# VENDOR PACKET - USA

Prepared for : Professional Retail Services - 11.8.23

# V E N D O R P A C K E T



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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 an additionally insured 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.** 



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.

Listed as the **certificate holder** on your certificate with our name and address: (must come from your insurance company)

Two (2) Million general aggregate (General Liability)

Listed as **additionally insured** on your certificate with our name and address: (must come from your insurance company)

One (1) Million each occurrence (General Liability)

#### **WORKERS' COMPENSATION**

Due to insurance company requirements, we must have a copy of your workers' compensation on file and it must come from your insurance company.

If you are exempt from workers' compensation by your local state laws, please send your exemption letter, if applicable to mstafford@profretail.com

#### TRADE COMPANY LICENSES

Review the

Please provide a copy of all trade licenses.

# W-9 FORM

Complete the enclosed W9.
If you are using your social security number, please provide the name that applies to that social security number.
Please sign and return to us.

# FORM

indemnification
form of agreement.
Please sign and return.
We cannot accept the
agreement with any
changes.

# PRS IS TAX EXEMPT

PRS is tax exempt in the following states (AZ, CA, CT, DC, FL, ID, MA, MD, ME, MN, MS, NC, NJ, NY, OH, PA, RI, TX, VA, VT, WA, WI, WV, WY & SD), should you be located in one of these 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.

# ш Ш ح $\alpha$ $\Box\Box$ Y INSURANC

# **ARTICLE 2.0** NY INSURANCE REQUIREMENTS

2.1 The Subcontractor shall purchase, maintain, and supply certificates for the following types of coverage and limits of liability:

Commercial General Liability - including

\$1,000,000 Each Occurrence

\$2,000,000 Aggregate, PER PROJECT

Contractual Liability, Primary & Document Superior and CG2010 & CG2037/products & completed operations

Must include coverage for NY Labor law/third party injury claims

Workers' Compensation and Employers Liability

Statutory limits including endorsement for

waiver of subrogation. \$1,000,000 CSL per Accident

Business Automobile, Including HNOA

\$5,000,000

Umbrella Liability

The Owner and/or Contractor are to be named as an additional insured on a primary basis to the Subcontractor's Comprehensive General Liability using appropriate ISO forms that include Premises Operations Liability, Contractual Liability, Advertising and Personal Injury Liability and Products/Completed Operations Liability on an unmodified CGL policy without limitation with respect to injury to independent contractors, employers liability, or new York labor law... Insurance Co must be A-7 rated by AmBest.

- 2.2 Coverages written on an occurrence basis shall be maintained without interruption from date of commencement of the Subcontractor's work until expiration of the applicable statute of limitations relating to latent defect in construction of or improvement to real property of the state in which the work is performed.
- 2.3 Certificates of Insurance acceptable to the Contractor shall be filed with the Contractor prior to commencement of the subcontractor's work. The certificates and insurance policies required by Article 2 shall contain the language shown on the sample certificate enclosed, and 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. If any of the foregoing insurance coverages are required to remain in force after final payment and are reasonably available, an additional certificate evidencing continuation of such coverage shall be submitted with the final application for payment as required. If any information concerning reduction of coverage is not furnished by the insurer, it shall be furnished by the Subcontractor with reasonable promptness according to the Subcontractor's information and belief.
- 2.4 Waivers of Subrogation. The Contractor and Subcontractor waive all rights against (1) each other and any of their Subcontractors, Sub-subcontractors, agents and employee, each of the other, and (2) the owner, the Architect, the Architect's consultants, separate contractors, and any of their subcontractors, sub-subcontractors, agents and employees for damages caused by fire or other perils to the extent covered by property insurance provided under the Contract or other property insurance applicable to the Work except such rights as they may have to proceeds of such insurance held by the Owner as fiduciary. The Subcontractor shall require of the Subcontractor's Sub-subcontractors, agents and employees, by appropriate agreements, written where legally required for validity, similar waivers in favor of other parties enumerated herein. The policies shall provide such waivers of subrogation by endorsement or otherwise for general liability and workers compensation. A waiver of subrogation shall be effective as to a person or entity even though that person or entity would otherwise have a duty of indemnification, contractual or otherwise, did not pay the insurance premium directly or indirectly, and whether or not the person or entity had an insurable interest in the property damaged.



