



4400 Bayou Blvd 58-B, Pensacola, FL 32503

Call or Text 850-473-3983

info@PensacolaRealtyMasters.com

www.PensacolaRealtyMasters.com

Realty Masters of FL New Vendor Packet

Thank you for your interest in becoming a Realty Masters approved vendor! With over 900 rental properties, we're always looking for reliable partners. To join our vendor network, please complete and return the attached vendor packet.

____ A copy of your business license for counties your business operates in

____ A copy of your Certificate of Liability Insurance

a. ____ Proof of Workers Compensation coverage **OR**

b. ____ Valid Workers Compensation Exempt card **AND** C. ____ Vendor Liability Statement (attached)

____ W-9 Tax form (attached)

____ Vendor Information Form (attached)

____ Vendor Broker Agreement (attached)

____ EPA Certification, if applicable (yes / no)

____ Copy of Authorized Signer's Driver's License

Return this checklist with your new vendor packet. An incomplete package will not be considered.

Please note that some forms must be notarized. We have a notary on staff—please call ahead to schedule a time if you'd like to complete them at our office.

Workers' Compensation Requirements

Florida's workers' compensation laws vary depending on the type of business entity, number of employees, and industry, which can create confusion. However, all vendors performing work on Realty Masters of FL properties must either:

Provide a valid Certificate of Workers' Compensation Insurance, OR Be listed on Sunbiz.org as an owner/officer and provide proof of a valid Florida Workers' Compensation Exemption Certificate. If a vendor is not exempt and does not carry a valid workers' compensation policy, they are not permitted to perform any work on Realty Masters-managed properties.

Note: All individuals listed on Sunbiz as part of a business entity (LLC, Corporation, etc.) may apply for a workers' compensation exemption through the State of Florida. If your business is not properly exempt or insured, you must not be on site performing labor.

Please contact our office should you have any further questions. You reach contact us Monday – Friday at (850) 473 3983 or email us at info@PensacolaRealtyMasters.com. We look forward to working with you!

Updated June 2025

Realty Masters of FL Vendor Information Form

LEGAL COMPANY NAME: _____

VENDOR NAME: _____ CONTACT: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

TYPE OF ENTITY: CORP _____ PSHIP _____ SOLE PROP _____ FEDERAL TAX I.D. #: _____

Company Information

-Do you have current workers compensation or exemption card? _____

-What counties do you have a business tax receipt in? (*circle*) Escambia / Santa Rosa / Okaloosa / State license

-Are you or your company EPA certified? YES / NO Expiration: _____

-Do you provide after-hours or weekend service? _____

Tell us about your team. How many employees do you have (beside yourself)? _____

-Do you subcontract out work? YES / NO _____

-Do you do background checks on your employees? YES / NO _____

-Due to Miyah's law and the safety of our residents, we do not allow sex offenders to work on our properties.

Are you or any one in your company a registered sex offender: YES / NO _____

Please include a comprehensive list of services you provide: _____

I CERTIFY THAT THE ABOVE IS TRUE AND CORRECT AND THAT I AM AN AUTHORIZED COMPANY REPRESENTATIVE. I AGREE THAT I WILL NOT HOLD THE PROPERTY MANAGEMENT COMPANY, ITS AGENTS, EMPLOYEES OR ASSIGNS LIABLE FOR THE PAYMENT FOR ANY WORK PERFORMED OR MATERIALS PROVIDED FOR THE PROPERTIES WHICH ARE OR WERE MANAGED BY THE PROPERTY MANAGEMENT COMPANY. I AGREE TO SUBMIT INVOICES FOR WORK PERFORMED WITHIN THIRTY (30) DAYS OF COMPLETION OF THE WORK.

EXECUTED this _____ day of _____ 20_____

VENDOR SIGNATURE

VENDOR PRINTED NAME

Realty Masters of FL Vendor/ Broker Agreement

This agreement is made this ____ day of _____ 20__ by and between **Realty Masters of FL**, hereinafter BROKER and _____, hereinafter VENDOR.

