

# WESTWOOD RESIDENTIAL

## Newman Village

4444 Felix Way

Frisco, Texas 75034

Subcontractor/Supplier

Vendor Compliance

Enrollment Instructions

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## VENDOR COMPLIANCE

Thank you for your interest in a working with Westwood Residential Builders.

Westwood partners with Compliance Depot, to conduct Subcontractor/Supplier credentialing and due diligence, before beginning a working relationship.

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### COMPLIANCE DEPOT ENROLLMENT

To begin Compliance Depot enrollment and screening:

1. Contact Compliance Depot at 888-493-6938. Company information and an annual Compliance Depot enrollment and subscription fee, are required. Inform Compliance Depot of the company's Industry/Line of service, and the name(s) of the Construction Project(s) where work will be performed.
2. Submit documents to Compliance Depot by e-mail at [documents@compliance depot.com](mailto:documents@compliance depot.com), by fax to 877-665-8910, or online at [www.compliance depot.com](http://www.compliance depot.com). Compliance Depot will provide a username and password during enrollment.

All Suppliers and Subcontractors	<input type="checkbox"/> Enroll with Compliance Depot <input type="checkbox"/> W-9, <a href="http://www.irs.gov/w9">www.irs.gov/w9</a> <input type="checkbox"/> State License by Industry, if applicable
In Addition, Subcontractors Provide	<input type="checkbox"/> General Liability Insurance <input type="checkbox"/> Additional Insured Endorsement(s) <input type="checkbox"/> Umbrella/Excess Liability Insurance <input type="checkbox"/> Auto Liability Insurance <input type="checkbox"/> Worker's Compensation Insurance

3. Each company's status begins as "Not Enrolled". Annually, the goal is to achieve and maintain an "Approved" status. Use the Compliance Depot login provided during enrollment, to regularly review your company's compliance status at [www.compliance depot.com](http://www.compliance depot.com), or call Compliance Depot at 888-493-6938, and reference your 6-digit Compliance Depot Vendor ID for assistance.

**VENDOR COMPLIANCE**

**FREQUENTLY ASKED QUESTIONS**

If the answer to your question is not listed below, contact Compliance Depot at 888-493-6938 for assistance.

Q: What does the Compliance Depot enrollment fee cover?

A: The annual Compliance Depot subscription fee covers processing and warehousing the vendors documents as well as, extensive screening procedures for Westwood Builders, not limited to background and criminal checks; government watch list searches, professional license verification, liens/judgments/bankruptcies, and Tax ID number verification.

Q: I have already enrolled with Compliance Depot and am an approved supplier for a different Compliance Depot client. Why do I need to enroll for Westwood Builders too?

A: Each company has different compliance requirements. Complete the enrollment process for Westwood Builders to ensure that your company meets Westwood's requirements by Industry or line of service.

Q: How long does it take Compliance Depot to process documents?

A: Approximately 3 business day. This process restarts each time a new document is submitted for review.

Q: I have submitted all documents, but I am still not "Approved", what should I do?

A: Contact Compliance Depot directly at 888-493-6938, reference your 6-digit Compliance Depot Vendor ID, or log in to [www.compliancedepot.com](http://www.compliancedepot.com) using username and password provided at initial setup to determine what items are outstanding or incomplete.

Q: What does it mean when my Additional Insured Endorsement "verbiage" is incorrect?

A: Double check your Additional Insured Language, see the sample COI at the back of this packet. The Certificate Holder and listed entities must be spelled exactly as shown.

Endorsements could be missing - An endorsement is proof that your insurance carrier has added Westwood and its affiliates as additional insureds to your policy. Endorsements must be attached to your policy and reflect the entities exactly as shown on the sample COI.

Contact Compliance Depot directly at 888-493-6938, reference your 6-digit Compliance Depot Vendor ID, to determine what items are being failed.

Compliance Depot can conference your Insurance Agent on the call.

**VENDOR COMPLIANCE**

**NOTICE TO INSURANCE AGENTS**

- \_\_\_ Submit a Certificate of Insurance, please see the attached example for correct additional insured verbiage.
- \_\_\_ Attach a copy of the General Liability Additional Insured Endorsement. (Ensure that all parties have been included as additional insured as permitted by law.)
- \_\_\_ Attach a copy of the General Liability On Going Operations Endorsement.
- \_\_\_ Attach a copy of the General Liability Completed Operations Endorsement.
- \_\_\_ Attach a copy of the General Liability Primary and Non-Contributory Endorsement.
- \_\_\_ Attach a copy of the General Liability Waiver of Subrogation. (“As per Contract”)
- \_\_\_ Attach a copy of the Auto Liability Additional Insured Endorsement. (Ensure that all parties have been included as additional insured as permitted by law.)
- \_\_\_ Attach a copy of the Workers Compensation Waiver of Subrogation. (“As per Contract”)

The Workers Compensation policy protects your Insured’s employees, proprietors, partners, executive officers, and members of the Named Insured’s organization, as per contract. ***Please “N” the box.***

Reflect the additional insureds, see attached, on all policies as permitted by law. Excess/Umbrella to follow form in regard to additional insured status on the General Liability, Auto Liability policies as permitted by law and in regard to waiver of subrogation on all policies as permitted by law.

**INSURANCE AGENTS PLEASE READ:**

If your insured has a scheduled endorsement, all parties must be included in the schedule and a copy of endorsements must be submitted along with the certificate. **Send endorsements with Renewal COIs, as well.**

If your insured has a blanket endorsement, it must always be submitted with the COI.

