

VENDOR PACKET



VENDOR PACKET – USA

Prepared for :
Retail Security Services

V 11.8.23

TABLE OF CONTENTS



Security Guard Guidelines	3
Paperwork Requirements	4
Insurance Agreement	5
W9	6
Sample COI	7
Check In & Check Out Procedure	8
Vendor Form	9
Vendor RFI	10, 11
Confirmation Email	12
Credit References	14



- 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 are required to have a completed state, federal or local background check, prior to providing services at our locations.
- All guards must speak fluent English in order to be able to effectively communicate with the managers and RSS representatives.
- 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 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).
- No shift can be cancelled unless directed by RSS. (If the guard is not needed due to work being cancelled, 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.*
- 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).
- 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.**
- 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 must remain in the store for the entire shift; guards cannot exit and re-enter the location for any reason (example: Guards are not permitted to smoke during scheduled shifts). Violation of this guideline may result in no pay for scheduled shift.
- All guards must be given the post orders attached to the work order.
- 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.
- Guard is not to let any employees in the store when a manager is not present.
- Guards are not to be overly friendly with staff, must remain professional at all times.
- 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.
- If guard service is cancelled 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 delay— the guard company will **NOT be permitted to bill the 4-hour minimum.**

NAME:

DATE:

COMPANY:

SIGNATURE:

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 certification 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 names and address (**must come from your insurance company**).
- GL policy contains full assault & battery coverage

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.

SECURITY GUARD COMPANY LICENSE

- All security guard companies MUST provide RSS with a copy of the security guard company license.

W-9 FORM

- Complete the enclosed W-9. If you are providing your social security number, please advise the name that applies to that social security number. Please sign and return to us.

STANDARD FORM OF IDEMNIFICATION

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

RSS IS TAX EXEMPT

- RSS is tax exempt in several states, if this applies to your company RSS will send you the necessary documents for tax exemption.



RETAIL SECURITY
SERVICES INC

IDEMNIFICATION, HOLD HARMLESS, AND INSURANCE AGREEMENT



A. INDEMNIFICATION AND HOLD HARMLESS

To the fullest extent permitted by law, _____,
("Subcontractor"), 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.com'. 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.**

▶ 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 *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 2%; border: none;">-</td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 2%; border: none;">-</td> <td style="width: 46%; border: 1px solid black; height: 20px;"></td> </tr> </table>		-		-	
	-		-		
or					
Employer identification number					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 2%; border: none;">-</td> <td style="width: 73%; border: 1px solid black; height: 20px;"></td> </tr> </table>		-			
	-				

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 ▶
------------------	----------------------------	--------

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)

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 #
INSURED	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 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"/> PROJECT <input type="checkbox"/> LOC OTHER:	X	X	Policy #	Dates	Dates	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000,000 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 <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						
	<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? (Mandatory in NH) <input type="checkbox"/> Y/N 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)

Retail Security 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 RSS, Inc.
GL policy contains full assault & battery coverage.

<p>CERTIFICATE HOLDER</p> <p>Retail Security Services, Inc 5 Orville Drive Suite 100 Bohemia, NY 11716</p>	<p>CANCELLATION</p> <p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE</p>
---	---



GUARDS ARE REQUIRED TO CHECK IN AND OUT FOR ALL SHIFTS.

- **SEND TEXT MESSAGE TO 631-605-7024**
(Include Name, RSS WO#, Check in/out Time, Name of Location)
- **CALL 631-346-3570 AND LEAVE A VOICEMAIL**
(Include Name, RSS WO#, Check in/out Time, Name of Location)
- **CALL 631-346-3570 AND SPEAK WITH A RSS REPRESENTATIVE**
(Provide RSS WO#, Check in/out Time, Name of Location)

Failure to check in and out may result in payment delays

THE RSS WORK ORDER AND ATTACHED POST ORDERS MUST BE PROVIDED TO THE SECURITY GUARD SCHEDULED TO WORK

All guards are required to know the expectations of the client when they arrive on site

The RSS WO needs to be signed by a manager upon completion, this document must be submitted with the invoice.

Once your company has been fully onboarded, our accounting department will email details regarding the billing requirements.