# ARTICLE 1.0 INDEMNIFICATION NY SUBCONTRACTORS

- 1.1 In consideration of the Contract Agreement, and to the fullest extent permitted by law, the Subcontractor shall defend and shall indemnify, and hold harmless, at Subcontractor's sole expense, the Contractor, all entities the Contractor is required indemnify and hold harmless, the Owner of the property, and the officers, directors, agents, employees, successors and assigns of each of them from and against all liability or claimed liability for bodily injury or death to any person(s), and for any and all property damage or economic damage, including all attorney fees, disbursements and related costs, arising out of or resulting from the Work covered by this Contract Agreement to the extent such Work was performed by or contracted through the Subcontractor or by anyone for whose acts the Subcontractor may be held liable, excluding only liability created by the sole and exclusive negligence of the Indemnified Parties. This indemnity agreement shall survive the completion of the Work specified in the Contract Agreement.
- □ 1.2 In claims against any person or entity indemnified under this Paragraph 1.0 by an employee of the Subcontractor, the Subcontractor's Sub—subcontractors, anyone directly or indirectly employed by them or anyone for whose acts they may be liable, the indemnification obligation under this Paragraph 1.0 shall not be limited by a limitation on amount or type of damages, compensation, or benefits payable by or for the Subcontractor or the Subcontractor's Sub—subcontractors under Workers' or Workmen's Compensation Acts or other employee benefit acts.
- □ 1.3 The obligations of the Subcontractor under this Paragraph 1.0 shall not extend to the liability of the Architect, the Architect's consultants, and agents and employees of any of them arising out of (1) the preparation or approval of maps, drawing, opinions, reports, surveys, Change Orders, designs, or specifications, or (2) the giving of or the failure to give directions or instruction by the Architect, the Architect's consultants, and agents and employees of any of them provided such giving or failure to give is the primary cause of the injury or damage.
- □ 1.4 Subcontractor waives all rights against Contractor, Owner and Architect and their agents, officers, directors and employees for recovery of damages to the extent that these damages are covered by Commercial General Liability Umbrella liability, business auto liability or workers compensation and employers liability maintained per insurance requirements stated above.

DATE:	SIGNATURE:	
TITLE:		
SUBCONTRACTOR (	YOUR COMPANY NAME):	
ADDRESS:		



# 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.

	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.									
	2 Business name/disregarded entity name, if different from above									
e. ns on page 3.	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Ch following seven boxes.    Individual/sole proprietor or   C Corporation   S Corporation   Partnership	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):								
	single-member LLC	Exempt payee code (if any)								
tg tg	Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partner									
Print or type. Specific Instructions on	Note: Check the appropriate box in the line above for the tax classification of the single-member of LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the canother LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single is disregarded from the owner should check the appropriate box for the tax classification of its own	Exemption from FATCA reporting code (if any)								
eci	☐ Other (see instructions) ▶		(Applies to accounts maintained outside the U.S.)							
See <b>Sp</b>	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name a	ame and address (optional)							
S	6 City, state, and ZIP code									
	7 List account number(s) here (optional)									
Par	Taxpayer Identification Number (TIN)									
	your TIN in the appropriate box. The TIN provided must match the name given on line 1 to av	O.G.	curity number							
reside	up withholding. For individuals, this is generally your social security number (SSN). However, f ent alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other es, it is your employer identification number (EIN). If you do not have a number, see <i>How to ge</i>		] - [ ] - [ ] [							
TIN, la		or								
Note:	If the account is in more than one name, see the instructions for line 1. Also see What Name	and Employer	identification number							
Numb	per To Give the Requester for guidelines on whose number to enter.		-							
Par	t II Certification									
Unde	r penalties of perjury, I certify that:									
2. I ar Sei	e number shown on this form is my correct taxpayer identification number (or I am waiting for n not subject to backup withholding because: (a) I am exempt from backup withholding, or (b rvice (IRS) that I am subject to backup withholding as a result of a failure to report all interest of longer subject to backup withholding; and	) I have not been n	otified by the Internal Revenue							
3. I ar	n a U.S. citizen or other U.S. person (defined below); and									
4. The	e FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reportir	ng is correct.								
	ication instructions. You must cross out item 2 above if you have been notified by the IRS that you failed to report all interest and dividends on your tax return. For real estate transactions, item 2	, ,								

**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	Signature of		
Here	U.S. person ▶	Date ►	

# **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*.

#### **Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

• Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.