Language regarding additional insured and waiver of subrogation status does not need to be reflected in the Description of Operations section of the certificate; you can always use the Additional Remarks Schedule.

VENDOR COMPLIANCE

SAMPLE ENROLLMENT LETTER

«Vendor»

Compliance Depot Vendor ID -

«Address»

«City», «State» «Zip»

Hablamos Español

Dear Valued Partner,

**Westwood Builders** has selected you to be one of our Preferred Vendor Partners.

We are requesting that you enroll in our vendor credentialing program administered by Compliance Depot. They specialize in managing the credentialing process by reviewing and storing documents such as insurance certificates, licenses and W-9's.

The annual enrollment fee is only \$\_\_\_\_\_ for onsite vendors or \$\_\_\_\_\_ for offsite vendors. To learn more and begin your enrollment, click the link below and use the username and password to login. If you need assistance, call Compliance Depot at 888-493-6938.

Please log into your account with the following credentials:

Click this link: [www.compliance depot.com](http://www.compliance depot.com)

User Name: «UserName»

Password: (Please click the 'Forgot my password' link if you have forgotten your password.)

Check Out the Benefits!



**It's Accessible**

Everything you need to know to become a preferred Vendor Partner will be at your finger tips.



**It's Streamlined**

You only have to submit your paperwork once regardless of how many of our locations you service.



**It's Marketable**

You will have online exposure to nearly 200 property management companies looking for vendors that need your type of service.

We look forward to partnering with you to help us maintain and improve our properties.

Sincerely,

**Westwood Builders**

VENDOR COMPLIANCE

SAMPLE CERTIFICATE OF INSURANCE



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)

**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	CONTACT NAME: PHONE (A/C, No, Ext) _____ FAX (A/C, No) _____ E-MAIL _____ ADDRESS: _____
INSURED	INSURERS AFFORDING COVERAGE _____ NAIC # _____ INSURER A: <b>(Insurer must have an AM Best Rating of A- or higher.)</b> 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.**

INS R LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF DATE(MM/ DD/YY)	POLICY EXP DATE(MM/DD/ YY)	LIMITS
	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> _____ <input type="checkbox"/> _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC	X	X				EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>50,000</b> MED EXP (Any one person) \$ <b>5,000</b> PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>2,000,000</b> PRODUCTS-COMP/OP AGG \$ <b>2,000,000</b>
	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> _____	X		<b>ANY AUTO Or HIRED AUTOS And NON-OWNED AUTOS</b>			COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b> BODILY INJURY (Per person) \$ _____ BODILY INJURY (Per accident) \$ _____ PROPERTY DAMAGE (Per accident) \$ _____
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$	X					EACH OCCURRENCE \$ <b>1,000,000</b> AGGREGATE \$ <b>1,000,000</b>
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		X				<input checked="" type="checkbox"/> WC STATU-ORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ <b>1,000,000</b> EL DISEASE-EA EMPLOYEE \$ <b>1,000,000</b> EL DISEASE-POLICY LIMIT \$ <b>1,000,000</b>

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)**

**Attach a copy of the General Liability; Automobile Liability Additional Insured Endorsement(s) reflecting the following: WESTWOOD RESIDENTIAL COMPANY; WESTWOOD RESIDENTIAL FOUR COMPANY; WESTWOOD ADVISORY SERVICES, INC. AND AFFILIATES, SPECIFIED PROPERTIES LXXII LP, WESTWOOD RESIDENTIAL 72 LP, WESTWOOD RESIDENTIAL GP 72 LLC, WESTWOOD RESIDENTIAL BUILDERS 72 LP, WESTWOOD RESIDENTIAL BUILDERS GP 72 LLC have been included as additional insured on all policies as permitted by law. Excess/Umbrella to follow form in regard to additional insured status on the General Liability, Auto Liability policies as permitted by**

law and in regard to waiver of subrogation on all policies as permitted by law.  
Attach a copy of the General Liability On Going Operations Endorsement.  
Attach a copy of the General Liability Completed Operations Endorsement.  
The above Workers Compensation policy protects all employees, proprietors, partners, executive officers, and members of the Named Insured organization.  
Attach a copy of the General Liability Primary and Non-Contributory Endorsement.  
Attach a copy of the General Liability; Workers Compensation Waiver of Subrogation Endorsement(s) reflecting the following: A waiver of subrogation have been issued in favor of WESTWOOD RESIDENTIAL COMPANY; WESTWOOD RESIDENTIAL FOUR COMPANY; WESTWOOD ADVISORY SERVICES, INC. AND AFFILIATES, SPECIFIED PROPERTIES LXXII LP, WESTWOOD RESIDENTIAL 72 LP, WESTWOOD RESIDENTIAL GP 72 LLC, WESTWOOD RESIDENTIAL BUILDERS 72 LP, WESTWOOD RESIDENTIAL BUILDERS GP 72 LLC on the General Liability, and Workers Compensation/Employee Liability as permitted by law. INSURANCE AGENTS: If your insured has a scheduled endorsement, the aforementioned parties must be included in the schedule and a copy of endorsement must be submitted along with the certificate. If your insured has a blanket endorsement, it must also be submitted along with the certificate. Language regarding additional insured and waiver of subrogation status does not need to be reflected in the Description of Operations section of the certificate.

**CERTIFICATE HOLDER**

**Westwood Residential Builders Two Company and/or per contract  
c/o Compliance Depot  
P.O. Box 115006  
Carrollton, TX 75011  
Fax: (877) 665-8910  
Email: documents@compliancedepot.com**

**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