



RSS – Vendor Packet USA

Keeping
The Store
Secure



RETAIL SECURITY
SERVICES INC

3249 Route 112, Building 4, Suite 2 Medford, NY 11763
Tel: 631.346.3570 | Fax 631.209.9411

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Security Guard Guidelines – 2018

- All guards are required to have a completed state, federal or local background check, prior to providing services at our locations.
- All guards MUST arrive ON TIME; guard should be on site and ready to work by the time listed on the work order. **NO EXCEPTIONS.** If guard is running late RSS needs to be updated immediately.
- All guards must speak fluent English in order to be able to effectively communicate with the managers and RSS representatives.
- ALL GUARDS MUST BE AWAKE AND ALERT FOR THE ENTIRE SHIFT. IF A GUARD IS CAUGHT SLEEPING IT WILL RESULT IN NO PAY FOR THE ENTIRE SCHEDULED SHIFT.**
- All guards need to be aware of all bags, etc that the contractors are bringing in and out of the location. All personal bags and tools—bags must be checked when exiting. Guards bags need to be checked by the manager when leaving the premises.
- All guards must have a visual observation of the location, as per details in the work order.
- All guards must practice proper hygiene, wear a clean uniform and carry proper identification. If guard arrives unprepared they will be sent home with no pay because the “minimum charge” does not apply in this case.
- All guards must remain in the store for the entire shift; guards cannot exit and re—enter the location for any reason (Example: Guards not permitted to smoke during scheduled shifts). *Violation of this guideline may result in no pay for scheduled shift.*
- All guards must return all store keys to the opening manager prior to departing the location. Failure to do so, will result in reimbursement for complete re—key to doors/fitting—rooms.
- No shift can be cancelled unless directed by RSS. (If the guard is not needed due to work being canceled, etc. contact RSS at 631—346—3570 for proper authorization to send the guard home). *Violation of this guideline may result in no pay for scheduled shift.*
- No guards are permitted to have any visitors, during scheduled shifts. (This includes family, children, friends etc..) *Violation of this guideline may result in no pay for scheduled shift.*
- All guards are required to have **RSS paperwork** in hand upon arrival for their shift. There are special instructions that will be listed on each work order that need to be followed. (Example: Automated phone check in/out on IVR).
- All guard companies are required to provide the name and cell number of the guard scheduled for each work order. (RSS will ask for this information when re—confirming shift coverage within 24 hours of service).
- If guard service is canceled after noon (same day of service) the guard company will be permitted to bill a 4—hour minimum.
- If guard is late and technicians are sent home due to the delay— the guard company will **NOT be permitted to bill the 4—hour minimum.**
- Guards are not to be overly friendly with staff, must remain professional at all times.
- Guard is not to let any employees in the store when a manager is not present.

Name _____ Date _____

Company _____ Signature _____



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 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 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. If you are a sole proprietor, we cannot use your services. We prefer to use vendors who have workers' compensation.

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.

RSS is Tax Exempt

- RSS is tax exempt in the following states:**

Arkansas, Connecticut, Florida, Georgia, Indiana, Iowa, Kansas, Kentucky, Maine, Maryland, Michigan, Minnesota, Nebraska, Nevada, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Puerto Rico, Rhode Island, Tennessee, Texas, South Dakota, Utah, Vermont, Washington, West Virginia, Wisconsin, Wyoming



Indemnification, Hold Harmless And Insurance Agreement

A. INDEMNIFICATION AND HOLD HARMLESS

To the fullest extent permitted by law, _____, (“Sub-contractor”), agrees to defend, indemnify and hold harmless **Retail Security Services, Inc.**, (“General Contractor”), and _____, (“Owner”), (if any), its / their officers, directors, agents and employees from and against any and all claims, suits, liens, judgments, damages, losses and expenses including reasonable legal fees and costs arising in whole or in part and in any manner from acts, omissions, breach or default of Subcontractor, in connection with performance of any work by Subcontractor, its officers, directors, agents, employees and subcontractors.

B. INSURANCE

Subcontractor hereby agrees that it will obtain and keep in force an insurance policy/policies to cover its liability hereunder and to defend and save harmless General Contractor and Owner in the minimum amounts of \$1,000,000 per occurrence for personal injury, bodily injury and property damage. Said liability policies shall name General Contractor and Owner as additional insureds and shall be primary to any other insurance policies. Subcontractor will obtain and keep in force Workers Compensation insurance including Employees Liability to the full statutory limits. Subcontractor shall furnish to the General Contractor certificates of insurance evidencing that the aforesaid insurance coverage is in force.

