

Please take the time to read this Agreement carefully

SERVICE PROVIDER INFORMATION

| | | | |
|--|--|--------------------------------------|-----------|
| Company Name: | | | |
| Mailing (Street) Address: | City: | State: | Zip Code: |
| Business Owner's Name: | Contact Name and Position (if different than Owner): | | |
| Main Office Telephone: () | Alternate Phone Number: () | Fax Number: () | |
| E-mail Address for General Correspondence: | | E-mail Address for Dispatching Work: | |

RATES, AVAILABILITY and PERSONNEL
Hourly Rate

Service Provider agrees to \$ _____ per hour (may charge 1 hour minimum for Service Call with subsequent hours prorated).

| | | | | | | | | | | | | | | |
|--|------------------------------|------------------------------|------------------------------|-----------------------------|-----------|------------------------------|-----------------------------|-----------|------------------------------|-----------------------------|------------------------------|------------------------------|-----------------------------|---|
| <table border="1"> <tr> <td rowspan="4" style="text-align: center; vertical-align: middle;">Do you provide service on?</td> <td>Nights:</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td>Weekends:</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td>Holidays:</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td>Do You Have an Office Staff?</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> </table> | Do you provide service on? | Nights: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Weekends: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Holidays: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Do You Have an Office Staff? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | # of Service Technicians: _____ Do You Wear Uniforms? <input type="checkbox"/> Yes <input type="checkbox"/> No # of Service Vehicles: _____ Are Your Vehicles Marked? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you provide service on? | | Nights: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | | | | | | | | |
| | | Weekends: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | | | | | | | | |
| | | Holidays: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | | | | | | | | |
| | Do You Have an Office Staff? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | | | | | | | | | |

SERVICE EXPECTATIONS AND AGREEMENT

As an Independent Network Service Provider, you must adhere to certain requirements as a result of this Agreement. To accept/perform work dispatched by ORHP, you must:

1. Be licensed in good standing and qualified under applicable laws and regulations for the communities (state, county, and/or city as required) and trades in which you service.
2. Provide a copy of your license(s) to us and update immediately upon expiration, suspension, revocation, termination, or renewal. Service Provider agrees not to accept any work for trades in which they are not licensed in good standing.
3. Maintain insurance as outlined on Page 2 of this Agreement and in the *Service Guide* (Page 12).
4. Notify ORHP immediately upon any change in licensing status, Liability/Worker's Compensation Insurance, or any factor(s) that affect your ability to complete work according to applicable statutes, requirements, and/or ORHP expectations.
5. Not subcontract any work.
6. Hold Old Republic Home Protection Co, Inc., harmless from any and all liability associated with work performed.
7. Provide an accurate, honest, and complete diagnosis for every job dispatched.
8. Meet trade industry standards on work performed and materials used to effect repairs and/or replacements.
9. Obtain permits as required by applicable government and regulatory agencies.
10. Contact the appropriate party within four hours (and no more than 24 hours) after receipt of work order to schedule the appointment.
11. Initiate service, under normal circumstances, within 48 hours of receipt of a work order.
12. Obtain authorization from ORHP prior to initiating repair(s) if the total cost will exceed your authorization limit.
13. Not make coverage determinations, authorize work to be performed, or otherwise act as an agent on behalf of ORHP.
14. Guarantee work performed for 30 days.
15. Charge and pay taxes to any appropriate taxing authority on all services you provide as an ORHP Independent Service Provider.
16. Read and agree to the guidelines set forth in the *Service Guide*, including ORHP's Privacy Policy (Page 13).

I am an authorized representative of the Service Provider named above. I understand and agree to the terms and conditions set forth in this Agreement. Service Provider and ORHP have the right to cancel this Agreement at any time and for any reason.

| | |
|-------------------------------------|-----------------------------------|
| Written Name (First and Last Name): | Position or Title in the Company: |
| Signature: | Date Signed: |

GENERAL LIABILITY INSURANCE

Please do not provide this information until we have approved your New Service Provider Application packet. Once approved, a Declaration of Coverage and endorsements that confirm the following coverage is in force are required.

