

Portus, LLC dba Zellis
574 Sante Fe Dr, Ste 110
Denver, CO 80204

We are pleased to welcome you as a trusted and valued vendor/business partner. In order to process payments for services you provide you will need to register with Vendor Café.

If you already have a profile in Vendor Cafe, please share the best contact email with vendorcafehelp@zellislife.com to send you an invite to link your existing profile to our client's alias and name.

If you do not already have a profile you can request a new vendor link to Vendor Café from vendorcafehelp@zellislife.com.

Please note that our Client Alias is PORT25148, and our Client Name is *Portus, LLC*.

Client Alias	Client Name
PORT25148	Portus, LLC

Video tutorials are available on the Vendor Café site. Basic instructions are also provided below.

VendorCafe® Dashboard Client Profiles Prometa Express Q & A Help »

Video Tutorials

- > Invoicing
- > Registering as a vendor : Activating your Account
- > Completing Your Profile and Submitting an Application
- > Work Orders
- > Purchase Orders
- > Navigating VendorCafes New User Interface

The following information will be needed to register with Vendor Café.

1. Basic company information such as name, address, tax ID, contact information.
2. You will need to select a category for your company. Categories are listed below within the section regarding insurance requirements.
3. In some instances your license may be required. License requirements are listed below; within the section regarding insurance requirements.
4. Form W-9 (can be found at www.irs.gov)
5. Insurance Certificate(s), if you do any work at any of our properties. Details on the insurance requirements are listed below.

- The certificate must name Portus, LLC as an additional insured.



- If you are self-employed and have elected to decline workman's comp coverage; please fill out the work comp waiver that is part of the onboarding process. Instructions are included in the detailed insurance section below. Regardless of self-employed status, we still require Liability and Auto coverage for most categories.
 - Have your insurance agent's contact information available.
6. Once registered you will be able to submit invoices through Vendor Café. Sample instructions are provided below.

VENDOR CAFÉ

CUSTOMER SUPPORT

Questions regarding invoicing or your profile that are non-compliance related refer to Vendor Café Customer Care Team who can be reached by:

- **Email:** VendorCafe_Support@yardi.com
- **Phone:** [\(888\)251-8210](tel:8882518210), Option 1.
- **Hours:** 9:00am – 6:00pm (EST)

To check the status of your submitted invoices go to client profile – invoices.

↓

VendorCafe®
Dashboard
Client Profiles
Promote
Express
Q & A
Help

Home / Invoices

Personalized CFO Services LLC

Vendor Code : v0001663

Vendor Type
Vendor

Status
Approved

Comp
In Co

10/01

Vendor Profile (Per Client)
Overview
Invoices
Create/Upload Invoice
Work Orders

You will see lists of pending – paid – rejected – deleted and a full history.

Invoices

Invoice No.

Property
 Select Property

Pending i

6

	Invoice No.	Invoice Amount
	120825	
	101525	
	71825	
	63025	
	70425	

Payment Register



Payment Register

The Paid Invoices tab will show you payments made by your client for invoices they have received from VendorCafe, as well as invoices they received directly from you outside of VendorCafe.

Payments are broken down by the individual Invoice Numbers and their Payment Amounts.

Use the Date, Invoice, Property, PO, Contract, WO, and Payment Method filters to search for specific payments.

Invoice Paid Date indicates the date payment was initiated.

For electronic payments, Remittance Advice is emailed when the funds are sent to your bank. Please allow 3-5 business days after receiving remittance for your bank to post the funds to your account.

VendorCafe is not responsible for release of payments. Payments are released by client. Please reach out to your client if you have not received funds.

The following guidelines outline the insurance coverage requirements for all Subcontractors who provide and perform services at a Portus owned and/or managed location (Contractor) project site.

The subcontractor or vendor shall not commence work for Contractor and Owner for any project or work until it has obtained and provided to Contractor, at its own cost and expense, all of the insurance required of Subcontractor or vendor under the Contract between Owner and Contractor, or, the insurance coverage evidenced by a current Certificate of Insurance with minimum limits of liability coverage as stated below, whichever is greater:

Subcontractor Insurance Requirements

Categories of services provided are listed below.

