

VENDOR PACKET



Professional Retail Services
Inc

VENDOR PACKET – USA

Prepared for :
Professional Retail Services

V 11.8.23

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F A C S I M I L E T R A N S M I T T A L

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

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.

INDEMNIFICATION FORM

Review the 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.

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 (0413) & CG 20 37 (0413), or an endorsement providing equivalent or broader coverage 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.
- 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.

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, officer 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 PRR, 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.

DATE:

SIGNATURE:

TITLE:

SUBCONTRACTOR (YOUR COMPANY NAME):

ADDRESS:

Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.
See Specific Instructions on page 3.

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	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ▶	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
6 City, state, and ZIP code	
7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN) Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> , later. Note: If the account is in more than one name, see the instructions for line 1. Also see <i>What Name and Number To Give the Requester</i> for guidelines on whose number to enter.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="10" style="text-align: center;">Social security number</td> </tr> <tr> <td style="width: 30px;"> </td><td style="width: 30px;"> </td><td style="width: 30px;"> </td><td style="width: 30px;"> </td><td style="width: 30px;"> </td><td style="width: 30px;"> </td><td style="width: 30px;"> </td><td style="width: 30px;"> </td><td style="width: 30px;"> </td><td style="width: 30px;"> </td> </tr> <tr> <td colspan="4" style="text-align: center;">-</td> <td colspan="2" style="text-align: center;">-</td> <td colspan="4"></td> </tr> </table> <p style="text-align: center;">or</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="10" style="text-align: center;">Employer identification number</td> </tr> <tr> <td style="width: 30px;"> </td><td style="width: 30px;"> </td><td style="width: 30px;"> </td><td style="width: 30px;"> </td><td style="width: 30px;"> </td><td style="width: 30px;"> </td><td style="width: 30px;"> </td><td style="width: 30px;"> </td><td style="width: 30px;"> </td><td style="width: 30px;"> </td> </tr> <tr> <td colspan="4" style="text-align: center;">-</td> <td colspan="6"></td> </tr> </table>	Social security number																				-				-						Employer identification number																				-									
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Part II Certification Under penalties of perjury, I certify that:	
1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and 3. I am a U.S. citizen or other U.S. person (defined below); and 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.	
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 Here	Signature of U.S. person ▶	Date ▶
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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-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)
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): _____ E-MAIL ADDRESS: _____ _____ INSURER(S) AFFORDING COVERAGE _____ NAIC # _____ INSURER A : Insurance Co Name INSURER B : _____ INSURER C : _____ INSURER D : _____ INSURER E : _____ INSURER F : _____
INSURED	

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 WVD	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 \$ 1,000,000 DAMAGE TO RENTED PREMISES (Fa occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 _____ \$ _____
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS, NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY						COMBINED SINGLE LIMIT (Fa accident) \$ _____ BODILY INJURY (Per person) \$ _____ BODILY INJURY (Per accident) \$ _____ PROPERTY DAMAGE (Per accident) \$ _____ _____ \$ _____
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED: _____ RETENTION \$: _____						EACH OCCURRENCE \$ _____ AGGREGATE \$ _____ _____ \$ _____
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/ MEMBER EXCLUDED? Y/N <input type="checkbox"/> (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	X	Policy #	Dates	Dates	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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 <p style="text-align: center;">Professional Retail Services Inc 5 Orville Drive Suite 100 Bohemia, NY 11716</p>	CANCELLATION 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 _____
--	--

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 INFORMATION

THIS MUST BE FILLED OUT WITH PROPER INFORMATION

Company Name: _____

DBA: _____

Owner Name: _____

Check any, if applicable:

Woman-Owned Minority-Owned Veteran-Owned N/A

MAILING/BILLING ADDRESS (FOR PAYMENTS)

Address: _____

City: _____ **State:** _____ **Zip:** _____

Office #: _____

Fax #: _____

Billing Email (Required) : _____

Are you a national company **Yes** **No**

If you have multiple locations/offices and would like them added please provide W9/Tax Id numbers for all. :

DAY/NIGHT TIME CONTACT

Daytime Name: _____

Tel #: _____

Alternative Name: _____

Tel #: _____

After Hours Email: _____

After Hours Tel #: _____

HOURLY RATES / TRIP CHARGE

Regular Hourly \$ _____ Emergency Hourly \$ _____ Flat \$ _____ Regular Trip \$ _____

SERVICE CATEGORIES

Board Ups	Cleaning/Covid	Glass	Locksmith	Snow Removal
Carpentry	Doors	Handyman	Pest Control	
Carpet/Tile	Electric	Landscaping	Plumbing	
Other: _____				

Would you like to become a service partner with our affiliated HVAC & Refrigeration company? **Yes** **No**

SERVICE AREAS (STATE, CITY OR ZIPCODE)

PHYSICAL ADDRESS

Address: _____

City: _____ **State:** _____ **Zip:** _____

Office #: _____

Fax #: _____

Email Address (Operations): _____

Does your county, city, state require your company company to have any licence? **Yes** **No**

License Type: _____

License Number: _____

Expiration Date: _____

Do we have permission to contact your insurance company to receive documents? **Yes** **No**

Insurance Company Email: _____

*** IMPORTANT ***

* Only 1 trip charge can be billed per PO/WO unless otherwise specified and agreed to by both parties. Failure to get approval in advance from PRS, will result in one trip charge as per our contract.

CREDIT REFERENCES

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 Pocus

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

