

# PRS– Vendor Packet – Canada

“We are what we Repeatedly DO. Excellence, then, is not an ACT but a Habit.” ~Aristotle



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# Facsimile Transmittal

Co: \_\_\_\_\_ Fax: \_\_\_\_\_  
Att: \_\_\_\_\_ Date: \_\_\_\_\_  
Re: \_\_\_\_\_ Pages: \_\_\_\_\_  
CC: \_\_\_\_\_

Dear Valued Vendor,

Thank you for taking the time to service our clients' needs with the knowledge and expertise you can provide within your specific trade. Our main goal at Professional Retail Services is to provide our clients with the best contractors in the area that can complete the requested services at the most cost efficient pricing. In order to attain our goal, we need to have reliable local companies such as yours.

Professional Retail Services has been providing the retail industry with excellent customer service since 2000. Our service department is available 24 hours a day 7 days a week unlike many of our competitors and our service coverage area includes the entire United States, Canada and Puerto Rico. The demand for retail maintenance and services as well as our clients' needs has increased dramatically over the past few years, which means the demands for new vendors that strive to provide the best service has increased as well. The performance of our local vendors is vital to the level of customer service we strive to provide to our clients. Providing excellent service within our retail locations can ensure more future business for our company as well as yours.

Attached you will find all the paperwork requirements for new vendors. We will need to have all the requested paperwork within 48 hours in order for your company to remain as an active vendor and continue to get work in the future. Please provide a certificate of insurance with Professional Retail Services listed as a certificate holder, fill out the W-9 form and the standard form of agreement and fax back to us. Once this paperwork has been received, you will only need to provide an updated certificate of insurance annually to ensure the one we have on file is always current. We look forward to working with your company and would like to thank you in advance for helping us reach our goal. Please feel free to contact us anytime if you have any questions.

Thank you,  
Professional Retail Services, Inc.



# Paperwork Requirements

Please be advised we need the following paperwork in order to process your invoice and remain an active vendor. If we do not receive the below paperwork, this will delay the processing of your invoice.

## Certificate of Insurance

**Your certificate must come from your insurance company. We do not accept declaration pages as proof of insurance or certificates that do not have us listed as certificate holder and additionally insured.**

- Your certificate of insurance must have the same company name that appears on your invoice.
- Two (2) Million general aggregate (General Liability)
- One (1) Million each occurrence (General Liability)
- Listed as the **certificate holder** on your certificate with our name and address :  
**(must come from your insurance company)**
- Listed as **additionally insured** on your certificate with our name and address :  
**(must come from your insurance company)**

## Workers' Compensation

- Workers' compensation must come from your insurance company. Due to insurance company requirements we are limited to working with company who carry workman's compensation insurance regardless of the type of business or state exemptions.

## W-9

- Complete the enclosed W-9. If you are providing your social security no., please advise the name that applies to that social security no. Please sign and return to us.

## Standard Form of Agreement

- Review the standard form of agreement. We cannot accept the agreement with any changes. Please sign and return.

## PRS is Tax Exempt

- PRS is tax exempt in the following states (NY, MS, TX, WA, WI & SD), should you be located in one of these 6 states. **Please contact us for a re-sale certificate.**

## PAYMENT TERMS & INVOICING

Subcontractor agrees to invoice General Contractor within 7 days from completion of work. General Contractor will not pay any invoices received over 30 days from completion of work. Payment terms are Net 45 days from the receipt of invoice. Invoices and Sign-Offs must be sent to 'documents@profretail.com'. Early payment discounts are negotiable with our Accounting Department. Please contact our accounting department for more information at (888).834.2411.



# Insurance Requirements

The Subcontractor shall purchase and maintain insurance of the following types of coverage and limits of liability:

1) **Commercial General Liability (CGL)** coverage with limits of Insurance of not less than \$1,000,000 each occurrence and \$2,000,000 Annual Aggregate.