Vendor Category	Insurance Required	Compliance Checks
Alarm - Install/Repair	B	Yes
Alarm Systems - Monitoring Only	A	No
Appliance Services	A	No
Architects	D	Yes
Building - Developers or Contractors	C	Yes
Building Maintenance (equipment, building systems, structural)	B	Yes
Cabinets Install	A	No
Carpet Services - Clean, Dye, Repair, or Install	A	No

Computer Services	A	No
Concrete Contractors	B	Yes
Counter Top - Resurfacing, Repair, or Installation	A	No
Electrical Contractors	B	Yes
Elevators	C	Yes
Employment – Temporary	A	No
Engineer - All Types	D	Yes
Environmental and Ecological Services	B	Yes
Fence and Deck Contractors	B	Yes
Fire Safety	C	Yes
Fuel-Oil, Gas, Butane Propane	C	No
Furniture - Repair, Refinish, or Leasing	A	No
Gates-Gate Devices - Install, Repair, Maintenance	B	No
General Contractor	C	Yes
Gutters	B	No
Hazardous Material Handling and Cleanup	C	Yes
HVAC Contractors	B	No
Insurance company	Universal Checks Only	No
Interior Decorators & Designers	A	No
Janitorial/Housekeeping/Make Ready Services	A	No
Landscape - Contractors, Designers, or Maintenance	B	Yes

Landscape Maintenance – Chemicals	B	Yes
Leak Detection, Prevention, or Repair	C	Yes
Maintenance - (unit turnover, light repairs, touch up painting, non-building systems related)	A	No
Mortgage company	Universal Checks Only	No
Painting Contractors	B	No
Paving Contractors	C	Yes
Pest Control	B	Yes
Plumbing Contractors, Drain/Sewer Cleaning	B	No
Pool Service/Maintenance	A	No
Pool Surface Repair	B	No
Professional Services - licensed (CPA, Attorney etc)	D	No
Professional services - non licensed	Universal Checks Only	No
Property Owner/Client	Universal Checks Only	No
Real Estate Locator	A	No
Repair & Refinish	A	No
Roofing Contractors	C	Yes
Security Guard/Patrol Service – Armed	C	Yes
Service & Repair	A	No
Submetering - Electric, Gas, or Water	A	No
Supplier/Retail	Universal Checks Only	No
Waste Reduction/Disposal	B	Yes
Window Washer - 5 Floors & Below	B	No
Window Washer - Above 5 Floors	C	Yes

Insurance requirements are based on insurance code for category listed above. You will need to provide your insurance agent's information. You may load a copy of your COI; but it must list Portus/Zellis as an additional insured. After populating the fields regarding the policy and coverage an option to load a COI will appear.

test vendor for a case
Vendor Code: v0000124

Vendor Type: Vendor Status: Pending Compliance Status: Non-Compliant 03/05/2020 100% VS C

Vendor Profile (Per Client)

- Vendor Information
- Category
- Contacts
- EFT Setup
- Property
- Agreement
- License
- Documents
- Insurance Information**

Insurance Information Add Document ** Required Ownership Entities COI Instructions Insurance Limit Flag

** VendorShield will always request the Certificate of Insurance (COI) and any endorsements directly from your insurance agent. Your client allows you to provide those documents to VendorShield yourself if your agent is unable to provide the documents. By uploading the documents yourself, you acknowledge and confirm to VendorShield and your client that the documents you provided are current, were obtained directly from your insurance carrier, and have not been altered in any way. You further agree that you will be responsible for any damages, fines, fees, or other costs incurred by VendorShield or your client arising from or incurred in connection with expired documents or any changes you made to the uploaded documents.

Important - Enter correct email address and phone number for your insurance agency. VendorShield will be sending your agency an email requesting the Certificate of Insurance and required Endorsements. It will cause delays in your compliance verification if your agent does not receive VendorShield's COI request.

General Liability Ad

I Do Not Carry This Insurance Policy

A guide for your agent, should you request they load the policy information, is available at the end of this document.

