



www.alliantproperty.com

Dear Vendor:

Alliant Property Management has been selected by your association to provide management services.

In order to allow for a smooth transition to the Alliant Accounts Payable Department, and ensure invoices are processed and paid in a timely manner, guidelines for invoice submission have been provided on the following page.

In addition, although you may have had an established history with your current association as a vendor, it is quite possible that you are beginning a relationship with Alliant.

We look forward to this relationship with you, and would like to make sure all necessary documentation has been collected and placed on file for you.

Please, at your earliest convenience, complete the Vendor Document Request, and submit as a PDF attachment to:

Amy.Scafidi@Alliantproperty.com

Please note that all documentation required in the Vendor Document Request must be submitted before invoices can be processed and paid.

It is with the sincerest pleasure that you are welcomed to Alliant Property Management.

Alliant Property Management Accounts Payable Department
(239) 454-1101



www.alliantproperty.com

To whom it may concern:

Alliant Property Management utilizes Strongroom to process accounts payable invoices. Please follow the instructions below to forward invoices directly to Strongroom.

Only invoices will be processed. Please send quotes, estimates, etc. directly to the CAM for proper review.

All invoices must be clearly billed to the Association. Please indicate the name of the association in the "Bill to" section.

Strongroom will only accept invoices in PDF format.

The invoice must be sent as a PDF attachment only, and not be contained within a link.

Each invoice must be sent as its own PDF attachment, only one invoice per PDF.

Please send all invoices as PDF attachments to alliantinvoices@payableslockbox.com

Please note that this is an unmonitored email address, and any information contained within the body of your email will not be addressed.

If you choose to send your invoice via USPS, please use the following format:

The regular/postal mail address for
invoices: "Association Name"
Dept 567 – Alliant Property Management LLC
PO Box 4579
Houston, TX 77210-4579

If you have any questions, please feel free to contact our offices at:
239-454-1101.

Best Regards –
Alliant Property Management Accounts Payable

13831 Vector
Avenue
Fort Myers, FL
33907
Office: 239-454-
1101
Fax 239-454-
1147

The Team Approach to Association Management
Visit the Alliant web site: www.alliantproperty.com

Vendor Document Request

Thank you for your interest in doing business with your association and Alliant Property Management, LLC. As a condition to conducting business with the association and Alliant Property Management, you are required to submit the requested documents to Alliant Property Management.

Vendor agrees as follows is:

SUPPLIER	PERFORMING WORK	PROFESSIONAL
Documents needed: • W-9 Form	Documents needed: • W-9 Form • General Liability Certificate of Insurance • Worker's Comp. Certificate of Insurance Certificate Holder must appear as: Alliant Property Management, LLC	Documents needed: • W-9 Form

Vendor agrees to the following:

INSURANCE REQUIREMENTS (if applicable):

- Certificates of Insurance must be on form # ACORD 25 (2016/03) or (2014/01). Any other versions of this form are invalid and will not be accepted.
- Certificate Holder must appear as:

Alliant Property Management, LLC (APM)

- The minimum requirement for General Liability coverage for APM and Association is \$1,000,000
- The minimum requirement for Worker's Compensation coverage for APM and Association is \$500,000.
- Association and APM as Certificate Holders must be added as additional insured on all liability policies.
- The Insurance Certificate must show subrogation waiver on behalf of Association and APM for all liability and worker's compensation policies. Please see the attached Certificate of Insurance Example for guidance.
- In the event that Vendor and Association have a written agreement that contains no insurance requirements, conflicts with the foregoing insurance language, or no written agreement exists between the Association and Vendor, the following insurance language shall control
"Vendor shall cause Association and its property manager, APM, to be included as additional insureds on a primary and non-contributory basis on all of its commercial general liability insurance policies (both primary and excess/umbrella). Vendor's insurers shall not seek contribution from the Association's insurers or its property manager's insurers. Vendor's insurers shall waive their right to subrogation against Association and its property manager and their insurers."

No Work can commence until all required documents are received and approved by APM. Please add us to your distribution list whenever your policies renew or change.

If you have any questions or are unable to comply with this request, please do not hesitate to contact me.

Sincerely,

Alliant Property Management, LLC

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.

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> 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 FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
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. Also see *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.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

xx/xx/xxxx

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 INSURANCE COMPANY XXX MAIN STREET USA	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
INSURED VENDOR	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	NAIC #	
	INSURER A :	
	INSURER B :	
	INSURER C :	
INSURER D :		
INSURER E :		
INSURER F :		

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	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						EACH OCCURRENCE	\$ 1,000,000.00
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
							MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$
							GENERAL AGGREGATE	\$
							PRODUCTS - COMP/OP AGG	\$
								\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			N/A			COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			N/A			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			N/A			WC STATUTORY LIMITS	500,000.00
							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)

CERTIFICATE HOLDER**CANCELLATION**

Alliant Property Management

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