



## New Vendor Setup Form – Onsite

Vendor Name \_\_\_\_\_  
(must match W-9)

Remit-to Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact Name \_\_\_\_\_

Remit-to Email Address \_\_\_\_\_  
(EMAIL REQUIRED)Contact Email Address \_\_\_\_\_  
(IF DIFFERENT THAN REMIT-TO EMAIL)

Phone Number (with area code)

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Federal I.D. Number

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**OR**

Social Security Number

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FEIN OR SSN REQUIRED

**Rogers Group requires Direct Deposit to be set up as a Vendor. Please include a voided check or bank letter.**

If a credit application is required to be completed, please include.

**Diverse Business Status (at least one box must be checked)**

- Please check all that apply and sign below to self-certify business diverse status(es).
- Determine your size status at <http://www.sba.gov/content/table-small-business-size-standards>

- |  |   |
|--|---|
| <input type="checkbox"/> Small Business (SB)                         | <input type="checkbox"/> Veteran Owned Service-Disabled Business (SSDV) |
| <input type="checkbox"/> Small Disadvantaged/Minority Business (SDB) | <input type="checkbox"/> Veteran Owned Small Business (SVB)             |
| <input type="checkbox"/> Small Qualified HUB Zone Business (HUB)     | <input type="checkbox"/> Women Owned Small Business (SWB)               |
| <input type="checkbox"/> Tennessee Valley Business (TVA)             | <input type="checkbox"/> No Designation/None of the above               |

\_\_\_\_\_  
Supplier Authorized Rep. Printed\_\_\_\_\_  
Signature\_\_\_\_\_  
Date

**All fields below are required by RGI personnel prior to submitting to [vendorinfo@rogersgroupinc.com](mailto:vendorinfo@rogersgroupinc.com).**

What type of services/goods will supplier provide? : \_\_\_\_\_  
\*If a donation or non-service/good, please specify.

Who is requesting this setup? : \_\_\_\_\_  
\*This is **not** asking who is submitting the setup. This should be whoever has **requested the setup for the location**.

Intercompany Site    ☐ RGI (038)    ☐ REO (027)    ☐ MSS (025)    ☐ HRM (050)

\_\_\_\_\_  
Controller/VP/SMA Mgr./Dir of RM Name Printed\_\_\_\_\_  
Signature\_\_\_\_\_  
Date

*An Equal Opportunity Employer: Minority/Female/Vets/Disability/Gender Identity/Sexual Orientation*

**Request for Taxpayer  
Identification Number and Certification**

Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

**Give form to the  
requester. Do not  
send to the IRS.**

**Before you begin.** For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	<b>1</b> Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)	
	<b>2</b> Business name/disregarded entity name, if different from above.	
	<b>3a</b> Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.  <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . . <b>Note:</b> Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) _____	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) _____  Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____  (Applies to accounts maintained outside the United States.)
	<b>3b</b> If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . . <input type="checkbox"/>	
	<b>5</b> Address (number, street, and apt. or suite no.). See instructions.	Requester's name and address (optional)
	<b>6</b> City, state, and ZIP code	
	<b>7</b> 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. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>											
				-				-			
<b>or</b>											
<b>Employer identification number</b>											
					-						

**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.

<b>Sign Here</b>	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](http://www.irs.gov/FormW9).

**What's New**

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

**Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

# INDEMNITY AGREEMENT

THIS INDEMNITY AGREEMENT, herein called "This **Agreement**" has been entered into and effective on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by and between Rogers Group, Inc., an Indiana corporation, individually and on behalf of all of its affiliates, subsidiaries and related entities, whether now existing or hereafter constituted (individually and collectively herein called "**Rogers Group, Inc. IAAS**", and \_\_\_\_\_, herein called "**Vendor/Contractor**".

1. **INDEMNITY.** Vendor/Contractor agrees to indemnify and hold Rogers Group, Inc. IAAS harmless from and against any claim, demand, action, loss, or damage, including attorney fees, costs, expenses, settlements, judgments, and all other expenses to which Rogers Group, Inc. IAAS may be subjected ("**Losses**") to the extent arising from, or relating to, Vendor's/Contractor's acts or omissions including Vendor's/Contractor's performance of any services for Rogers Group, Inc., IAAS pursuant to any agreement, purchase order, or other terms and conditions, and including Losses arising from or relating to and acts or omissions of Vendor's/Contractor's employees, agents, representatives and subcontractors, except to the extent caused by the negligence or willful misconduct of Rogers, its officers, employees or agents. Without limiting the foregoing, Vendor's/Contractor's indemnification granted herein shall apply to any claim for worker's compensation benefits that is brought by, or through, the Vendor/Contractor or any of its employees, agents, representatives and subcontractors in connection with their performance under this Agreement. All terms and conditions contained in an any acknowledgment, invoice or other document of Vendor/Contractor that conflict with the terms set forth in this Agreement are superseded and shall be without force or effect - notwithstanding Rogers Group, Inc. IAAS' act of acceptance of goods or work, or a payment therefore.

