IPS

INTEGRITY PROPERTY SERVICES
MULTIFAMILY

Dear Valued Partner,

Attached is the vendor packet for **Integrity Property Services Multifamily LLC which will be known as -IPS Multifamily**. Please complete, sign, and return the packet along with the following:

- Completed **W-9**
- Certificate of Insurance (COI) listing **Integrity Property Services Multifamily LLC** as:
  - Certificate Holder
  - Additional Insured
- Signed invoicing procedures
- Signed Code of Conduct

A sample COI is included in the packet outlining the required coverage limits and specific wording needed in the Description of Operations. You may forward this sample to your insurance agent to ensure the certificate is issued correctly. Once completed, please have your agent email the COI directly to me.

If you do not carry Workers' Compensation insurance due to exemption status, please provide a copy of your exemption certificate. This includes any officer shown on Sunbiz.org.

Please review our invoice procedures carefully so you are aware of payment timelines and where invoices must be submitted.

All required documents must be received and approved **prior** to beginning work with IPS Multifamily to avoid any payment delays due to incomplete paperwork.

If you have any questions, please do not hesitate to contact our office at:

(727) 865-9354

Sincerely,

Integrity Property Services Multifamily LLC

Form **W-9**
(Rev. March 2024)
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.

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

Print or type. See ***Specific Instructions*** on page 3.

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.

☐ Individual/sole proprietor ☐ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate

☐ 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.

☐ 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) _____

(Applies to accounts maintained outside the United States.)

3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. 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. See also *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**

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

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VENDOR INFORMATION SHEET

COMPANY INFORMATION

Company Name: _____

Products / Services Description: _____

Address: _____ City: _____ State: _____

Zip: _____

Social Security / Tax ID #: _____

Contact Person: _____ Title: _____

Phone: _____ Extension: _____ E-mail: _____

Cell Phone: _____

COMPANY OFFICERS

President: _____ Controller: _____

INSURANCE INFORMATION: **Mandatory**

See attached SAMPLE. Please provide COI with Workers' Compensation & General Liability

ATTACHMENTS REQUIRED

Please attach the following documents with this form:

☐ Current Certificate of Insurance (COI)
☐ Completed and signed W-9 Tax Form
☐ Signed Code of Conduct
☐ Signed Invoicing Procedures

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AUTHORIZED SIGNERS
Please list all authorized signers for our files, including name and signature:
| Name | Title | Signature |

1._____

2._____

3._____

PREPARED BY: _____ DATE: _____

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INVOICING PROCEDURE

When work is complete, please send your invoices to: **AP@IPSMultifamily.com**

Invoices must 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: General liability certificates need to list us as additionally insured.)*
- A **contract or change order** for the work to be billed.
- **Please note:** Invoices are paid as outlined in your signed contract. Be sure to read your contract fully and contact your project manager to discuss your terms. The **minimum payment term is 15 days** from receipt of your invoice, as invoices must be processed through our system.

Vendor Acknowledgment

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 that failure to include or have on file with **IPS MULTIFAMILY LLC** any of the items listed above will delay payment of my invoices until the missing or incorrect items have been submitted to the **IPS MULTIFAMILY LLC** office.

Vendor Signature: _____ **Date:** _____

Company Name: _____

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CODE OF CONDUCT

Integrity Property Services Multifamily LLC (IPS Multifamily)

Integrity Property Services Multifamily LLC ("IPS Multifamily") adopts this Code of Conduct for all employees, vendors, subcontractors, and service contractors to mutually acknowledge and uphold the highest standards of ethical performance in all business affairs.

Standards of Conduct

1. Gifts and Gratuities
No employee shall accept gratuities, compensation, or gifts from any vendor or service contractor. A holiday gift or occasional lunch of nominal value (less than $25) received in the normal course of business is acceptable.

2. Best Interests of the Company
No employee, vendor, or service contractor shall act in any manner contrary to the best interests of the company. This includes, but is not limited to, discrimination, sexual harassment, or the disclosure of confidential information.

3. Fair Vendor Practices
No employee shall provide an unfair advantage to any vendor or service contractor, including the disclosure of unpublished price quotes, confidential information, or competitor pricing.

4. Conflict of Interest Disclosure
No employee, vendor, or service contractor shall conduct company business without disclosing any relationships with IPS Multifamily employees or vendors that may present a conflict of interest. Potential conflicts include relatives employed by vendors or close personal relationships with vendors or contractors. All potential conflicts must be disclosed in writing.

5. Professional Language and Conduct
No employee shall use foul or offensive language on the premises of any IPS Multifamily job site.

6. Disruptive Behavior
No employee shall engage in loud or disruptive conduct, including but not limited to playing loud or offensive music, verbal altercations, or physical altercations.

7. Smoking Policy
Smoking is strictly prohibited in any unit or enclosed space on any job site. This policy applies to all employees and subcontractors.

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8. Job Site Cleanliness
No employee or subcontractor shall leave any unit or premises in disarray. Individuals are responsible for cleaning up after themselves and leaving the work area in proper condition.

