

SERVICE PROVIDER APPLICATION



Cinch Home Services, Inc. (CHS"), grants the service provider named below the opportunity to perform service repairs subject to the terms and conditions herein, for existing or future CHS customers. This agreement extends for a one year period and is renewable based on the terms of the renewal clause as described in the provider manual.

GENERAL INFORMATION			
COMPANY NAME:			DATE:
DOING BUSINESS AS (DBA):			
PHYSICAL ADDRESS (REQUIRED):		CITY:	STATE: ZIP:
P.O. BOX (OPTIONAL):		CITY:	STATE: ZIP
PHONE #:	FAX#:	CELL#:	EMERGENCY#:
EMAIL ADDRESS:		WEBSITE:	
NATURE OF BUSINESS:			YEARS IN BUSINESS:
TAX FILING INFORMATION			
BUSINESS TYPE: <input type="checkbox"/> INDIVIDUAL/ SOLE PROPRIETORSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> TRUST/ESTATE <input type="checkbox"/> LLC (Tax Classification) <input type="checkbox"/>			
OWNER'S NAME:			
SOCIAL SECURITY NUMBER OR EMPLOYER OR IDENTIFICATION NUMBER:			
OPERATIONS INFORMATION			
NO. OF RESIDENTIAL TECHNICIANS:		NO. OF UNIFORMED TECHNICIANS:	
TRADE LICENSE NO.(S):		LICENSE HOLDER'S NAME:	
ARE TECHNICIANS MOBILE- ENABLED		IF YES: Which operation system used?	
ARE TECHINICAN BACKGROUND CHECKS PERFORMED? <input type="checkbox"/> Yes <input type="checkbox"/> No			
HOURS OF OPERATION ____ AM to ____ PM <input type="checkbox"/> MON- FRI <input type="checkbox"/> SATURDAY <input type="checkbox"/> SUNDAY			
BUSINESS PHONE MAINTAINED BY: <input type="checkbox"/> ANSWERING SERVICE: <input type="checkbox"/> DIRECT TO COMPANY: <input type="checkbox"/>			
EMERGENCY PHONE MAINTAINED BY: <input type="checkbox"/> ANSWERING SERVICE: <input type="checkbox"/> DIRECT TO COMPANY: <input type="checkbox"/>			
CREDIT CARDS ACCEPTED <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> AMEX <input type="checkbox"/> Other _____			
PROGRAM OPTIONS			
PROGRAM OPTION OF YOUR CHOICE: <input type="checkbox"/> WARRANTY <input type="checkbox"/> SERVICE EXTEND <input type="checkbox"/> BUOY INSTALLATIONS			
SELECT AVAILABLE DAYS FOR CHS JOBS : <input type="checkbox"/> (Mon) <input type="checkbox"/> (Tues) <input type="checkbox"/> (Wed) <input type="checkbox"/> (Thurs) <input type="checkbox"/> (Fri) <input type="checkbox"/> (Sat) <input type="checkbox"/> (Sun)			
SELECT AVAILABLE SCHEDULE FOR CHS JOBS (Choose only one) : <input type="checkbox"/> (8am-12pm) <input type="checkbox"/> (12pm-4pm) <input type="checkbox"/> (8am-4pm) DAILY MAX JOBS ____			
APPROXIMATELY HOW MANY CASH CALLS (NON-WARRANTY) DO YOU RUN PER WEEK? _____			
ARE YOU A SERVICE PROVIDER TO ANY OTHER HOME WARRANTY PROGRAM? <input type="checkbox"/> Yes <input type="checkbox"/> No			
WOULD YOU AGREE TO INSTALL PARTS AND/OR EQUIPMENT SUPPLIED BY CHS? <input type="checkbox"/> Yes <input type="checkbox"/> No			
DESCRIBE ANY OTHER SPECIAL CONSIDERATIONS OR SERVICES THAT YOU WILL OFFER TO CHS AND ITS CUSTOMERS _____			

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) _____ <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																										
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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 ▶
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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)

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 - 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.*

WORKERS' COMPENSATION INSURANCE WAIVER AND INDEMNIFICATION AGREEMENT

Workers' Compensation Insurance is a state-by-state mandated law and may be compulsory in your state or states of service. In the event your company does not maintain Workers' Compensation Insurance, you must complete and sign this form with a statement of your exemption.