- a) If the CGL coverage contains a General Aggregate Limit, such General Aggregate shall apply separately to each project.
- b) CGL coverage shall be written on ISO Occurrence form CG 00 01 10/01 or a substitute form providing equivalent coverage and shall cover liability arising from premises, operations, independent contractors, products-completed operations, residential projects (if applicable) and personal and advertising injury.
- c) Contractor, Owner and all other parties who Contractor is required to name as additional insureds by any contract, shall be included as insureds on the CGL, using ISO Additional Insured Endorsement CG 20 10 (11 85) or a combination of CG 20 10 (10 01) & CG 20 37 (10 01), or an endorsement providing equivalent or broader coverage to the additional insureds. The coverage provided to the additional insureds under the policy issued to the Subcontractor shall be at least as broad as the coverage provided to the Subcontractor under the policy. Coverage for the additional insureds shall apply as primary and non-contributing insurance before any other insurance or self-insurance, including any deductible, maintained by, or provided to, the additional insureds.
- d) Subcontractor shall maintain CGL coverage for itself and all additional insureds for the duration of the project and maintain Completed Operations coverage for itself and each additional insured for at least 3 years after completion of the Work.
- e) CGL coverage shall not have exclusions for residential projects, territorial limitations, bodily injury to employees, work at heights or any other exclusion deemed unacceptable to the Contractor.

2) **Workers Compensation and Employers Liability**

- a) Employers Liability Insurance limits of at least \$1,000,000 each accident for bodily injury by accident and \$1,000,000 each employee for injury by disease. Or Statutory state limits.

3) **Waiver of Subrogation** – Subcontractor waives all rights against Contractor, Owner and Architect and their agents, officers, directors and employees for recovery of damages to the extent these damages are covered by commercial general liability, commercial umbrella liability, business auto liability or workers compensation and employers liability insurance maintained per requirements stated above.

4) **Notice of Cancellation** – The required insurance policies shall contain a provision that coverage afforded under the policies will not be canceled or allowed to expire until at least 30 days prior written notice has been given to the Contractor.

5) The Subcontractor shall not sublet any part of its work without written approval from the Owner or Contractor. The Subcontractor shall not sublet any part of its work without assuming full responsibility for requiring similar insurance from its subcontractors and shall submit satisfactory evidence to that effect to the Contractor. Each such insurance policy of the sub subcontractor, except the Workers Compensation Policy, shall include the Owner, the Contractor and all other parties who Contractor is required to name as additional insureds by any contract as an additional insured.

Prior to commencing the work, the Subcontractor shall submit to the Contractor a certificate of insurance, a copy of the Additional Insured Endorsement and a copy of the applicable Other Insurance clause that is part of the Subcontractor's Commercial General Liability Policy. The certificate of insurance must include the following wording in the Description of Operations Section:

**“Professional Retail Services, Inc. is named as additional insured as per written contract on a primary and noncontributory basis. Waiver of subrogation in favor of PRS, Inc.”.**

A copy of the entire Commercial General Liability policy with all endorsements shall be submitted to the Contractor when requested.



# Indemnification

To the fullest extent permitted by law, the Subcontractor agrees to indemnify, defend and hold harmless the Contractor as well as all parties listed below as additional insureds, their offices, directors, agents, employees and partners (hereafter collectively "Indemnitees") from any and all claims, suits, damages, liabilities, professional fees, including attorney's fees, costs, court costs, expenses and disbursements related to death, personal injuries or property damage (including loss of use thereof) brought against any of the Indemnitees by any person or entity, arising out of or in connection with or as a result or consequence of the performance of the Work of the Subcontractor, as well as any additional work, extra work or add on work whether or not cause in whole or in part by the subcontractor and any subcontractor they hire shall risk of the subcontractor exclusively. Subcontractor hereby indemnifies and holds Contractors, its parent and affiliates and their respective officers, directors, employees and agents from and against any and all claims, actions, losses, judgements, or expenses, including reasonable attorney's fees arising from or in any connected with the work performed, materials furnished, or services provided to Contractor during the term of this Agreement. Attorney's fees, court costs, expenses and disbursements shall be defined without limit to include those fees, costs, etc. incurred in defending the underlying claim and those fees, costs, etc. incurred in connection with the enforcement of this Subcontract Agreement. Indemnification under this agreement. The Subcontractor shall cause all subcontract agreements it enters into to include this indemnification clause so as to ensure that Contractor and all Indemnitees hereunder shall have the same protection from sub-subcontractors as is afforded by the Subcontractor.

