

CENTURY 21[®]

Judge Fite Property Management

1003 Legacy Ranch Road, Suite 102 Waxahachie, TX 75165
rentals@judgefite.com
P 972.780.5380
c21jfpm.com

VENDOR PACKET

CENTURY 21 Judge Fite Property Management is a property management company dedicated to providing world-class service to not only our customers and clients but the community as well. We are always seeking licensed and insured vendors that have high standards, take pride in their work, communicate well, and charge both fairly and competitively for their professional services.

Our vendors need to understand the uniqueness of the property management business and are required to be professionals and experts in their vocation. As a professional, we are looking for vendors who are efficient, have experience and understand the safety, risks and regulations of their industry.

Our goal is quality, cost-effective work, to ensure the properties we manage are safe, functional, and enjoyable places to live.

Please take a moment to review this vendor packet thoroughly. Please ensure all pages of this packet are completed including but not limited to the W-9 Form, the Division of Workers' Compensation Form and the Company Information Form.

Please submit completed packets to us via email to Rentals@judgefite.com.

NOTE: Your Proof of Liability Insurance Certificate *naming* **CENTURY 21 Judge Fite Property Management** as the *Certificate Holder* is required.

If you have any questions, please call our office at 972-780-5380, and a member of our staff will be happy to assist you.

We look forward to working with you in the future!

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All Contracted Vendors:

All contractors are required to carry a liability insurance policy with a minimum value of \$1,000,000.00 each occurrence and \$2,000,000.00 general aggregate. All contractors are required to provide us with a copy of their current Insurance Certificate as well as their current Workers Compensation Waiver.

Invoices for completed work must be submitted to our Waxahachie office no later than the 25th of each month. We accept invoices via mail (address listed above), email at Pmbilling@judgefite.com and/or in person. If the 25th falls on a weekend, please have your invoices to us by 12:00 PM the Friday prior. Vendor checks will be forwarded to you via regular mail on or before the 10th of each month.

We ask that you always keep the following in mind:

- If you are unable to contact the tenant within 24 hours of a service request/work order, please notify our office.
- All work exceeding the repair limit, notated on your work order must be approved by our office prior to you completing the job. Needed repairs that could cause secondary damage to the property MUST be communicated to our office immediately.
- Any additional work the tenant(s) request during your visit must be approved through our office first. Please advise the tenant to contact our office directly for their additional requests.
- Allowing access to anyone other than the resident during your visit is strictly prohibited.
- Please report anything out of the ordinary you may witness while at the property. (i.e.. excessive interior or exterior damage to the property, drug paraphernalia, unauthorized pets, etc.).

We know the "service" aspect of the industry can be quite challenging, but we thank you in advance for your loyalty and service to CENTURY 21 Judge Fite Property Management.

Respectfully,

CENTURY 21 Judge Fite Property Management Team

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To better serve you and your company, please complete this form with the requested information below.

Mailing Address: _____

City, State, Zip: _____

Contact Person: _____

Business Phone: _____ Cell: _____

Email: _____

Notes: _____

Please note that all work orders are submitted to vendors via email.
Please immediately contact our office at 972-780-5380 if you are unable to receive the requested work via email.

TEXAS DEPARTMENT OF INSURANCE, DIVISION OF WORKERS' COMPENSATION (TDI-DWC)
7551 Metro Center Drive, Suite 100
Austin, Texas 78744

DO NOT SEND THIS AGREEMENT TO TDI-DWC

If you are not certain whether all parties meet the requirements for entering into this agreement, you may wish to consult an attorney.

Texas Workers' Compensation Act, Texas Labor Code, Section 406.121(2) defines "independent contractor" as follows: (1) "Independent contractor" means a person who contracts to perform work or provide a service for the benefit of another and who ordinarily: (A) acts as the employer of any employee of the contractor by paying wages, directing activities, and performing other similar functions characteristic of an employer-employee relationship; (B) is free to determine the manner in which the work or service is performed, including the hours of labor or method of payment to any employee; (C) is required to furnish or have his employees, if any, furnish necessary tools, supplies, or materials to perform the work or service; and (D) possesses the skills required for the specific work or service.

**AGREEMENT BETWEEN GENERAL CONTRACTOR AND SUBCONTRACTOR
TO ESTABLISH INDEPENDENT RELATIONSHIP**

Notice of Agreement

The undersigned General Contractor and the undersigned Subcontractor hereby declare that:

- (A) the Subcontractor meets the qualifications of an Independent Contractor under Texas Workers' Compensation Act, Texas Labor Code, Section 406.121;
- (B) the Subcontractor is operating as an independent contractor as that term is defined under Section 406.121 of the Act;
- (C) the Subcontractor assumes the responsibilities of an employer for the performance of work; and
- (D) the Subcontractor and the Subcontractor's employees are not employees of the General Contractor for purposes of the Act.

TERM (DATES) OF AGREEMENT: FROM: _____
TO: _____

Name of General Contractor

Name of Subcontractor

LOCATION OF EACH AFFECTED JOB SITE (OR STATE WHETHER
THIS IS A BLANKET AGREEMENT):

Estimated number of employees affected:

THIS AGREEMENT SHALL TAKE EFFECT NO SOONER THAN THE
DATE IT IS SIGNED.

Texas Labor Code, Texas Workers' Compensation Act, Section 406.122 (b).

General Contractor's Affirmation

If the General Contractor's workers' compensation carrier changes during the effective period of coverage, it is advisable for the General Contractor to file this form with the new insurance carrier.

Federal Tax I. D. Number

Signature of General Contractor

Date

Address (Street)

Printed Name of General Contractor

Address (City, State, Zip)

Subcontractor's Affirmation

Federal Tax I. D. Number

Signature of Subcontractor

Date

Address (Street)

Printed Name of Subcontractor

Address (City, State, Zip)

The General Contractor should retain the original. The Subcontractor should also retain a copy of the agreement. This form may be provided to the insurance carrier.