		Commercial General Liability					
Vendor Category	Insurance Type	Each Occurrence	Medical Expense Limit (any one person)	Fire Damage Legal Liability (any one fire)	Personal Injury / Advertising Injury	GL Aggregate	Products & Completed Operations Aggregate
A	(Standard)	\$1,000,000	N/A	N/A	\$1,000,000	\$2,000,000	\$2,000,000
B	(Moderate)	\$1,000,000	N/A	N/A	\$1,000,000	\$2,000,000	\$2,000,000
C	(High)	\$1,000,000	N/A	N/A	\$1,000,000	\$2,000,000	\$2,000,000
D	(Professional) - licensed	N/A	N/A	N/A	N/A	N/A	N/A

		Umbrella OR Excess		Automobile			
Vendor Category	Insurance Type	Each Occurrence	Aggregate	CSL	Split Limits (Commercial/Personal)		
				Combined Single Limit (Each Accident)	Bodily Injury (per person)	Bodily Injury (per accident)	Property Damage (Per accident)
A	(Standard)			\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000
B	(Moderate)	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000
C	(High)	\$3,000,000	\$3,000,000	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000
D	(Professional) - licensed	N/A	N/A	N/A	N/A	N/A	N/A

		Workers Comp	Employer Liability Limits			Professional Liability	
Vendor Category	Insurance Type	Per Statute	Each Accident	Disease-Each Employee	Disease-Policy Limit	Per Claim/Each occurrence	Aggregate
A	(Standard)	Per Statute must be marked	\$500,000	\$500,000	\$500,000		
B	(Moderate)	Per Statute must be marked	\$500,000	\$500,000	\$500,000		
C	(High)	Per Statute must be marked	\$500,000	\$500,000	\$500,000		
D	(Professional) - licensed	N/A	N/A	N/A	N/A	\$1,000,000	\$1,000,000

Work Comp Waiver Category for sole proprietors with no employees.

Select "I Do Not Carry This Insurance Policy" to certify that you are legally not required to carry it.

Workers Compensation and Employers Liability

I Do Not Carry This Insurance Policy

Disclaimer: By selecting this option, you represent to VendorShield and your client that you are not legally required to carry workers' compensation insurance in any state in which you are performing work or may require you to obtain workers' compensation insurance.

Second, you **must enter** '0' in the first field and 'No' in the second field.

Please answer following questions before continuing

How many employees do you have? *

Do you Hire / Use Sub-Contractors? *

OK Cancel

All vendors are required to complete compliance through Vendor Shield, a component within Vendor Cafe. An annual fee of \$110 applies. This fee supports the maintenance of compliance standards, ensures the secure handling and monitoring of insurance documentation, and streamlines invoice processing for all vendors. This system is designed to protect both your business and ours by reducing risk, maintaining proper coverage requirements, and centralizing all compliance and documentation records.

Multiple Contacts

If you need or wish to add other individuals within your organization as those allowed to access vendor café you may so such under the contacts tab.

test vendor for a case
Vendor Code : v0000124

Vendor Type: Vendor | Status: Pending | Compliance Status: Non-Compliant 03/05/2026 | 100% | VS Compliance

Vendor Profile (Per Client)

- Vendor Information ✓
- Category ✓
- Contacts**
- EFT Setup ⚠
- Property ✓
- Agreement ⚠

Contacts [Add Contact] [Copy Contact]

Please do not edit any of your Contacts at the time of registration, unless an error is shown. If you don't need to create any new contacts, simply click on the 'Next' button
Principals are individuals who own 50% or more of the company.

Test Vendor	[Edit]
Test test Test	[Edit]
Test Vendor	[Edit]

Invoice Submission

Once your registration is complete, and approved by Vendor Shield in the appropriate cases, you will submit all invoices through your vendor portal. A list of our properties is under the property tab for your reference. This list can be downloaded as a PDF, excel or csv file for your convenience.