Service Providers are to maintain and provide proof of the following:

- ✓ **Commercial Policy with a Declaration showing:**
 - Named Insured, Policy Period, Policy Number, and Name of Insurer
 - General Liability limits of at least \$1,000,000 per occurrence and \$2,000,000 in aggregate
 - Naming Old Republic Home Protection Co., Inc. as both Additional Insured and Certificate Holder

- ✓ **CG2010: Owners, Lessees or Contractors – Scheduled person or organization (or equivalent form)**
[Ongoing Operations]
 - ✓ Naming Old Republic Home Protection Co., Inc. as Additional Insured
 - ✓ Indicating Locations of Covered Operations: Various

- ✓ **CG 2037 - Owners, Lessees or Contractors (or equivalent form):**
 - ✓ [Completed Operations]
 - ✓ Naming Old Republic Home Protection, Inc. as Additional Insured

- ✓ **Service Providers agree to provide Old Republic Home Protection of all such Insurance documents as they may be amended, modified, cancelled, terminated, or replaced.**

Additional Insured and Certificate Holder:
 Old Republic Home Protection Co., Inc.
 PO Box 5017
 San Ramon, CA 94583

| | | | | |
|--|---|---|-----------|--|
| Name of General Liability Insurance (GLI) Carrier: | | Telephone Number of GLI Carrier: () | | |
| Insurance Agent/Broker Name: | Agent/Broker Telephone Number: () | Agent/Broker E-mail Address: | | |
| Street Address of GLI Carrier: | City: | State: | Zip Code: | |
| GLI Policy Number: | | GLI Policy Period: | | |

WORKER'S COMPENSATION

- ✓ Service Providers are required to carry Worker's Compensation Insurance or sign a waiver if not applicable.

| | |
|--|--|
| Name of Worker's Compensation Carrier (if applicable): | |
| Worker's Compensation Insurance Policy Number (if applicable): | Worker's Compensation Expiration Date: |

Please complete this section if Worker's Compensation is NOT applicable to your company

I certify that I am the sole owner/operator of the company listed in this Agreement and that I do not have any employees. I will provide a certificate of Worker's Compensation Insurance to Old Republic Home Protection within 10 days of hiring an employee.

| | |
|----------------------|-----------------|
| First and Last Name: | Position/Title: |
| Signature: | Date Signed: |

HOME SERVICE CONTRACT EXPERIENCE

Do you work with other Home Service Contract companies? Yes No

Name of Other Home Service Contract Company You Work With:

Name of Other Home Service Contract Company You Work With:

Authorization Limit With This Company: \$ _____

Authorization Limit With This Company: \$ _____

SERVICE PROVIDER PAYMENT INFORMATION

We understand the importance of paying promptly. Our payment practices have always been excellent. If you would like references from Service Providers who have worked with us, please feel free to call. We welcome your request.

Old Republic Home Protection is on a 30-day pay cycle. We issue checks every Thursday to Service Providers.

WE WOULD LIKE TO IMPROVE YOUR CASH FLOW IMMEDIATELY!

DISCOUNT PROGRAM

Old Republic Home Protection will issue checks within 14 business days from the date the invoice is received by us if you allow us to discount just 5% off the gross cost of your invoice.

For example, a \$100 invoice would be discounted only \$5 and we will pay you the remaining \$95 within 14 business days!

Our goal is to provide payments rapidly and allow your business to grow exponentially!

If you would like to participate in the Discount Program described above and allow us to discount your invoices in return for faster payment, please check the "YES" box below, and return this sheet with your Agreement.

 **YES**, discount my company's invoices 5%. We would like to receive faster payments.

 **NO**, I agree to accept payment in a full 30-days billing cycle.

SUBMITTING INVOICES FOR PAYMENT

Old Republic Home Protection gives you three ways to submit your invoice for payment:

1. **Preferred/Fastest:** Submit your invoices quickly and conveniently online through the *Contractor Connection!*

Visit us online at www.orhp.com or call **877-579-4559** to learn more!

2. You may also submit invoices via fax to: **925-382-0669**
3. Or, you may mail invoices to: **Old Republic Home Protection**

**P.O. Box 5017
San Ramon CA 94583**

INCOME TAX INFORMATION

Following IRS guidelines, all payments made to a Service Provider are reported to the IRS, unless you are incorporated. Old Republic Home Protection requires that every Service Provider submit a signed IRS Form W-9, which will be kept on record at our office. Please verify that this form is filled out accurately and completely, as the IRS may charge a penalty for each form that is inaccurate. Please fill out the attached IRS Form W-9 and return to Old Republic Home Protection along with this Agreement.