VENDOR agrees that BROKER has no ownership interest in the properties managed by BROKER. VENDOR agrees that BROKER is an agent of the respective owners of the managed properties. VENDOR agrees to hold BROKER, its employees, agents and assigns harmless for any failure of any property owner to pay for services, supplies, parts, material and/or labor ordered by owner and/or BROKER on behalf of or at the request of owner. VENDOR agrees that they shall do no other work on the property other than that specifically ordered and approved by owners and/or BROKER. VENDOR understands and agrees that the Tenant(s) have no authority whatsoever to order any work to be done on the rental premises.

VENDOR agrees to look solely to the owner of the premises where services are performed in the event of any outstanding balances and/or disputes. Owner's name and address will be provided upon request. VENDOR agrees to submit invoices to BROKER for work performed within thirty (30) days of completion of the work. VENDOR further acknowledges that BROKER is routinely audited by its workers' compensation insurance provider and that maintaining current insurance documentation is a condition of continued payment.

VENDOR agrees to ensure all insurance records remain up to date and to notify their insurance provider to submit any policy changes directly to BROKER. Failure to provide timely insurance documentation may result in delayed or withheld payment for services rendered.

VENDOR agrees and affirms that it carries the proper insurance, licenses, and permits necessary to legally carry out the requested services and agrees to hold BROKER, its employees, agents and assigns harmless for any injuries suffered by or damages suffered by VENDOR, its employees, agents and/or assigns arising out of performance of the requested services.

EXECUTED this ____ day of _____ 20__

VENDOR

BROKER

STATE OF FLORIDA

COUNTY OF _____

Sworn to (or affirmed) and subscribed before me, by means of physical presence or online notarization, this ____ day of _____, 20__, by _____, who is personally known to me or who has produced _____ as identification.

Notary Public, State of Florida (SEAL)

Printed Name of Notary

COMMISSION# _____ **COMMISSION EXPIRATION DATE** ____/____/____

Updated June 2025

Realty Masters of FL Vendor Liability Statement

(To be completed if you have workers' compensation exemption)

I, _____, AGREE THAT I AM AN INDEPENDENT CONTRACTOR WORKING UNDER A WORKERS COMPENSATION "EXEMPT" STATUS.

I AGREE THAT I WILL NOT BRING ANY OTHER WORKERS OR FAMILY MEMBERS TO WORK AT JOB SITES ASSIGNED TO ME BY REALTY MASTERS OF FLORIDA.

VIOLATION OF THIS AGREEMENT WILL RESULT IN THE TERMINATION OF ANY WORK BEING ASSIGNED TO YOU BY REALTY MASTERS UNTIL PROOF OF WORKERS COMPENSATION INSURANCE IS PROVIDED.

EXECUTED this ____ day of _____ 20 ____

VENDOR SIGNATURE

VENDOR PRINTED NAME

STATE OF FLORIDA
COUNTY OF _____

Sworn to (or affirmed) and subscribed before me, by means of physical presence or online notarization, this ____ day of _____, 20 ____, by _____, who is personally known to me or who has produced _____ as identification.

Notary Public, State of Florida (SEAL)

Printed Name of Notary

COMMISSION# _____ COMMISSION EXPIRATION DATE ____/____/____

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 <i>Specific Instructions</i> 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. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> 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. <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 Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ <i>(Applies to accounts maintained outside the United States.)</i>	
	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 _____ <input type="checkbox"/>		
	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.

Social security number									
-				-					
or									
Employer identification number									
-									

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.

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
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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



CHIEF FINANCIAL OFFICER
JEFF ATWATER
STATE OF FLORIDA

Educational Information

Determining Workers' Compensation Coverage for Sole Proprietors and Partners Engaged in the Non-Construction Industry

The purpose of this notice is to assist and educate the public who may consider doing business with sole proprietors and partners engaged in the non-construction industry.

Section 440.02 of Florida's Workers' Compensation law defines an employer and an employee. The type of work the employer is conducting and the number of employees working for the employer determines whether the employer is required to obtain workers' compensation insurance.