2. **INSURANCE.** Vendor/Contractor shall carry and maintain, at the Vendor's/Contractor's sole cost and expense, commercial general liability, automobile liability, and workers compensation and employer's liability with limits as outlined in the attached Vendor/Contractor Certificate of Insurance Requirements page, or otherwise deemed acceptable to Rogers Group, Inc. IAAS. All coverage must be primary and non-contributory and include a waiver of subrogation in favor of Rogers IAAS and any applicable Contracting Parties, where legally allowed. The applicable policies shall be endorsed to name Rogers Group, Inc. IAAS as additional insured and include an endorsement providing that the insurer will give Rogers IAAS written notice at least thirty (30) days prior to any cancellation, and notice of any change of; coverage limits, deductibles, terms, or endorsements.

3. **TERM.** This agreement shall remain in force and effect unless cancelled in writing by either party by giving fifteen (15) days written notice to that effect to the other party, but such termination shall not release either party from any liability or obligation resulting or arising from any acts, omissions, or events happening prior to such termination.

4. **ENTIRE AGREEMENT, AMENDMENT & ASSIGNMENT.** This agreement constitutes the entire agreement between the parties and supersedes any prior understanding or representation of any kind between the parties preceding the date of this Agreement that are not expressly contained herein. This Agreement may not be amended except as evidenced by a written amendment executed by Rogers IAAS and Vendor/Contractor. This Agreement shall be binding upon and inure to the benefit of the parties hereto, their successors and assigns. Each of Rogers IAAS Group, Inc.'s affiliates, subsidiaries and related entities, whether now existing or hereafter constituted, are intended third-party beneficiaries of this Agreement and shall be entitled to the benefits of this Agreement.

IN WITNESS WHEREOF, the parties have entered into this Agreement effective on the date first written above.

## Rogers Group, Inc. IAAS

\_\_\_\_\_  
(Complete Business Name of Vendor/Contractor)

**Name in first paragraph & here MUST match  
name noted on W-9, including DBA name, etc.**

\_\_\_\_\_  
(Signer for Vendor/Contractor)

**By signing above, I attest I am authorized to enter  
Vendor/Contractor into legally binding documents.**

\_\_\_\_\_  
(Signature of Controller/VP-SMA Mgr. or Above)

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Title)

## On Site Vendor/Contractor - Certificate of Insurance Requirements

Provide a Certificate of Insurance per the below requirements to: Rogers Group, Inc., IAAS

- Commercial General Liability with minimum limits of \$1,000,000 per Occurrence, \$2,000,000 General Aggregate, \$1,000,000 Products/Completed Operations Aggregate, and \$1,000,000 Personal & Advertising Injury Aggregate.
- Commercial General Liability must cover Premises and Operations, Products and Completed Operations, Contractual Liability, & Independent Contractors Liability.
- Commercial General Liability policy must include **Rogers Group, Inc. IAAS** as an Additional Insured.
- Automobile Liability – Business or Commercial Auto Liability, limits of not less than \$500,000 Combined Single Limit (CSL), if Personal Auto Liability, State Minimum limits are required.
  - **IF** the Vendor/Contractor is hauling product or equipment for **Rogers Group, Inc. IAAS**, we require a minimum \$1,000,000 Combined Single Limit with **Rogers Group, Inc. IAAS** named as Additional Insured/Designated Insured status in favor of.
  - **IF** the Vendor/Contractor is hauling Petroleum Based Products, i.e. fuel, liquid ac, tack, etc. for **Rogers Group, Inc. IAAS**, in addition to the above bulleted item, the Automobile Liability policy must include an MCS-90 Endorsement & a Broadened Coverage Pollution Liability Endorsement, prefer form CA 99 48 (10 13), or its equivalent.
  - **IF** the Vendor/Contractor has separate pollution liability coverage, the pollution liability policy details must be shown on the Certificate of Insurance.
- Workers Compensation providing Statutory coverage limits, together with Employers Liability with minimum limits of \$100,000 Each Accident; \$100,000 Occupational Disease-Each Employee; \$500,000 Occupational Disease-Policy Limit.
- **IF** you are a Staffing Agency, Workers' Compensation policies must include an Alternate Employer Endorsement that is Blanket in nature, **or** must list **Rogers Group, Inc. IAAS**, the state of employment, and the contract or project detail, as required on the endorsement.
- **IF** you are a Professional Firm (i.e. Consulting, Design/ Architect, Engineering, etc.), Professional Liability policy information must be reflected on the certificate of insurance.
- All above coverages must –
  - Include a Waiver of Subrogation in favor of **Rogers Group, Inc. IAAS**, where legally allowed.
  - Be primary or primary & non-contributory, depending on coverage. Primary coverage language must be included on the certificate of insurance.
  - Be written by a carrier with a minimum A.M. Best rating of A- or better AND a financial size classification of VII or higher.
- All certificates must include an authorized signature that is handwritten, mechanically written, or stamped.
- At least a 30 day notice of cancellation will be provided to **Rogers Group, Inc. IAAS**. If Carrier is unwilling to provide, Vendor/Contractor will be responsible for providing.
- A copy of ALL applicable policy endorsement(s) must accompany the certificate, or be provided shortly thereafter, in a form acceptable to **Rogers Group, Inc. IAAS**. Blanket endorsements are acceptable where any endorsements are required.

