



EPP Overview

Thank you for your interest in the Essential Systems Solutions Partner Program (EPP). Our goal is to work with only the very best individuals and/or companies that share our customer-centric values.

The purpose of this program is to allow Essential and you the opportunity to work together, on an as-needed basis. This will increase your business opportunities, without the hidden costs of trying to do it yourself; while it allows us to utilize “best in breed” providers like you, to increase our market share of the service industry.

As with any program, there are some administrative tasks that must be completed to allow us to work together. There are four documents related to this program:

1. **EPP Questionnaire:** *Please complete this form in its entirety to begin the process.* Please provide the best information you can because this form allows us to gather the information that we need to ensure that we can work together. Once you have submitted this Questionnaire, we will schedule a phone interview with a member of our Operations team. The purpose of the call is for both parties to ensure that we are a proper fit. After this call and assuming both parties want to move forward, you will be asked to submit the following three documents.
2. **EPP Contractor Agreement:** Please review this agreement prior to submitting the Questionnaire, but there is no need to submit it until we ask you too. This is a document that covers the responsibilities that we both must adhere too. We will both sign this agreement prior to working together.
3. **EPP W-9 Form:** Please review this form prior to submitting the Questionnaire, but there is no need to submit it until we ask you too. This is a required IRS form that we will need you to send to us prior to working together.
4. **Certificate of Liability Insurance (COI):** Please review the sample form that is within the EPP Questionnaire and send to your insurance company to ensure that you can comply prior to submitting the Questionnaire. This is a required form that we will need you to send to us prior to working together.

Note: If you do not, or will not, be able to provide a COI, you may register at Work Market (workmarket.com) or Field Nation (fieldnation.com) as a provider and send us your Provider ID.



To summarize, please fill out the Questionnaire after reviewing the Contractor agreement, the W-9 and the sample COI. Send the Questionnaire to EPP@esspos.com. Include your full name and Company name (if applicable) in the Subject line.

For any questions regarding the paperwork or insurance, please e-mail us at EPP@esspos.com.

We look forward to working with you!

The EPP Team
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