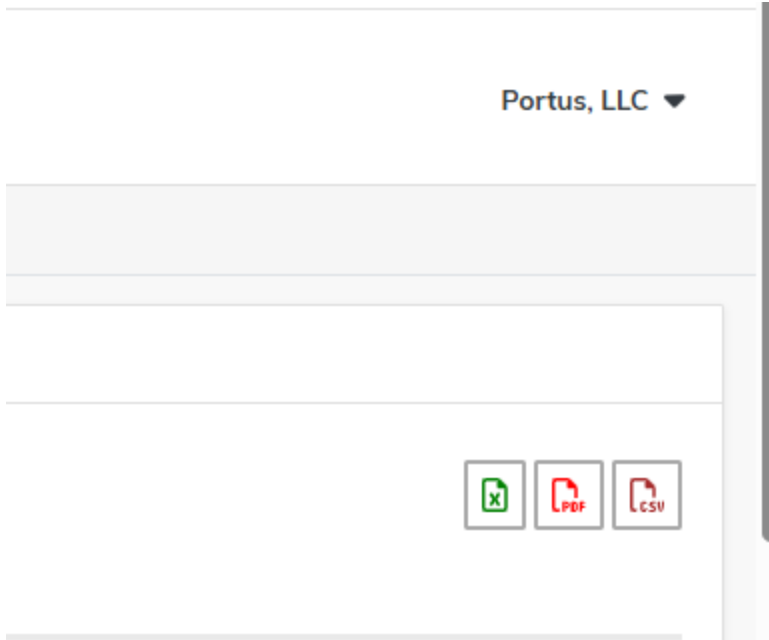
Vendor Profile (Per Client) | Overview | Invoices | Create/Upload Invoice | Work Orders | Work Order Invoicing

- Vendor Information ✓
- Category ✓
- Contacts ✓
- EFT Setup ✓
- Property**
- Agreement ✓
- License ✓
- Documents ✓
- Insurance Information ✓
- Review and Submit ✓

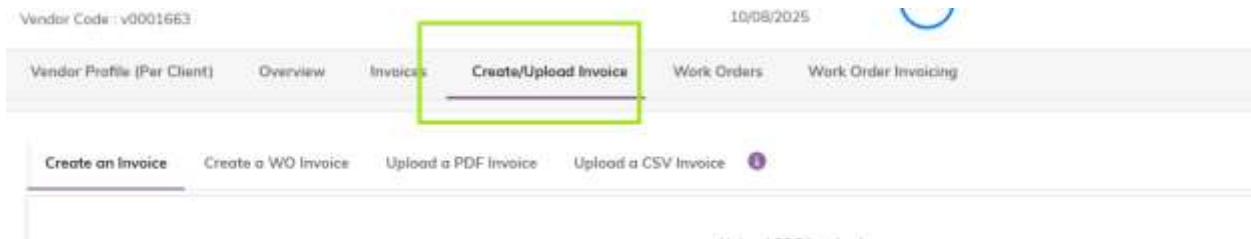
Property 153

Search

Property Code	Property Name	Property Address
1202logn	1202 Logan	1202 Logan St, Denver, CO, 80203
1360fran	1360 Franklin	1360 Franklin St, Denver, CO, 80218
1485clay	1485 Clayton	1485 Clayton St, Denver, CO, 80206
150swash	150 S Washington	150 S Washington St, Denver, CO, 80209
291lofts	291Lofts	291 Englewood Pkwy, Englewood, CO, 80110
285s	285 S Lincoln	285 S Lincoln St, Denver, CO, 80208
4801s	Acorn Square	4801 S Acorn St, Englewood, CO, 80110



To upload your invoices, go to the create/upload tab in your vendor portal.



