Sun Splash
MANAGEMENT
Exceptional HOA Management with a Concierge Touch
COMMUNITY • COMMERCIAL • RESIDENTIAL

NEW VENDOR & SUBCONTRACTOR PACKET

Community • Commercial • Residential

Please complete all applicable fields and email this packet with the required tax, insurance, and licensing documents to Ninadae.Aziel@SunSplashFL.com. Submission does not guarantee approval or assignment of work. | Community Association Manager: Ninadae Aziel, LCAM

1. VENDOR / SUBCONTRACTOR INFORMATION | Required for onboarding

Legal business name	
DBA / trade name	
Primary contact person / title	
Mailing address	
City / State / ZIP	
Phone	
Email	
Services provided	
Emergency contact / phone	
Communities serviced	

Business classification

□ Sole proprietor □ Partnership □ LLC □ Corporation □ Other: _____

2. TAX, INSURANCE & LICENSING | Attach current documentation

W-9 requirement

□ Completed and signed IRS Form W-9 attached.
□ Legal name and Taxpayer Identification Number match the submitted W-9.

Payment cannot be released until a complete, signed W-9 is on file.

Coverage / document	Carrier or issuing authority	Policy / license no.	Expiration date
General Liability			
Workers' Compensation / exemption			
Professional / trade license			

Certificate of Insurance (COI)

□ Current COI attached.
□ SunSplash Management, LLC is listed as certificate holder where applicable.
□ Policy limits and coverage are appropriate for the services to be performed.
□ Vendor will provide updated documentation before any policy or license expires.

Workers' comp status	□ Policy attached □ Valid exemption attached □ Not applicable (explain below)
Explanation / notes	

3. PAYMENT & REMITTANCE INFORMATION

Preferred payment method	□ Check □ ACH (if offered/approved) □ Other: _____
Payee name	
Remittance address	
Billing email / phone	

Security note: Do not include bank account or routing numbers in this packet. SunSplash will provide separate secure instructions if electronic payment is approved.

4. INVOICE REQUIREMENTS | Required for timely review and payment

Each invoice must clearly include all applicable information below. Incomplete invoices may be returned for correction and may delay processing.

- □ Association or community name
- □ Service address or work location
- □ Date(s) of service
- □ Detailed description of work completed
- □ Unique invoice number
- □ Labor and material breakdown, where applicable
- □ Approved work-order or project reference
- □ Supporting photographs, receipts, or completion documentation when requested

Submit invoices to: CustomerService@SunSplashFL.com, unless another submission method is provided in writing.

5. VENDOR STANDARDS & EXPECTATIONS

Prior authorization	Obtain written or documented authorization from an authorized SunSplash representative before beginning work.
Professional conduct	Act courteously and professionally with residents, board members, staff, guests, and other contractors.
Site care and cleanup	Protect the property and leave the work area clean, safe, and free of debris at completion.
Damage reporting	Immediately report any actual or suspected damage, incident, unsafe condition, or service disruption.
Safety and compliance	Follow applicable laws, codes, licensing requirements, manufacturer guidance, and job-site safety practices.
Photographs and records	Provide before, progress, and after photographs, receipts, or other documentation when requested.
Changes and additional work	Do not perform extra work, substitutions, or scope changes without prior approval.
Communication	Promptly communicate scheduling changes, access issues, delays, material discoveries, and completion status to SunSplash.

6. EMERGENCY WORK PROCEDURES

Emergency work is limited to action reasonably necessary to protect life, safety, property, essential services, or the community from immediate damage. Unless circumstances make advance contact impossible:

□ Obtain authorization from an authorized SunSplash representative before dispatching or beginning emergency work.

□ Confirm the location, nature of the emergency, requested scope, and any spending or work limits.

□ If immediate stabilization must occur before authorization, take only reasonable protective action and contact SunSplash as soon as safely possible.

□ Provide a written summary, itemized invoice, photographs, labor/material detail, and any recommendations for permanent repair promptly after service.

□ Do not proceed with permanent repairs or work beyond the emergency stabilization scope without separate approval.

Emergency authorization received from	
Date / time / method	
Emergency work notes	

7. VENDOR ACKNOWLEDGMENT & SIGNATURE

By signing below, the vendor/subcontractor confirms that the information provided is accurate and complete; that required tax, insurance, exemption, and licensing documents are current; and that it has received and agrees to follow the invoice requirements, vendor standards, emergency procedures, and authorization requirements in this packet. The vendor will promptly notify SunSplash Management, LLC of material changes and provide renewals before expiration.

Authorized representative (print)	
Title	
Signature	
Date	

INTERNAL DOCUMENT CHECKLIST | For SunSplash use only

□ **W-9 received / complete**	□ **Certificate of Insurance received**
□ **Professional / trade license verified**	□ **Workers' comp policy or exemption**
□ **Contact information complete**	□ **Other required documents: _____**
□ Expiration dates recorded	□ Approved by / date: _____

SUNSPLASH MANAGEMENT, LLC
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