A sole proprietor or partner engaged in the non-construction industry who employs three or fewer full or part-time employees, is NOT required to obtain workers' compensation coverage. In addition, the sole proprietor or partner engaged in the non-construction industry is NOT included in the employee count for determining whether the non-construction business is required to obtain workers' compensation coverage.

However, if the sole proprietor or partner engages in a construction-related activity as defined in subsection 440.02(8), Florida Statutes, or in Rule 69L-6.021, Florida Administrative Code, the business must comply with the workers' compensation coverage requirements for the construction industry.

This notice does not apply to a corporate officer as defined in subsection 440.02(9), Florida Statutes.

This notice is not intended to establish independent contractor status as defined in subsection 440.02(15), Florida Statutes.

If you have any questions, please call (850) 413-1609. To learn more about Florida's workers' compensation coverage requirements, visit the Division of Workers' Compensation's website at www.myfloridacfo.com/Division/wc/.

VENDOR PAY SCHEDULE



2025

☆ Invoices Due By ○ Vendor Pay Day

JANUARY

S	M	T	W	T	F	S
			1	2	3	4
5	6	☆7	8	9	○10	11
12	13	14	15	16	17	18
19	20	☆21	22	23	○24	25
26	27	28	29	30	31	

FEBRUARY

S	M	T	W	T	F	S
						1
2	3	☆4	5	6	○7	8
9	10	11	12	13	14	15
16	17	☆18	19	20	○21	22
23	24	25	26	27	28	

MARCH

S	M	T	W	T	F	S
						1
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16	17	☆18	19	20	○21	22
23	24	25	26	27	28	29
30	31					

APRIL

S	M	T	W	T	F	S
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6	7	8	○9	10	11	12
13	14	15	16	17	18	19
20	21	☆22	23	24	○25	26
27	28	29	30			

MAY

S	M	T	W	T	F	S
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4	5	☆6	7	8	○9	10
11	12	13	14	15	16	17
18	19	☆20	21	22	○23	24
25	26	27	28	29	30	31

JUNE

S	M	T	W	T	F	S
1	2	☆3	4	5	○6	7
8	9	10	11	12	13	14
15	16	☆17	18	19	○20	21
22	23	24	25	26	27	28
29	30					

JULY

S	M	T	W	T	F	S
		1	2	3	☆4	5
6	7	8	○9	10	11	12
13	14	15	16	17	18	19
20	21	☆22	23	24	○25	26
27	28	29	30	31		

AUGUST

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					1	2
3	4	☆5	6	7	○8	9
10	11	12	13	14	15	16
17	18	☆19	20	21	○22	23
24	25	26	27	28	29	30
31						

SEPTEMBER

S	M	T	W	T	F	S
	1	2	3	4	☆5	6
7	8	○9	10	11	12	13
14	15	16	17	18	19	20
21	22	☆23	24	25	○26	27
28	29	30				

OCTOBER

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5	6	☆7	8	9	○10	11
12	13	14	15	16	17	18
19	20	☆21	22	23	○24	25
26	27	28	29	30	31	

NOVEMBER

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9	10	11	12	13	14	15
16	17	☆18	19	20	○21	22
23	24	25	26	27	28	29
30						

DECEMBER

S	M	T	W	T	F	S
	1	2	3	☆4	5	6
7	8	○9	10	11	12	13
14	15	16	17	18	19	20
21	22	☆23	24	25	○26	27
28	29	30	31			

INVOICE REMINDERS

Please include the following information on your invoices:

- Invoice number
- Complete address
- Date of completion
- Itemized cost breakdown
- Any estimates for suggested repair or replacement needed
- Property Managers name if known

PAYMENT REMINDERS

- Allow up to 30 days after the the invoice is submitted for payment.
- Any repairs over \$200 must be approved by the owner prior to completion.
- Your check will be mailed to you by the scheduled pay date.
- Checks will not be printed if your license and insurance information is not up to date.

We are here to help! Please reach out anytime.

Whether you are having issues with scheduling with the resident or getting the job completed timely, reach out so we can work together to resolve the issue.

Do you have a portal on Rentvine? Ask us to send you an invitation if not.

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