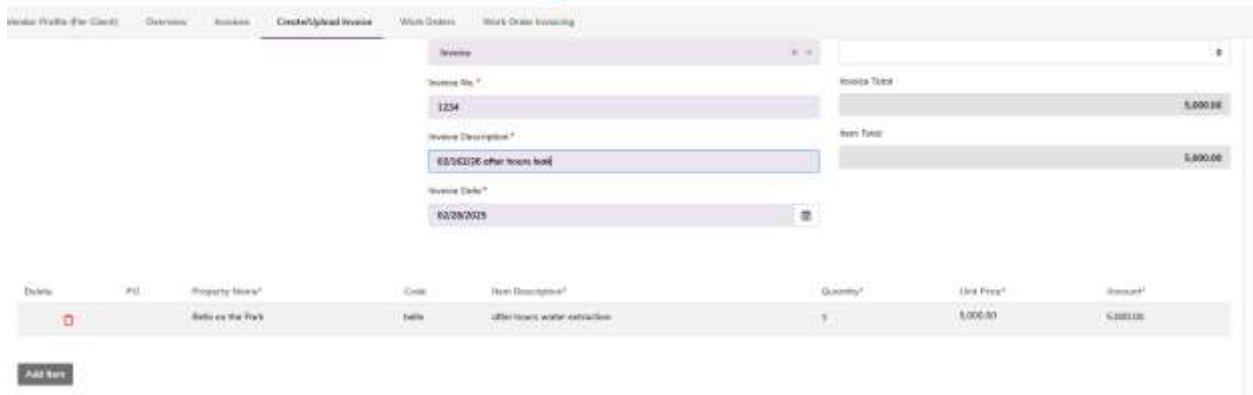
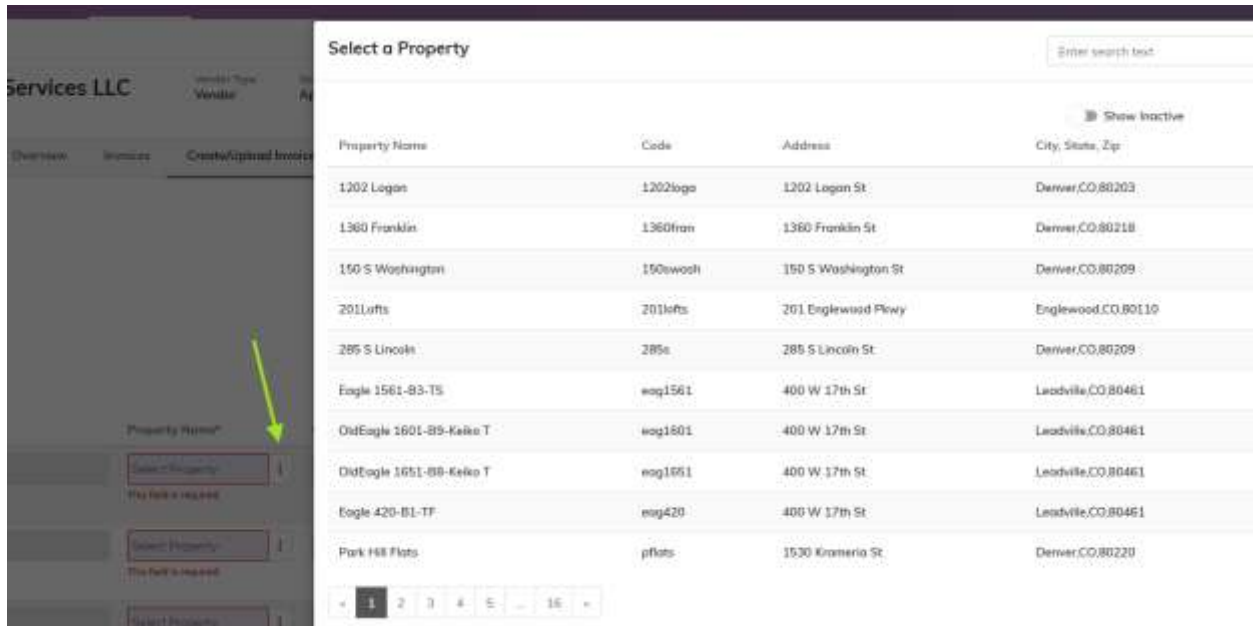
The items in purple are required, as is an invoice copy.



Scrolling down the screen shows further information that is required.



Selecting the three dots in the “select property” section will bring up a searchable menu of properties and addresses.



After all required information and a copy of the invoice have been loaded you may submit the invoice for payment processing. Please note that if, for any reason, you are not in compliance with Vendor Café or Vendor Sheild the invoices will submit but be in a hold or pending status.

You may review your invoice status and your vendor status on the Client Profiles tab.