9. Drug and Alcohol Policy
IPS Multifamily maintains a ZERO TOLERANCE policy regarding drug or alcohol use during working hours. Any employee or subcontractor found using drugs or alcohol during working hours or under the influence while on site or during working hours will be subject to immediate termination.

Statement of Responsibility

As a member of the IPS Multifamily team, it is important to understand that the behavior of one individual can impact the entire organization. Conduct involving dishonesty or ethical violations places both individual and company reputations at risk. Company income, which directly affects employee bonuses and compensation, may also be impacted.

Our Code of Conduct requires all employees, vendors, and contractors to remain alert to possible violations. While the vast majority operate honestly and ethically, in the rare instances where conduct falls short of these standards, we strongly encourage reporting of dishonest or unethical behavior.

Acknowledgment

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

Printed Name:	
Signature:	
Company (if Vendor/Contractor):	
Date:	
Witness (Optional):	

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/02/2026

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	CONTACT NAME:	
Your Agent Details	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A :	
INSURED	INSURER B :	
Your Company Name and Address	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** CL264256052 **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	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [X] PRO-JECT [ ] LOC [ ] OTHER:	Y					EACH OCCURRENCE	$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
							GENERAL AGGREGATE	$ 2,000,000
							PRODUCTS - COMP/OP AGG	$ 2,000,000
								$
B	AUTOMOBILE LIABILITY [X] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [ ] HIRED AUTOS ONLY [ ] NON-OWNED AUTOS ONLY [X] PIP Basic			Sample			COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
							PIP Basic	$ 10,000
A	[X] UMBRELLA LIAB [X] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [X] RETENTION $ 0						EACH OCCURRENCE	$ 5,000,000
							AGGREGATE	$ 5,000,000
								$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N: N If yes, describe under DESCRIPTION OF OPERATIONS below	N / A					[X] PER STATUTE [ ] OTH-ER	
							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)

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

CERTIFICATE HOLDER

Integrity Property Services Multifamily, LLC
4154 Central Avenue
St Petersburg FL 33711

CANCELLATION

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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Workers' Compensation Requirements – Florida

All vendors, contractors, and subcontractors working with **Integrity Property Services Multifamily LLC (IPS Multifamily)** must comply with Florida workers' compensation (WC) laws.

1. General Requirement

Under Florida law, any employer with **four or more employees** must carry workers' compensation insurance. This includes companies in the construction industry, which may have additional requirements.

Vendors must provide proof of current workers' compensation coverage or a valid exemption certificate issued by the State of Florida **before starting work**.

2. Construction Industry Exemptions

Certain owners, officers, or partners of a construction company may qualify for a workers' compensation exemption. Exemptions are granted through the Florida Division of Workers' Compensation, typically for **corporate officers, partners, or sole proprietors** who do not have employees.

- Exemptions **must be documented** with a copy of the official exemption certificate from the state.
- Any work performed by non-exempt employees **requires workers' compensation coverage**.

3. Subcontractor Compliance

- Subcontractors **must provide proof** of workers' compensation insurance or a valid exemption.
- IPS Multifamily **cannot allow subcontractors to work on-site without this documentation**.
- Failure to provide proof may result in **work stoppage or termination of the contract**.

4. Documentation Required

Prior to performing any work, please provide:

- A current **Certificate of Insurance** showing Florida workers' compensation coverage.
- Or a copy of a **state-approved workers' compensation exemption** (if applicable).
- Certificates must remain valid for the duration of the project. Updated documents must be provided if coverage lapses or changes.

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Date:
To: All Valued Sub-Contractors

Subject: Work Without Contracts

First, I would like to thank each of you for everything you do for IPS-MF, and Ihope that you feel the same toward our company as we do toward your business. We truly value, respect, and appreciate the partnership we have with each of you!

In today's business environment, we all must be covered from potential litigation. Unfortunately, we live in a litigious society and I'm sure you would agree that everyone is looking to bring some sort of legal action for any little thing that may happen.

With that said, I'm asking each of you to make sure that before any work is started with IPS a contract must be in place for whatever scope of work you are asked to do or perform for us.

No matter the situation or what any person from IPS-MF tells you a contract must be in place and executed before you are to do any work for us. This also applies to any change orders over and above the original contracted work.

Both must be signed and executed before any work is performed for IPS-MF. Should you perform work for our company without having these things in place, you will not be paid for the work until contracts or change orders are executed by both parties.

Please take a minute to forward this to anyone within your company that you feel needs to be informed of this policy as I'm doing the same with our people.

Again, no matter what anyone from IPS would ask you to do or tell you the work is approved there better be a contract must be in place period.

Thank you for your attention to this matter and again, please make sure your people/teams follow this moving forward.
Respectfully,

Integrity Property Services Multifamily, LLC.

4154 Central Avenue, St. Petersburg, FL 33711
727-865-9354 Office 727-827-2926 Fax
License # CBC1257010