

## What do you need to be a vendor?

1. Most recent Certificate of Insurance (See attached requirements)
2. W9
3. Most recent Worker's Compensation
4. Signed Fair Housing Statement
5. Completed Vendor Form

## Maintenance Contractor/Vendor Acknowledgement of Fair Housing Policy (Form)

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

\_\_\_\_\_  
Vendor Company Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner's Representative Name

\_\_\_\_\_  
Owner's Representative Signature



# DENIZEN

MANAGEMENT

Thank you for being a valued Vendor!

We have a partnership with AvidXchange for invoice submission! Choose either option below. If emailing, the invoices will show up instantly for our teams to review and start the payment process. There will be a confirmation email sent letting you know that we've received them successfully or if something needs to be adjusted. Thank you for your continued partnership.

## REQUIRED: YOUR INVOICE SUBMISSION OPTIONS

### OPTION 1: *(Preferred)*

**EMAIL INVOICE TO:** DenizenAP@AVIDBILL.COM

- Include PDF attachment under **5MB**
- One Invoice per PDF (*Emails can include multiple attachments*)
- Include any back-up documentation within invoice's PDF  
(*Invoice must be page 1*)

### OPTION 2:

### SUBMIT VIA MAIL TO:

Denizen Management  
P.O. BOX 36443  
Charlotte, NC 28236

### All Invoices Must Include the Following Information:

Property/Entity Name  
Property/Entity Ship-to  
Property/Entity Service Address  
Supplier Name & Remittance Address

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## The Benefits of Electronic Payment:

- Reduces Payment Processing Time
- Eliminates Lost and Late Checks in the Mail
- Reduces Your Manual Processing Time
- Detailed Remittance Information

Please contact Avid in order to ensure payments are made using a preferred method.

- Email: [supplierdocs@avidxchange.com](mailto:supplierdocs@avidxchange.com) or
- Call: 866-249-9797 or 704-971-8170

## Questions and Concerns

Invoice Specific: Contact Accounts Payable at: [apinvoices@denizenmanagement.com](mailto:apinvoices@denizenmanagement.com) or 317-846-3100.

Supplier Profile: Contact AvidXchange at: [Supplier@avidxcchange.com](mailto:Supplier@avidxcchange.com) for questions.

PEOPLE + SYSTEMS = PERFORMANCE

[www.denizenmanagement.com](http://www.denizenmanagement.com)

# Vendor Certificate of Insurance Minimum Requirements

## MINIMUM REQUIREMENTS

General Liability – Each Occurrence	\$1,000,000
General Aggregate, Per Project	\$2,000,000
Products/Completed Operations Aggregate	\$2,000,000
Personal & Advertising Injury	\$1,000,000
Fire Damage	\$ 50,000
Medical Expense	\$ 5,000
Excess Liability Major Subcontractors and/or Subcontract	\$1,000,000
Umbrella Each Occurrence	\$5,000,000
Aggregate	\$5,000,000
Excess Liability (All Other Subcontractors)	
Umbrella Each Occurrence	\$1,000,000
Aggregate	\$1,000,000
Automobile, Owned, Hired and Non-Owned Vehicles Workers	\$1,000,000
Compensation & Employers Liability:	
Workers Compensation	Statutory
Employers Liability – Each accident	\$ 500,000
Employers Liability – Disease/Each Employee	\$ 500,000
Employers Liability – Disease/Policy Limit	\$ 500,000
Professional Liability Insurance - Each Occurrence, if Required	\$1,000,000
Environmental Liability Coverage - Each Occurrence, as applicable	\$1,000,000

## INSURED

Additional Insured:

**Property Name**

Certificate Holder:

**Denizen Management**

# New Vendor Set Up (Form)

Vendor Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Property Requesting: \_\_\_\_\_

Type of work: \_\_\_\_\_

Vendor Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

## Required Forms to be attached

W9

Workers Compensation

Certificate of Liability Ins

Fair Housing Acknowledgment

Notes:

\_\_\_\_\_  
General Manager's Signature

\_\_\_\_\_  
Regional Manager's Signature