The screenshot displays the VendorCafe web application interface. At the top, a purple navigation bar contains the VendorCafe logo and several menu items: Dashboard, Client Profiles (highlighted with a green arrow), Promote, Express, Q & A, and Help. Below the navigation bar, the breadcrumb path 'Home / Invoices' is visible. The main content area shows a summary for a 'Vendor' with a status of 'Approved' and a compliance status of 'In Compliance' with a date of '10/08/2025'. A blue circular badge indicates '100%' compliance. Below this, there are four tabs: 'Pending' (with a green arrow pointing to it), 'Paid', 'Rejected', and 'Deleted'. A search bar is present with a '6' notification badge. The main data is presented in a table with the following columns: Invoice No., Invoice Amount, PO/WO/Contract/Service Contract, and Invoice Desc.

Invoice No.	Invoice Amount	PO/WO/Contract/Service Contract	Invoice Desc
120825	1,187.50		Inv#120825
101525	2,082.50		Inv#101525
71825	2,312.50		INV 71825

Guide for Insurance Agents

CERTIFICATE OF INSURANCE INSTRUCTIONS FOR:

Portus, LLC

This packet details the Certificate of Insurance (COI) and endorsement instructions that must be validated by VendorShield to confirm the vendor meets the client's compliance requirements.

Page 1: Introductions

Page 2: Visual COI Instructions

Page 3: Endorsement Instructions

To the Insurance Agent:

- Step 1:** Review the COI/Endorsement requirements found here [AND](#) the VendorShield email you received.
(The email lists out the specific policy limit and endorsement requirements for this vendor)
- Step 2:** Upload the documents via the Producer Portal.
(Click the link found in the email and use "Drop Files to Upload" function for the fastest processing time).
Do NOT mail the certificates.

To the Vendor:

- The visual COI instructions sample found on page 2 shows what your COI should look like to be marked compliant. Pay close attention to the **highlighted** fields and notations. If your insurance documents are marked non-compliant for a specific reason, compare your COI to the visual COI instructions sample to identify the difference and work with your agent to submit a revised certificate.
- In your VendorCafe profile → "Insurance Information" Tab, you can view the numeric limits needed for each policy. If you do not meet these limits or do not have a required policy, you will have to work with your insurance agent to obtain the coverage.



VISUAL COI INSTRUCTIONS

DATE (MM/DD/YYYY)

1 ISSUE DATE SHOWN HERE MUST BE WITHIN LAST 30 DAYS.
(Industry standard is that information must be recent to be deemed valid. 30 days is the maximum timeframe in which VendorShield will accept a COI)

PRODUCER
YOUR INSURANCE AGENT'S COMPANY INFORMATION
(Note for Vendor: This information should match what you entered in your VendorCafe profile under the "Insurance Information" tab)

CONTACT NAME: INSURANCE AGENT CONTACT INFO
PHONE: **FAX:**
EMAIL:

INSURED
Note for Vendor: Your legal business name and/or your DBA, along with your corresponding address information, must be similar to what you entered into your VendorCafe profile in order to be validated as compliant.

INSURER(S) AFFORDING COVERAGE **NAIC #**
INSURER A: INSURANCE CARRIER FOR 1ST POLICY #
INSURER B: INSURANCE CARRIER FOR 2ND POLICY (IF APPLICABLE) #
INSURER C: #
INSURER D: #
INSURER E: #
INSURER F: #

2 THIS DATA IS USED TO VERIFY ENDORSEMENTS & AM BEST RATING

COVERAGES
3 ADDITIONAL INSURED & WAIVER OF SUBROGATION ENDORSEMENT FORMS ARE REQUIRED. (THE BOXES CHECKED HERE WILL NOT SUFFICE). SEE BELOW FOR MORE DETAILS.

4 LIMITS MUST MEET OR EXCEED THE AMOUNTS REQUIRED BY THE CLIENT BASED ON YOUR VENDOR INSURANCE CATEGORY. REFER TO VENDORCAFE PROFILE OR PRODUCER EMAIL INSTRUCTIONS FOR SPECIFIC NUMERIC LIMITS.