### Certificate Holder & Additional Insured:

**Rogers Group, Inc. IAAS**

**Attn: Risk Mgmt. Dept.**

**P.O. Box 25250**

**Nashville, TN 37202-5250**

Agreed by: \_\_\_\_\_

**Vendor's/Contractor's Initials**

**Date**



# 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).

<b>PRODUCER</b> <div>Your Insurance Agent's Name &amp; address</div>		<b>CONTACT NAME:</b> Agent's Contact Name <b>PHONE (A/C. No. Ext):</b> Phone <b>E-MAIL ADDRESS:</b> Email <b>FAX (A/C. No):</b> Fax	
<b>INSURED</b> <div>Named Insured Address City, State Zip Code</div>		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Name of Insuring Company/Carrier <b>INSURER B:</b> <b>INSURER C:</b> * Include corresponding Insurer Letter next to appropriate section below (A, B, C, etc.) <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	

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	
*	COMMERCIAL GENERAL LIABILITY			Y	Y	Assigned Policy # NO BINDER #'s	CURRENT POLICY DATES		EACH OCCURRENCE	\$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR								DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ no min
									MED EXP (Any one person)	\$ 5,000
									PERSONAL & ADV INJURY	\$ 1,000,000
									GENERAL AGGREGATE	\$ 2,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:								PRODUCTS - COMP/OP AGG	\$ 1,000,000	
<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC										\$
OTHER:										
*	AUTOMOBILE LIABILITY					Assigned Policy # NO BINDER #'s	CURRENT POLICY DATES		COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO								BODILY INJURY (Per person)	\$
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS								BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY								PROPERTY DAMAGE (Per accident)	\$
										\$
UMBRELLA LIAB								EACH OCCURRENCE	\$	
EXCESS LIAB								AGGREGATE	\$	
<input type="checkbox"/> OCCUR									\$	
<input type="checkbox"/> CLAIMS-MADE									\$	
DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>										
*	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			Y/N Y OR A N	Y	Assigned Policy # NO BINDER #'s	CURRENT POLICY DATES		<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)								E.L. EACH ACCIDENT	\$ 100,000
	If yes, describe under DESCRIPTION OF OPERATIONS below								E.L. DISEASE - EA EMPLOYEE	\$ 100,000
									E.L. DISEASE - POLICY LIMIT	\$ 500,000

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

Work Comp Excluded person(s) name(s) must be listed, if any are excluded.

Rogers Group, Inc. IAAS is Additional Insured with regards to General Liability (& Automobile Liability IF hauling RGI equipment or product). General Liability is Primary and Non-Contributory. Automobile Liability is Primary. Waiver of Subrogation included as respects to General Liability, Workers' Compensation, where legally allowed, (and Automobile Liability IF hauling RGI equipment or product).

<b>CERTIFICATE HOLDER</b> Rogers Group, Inc. IAAS Attn: Risk Management P.O. Box 25250 Nashville, TN 37202-5250	<b>CANCELLATION</b> 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 Certificate MUST be signed electronically or handwritten
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