C. 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@retailsecurityservices.net’. Early payment discounts are negotiable with our Accounting Department. Please contact our accounting department for more information at (631) 346-3570.

Subcontractor

Signature

Date

Print Name



Request for Taxpayer Identification Number and Certification

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

Print or type See Specific Instructions on page 2.	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; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member 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) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
	5 Address (number, street, and apt. or suite no.)		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 Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number									
				-			-		
or									
Employer identification number									
		-							

Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- 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 on page 3.

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. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

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?* on page 2.*

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

Sample COI

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/31/2016

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 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 SAMPLE COI	CONTACT NAME:	
	PHONE (A/C. No. Ext):	FAX (A/C. No.):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED VENDOR NAME HERE VENDOR ADDRESS HERE	INSURER A: INSURANCE COMPANY	
	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 SUBR INSD	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			[POLICY HERE]	date	date	EACH OCCURRENCE	\$ 1,000,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Fa occurrence)	\$ 100,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							MED EXP (Any one person)	\$ 5,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PERSONAL & ADV INJURY	\$ 1,000,000	
	OTHER:						GENERAL AGGREGATE	\$ 2,000,000	
							PRODUCTS - COMPIOP AGG	\$ 1,000,000	
								\$	
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Fa accident)	\$	
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$	
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$	
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$	
								\$	
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR					EACH OCCURRENCE	\$	
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE					AGGREGATE	\$	
	DED							\$	
	RETENTION \$							\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE	OTH-FR	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input type="checkbox"/> N	N/A				E.L. EACH ACCIDENT	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$	
							E.L. DISEASE - POLICY LIMIT	\$	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Retail Security Services, Inc. is listed on policy as an additional insured. A waiver of subrogation is in place in favor of Retail Security Services, Inc.

CERTIFICATE HOLDER	CANCELLATION
Retail Security Services, Inc. 3249 Route 112 Building 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

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RETAIL SECURITY
SERVICES INC

3249 Route 112, Building 4, Suite 2 Medford, NY 11763
Tel: 631.346.3570 | Fax 631.209.9411

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

*****This Must Be Filled Out With Proper Information*****

Company Name: _____

DBA: _____

Owner Name: _____

Physical Mailing Address

Address : _____

City: _____ State: _____ Zip: _____

Office #: _____ Fax: _____

Email Address (Operations): _____

Day/Night Time Contact

Daytime Name: _____	Tel #: _____
Nighttime Name: _____	Tel #: _____
Emergency Name: _____	Tel #: _____
Alternative Name: _____	Tel #: _____

Billing Address

Address: _____

City: _____ State: _____ Zip: _____

Office #: _____ Fax: _____

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"/> Armed Guards Regular Hourly Rate \$ _____ Emergency Hourly Rate \$ _____	<input type="checkbox"/> Unarmed Guards Regular Hourly Rate \$ _____ Emergency Hourly Rate \$ _____	<input type="checkbox"/> Patrol Services Regular Hourly Rate \$ _____ Emergency Hourly Rate \$ _____
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Service Areas (State, City) : LIST PRICE IF DIFFERENT THAN AMOUNT PROVIDED ABOVE



Vendor RFI

1. What is your standard hiring process?
2. Do you complete background checks? If so, with who? (Local, State or Federal)
3. Would you share them with RSS if requested?
4. Do you drug test when hired and/or randomly?
5. Is a driver's license required for guards?
6. What is the minimum level of education required?
7. Are all guards US citizens?
8. Are all guards required to speak English?
9. Are the guards licensed individually or through the company? How often are guards required to renew their license?
10. What is the training process for your guards?

I hereby declare that the above statements are true to the best of my knowledge and belief.

Company Name _____

Name _____

Date _____



Credit References

Certified Security Services LLC

PO Box 71638
Newman, GA 30263
Contact: Howard Hagood
Phone: (404) 822-2507

Integrity Security Services Inc

5616 W Irving Park Rd
Chicago, IL 60634
Contact: Selvin Mendez
Phone: (773) 726-9003

Smart Security

625 South Anna
Wichita, KS 67147
Contact: Malinda
Phone: (316) 570-6032 625

New Concept Security

PO Box 588,
Anaheim, CA 44121
Contact: Gamil Sayed
Phone: (714) 808-3369

ASAP Secured INC

8160 Parkhill Drive
Milton, ON L9T5V7
Contact: Rosanne D'Amico
Phone: (877) 923-2727

Monumental Security

8313 Harriellan
Severn, MD 21144
Contact: Vattid Memic
Phone: (202) 271-4133

TAX ID# 46-5613043

Bank Reference

TD Bank
Farmingville, NY 11763
Contact: Gina Dowd
Phone: 631-696-1402

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