# **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

	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.								
	IMPORTANT: If the certificate holder in If SUBROGATION IS WAIVED, subject								
	this certificate does not confer rights to			icate holder in lieu of such e	endorsement(s).	,			
PR	ODUCER			I N	ONTACT IAME:				
				P. (1)	PHONE A/C, No. Ext):		FAX (A/C, No):		
				E A	-MAIL DDRESS:				
					INS	SURER(S) AFFOR	RDING COVERAGE		NAIC#
				IN	NSURER A: Insurar	nce Co Nam	е		
IN:	SURED			IN	NSURER B :				
				<u>IN</u>	NSURER C :				
				<u>IN</u>	NSURER D :				
				11	NSURER E :				
Ļ					NSURER F :				
				E NUMBER:			REVISION NUMBER:	.=	
	THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RECERTIFICATE MAY BE ISSUED OR MAY IEXCLUSIONS AND CONDITIONS OF SUCH	QUIF PERT POLI	REME TAIN, CIES.	NT, TERM OR CONDITION OF THE INSURANCE AFFORDED LIMITS SHOWN MAY HAVE BE	F ANY CONTRACT  BY THE POLICIE  EEN REDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS	DOCUMENT WITH RESPEC	OT TO	WHICH THIS
INS LT	R TYPE OF INSURANCE	addl Insd	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	3	
	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$ 1,00	0,000
A	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Fa occurrence)	\$ 50,0	000
		X	X	Policy #	Dates	Dates	MED EXP (Any one person)	\$ 5,00	0
							PERSONAL & ADV INJURY	\$ <b>1,00</b>	0,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	-	0,000
	POLICY X PRO- JECT LOC								0,000
$\vdash$	OTHER:							\$	
	AUTOMOBILE LIABILITY						(Fa accident)	\$	
	ANY AUTO OWNED SCHEDULED							\$	
	AUTOS ONLY AUTOS NON-OWNED						BODILY INJURY (Per accident) PROPERTY DAMAGE	\$	
	AUTOS ONLY AUTOS ONLY						(Per accident)	\$	
$\vdash$	UMBRELLA LIAB OCCUP							\$	
	H OCCUR						EACH OCCURRENCE	\$	
	CEAIWI3-WADE						AGGREGATE	\$	
$\vdash$	DED RETENTION \$ WORKERS COMPENSATION		-				X PER OTH-	\$	
1	AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE						I STATUTE THE	. 1 00	0,000
A	OFFICER/MEMBER EXCLUDED?	N/A	X	Policy #	Dates	Dates	E.L. EACH ACCIDENT		0,000
1	(Mandatory in NH) If yes, describe under						E.L. DISEASE - EA EMPLOYEE  E.L. DISEASE - POLICY LIMIT		0,000
-	DÉSCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,00	0,000
DE	SCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES	(ACOF	RD 101, Additional Remarks Schedul	e, may be attached if n	nore space is rec	quired)		
	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 is favor of PRS, Inc.								
С	ERTIFICATE HOLDER				CANCELLATION				
	Professional Retail Service 5 Orville Drive	es In	С			N DATE TH	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL B ICY PROVISIONS.		

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ACORD 25 (2016/03)

**5 Orville Drive** Suite 100

Bohemia, NY 11716

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AUTHORIZED REPRESENTATIVE



# 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. The information provided is for our use only and will not be released to any third parties. Please notify us immediately if you have any updates about your company profile.

VENDOR INFORTHIS MUST BE FILLE Company Name:	RMATION DOUT WITH PROPER INFORMA	ATION	PHYSICAL A Address:	DDRESS		
DBA:			City:		State:	Zip:
Owner Name:			Office #:			
Check any, if applicable	:		Fax #:			
	Minority-Owned Veteran-Own	ed N/A	Email Address (0	Operations):		
MAILING/BILLING AD Address:	DRESS (FOR PAYMENTS)		-	nty, city, state requi	-	
City:	State: Zip:		License Type:	ive any licence? N	res N	0
Fax #:			License Numb	oer:		
Billing Email (Required) :			<b>Expiration Da</b>	te:		
Are you a national compa	nv Yes No		Do we have permission to contact your insurance			
Allo you a national compa	105 105		company to receive documents? Yes No			
If you have multiple locat	ions/offices and would like them		Insurance Company Email:			
DAY/NIGHT TIE			* Only 1 trip c otherwise spe Failure to get	ORTANT*** harge can be billed cified and agreed to approval in advance arge as per our conf	o by both p e from PRS	oarties.
Daytime Name:			Tel #	t:		
Alternative Name:			Tel #	t:		
After Hours Email:			Afte	r Hours Tel #:		
HOURLY RATES  Regular Hourly \$	5 / TRIP CHARGE  Emergency Hourly \$		Flat \$		Regular 1	Trip <b>\$</b>
<b>SERVICE CATE</b>	GORIES					
Board Ups	Cleaning/Covid	Glass		Locksmith		Snow Remova
Carpentry	Doors	Handyma	n	Pest Control		
Carpet/Tile Other:	Electric	Landscap	ing	Plumbing		_
•	a service partner with our affiliated		geration compny?	Yes	No	

# C R E D I T R E F E R E N C E S

#### **Freedom Maintenance**

686 West Cuthbert Blvd.

Westmont NJ 08108

**Contact: Dennis Cinalli** 

Phone: (856) 499-4199

# I Lock New York

11 Lawrence Ave

Malverne NY 11565

**Contact: Pete Duffy** 

**Phone: (**516) 519–8171

### JP Maintenance Services

1507 Winthrop Court

Glendale Heights IL 60139

**Contact: Jeff Pocuis** 

Phone: (631) 597-3426

#### **Red Line Construction**

955 Halltown Rd

Hartsville TN 37074

**Contact: Jeremy Barnes** 

**Phone:** (615) 983-0279

# **Spartan Service Group**

5142 Madison Ave

Suite 7

Indianapolis IN 46227

**Contact: Damon Speck** 

**Phone: (**317) 402–7174

# TAX ID# 11-3568901

#### **Bank Reference**

Dime Community Bank

41 E Main Street

Patchogue, NY 11772

**Phone: (**631) 923–1495

