ State: _____ Zip Code: _____

Contact Name: _____

Phone: _____ Fax: _____

Email: _____

Services Offered:

Service Areas:



RELEASE, WAIVER, AND ASSUMPTION OF RISK OF LIABILITY

This Release, Waiver, and Assumption of Risk Liability (this “Release”), dated as of, is provided by (“Vendor”) for the benefit of CR Solutions and each of their subsidiaries, affiliates, and related entities (Individually and collectively, “Vendee”).

For good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, Vendor executes this release under the following terms:

1. Vendor has agreed to perform certain renovation services and other work (the “Work”) in connection with a property (the “Property”) owned or managed by the Vendee.
2. Vendor understands that performance or management of any work has the potential to cause injury, death, property damage or loss, and agrees to perform or manage the Work with full knowledge of the dangers and potential hazards involved. Vendor certifies that it has adequate insurance coverage or capitalization to protect itself against injury, death, damage, or loss sustained in connection with the Work and the Property.
3. Vendor accepts and assumes responsibility for all risks and possibilities of injury, death, property damage, or loss arising out of, based upon, or relating in any way to the Work or the Property.
4. Vendor, on behalf of itself and any persons acting by, through, or in any way on behalf of Vendor (collectively including Vendor the “Releasing Parties”), agrees:
 - a. To waive all claims that the Releasing Parties may now or in the future have against Vendee or any persons acting by, through, or in any way on behalf of Vendee (collectively, including Vendee, the “Released Parties”) in connection with the Work;
 - b. To release and forever discharge the Released Parties from all manner of (i) actions, claims, causes of action, suits, and demands, at law or in equity, in any jurisdiction and in any forum and (ii) liabilities, debts, liens, damages, losses, costs, expenses, interest, penalties and fees, in each case whether known or unknown, which the Releasing Parties now have or may hereafter have against any of the Released Parties by reason of any matter, cause or think arising out of, based upon, or relating in any way to the Property or the Work due to any cause whatsoever (the “Released Claims”); and
 - c. To hold harmless and indemnify the Released Parties from the Released Claims.
5. This Release is intended to be as broad and inclusive as permitted by applicable law, and, if any portion of this release is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

VENDOR

By: _____

Name: _____

Title: _____

VENDOR CODE OF CONDUCT –Page 1

SCHEDULING & INTERACTION WITH TENANTS

- Schedule with the tenant as soon as possible after receiving a work order. **When scheduling, you are calling on behalf of CR Solutions.** All emergency jobs should be contacted within 12 hours and all regular jobs contacted within 48 hours.
- Upon scheduling with the tenant, notify CR Solutions via email at workorders@crsolutions.net
- If you are unable to contact the tenant within 48 hours of receiving the work order, notify CR Solutions.
- ALWAYS be on time for scheduled appointments. If a schedule change is needed, contact the tenant and CR Solutions immediately.
- Upon arrival at the tenant's home, introduce yourself as a technician with CR Solutions. **Please note, firearms are prohibited when working on any CR Solutions jobs.**
- Do not discuss your findings or opinions about the work order with the tenant. This information should be shared with CR Solutions ONLY.
- If the tenant brings up issues not addressed on the work order you have been assigned, explain that a new work order will be required to address those issues. Encourage the tenant to send in a new work order to their property manager & DO NOT discuss your opinions regarding these new issues.

WORK ORDERS

- Take BEFORE and AFTER photos for each work order. One photo of the exterior of the home, **minimum** two before and two after photos are required.
- Ensure that the job site has been cleared of all materials and trash upon completion.
- Be aware that CR Solutions may inspect your completed work prior to issuing payment.
- A clean job site with professionally completed repairs will allow you to be paid as quickly as possible.
- When quoting a job, please make sure to line item your incurred cost with description of work already completed. If your incurred costs aren't listed on your quote, they will not be paid; This includes taxes as well.

INVOICES

- Include the work order number assigned to you on your invoice
- Include a detailed description of the completed job (location of repair, appliance repaired, etc) in legible writing or typing on each invoice as well as completion photos.
- When notifying us of additional work needed, please do so by email. NOT on your invoice.
- Do not bill until work order is complete. Do not send in separate invoices for the same work order.

VENDOR CODE OF CONDUCT- Page 2

- Please turn in all invoices and completion photos that relate to the work to Corrigo. If you are not using Corrigo, please send all invoices to workorders@crsolutions.net
- Turn in all invoices within 48 hours of completing the job. If we have not received your invoice within 45 days after completion, we have the right to deny payment.
- Keep in mind that your PRICING MUST BE SHARP in order for us to continue providing you with the same volume of work.
- FOR TURNS/REHABS: Please submit all invoices and photos in Corrigo and update your assigned project manager so they can approve.
- When sending in quotes and invoices, please itemize (separating materials and labor)

PAYMENT TERMS

- Any payment questions please contact payments@crsolutions.net to ensure that your invoice has been received. Invoices over 45 days old that have not been brought to our attention cannot be paid.
- CR Solutions pays on a net 30 basis, this starts once invoice is received and approved.
- If items are not completed or if you walk off the job, you will be back charged for the items we have to hire another contractor to complete.
- Any change orders must be approved by CR Solutions prior to completing or it will not be paid.
- **All invoices must be turned in with completion photos to be authorized and paid.**
THIS IS MANDATORY.

SAFETY

- Contractors & Sub Contractors of CR Solutions are required to understand and follow all OSHA guidelines
- Contractors & Sub Contractors of CR Solutions are also required to understand and follow Wage & Hour Laws
- In order to continue receiving work & payment from CR Solutions, you are required to submit updated copies of insurance information every twelve months to vendors@crsolutions.net.
- For Contractors & Sub Contractors who hire others to work under their company, workers compensation is required.

By signing below, I _____ (Print Name) certify that I have read and understand CR Solutions Vendor Code of Conduct Pages 1 & 2. I understand that I will be held to these standards in order to continue receiving work orders from CR Solutions.

Signature: _____ Date: _____

Example Certificate of Liability Insurance (COI)

DATE (MM/DD/YYYY)

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. Cat): FAX (A/C. No): E-MAIL: ADDRESS: INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: 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	ADOL	SUIR	INSR	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR Broad Form Property Damage Blanket Contractual GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC								EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMPROP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HYBRID AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS								COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB OCCUR CLAIMS-MADE DED: <input type="checkbox"/> RETENTION \$								EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below								<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)									

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

CERTIFICATE HOLDER **CANCELLATION**

Carolina Renovations, Inc. DBA CR Solutions PO Box 848 Belmont, NC 28012	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
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