OUR STANDARD PAYMENT TERMS ARE 45 DAYS FROM RECEIPT OF INVOICE and MANAGER SIGN OFF.

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: _____

MAILING/BILLING ADDRESS (FOR PAYMENTS)

Address: _____

City: _____ State: _____ Zip: _____

Office #: _____

Fax #: _____

Billing Email (Required) : _____

How Many Are Fulltime Guards On Your Payroll? _____

How Many Are Partime Guards On Your Payroll? _____

PHYSICAL ADDRESS

Address: _____

City: _____ State: _____ Zip: _____

Office #: _____

Fax #: _____

Email Address (Operations): _____

Does your county, city, state require your company

company to have a security licence? **Yes** **No**

License Type: _____

License Number: _____

Expiration Date: _____

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 #: _____

Nighttime Name: _____

Tel #: _____

Emergency Name: _____

Tel #: _____

Alternative Name: _____

Tel #: _____

After Hours Email: _____

After Hours Tel #: _____

SERVICE CATEGORIES

ARMED GUARDS

Regular Hourly Rate \$ _____

Emergency Hourly Rate \$ _____

UNARMED GUARDS

Regular Hourly Rate \$ _____

Emergency Hourly Rate \$ _____

PATROL SERVICES

Regular Hourly Rate \$ _____

Emergency Hourly Rate \$ _____

SERVICE AREAS (STATE / COUNTY / CITY)

1. What is your hiring process?
2. Does your state require you to complete background checks when hiring a new guard?
3. Do you complete background checks?
4. If so, what sources are you using and how often do you complete these background checks?
5. Would you share them with RSS if requested?
6. Do you drug test when hired, randomly or both?
7. Is a driver's license required for guards?
8. What is the minimum level of education required?
9. Are all guards U.S. citizens?

10. Are all guards required to speak English?
11. Are the guards licensed individually or through the company?
12. How often are unarmed guards required to renew their license?
13. How often are armed guards required to renew their license?
14. What is your standard training protocol for guards?
15. Do you provide guard services statewide, regionally or nationally?
16. Is your company certified to provide fire watch services?
17. How many guards are fire watch certified?
18. What kind of uniforms do you have for your guards? *Example Tactical, Suits, Security Polos....*
19. Is your company Woman–Owned, Minority–Owned, or Veteran–Owned? (Check any, if applicable):

Woman–Owned	Minority–Owned	Veteran–Owned	None of these apply
-------------	----------------	---------------	---------------------

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

Company Name: _____ **Date:** _____

Name: _____ **Title:** _____

CONFIRMATION EMAIL

- Vendor gets emailed in the morning if they have a visit scheduled for that day.
 - *On Friday – email includes shifts scheduled for Saturday & Sunday too.
- Vendor must provide 1st & last name for the guard scheduled & phone number to reach guard or supervisor after hours if there is a problem (or guard doesn't check in when scheduled).
- If vendor has multiple work orders scheduled, each one would be listed separately – All must be filled in before it is submitted.
- Web confirmations must be filled out before they expire at 3pm each day.
- Guard info must be accurate. This information may be provided to some clients or malls to verify who will be on-site – especially for overnight work.

RSS CONFIRMATION EMAIL EXAMPLE:



CREDIT REFERENCES

New Concept Security

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

ISL Security Inc

139 S Beverly Drive #235
Beverly Hills, CA 90212
Contact: Matt
Phone: (661) 904-8700

Dehl Security Services Inc

685 Nostrand Avenue Suite 1
Brooklyn, NY 11216
Contact: Joy Omafua
Phone: (718) 285-9994

Logixx Security Inc

1955 Leslie Street
Toronto, ON M3B 2M3
Contact: Rosanne D'Amico
Phone: (877) 923-2727

Premium Security Services, Inc.

318 Richfield Road
Upper Darby, PA 19082
Phone: 484-781-7110

Tactical Guard Services

1006 109th St.
Tacoma, WA 98445
Contact: Poong Cho
Phone: (808) 953-0915

TAX ID# 46-5613043

Bank Reference

Dime Community Bank
41 E Main Street
Patchogue, NY 11772
Phone: (631) 923-1495



RETAIL SECURITY
SERVICES INC