Under penalties of law, I certify that:

In the applicable state(s) listed below, my company is exempt from maintaining Workers' Compensation Insurance for the following reason(s):

State(s) in which the applicable state law(s) applies: _____

- I have received an exemption certificate from the State Workers' Compensation Office (**Please Provide**);
 - The # of employees I employ falls below the state required minimum (**The current # of employees is _____**);
 - I am a Sole Proprietor or LLC and only employ sub-contracted workers which are exempt in the referenced states;
 - I only service the state of Texas and I have chosen to waive the "Elective" coverage; (**Texas only**)
 - We qualify as a "Self-Insurer" and are exempt from the compulsory coverage (**Attached proof of Self Insured Status**);
 - Our industry is exempt from the "compulsory" coverage (**My industries are _____**);
 - Other (please explain)**
- _____
- _____

I further acknowledge that by signing this Workers' Compensation Insurance Waiver and Indemnification Agreement, as a Company Owner, Officer, Member or Director, (hereinafter referred to as "Service Provider ") and in consideration for participating in the provision of the services, I hereby release, waive, discharge and covenant not to sue PlusOne Solutions, Inc. or any entity that I enter into a contract with to provide services, as well as their respective parents, subsidiaries or other affiliates, officers, agents or employees ("**Releasees**") from any and all liability, claims, demands, actions and causes of action of any kind or nature arising out of or related to any loss, damage or injury, including death, that Service Provider may sustain resulting from participation in or in any way connected with providing the services, regardless of whether such liability arises in tort, contract, strict liability or otherwise.

Service Provider further covenants and agrees to indemnify and hold harmless the Releasees from any loss, liability, damage or costs, including attorneys' fees and court costs, they may incur arising out of or related to providing the services, whether caused by the negligence of the Releasees or otherwise. It is Service Provider's express intent that this Workers' Compensation Insurance Waiver and Indemnification Agreement ("Waiver and Release") bind the Service Provider, its officers, directors, shareholders and employees, and their respective family members, spouse, heirs, estates, assigns, personal representatives and anyone else entitled to act on Service Provider's behalf and to the extent they act on Service Provider's behalf, and is deemed as a release, waiver, discharge and covenant not to sue the Releasees.

In the event that Workers' Compensation Insurance is required at a later date, I will acquire the necessary Workers' Compensation Insurance according to the state requirements and report the coverage as soon as possible. A certificate of such insurance will be provided to PlusOne Solutions, Inc., at that time.

Company Name: _____ Tax ID: _____

Signature of Company Owner or Officer: _____

Printed Name of Company Owner or Officer: _____ Date: _____

Signature of Witness: _____

Printed Name of Witness: _____ Date: _____

This form will remain on file and may serve as an accepted replacement of your workers' compensation coverage if your agreement stipulates "as required by applicable state law." Send this executed Waiver or Workers Compensation Certificate to:

PlusOne Solutions, Inc.
ATTN: Compliance Department
3501 Quadrangle Blvd. Ste 120
Orlando, FL 32817
Fax: 407-359-6929 or 877-943-0800

SERVICE PROVIDER PRODUCT LINES

Appliances

Built-In Grill	
Clothes Dryer - Electric	
Clothes Dryer - LP Gas	
Clothes Dryer - Natural Gas	
Clothes Washer	
Cooktop - Electric	
Cooktop - LP Gas	
Cooktop - Natural Gas	
Dishwasher	
Exhaust - Telescoping	
Food Processor	
Free Standing Ice Maker	
Freezer	
Microwave	
Preventative Maintenance - Appliance***	
Range - Electric	
Range - LP Gas	
Range - Natural Gas	
Range Exhaust Hood	
Refrigerator	
Trash Compactor	
Wall Oven - Electric	
Wall Oven - LP Gas	
Wall Oven - Natural Gas	

Appliance Brands

Appliance: Amana	
Appliance: Asko	

Appliance Brands

Appliance: Admiral	
Appliance: Bosch	
Appliance: Broan	
Appliance: Dacor	
Appliance: Electrolux	
Appliance: Estate	
Appliance: Fisher & Paykel	
Appliance: Frigidaire	
Appliance: Gaggenau	
Appliance: GE	
Appliance: GE Monogram Series	
Appliance: Haier	
Appliance: Hotpoint	
Appliance: Jenn-Air	
Appliance: Kenmore	
Appliance: Kitchenaid	
Appliance: LG	
Appliance: Magic Chef	
Appliance: Maytag	
Appliance: Meile	
Appliance: Roper	
Appliance: Royal Chef	
Appliance: Samsung	
Appliance: Sears	
Appliance: Subzero	
Appliance: Tappan	
Appliance: Thermador	
Appliance: Viking	
Appliance: Whirlpool	
Appliance: Wolf	

