



GreenGrowRooms™



NEW CONTRACTOR ENROLLMENT INSTRUCTIONS



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NEW CONTRACTOR ENROLLMENT INSTRUCTIONS

Thank you for your interest in becoming a vendor contractor for Green Grow Rooms, LLC, "Green Grow Rooms". In order for you to provide services to one or more projects managed by International Coolers, you will need to be certified through International Coolers insurance compliance program. Once you submit the required documents and they are approved, your company is ready to begin work on the project.

In order to complete the enrollment process your company must provide a W-9, company profile information, licenses (if applicable), and a signed contractor agreement. In order to become an approved contractor, the following steps must be performed:

1. Email ContractorSupport@GreenGrowRooms.com with the project name, address, city and state and service that you provide with your company information that includes business name, business address, business phone number and business email address.
2. International Coolers will assign you a unique six digit contractor id and gather insurance documents, a W-9, contractor agreement, and any other applicable information needed to designate you as an International Coolers "Per Client" approved vendor. For your reference, our contractor agreement, a sample insurance certificate, and a blank W-9 are attached.
3. All documents must be submitted directly to Green Grow Rooms via e-mail at Documents@GreenGrowRooms.com. Please include a cover sheet with the name of your company and reference the documents you are submitting.
4. Once completed, you will receive an email stating the documents are approved or if any updates need to be made.
5. Upon approval, your company is eligible to commence work for the client submitted for.

Please Note:

Until all requirements are met, Green Grow Rooms may not hire you as a contractor.

CONTACT INFORMATION

Email addresses are ContractorSupport@GreenGrowRooms.com and Documents@GreenGrowRooms.com

We look forward to working with you in the future!



3. INSURANCE REQUIREMENTS

All contractors performing any type of work while physically on the premises of any Green Grow Rooms, LLC job site must comply with the insurance requirements per contractors risk level requirements. Client specific as well as contractor specific requirements will be sent once added to our system. Please see an example with minimum requirements below. Contractors who do not conduct business while physically on location premises are exempt from this section.

(A) WORKERS' COMPENSATION

Contractor must provide Workers' Compensation Insurance including Employer's Liability coverage. Employer's Liability (Part B) of workers' compensation coverage must have limits of not less than the following:

- E.L. Each Accident \$500,000
- E.L. Disease — Each Employee \$500,000
- E.L. Disease — Policy Limit \$500,000

If contractor is a sole proprietor or a company that does not or will not have any employees, including family members, part-time, seasonal or day laborers, this coverage is not required. In this instance contractor shall contact Green Grow Rooms to obtain a Workers' Compensation Exemption Form which must be completed and returned to Green Grow Rooms. If at any time Contractor hires an employee, proof of a current workers' compensation policy shall be required. A waiver of subrogation shall apply in favor of _____ and the Ownership Entity(s) of their owned or managed properties where permitted by law.

(B) AUTOMOBILE LIABILITY LIMITS

Minimum Limits:

\$500,000 per occurrence combined single limit for bodily injury and property damage liability. This policy shall be on a standard form and written to cover all owned, hired & non-owned automobiles.

(C) COMMERCIAL GENERAL LIABILITY LIMITS

Minimum Limits:

- \$1,000,000 Each Occurrence
- \$1,000,000 Personal & Advertising Injury
- \$2,000,000 General Aggregate
- \$1,000,000 Products Completed Operations Aggregate

Coverage provided shall include the following:

1. Premises/Operations,
2. Aggregate Limits of Insurance per Project,
3. Blanket Contractual Liability, specifically in support of, but not limited to, the indemnity provisions of the Contract Documents,
4. Personal Injury Liability,
5. Broad Form Property Damage including Completed Operations, and
6. Coverage shall be on an occurrence basis.

Certificates of insurance and/or endorsements must be submitted with the following language to be accepted. Please provide exact language:

_____ and the ownership entity(s) of their owned or managed properties are included as an additional insured on the general liability policy(s) as their interests may appear solely in regard to work/service provided by the named insured."

The contractor's policy shall be primary and non-contributory. Any excess/umbrella policies are to be on a follows form basis. A waiver of subrogation shall apply in favor of the aforementioned parties where permitted by law.

4. INDEMNITY

Contractor agrees to waive all rights of subrogation, to indemnify, defend, and save _____, Owner and Owner's Agent harmless from and against any and all claims, losses, costs and liabilities arising out of damage to property, or injury to, or death of persons occasioned by or in connection with Contractor or Contractor's agents work. Contractor agrees to indemnify _____, Owner and/or Owner's Agent against same arising from its performance of work under the contract, including liability for injuries to its employees, dangerous conditions created while the work is being performed, and dangerous conditions resulting from improper completion of the contract.

5. SAFETY

Contractor warrants that it has the expertise to determine what safety procedures are required to protect workers and/or others during the performance of the contract, and that it will comply with, and ensure that its employees comply with, all safety requirements that are required by law, are standard in the industry or would be employed by a prudent person in performing the work at hand. Contractor has a duty to continually inspect the worksite to ensure safe working conditions.

