



## Welcome!

We appreciate your interest in joining the Altisource Vendor Network (“Network”). The Network provides companies and individuals the opportunity to partner with a leading provider of mortgage, financial and technology services. To help ease the application process, this packet provides background information on the on-boarding process, required documentation to join the Network and answers to frequently asked questions.

While the requirements set forth in the packet may appear extensive upon initial review, the process is to each party’s benefit. Confirming from the outset that all documentation is current and compliant with the specified requirements will avoid any delays once you join the Network. Further, as all vendors are subjected to the same requirements, the Network ensures the establishment of a level playing field. Once all documentation is submitted, we review and confirm that what you submitted is compliant. In the event deficiencies exist, we will notify you of the same. Please note that until all documentation is reviewed and approved, we are unable to engage you to provide services.

As part of the on-boarding process, we will send you various communications, including a Scorecard Policy. The Scorecard Policy establishes a framework against which all performance is assessed. Leveraging this matrix affords us the ability to gather quantitative information about the services you provide. As further detailed in the Scorecard Policy, different levels of performance may increase or decrease the amount of work requests you receive. The Scorecard Policy allows us to maintain a competitive atmosphere and reward the highest performing vendors.

All Network vendors are reviewed by Altisource Vendor Management on a regular basis. The assessment extends beyond the foregoing scorecards to the overall relationship, ensuring all documentation and information is current. Depending on the results of these assessments, vendors may need to provide additional details to maintain an active status within the Network. Joining the Network includes the ongoing obligation of complying with our requirements and policies, which are subject to change.

Moving forward, we will commence review of your submitted package upon receipt of all required documentation and information. While we aim to complete this process in a quick timeframe, your assistance can help facilitate the process. Providing responses and addressing all requests in a time efficient manner will expedite the compliance phase. Please note that joining the Network provides no guarantee or commitment to any specific level of engagement. Further, any costs and expenses incurred to submit an application are your responsibility.

As a growing organization, we are excited about the possibility of you joining the Network and encourage you to gather and submit all noted information as soon as reasonably practical. We look forward to working with you.

Sincerely,

*Altisource Vendor Management*



## How do I complete the signup?

Please complete the following forms, and send the package back together with the required documents. Once we receive the completed documentation and the scanned requirements, our *Compliance Department* will verify the validity of licenses and insurance policies provided. We will provide you with a link to our online platform via email. This will allow you to establish your online profile and begin to receive work orders from Altisource®.

## Who can I contact for help?

Please contact the representative in charge of your state. If you are unaware of whom this is, please call toll free **(877) 839-7118 op.2**. An Altisource® representative will be glad to help you.

## Required scanned documents:

1. **Real Estate Agent License** (If you are a salesperson, your sponsoring broker's license is also required)
2. One of the following
  - 5 first digits of **SSN**
  - Copy of **Driver's License**
3. **E&O insurance** (No less than \$500,000 Aggregate policy)
4. **General Liability Insurance** (No less than \$500,000 each occurrence, \$500,000 general aggregate)
5. **W-9 form** signed and dated (2014)
6. **Résumé** with three business references
7. **Worker's compensation** (Only if applicable by state regulations) with Altisource® listed as Certificate Holder. No less than \$500,000 aggregate policy.
8. Diversity Certificate (if applicable)



## Small and Diverse Business

### **Small Disadvantaged Business**

Small Disadvantaged Business (SDB) FAR 52.219-8, 13 CFR 124 must be certified by SBA as SDB. A Small Business that has received certification as a SDB consistent with 13 CFR 124, Subpart B, and no material change in disadvantaged ownership and control has occurred since certification. (All individuals must have a net worth of less than \$750,000 excluding the equity of the business and primary residence). Certification must be verified in the SBA's CCR database via <http://www.ccr.gov/> in the Dynamic Small Business Search area.

### **Woman Owned Business**

Woman-Owned Business (WBE) FAR 52.219-8 Self Certification (or WBENC Certified). A business concern that is at least 51% owned by one or more women, or, in the case of any publicly owned business, at least 51% of the stock is owned by one or more women. In addition, one or more women must control the management and daily business operations.

### **Veteran-Owned Business**

Veteran-Owned Business (VOSB) FAR 52.219-9, 38 USC 101(2) Self Certification. A small business concern that is at least 51% owned by one or more veterans (as defined in 38 USC 101(2)), or, in the case of any publicly owned business, at least 51% of the stock is owned by one or more veterans. In addition, one or more veterans must control the management and daily business operations.

### **Disabled-Owner Business**

At least 51% owned by handicapped persons who exercise the power to make policy decisions and who are actively involved in the day-to-day management of the business. A handicapped person has a physical or mental impairment that substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such impairment.

### **HUB Zone Business**

Historically Underutilized Business Zones (HUB Zone) FAR 52.219-8, 13 CFR Part 126 must be certified by SBA as a HUB Zone Small Business. Business is located in a historically underutilized zone and at least 35% of employees reside in a HUB Zone. Certification must be verified in the SBA's CCR database via <http://www.ccr.gov/> in the Dynamic Small Business Search area.

### **Minority Owned Business**

Minority-Owned Business (MBE) Agency Certification or NMSDC Certified. A small business concern that is at least 51% owned by one or more minorities (i.e. African-American, Asian Indian American, Asian-Pacific American, Hispanic American, Native American), or, in the case of any publicly owned business, at least 51% of the stock is owned by one or more minorities. In addition, one or more minorities must control the management and daily business operations.

### **Service-Disabled Veteran Business**

Service Disabled Veteran Business (SDVOSB) FAR 52.219-8, USC 101(16) Self Certification. A small business concern that is at least 51% owned by one or more service disabled veterans (as defined in 38 USC 101(16)), or, in the case of any publicly owned business, at least 51% of the stock is owned by one or more service disabled veterans. In addition, the management and daily business operations must be controlled by one or more service disabled veterans. In the case of a permanent or severe disability, the spouse or caregiver of such a service-disabled veteran may control the management and daily operations.

### **Small Business**

Small Business (SB) FAR 52.219-8, 13 CFR Part 121, 13 CFR 121.410 Self Certification. A small business does not exceed the size standard for the product or service it is providing on the subcontract (see the NAICS codes and size standard list at 13 CFR Part 121.201 via <http://sba.gov/size>).



## Company information

Please, register the following information (\*mandatory fields).

\*Company Name (if applicable)

\*Name

\*Address

\*City, State, Zip

\*Business Phone

Cell Phone

<input type="text"/>	<input type="text"/>
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\*First five (5) digits of SSN

(If not, please provide a scan of your Driver's license)

Fax

<input type="text"/>	<input type="text"/>
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**Under United States Government designations, is your firm any of the following?**

- Small Disadvantaged Business
- Woman Owned Business
- Veteran Owned Business
- Disabled Owned Business
- HUB Zone Business
- Minority Owned Business
- Service-Disabled Veteran Owned Business
- Small Business

**\*Please provide us with a legible scan of a certificate for each designation (if applicable).**

## Coverage Area

State	Counties <i>(please list all the counties you cover)</i>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

## References

Please provide at least three (3) different work references (*fields marked with an asterisk (\*) are mandatory*):

Company Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Contact Person	<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone Number	<input type="text"/>	<input type="text"/>	<input type="text"/>
E-mail	<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship with Reference	<input type="text"/>	<input type="text"/>	<input type="text"/>
Comments	<input type="text"/>	<input type="text"/>	<input type="text"/>