SERVICE PROVIDER PRODUCT LINES

Electrical

Attic Fan	
Bath Exhaust Fan	
Ceiling Fan	
Door Bell / Chime	
Electric Heat Lamp	
Energy Surveys	
General Electrical	
Light Fixture	
Main Panel	
Preventative Maintenance - Electrical***	
Receptacle/Outlet	
Smoke Detector	
Sub-Panel	
Switch	
Telephone Wiring	
Wiring	

Garage Door

Garage Door Opener	
Garage Door Repair/Replacement	
Preventative Maintenance - Garage Door System***	

Central Vacuum

Central Vacuum	
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SERVICE PROVIDER PRODUCT LINES

Plumbing

Bidet	
Booster Pump Well Pump System	
Buoy Installation***	
Diverter Valve	
Ext Sewer Line	
Ext Water Line	
Ejector Pump	
Faucet	
Garbage Disposal	
Gas Line	
General Plumbing	
Hose Bib	
Hot Water Dispenser	
On Demand - Electric	
On Demand - LP Gas	
On Demand - Natural Gas	
Plumb Sys- Sewage Ejector Pump	
Plumbing Stoppages	
Preventative Maintenance - Plumbing***	
Pump - Whirlpool	
Septic	
Septic Tank	
Septic Sewage Ejector Pump	
Septic Tank Pump Out	
Shower Pan	
Sink	
Standard Water Heater - Electric	
Standard Water Heater - LP Gas	
Standard Water Heater - Natural Gas	
Standard Water Heater - Oil	

Sump Pump	
Tankless (Water Heater)	
Toilet	
Tub and Shower Valve	
Vent Line	
Waste Line	
Water Filter Assembly	
Water Line	
Water Softener	
Well Pump	

SERVICE PROVIDER **PRODUCT LINES**

Swimming Pools & Spas

Pool/Spa Shared Filter Cartridge	
Pool/Spa Shared Filter DE	
Pool/Spa Shared Filter Sand	
Pool/Spa Shared Heater - Electric	
Pool/Spa Shared Heater - Heat Pump	
Pool/Spa Shared Heater - LP Gas	
Pool/Spa Shared Heater - Natural Gas	
Pool/Spa Shared Heater - Oil	
Pool/Spa Shared Pump	
Pool/Spa Shared Water Distribution System	
Pool Filter Cartridge	
Pool Filter Cartridge - Salt	
Pool Filter DE	
Pool Filter DE - Salt	
Pool Filter Sand	
Pool Filter Sand - Salt	
Pool Heater - Electric	
Pool Heater - Electric - Salt	
Pool Heater - Heat Pump	
Pool Heater - Heat Pump -Salt	
Pool Heater - LP Gas	
Pool Heater - LP Gas - Salt	
Pool Heater - Natural Gas	
Pool Heater - Natural Gas -Salt	
Pool Heater - Oil	
Pool Heater - Oil -Salt	
Pool Pump	
Pool Pump - Salt	
Pool Water Distribution Sys -Salt	

Pool Water Distribution	
Salt Water Cell	
Shared Filter Cartridge	
Shared Filter DE	
Shared Water Distribution System	
Spa Blower	
Spa Circulator Pump	
Spa Filter Cartridge	
Spa Filter DE	
Spa Filter Sand	
Spa Heater - Electric	
Spa Heater - LP Gas	
Spa Heater - Natural Gas	
Spa Heater - Oil	
Spa Pack	
Spa Pump	
Spa Water Distribution System	

SERVICE PROVIDER PRODUCT LINES

HVAC

Baseboard - Electric	
Boiler - Electric	
Boiler - LP Gas	
Boiler - Natural Gas	
Boiler - Oil	
Dehumidifier	
Ductwork - Fglass (Fiberglass)	
Ductwork - Flex	
Ductwork - Metal	
Furnace - Electric	
Furnace - Geothermal	
Furnace - LP Gas	
Furnace - Natural Gas	
Furnace - Oil	
Gas Package Air - Natural Gas	
Gas Package Heat - Natural Gas	
Gas Packaged Unit Electric - Heat	
Gas Packaged Unit Electric- Air	
Glycol Boiler - Electric	
Glycol Boiler - LP Gas	
Glycol Boiler - Natural Gas	
Glycol Boiler - Oil	
Heat Pump - Geothermal	
Heat Pump Geothermal - Package	
Heat Pump Geothermal - Split System	
Heat Pump - Package	
Heat Pump - PTAC	
Heat Pump - Split System	
Heat Pump - Wall Unit	
Heat Pump - Water Source	
Heat Pump - Window Unit	