NAIC #	TYPE OF INSURANCE	ADDITIONAL ENDORSEMENTS	WAIVER OF SUBROGATION	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	To Vendor: Policy number should match what you entered in VendorCafe under the "Insurance Information" tab.	Effective Date must be for current term. (If future term, we must also have a current term on file to be compliant)	Expiration date must be in the future. (Policy will be noncompliant if it is already expired)	EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (p. 0204) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS-COMP/OP AGG \$
A	AUTO LIABILITY ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	[POLICY # HERE IF REQUIRED]	[EFFECTIVE DATE]	[EXPIRATION DATE]	COMBINED SINGLE LIMIT (per accident) \$ BODILY INJURY (per person) \$ BODILY INJURY (per accident) \$ PROPERTY DAMAGE (per accident) \$
	UMBRELLA LIAB EXCESS LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	[POLICY # HERE IF REQUIRED]	[EFFECTIVE DATE]	[EXPIRATION DATE]	EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETARY PARTNER/EXECUTIVE <input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>	[POLICY # HERE IF REQUIRED]	[EFFECTIVE DATE]	[EXPIRATION DATE]	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE-EA EMPLOYEE \$ E.L. DISEASE-POLICY LIMIT \$

Umbrella FYI

AUTO TYPE BOX MUST BE CHECKED HERE

Auto FYI

DESCRIPTION OF OPERATIONS/ LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Coverage for General Liability must be Primary and Non-Contributory

CERTIFICATE HOLDER
Portus, LLC
c/o VendorShield
PO Box 1576
Hicksville, NY 11802-1576

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
SIGNATURE

CERTIFICATE HOLDER MUST READ EXACTLY AS SHOWN:

NOTICE OF CANCELLATION REQUIRED
SIGNATURE, STAMP, OR OTHER INDICATOR FROM AUTHORIZED PARTY MUST BE SHOWN

Reference Info Below

Auto FYI

Auto Liability must show EITHER Combined Single Limit OR the 3 Split Limits. If both are present on the certificate, it will be rejected.

Umbrella FYI

Policy Type must be either Umbrella OR Excess. (Both boxes cannot be checked).
If you have an Excess/Umbrella policy that is already meeting a baseline requirement, then it cannot also be used to supplement other policies unless your Excess/Umbrella is over the required amount. Please note: Multiple Excess/Umbrella policies require a schedule of underlying insurance to verify which policies are covered and the order in which they apply.

Endorsement Form Instructions:

The following endorsement forms must be submitted for each policy. These can only be marked compliant by submitting the actual forms or equivalent policy documents. A mark on the certificate or wording in the description of operations will not suffice.

Blanket additional insured and waiver of subrogation (if applicable) are accepted.

If **scheduled**, then additional insured and waiver of subrogation (if applicable) must read as follows:

Entity(-ies) to be Named	Covered Locations
Portus, LLC c/o VendorShield PO Box 1576 Hicksville, NY 11802-1576	All Locations

Endorsement Form Tips:

- 1) **Policy/Insured Identifiers:** All endorsement forms that have sections which require policy information, must have those fields filled out with information matching either the certificate of insurance or other policy document (ex: declarations page)
 - Example: If there is a field present for effective dates, it should be filled out with dates matching the COI. If it is left blank, it will be marked non-compliant.
- 2) **Scheduled endorsement forms** (Additional Insured and Waiver of Subrogation) must include the exact language outlined in the instructions above. *Note: This is not required for blanket endorsements*
- 3) **When a Declaration Page must be submitted:**
 - If a scheduled endorsement refers to a declarations page for proof of the covered party, then that declarations page must also be submitted.
 - If a scheduled or blanket endorsement refers to a declarations page for proof that the endorsement was paid for, then that declarations page must also be submitted
- 4) VendorShield uses any version of endorsements forms, declarations pages, or the entire policy jacket to determine whether endorsement will satisfy the client requirements.

Policy Requirements:

General Liability	<ul style="list-style-type: none">• Additional Insured Ongoing Operations Form• Waiver of Subrogation Form• Primary and Non-Contributory Language or Form
Auto Liability	<ul style="list-style-type: none">• Additional Insured Form
Workers Compensation and Employers Liability	If required based on vendor category <i>(if applicable by state law)</i>
Excess/Umbrella Liability	If required based on vendor category
Professional Liability	If required based on vendor category

Other Requirements:

- ✓ **Notice of Cancellation:** All insurance policies and certificates of insurance shall either include a physical endorsement or language on the standard Accord form providing written notice for cancellation.