

RMS- Vendor Packet - USA





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Facsimile Transmittal

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

Dear Valued Service Partner

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 Retail Mechanical 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.

Retail Mechanical Services has been providing the retail industry with excellent customer service since it opened. 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 Retail Mechanical Services listed as a certificate holder, fill out the W-9 form and the standard form of agreement and email 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, Retail Mechanical 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.
 □ 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.

RMS is Tax Exempt

RMS is tax exempt in the following states (AR, AZ, CA, CO, CT, FL, GA, IN, KY,LA, MA, MI, MN, NE, NC, NJ, NV, NY, OH, OK, PA, RI, SC, TN, TX, UT, WA, WI, WV, CANADA & PUERTO RICO) should you be located in any 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@retailmechanical.com'. Early payment discounts are negotiable with our Accounting Department. Please contact our accounting department for more information at (631) 297-9292. **Please send ONE invoice per workorder. All invoices should be sent in upon completion of the entire job**



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 (0413) & CG 20 37 (0413), 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 cancelled 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:

"Retail Mechanical Services, Inc. is named as additional insured as per written contract on a primary and noncontributory basis. Waiver of subrogation in favor of Retail Mechanical Services, 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 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

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

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

Internal	neveriu	e Service	'	GO LO WW	w.ii s.govi	FOITHV	9 101 111511	uctions ai	iu tile late	St IIIIOII	nation.					
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0)	6 City	, state, and z	ZIP code													
	7 List	account num	nber(s) here (opt	ional)												
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3. I an	n a U.S	. citizen or	other U.S. pe	rson (defined	d below); a	and										
4. The	FATC	A code(s) e	ntered on this	form (if any)) indicating	g that I a	am exempt	from FATO	CA reportin	ng is cor	rect.					
you ha	ave faile sition or	ed to report	ns. You must coall interest and ent of secured ividends, you a	dividends or property, ca	n your tax incellation	return. Fo	or real esta	ite transact	ions, item 2 Iividual retir	does no ement a	ot apply. F rrangemer	or mort nt (IRA),	gage int and ger	erest p	aid, paym	ents
Sign Here	_	ignature of J.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.



Sample COI

CERTIFICATE OF LIABILITY INSURANCE									
	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 ADDITION If SUBROGATION IS WAIVED, subject to the terms at	d conditions of the polic	y, certain p							
this certificate does not confer rights to the certificate h	older in lieu of such endor	rsement(s).							
PRODUCER	NAME: PHONE			FAX					
	(Δ/C. No	I (Δ/C, No, Ext): I (Δ/C, No):							
	ADDRES	E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE NAIC #							
		INSURER(S) AFFORDING COVERAGE INSURER A: INSURANCE CO Name							
INSURED			ice Co Name	9					
INSURED	INSURE								
	INSURE								
	INSURE INSURE								
	INSURE								
COVERAGES CERTIFICATE NUM				REVISION NUMBER:	•				
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE	LISTED BELOW HAVE BEEI	N ISSUED TO	THE INSURE	D NAMED ABOVE FOR THE P	OLICY PERIOD				
INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TE CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE IN	RM OR CONDITION OF ANY SURANCE AFFORDED BY	Y CONTRACT	OR OTHER DESCRIBED	DOCUMENT WITH RESPECT TO ALL	D WHICH THIS				
EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS	SHOWN MAY HAVE BEEN R	REDUCED BY	PAID CLAIMS.	STIEREN IS SOBBEST TO AL	E THE TERMO,				
INSR TYPE OF INSURANCE INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS					
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A CLAIMS-MADE X OCCUR				PREMISES (Ea occurrence) 3	0,000				
X X Polic	y #	Dates	Dates		\$ 5,000				
				_	000,000				
GEN'L AGGREGATE LIMIT APPLIES PER:					000,000				
POLICY X PRO-					000,000				
OTHER: AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Fa accident) \$					
ANY AUTO				(Fa accident) BODILY INJURY (Per person) \$					
OWNED SCHEDULED				BODILY INJURY (Per accident) \$					
AUTOS ONLY AUTOS NON-OWNED				PROPERTY DAMAGE \$					
AUTOS ONLY AUTOS ONLY				(Per accident) \$					
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EXCESS LIAB CLAIMS-MADE				AGGREGATE \$					
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AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE ANY PROPRIETOR/PARTNER/EXECUTIVE		Deter	Deter		000,000				
A OFFICER/MEMBER EXCLUDED?	y #	Dates	Dates		000,000				
If yes, describe under DESCRIPTION OF OPERATIONS below				E.L. DISEASE - POLICY LIMIT \$ 1,	000,000				
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, A			ore space is req	uirea)					
Retail Mechanical Services, Inc ditional insured as per written contract.									
Insurance is primary and non-contributory and includes a waiver Retail Mechanical Services, Inc									
CERTIFICATE HOLDER	CANC	ELLATION							
Retail Mechanical Services, Inc	THE	EXPIRATION	N DATE THE	ESCRIBED POLICIES BE CANCE EREOF, NOTICE WILL BE D					
3249 Route 112,	ACCORDANCE WITH THE POLICY PROVISIONS.								
Bldg 4, Suite 2									
Medford, NY 11763	AUTHOR	RIZED REPRESE	NTATIVE						

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 Ph	one	Contact Name				
Mailing Addres	SS	Physical Address				
City	Zip	City				
State		State				
Email Address						
Billing Email A	ddress					

Organization Type

S Corporation	C Corporation	Individual/Sole Proprietor
L.L.C.	Trust/Estate	Partnership

Service Categories

HVAC	Hourly Rate	Trip Charge
Refrigeration	Hourly Rate	Trip Charge
Plumbing	Hourly Rate	Trip Charge
Electrical	Hourly Rate	Trip Charge
Other:		

Service Areas (State, City)



Credit References

Retail Mechanical Services is an affiliate with Professional Retail Services and Retail Security Services. Below are credit references provided by both affiliates.

All Phase Mechanical

3033 Finland ROAD Pennsburg PA 18041

Contact: Matt

Phone: (215) 679-3625

Baja Mechanical, Inc.

1515 Ohio Avenue Richmond, CA 94110

Contact: Andrew

Phone: (415) 686-5057

Jax Refrigeration, Inc.

1529 3rd Street S

Jacksonville Beach, FL 32250

Contact: Mark

Phone: (904) 249-1400

TAX ID # 81-3472686

Bank Reference

BNB Bank 41 E Main Street Patchogue, NY 11772 Phone: 631-923-1495 Polaris Refrigeration, Inc.

3619 N 35TH STREET PHOENIX, AZ 85017

Contact: Lisa

Phone: (602) 484-4519