Excellence, then, is not an ACT but a Habit." ~Aristotle

Date:

Signature:

Title:

Subcontractor (Your Company Name)

Address:

Indemnification



# Sample COI

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

Current date

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 have ADDITIONAL INSURED provisions or 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):
INSURED	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A : Insurance Co Name	
	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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR LWD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X	X	Policy #	Dates	Dates	EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>50,000</b> MED EXP (Any one person) \$ <b>5,000,000</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 type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N	Policy #	Dates	Dates	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ <b>1,000,000</b> E.L. DISEASE - EA EMPLOYEE \$ <b>1,000,000</b> E.L. DISEASE - POLICY LIMIT \$ <b>1,000,000</b>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**Professional Retail Services, Inc is named as additional insured as per written contract.**  
**Insurance is primary and non-contributory and includes a waiver of subrogation in favor of PRS, Inc.**

CERTIFICATE HOLDER	CANCELLATION
<b>Professional Retail Services Inc</b> 3249 Route 112, Bldg 4, Suite 2 Medford, NY 11763	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

ACORD 25 (2016/03)

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# Vendor Form

Please complete this form regarding your company and the services you offer. The better informed we are the better we will be able to assist you and your company. This form may be updated at any time by request. The information provided is for our use only and will not be released to any third party.

## Vendor Information

Company Name		Are you a National Company?	
D.B.A.		Are you a Franchise?	
Office Phone		Contact Name	
Office Fax		Cell Phone	
Emergency Phone		Contact Name	
Mailing Address		Physical Address	
City	Zip	City	Zip
State		State	

\*Email Address (Required)

## Hourly Rate / Trip Charge

## Organization Type

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> S Corporation | <input type="checkbox"/> C Corporation | <input type="checkbox"/> Individual/Sole Proprietor |
| <input type="checkbox"/> L.L.C..       | <input type="checkbox"/> Trust/Estate  | <input type="checkbox"/> Partnership                |

## Service Categories

- |                                       |   |                                       |
|---------------------------------------|---|---------------------------------------|
| <input type="checkbox"/> Awnings      | <input type="checkbox"/> Doors          | <input type="checkbox"/> Locksmith    |
| <input type="checkbox"/> Board Ups    | <input type="checkbox"/> Electric       | <input type="checkbox"/> Pest Control |
| <input type="checkbox"/> Carpentry    | <input type="checkbox"/> Flood Clean Up | <input type="checkbox"/> Plumbing     |
| <input type="checkbox"/> Carpet/Tile  | <input type="checkbox"/> Glass          | <input type="checkbox"/> Signage      |
| <input type="checkbox"/> Cleaning     | <input type="checkbox"/> Grille/Gate    | <input type="checkbox"/> Snow Removal |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Landscaping    |                                       |

Other: \_\_\_\_\_

## Service Areas (State, City)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_





# Credit References

## **Commercial Services 4U**

9822 Grandview St.  
Overland Park, KS 66212

**Contact:** Jay

**Phone:** 404.822.2507

## **Highgate Security & Locksmith**

560 Barry Street  
Bronx, NY 10474

**Contact:** Amir

**Phone:** 212.860.5411

## **CT West**

1640 South Certinela Ave  
Los Angeles, CA 90025

**Contact:** Chris

**Phone:** 310.392.2813

## **JAK**

10305 Lake Terrace  
Hurst, TX 76022

**Contact:** Jeff, April

**Phone:** 817.454.0999

## **Dan's Door Repair**

3940 W. Salter Drive  
Glendale, AZ 85308

**Contact:** Tara

**Phone:** 623.374.7868

TAX ID# 11-3568901

## **Bank Reference**

BNB Bank

41 E Main Street

Patchogue, NY 11772

**Phone:** 631-923-1495

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