6. CONTRACTOR'S PROPERTY AND MATERIALS

Contractor agrees to be solely responsible for insuring all personal property, including personal property of its employees, and all materials and equipment brought onto the property(s). Contractor shall indemnify, defend and save _____, owner, and owner's agent harmless from and against any loss or damage to such property. A waiver of subrogation shall apply in favor of the aforementioned parties where permitted by law.

7. EMPLOYEE SCREENING

IMMIGRATION COMPLIANCE

The Contractor shall comply with the Immigration Reform and Control Act of 1986 ("IRCA") in all respects for each employee who performs work pursuant to or in the furtherance of this Agreement. The Contractor warrants that an authorized representative of the Contractor has (1) verified that the employee is legally authorized to work in the United States for the duration of the Agreement; (2) required the employee to complete and execute Section 1 of the DHS Form I-9; (3) completed and executed Section 2 of the DHS Form I-9, and (4) processed through Department of Homeland Security-Employment Eligibility Verification "E.E.V." The Contractor further agrees to indemnify, defend and save Owner and/or Owner's Agents from and against any and all claims, losses, costs, and liabilities arising out of the Contractor's failure to comply with this provision.

CRIMINAL BACKGROUND SCREENING

Contractor warrants that each employee has been screened for a criminal background and Contractor will not allow any employees to work at any "Client Name Here" location if they have a conviction history of burglary, robbery or theft, and/or any violent crime against persons, or one that may pose a serious potential risk of injury to our employees and/or customers, regardless if the work is performed inside or outside a building location. Contractor acknowledges that an authorized representative of its company has verified that each employee who performs work pursuant to this Agreement is legally authorized to work in the United States for the duration of this Agreement, and that a DHS Form I-9 for each employee has been fully completed and executed. Contractor acknowledges that all employees will be screened to ensure it currently does not or will not employ individuals listed in the following searches: OFAC search, Federal Terrorist List search, FBI most-wanted list search, money laundering crime search and a social security number trace.

8. ATTORNEYS' FEES & COSTS

Should any party commence an action to enforce or to interpret the terms and conditions of this Agreement, the prevailing party in such action shall be entitled to recover the costs and expenses of such litigation, including reasonable attorneys' fees, whether such costs and attorneys' fees are incurred in a trial court, appellate court, or in an arbitration proceeding

5. SAFETY

Contractor warrants that it has the expertise to determine what safety procedures are required to protect workers and/or others during the performance of the contract, and that it will comply with, and ensure that its employees comply with, all safety requirements that are required by law, are standard in the industry or would be employed by a prudent person in performing the work at hand. Contractor has a duty to continually inspect the worksite to ensure safe working conditions.

By signing below, Contractor acknowledges compliance with all requirements stated in this document. Changes or modifications to this agreement by Contractor shall not be binding unless acknowledged in writing by a Principal Or Authorized Agent Of .

Signature of Authorized Agent

Printed Name/Title of Authorized Agent

Address

City, State, ZIP

Date Signed

Telephone Number

Return completed document to Green Grow Rooms via e-mail:

Documents@GreenGrowRooms.com



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)

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	CONTACT NAME:		
	PHONE (A/C, No, Ext)	FAX (A/C, No)	
	E-MAIL ADDRESS:		
	INSURERS AFFORDING COVERAGE		NAIC #
	INSURER A: INSURER MUST HAVE A RATING OF A- OR HIGHER)		
INSURED	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
	INSURER F:		

SAMPLE CERTIFICATE

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF DATE(MM/DD/YY)	POLICY EXP DATE(MM/DD/YY)	LIMITS	
	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> <input type="checkbox"/> GEN <input checked="" type="checkbox"/> L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
							MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS-COMP/OP AGG	\$ 1,000,000
	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> <input type="checkbox"/>					COMBINED SINGLE LIMIT Or BODILY INJURY/Person BODILY INJURY/Accident PROPERTY DAMAGE	COMBINED SINGLE LIMIT (Ea accident)	\$ 500,000
							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 <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
	WORKERS COMPENSATION AND EMPLOYERS <input checked="" type="checkbox"/> LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						WC STATU-ORY LIMITS	OTH-ER
							E.L. EACH ACCIDENT	\$ 500,000
							EL DISEASE-EA EMPLOYEE	\$ 500,000
							EL DISEASE <input checked="" type="checkbox"/> POLICY LIMIT	\$ 500,000

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

CLIENT OR MANAGEMENT/PROPERTY OWNER AND THE OWNERSHIP ENTITY(S) OF THEIR OWNED OR MANAGED PROPERTIES ARE ADDITIONAL INSURED ON THE GENERAL LIABILITY AND AUTO LIABILITY POLICIES SOLELY IN REGARD TO WORK/SERVICE PROVIDED BY THE NAME INSURED.

CERTIFICATE HOLDER

CANCELLATION

MANAGEMENT COMPANY/OWNER ADDRESS CITY, STATE, ZIP

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

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"/> 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) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
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									
				-				-	
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 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.