Remember to use your...

Review/update your company information, receive work orders, update status, request authorization, send invoices, and so much more!

Visit www.orhp.com to sign up!

**CONTRACTOR
CONNECTION**

SERVICE PROVIDER PROFILE

Please provide a license number (as applicable) and place an "X" in each box you are licensed/qualified to provide service.
You may only provide services for which you are appropriately licensed or duly qualified to perform.

| HVAC Lic #: <input style="width: 80%;" type="text"/> | Appli Lic #: <input style="width: 80%;" type="text"/> | Plumb Lic #: <input style="width: 80%;" type="text"/> | Pool Lic #: <input style="width: 80%;" type="text"/> | | | | |
|--|---|---|--|--|-----|----------------------------|--|
| HEATING | | APPLIANCES | | PLUMBING | | POOL AND SPA | |
| Description | X | Description | X | Description | X | Description | X |
| Concrete Encased Ductwork | | Built-In Microwave | | Drywall Repair | | Ornamental Fountain | |
| Crane | | Built-In Refrigerator | | Faucets/Fixtures | | Pool Electrical | |
| Ductwork (Accessible) | | Built-In Wine Cooler | | Garbage Disposal | | Pool Filter | |
| Filters | | Cooktop | | Gas Leak | | Pool Heater | |
| Floor Heating | | Dishwasher | | Hot Water Dispenser | | Pool Motor | |
| Forced Air (electric) | | Dryer | | Mainline Stoppage | | Pool Plumbing | |
| Heat Pump | | Freestanding Freezer | | Pipe Leak | | Pool Pump | |
| Oil | | Freestanding Icemaker | | Pipe Leak (outside foundation) | | Salt Water Pool Equipment | |
| Package Units | | Icemaker | | Pressure Regulator | | Solar Pool/Spa Equipment | |
| Radiant | | Kitchen Exhaust Fan | | Recirculating Pump | | Spa Blower | |
| Tune-Ups (preseason) | | Oven | | Reverse Osmosis System | | Spa Electrical | |
| Vents & Flues | | Range | | Septic Pumping | | Spa Filter | |
| Wall Heaters | | Refrigerant Recapture | | Septic System Repair | | Spa Heater | |
| Water-Sourced Systems | | Refrigerator | | Sewage Ejector Pump | | Spa Motor | |
| AIR CONDITIONING | | Trash Compactor | | Slab Leak | | Spa Plumbing | |
| Description | X | Washer | | Solar Water Heater | | Spa Pump | |
| Crane | | Wet Bar Refrigerator | | Stop & Waste Valve | | Whirlpool Motor/Pump | |
| Evaporative Cooler | | | | Stoppage | | | |
| Filters | | | | Sump Pump | | | |
| Forced Air (electric) | | | | Toilet | | | |
| Heat Pump | | | | Valves | | | |
| Package Units | | | | Water Heater | | | |
| Refrigerant Recapture | | | | Water Heater (Tankless) | | | |
| Tune-Ups (preseason) | | | | Water Heater Expansion Tank | | | |
| Wall Unit | | | | Water Heater Vents & Flues | | | |
| Window Unit | | | | Water Softener | | | |
| | | Elect Lic #: <input style="width: 80%;" type="text"/> | | | | | Misc Lic #: <input style="width: 80%;" type="text"/> |
| | | ELECTRICAL | | Additional Plumbing Services | | MISCELLANEOUS | |
| | | Description | X | Do you carry leak detection equipment? | Yes | Description | X |
| | | Attic Fan | | | No | Booster Pump | |
| | | 16' to 20' Ladder | | Do you carry camera diagnostic equip.? | Yes | Central Vacuum | |
| | | 24' to 32' Ladder | | | No | Garage Door Hinges/Springs | |
| | | Taller Than 32' Ladder | | Do you perform Hydrojetting? | Yes | Garage Door Opener | |
| | | | | | No | Garage Door Remote | |
| HVAC, Appliances, or Plumbing - Place an "X" if You Service: | | Electric Wiring | | | | Pest Control | |
| Gas | | Heat Lamp | | | | Re-Key Services | |
| Electric | | Smoke Detection | | | | Roof Leak | |
| Propane | | Telephone Wiring | | | | Sprinkler System/Timer | |
| | | Whole House Fan | | | | Well Pump | |