Heat Pump Water Source- Package	
Heat Pump Water Source- Split System	
Humidifier	
Straight Cool - Package	
Straight Cool - PTAC	
Straight Cool - Split System	
Straight Cool - Wall Unit	
Straight Cool - Window Unit	
Wood Stove	
Preventative Maintenance - Air Conditioning***	
Preventative Maintenance - Heating System***	
Preventative Maintenance - Heating, Venting & Air Conditioning***	

SERVICE PROVIDER RATES & PARTS/ EQUIPMENT MARKUP

Rates offered to CCHS and our Customers for which you are licensed as required by your State.

TRADES : PLUMBING * ELECTRICAL * APPLIANCES * COOLING & HEATING (HVAC) * GARAGE DOOR * POOLS & SPA

DIAGNOSTIC FEE (SERVICE CALL FEE): *Travel to the customer's home plus 1/2 hour for diagnosis*

HOURLY RATE : *Labor rate per hour*

PM (PREVENTATIVE MAINTENANCE): *Flat Rate fee for checking all items listed for that trade as covered by warranty*

TRADES

1st Trade
(Required) _____

DIAGNOSTIC FEE

HOURLY RATE

PM FLAT RATE

WEEKEND

OVERTIME

Regular Rate (Retail)

CHS Discount (Wholesale)

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

2nd Trade
(Optional) _____

DIAGNOSTIC FEE

HOURLY RATE

PM FLAT RATE

WEEKEND

OVERTIME

Regular Rate (Retail)

CHS Discount (Wholesale)

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

3rd Trade
(Optional) _____

DIAGNOSTIC FEE

HOURLY RATE

PM FLAT RATE

WEEKEND

OVERTIME

Regular Rate (Retail)

CHS Discount (Wholesale)

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

MARKUP ON EQUIPMENT

WHOLESALE COST IS BETWEEN \$1 - \$150

WHOLESALE COST IS BETWEEN \$151 - \$300

WHOLESALE COST IS BETWEEN \$301 - \$500

WHOLESALE COST IS OVER \$501

MARKUP

PREFERRED MARKUP GUIDELINE

_____ %

20%

_____ %

20%

_____ %

20%

_____ %

20%

SERVICE PROVIDER RATES & PARTS/ EQUIPMENT MARKUP

Rates offered to CCHS and our Customers for which you are licensed as required by your State.

TRADES : PLUMBING * ELECTRICAL * APPLIANCES * COOLING & HEATING (HVAC) * GARAGE DOOR * POOLS & SPA

DIAGNOSTIC FEE (SERVICE CALL FEE): *Travel to the customer's home plus 1/2 hour for diagnosis*

HOURLY RATE : *Labor rate per hour*

PM (PREVENTATIVE MAINTENANCE): *Flat Rate fee for checking all items listed for that trade as covered by warranty*

Buoy™INSTALL (Buoy™ Installation) : *Fee for Service performed at a Flat Rate of \$140 for Standard Installations*

TRADES

1st Trade
(Required)

PLUMBING

DIAGNOSTIC FEE

HOURLY RATE

PM FLAT RATE

WEEKEND

OVERTIME

Buoy™ INSTALL

Regular Rate (Retail)

CHS Discount (Wholesale)

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

2nd Trade
(Optional)

DIAGNOSTIC FEE

HOURLY RATE

PM FLAT RATE

WEEKEND

OVERTIME

Regular Rate (Retail)

CHS Discount (Wholesale)

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

MARKUP ON EQUIPMENT

MARKUP

PREFERRED MARKUP GUIDELINE

WHOLESALE COST IS BETWEEN \$1 - \$150

_____ %

20%

WHOLESALE COST IS BETWEEN \$151 - \$300

_____ %

20%

WHOLESALE COST IS BETWEEN \$301 - \$500

_____ %

20%

WHOLESALE COST IS OVER \$501

_____ %

20%