

# Essential Systems Solutions

Essential Partner Program (EPP) Questionnaire



**Please complete and return by e-mail to: [EPP@esspos.com](mailto:EPP@esspos.com)**

Essential Systems Solutions

4841 International Boulevard, Suite 105

Frederick, MD 21703

Phone: 301-732-5000

Fax: 301-378-2003

The information contained in this document will remain proprietary to Essential Systems Solutions, LLC (Essential). The information you provide will be held in strict confidence and will not, without your prior written consent, be disclosed, duplicated or used, in whole or in part, for any purpose other than evaluation by *Essential*.

After we receive this completed document and you are approved, we will provide you the EPP Contractor Agreement that will provide both of us a detailed account of our expectations and an in-depth description of both party's responsibilities.

Please answer the following questions that are applicable to your business. This application is for information-gathering purposes only and all responses will be considered. A phone interview will follow submission.

**COMPANY INFORMATION**

Company name: \_\_\_\_\_

Primary Contact/Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Office email: \_\_\_\_\_

Years in Business: \_\_\_\_\_

**DISPATCH INFORMATION/PROCESS**

*Please detail the dispatch information for normal business hours and after-hours requests:*

Primary contact name: \_\_\_\_\_ Primary contact phone: \_\_\_\_\_

Primary contact email: \_\_\_\_\_

Secondary contact name: \_\_\_\_\_ Secondary contact phone: \_\_\_\_\_

Secondary contact email: \_\_\_\_\_

Group contact name: \_\_\_\_\_ Group contact phone: \_\_\_\_\_

Group contact email: \_\_\_\_\_

Fax: \_\_\_\_\_

Special instructions: \_\_\_\_\_

**SERVICE RATES**

Standard hourly rate: \_\_\_\_\_ After hours/emergency rate: \_\_\_\_\_

Are there any days/hours you are unable to work? \_\_\_\_\_

**SERVICE AREA/TRAVEL CHARGES**

Travel radius: \_\_\_\_\_ Miles before travel charges are incurred: \_\_\_\_\_

Please describe the parameters of your service area: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TECHNICIANS**

Number of technicians: \_\_\_\_\_

Do you perform background checks on your technicians? \_\_\_\_\_

Are your technicians bonded? \_\_\_\_\_

How are your technicians trained? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CERTIFICATIONS**

Please list certifications or licenses held by technician(s) employed with your company (A+, MCSE, CCNP, Low Voltage, etc).\*:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*Please make special note if your company is licensed to pull low voltage permits.

## COMPETENCIES

Please check if your company has worked with the following:

Point of Sale Equipment:	<input type="checkbox"/> Never	<input type="checkbox"/> Occasionally	<input type="checkbox"/> 3x or more per month
Data/Network Cabling:	<input type="checkbox"/> Never	<input type="checkbox"/> Occasionally	<input type="checkbox"/> 3x or More Per Month
Wireless Drive-Thru Systems:	<input type="checkbox"/> Never	<input type="checkbox"/> Occasionally	<input type="checkbox"/> 3x or More Per Month
Printers, Scanners:	<input type="checkbox"/> Never	<input type="checkbox"/> Occasionally	<input type="checkbox"/> 3x or More Per Month
Order Confirmation Boards:	<input type="checkbox"/> Never	<input type="checkbox"/> Occasionally	<input type="checkbox"/> 3x or More Per Month
Digital Signage:	<input type="checkbox"/> Never	<input type="checkbox"/> Occasionally	<input type="checkbox"/> 3x or More Per Month
Hanging Monitors:	<input type="checkbox"/> Never	<input type="checkbox"/> Occasionally	<input type="checkbox"/> 3x or More Per Month
CCTV/DVR Systems:	<input type="checkbox"/> Never	<input type="checkbox"/> Occasionally	<input type="checkbox"/> 3x or More Per Month
IT Routers, Switches:	<input type="checkbox"/> Never	<input type="checkbox"/> Occasionally	<input type="checkbox"/> 3x or More Per Month
Servers, Workstations:	<input type="checkbox"/> Never	<input type="checkbox"/> Occasionally	<input type="checkbox"/> 3x or More Per Month
Self Service Kiosks:	<input type="checkbox"/> Never	<input type="checkbox"/> Occasionally	<input type="checkbox"/> 3x or More Per Month
WiFi Hotspots:	<input type="checkbox"/> Never	<input type="checkbox"/> Occasionally	<input type="checkbox"/> 3x or More Per Month
Software Migrations:	<input type="checkbox"/> Never	<input type="checkbox"/> Occasionally	<input type="checkbox"/> 3x or More Per Month

## TOOLS

Tools marked with an (\*) are tools required by ESSENTIAL.

Standard Tool Kit\*  Own  Do not own

*Standard tool kit includes drill, screw drivers, pliers, vise grips, crescent wrenches, hole saw, tape measure, hacksaw, claw hammer, steel fish tape, wire strippers, punch down tool for 110 (impact), crimping pliers, socket set, crimp tool (RJ45, RG58/59, fiber optic), coax stripper.*

LAN Cable Certifier\*  Own  Do not own

*Must have the ability to download, print and email test results*

Laptop\*:  Own  Do not own

Cell Phone \*:  Own  Do not own

8' – 12' Ladder \*  Own  Do not own

Volt Meter:  Own  Do not own

Impedance Meter:  Own  Do not own

Hammer Drill:  Own  Do not own

# References

## REFERENCE #1

Company name: \_\_\_\_\_

Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Contact email: \_\_\_\_\_ Date project performed: \_\_\_\_\_

Project description: \_\_\_\_\_

## REFERENCE #2

Company name: \_\_\_\_\_

Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Contact email: \_\_\_\_\_ Date project performed: \_\_\_\_\_

Project description: \_\_\_\_\_

**NOTE: A Certificate of Liability Insurance (COI) listing Essential Systems Solutions, LLC as the additional insured is required. An updated COI will be required each year for continued eligibility. Open this attachment to see requirements.**

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_



# Sample Certificate

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
01/01/2025

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).

<b>PRODUCER</b> Name of Agent Address of Agent City, State Zip	<b>CONTACT NAME:</b> PHONE (A/C, No. Ext): E-MAIL ADDRESS:		FAX (A/C, No):
	INSURER(S) AFFORDING COVERAGE		NAIC #
<b>INSURED</b> Name Insured Vendor Address City, State Zip	INSURER A :		
	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		

**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
<input checked="" type="checkbox"/>	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	POLICY NUMBER	EFF DATE	EXP DATE	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
<input checked="" type="checkbox"/>	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	<input type="checkbox"/>	<input type="checkbox"/>	POLICY NUMBER	EFF DATE	EXP DATE	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
<input type="checkbox"/>	<b>UMBRELLA LIAB</b> <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE EACH OCCURRENCE \$ AGGREGATE \$
<input type="checkbox"/>	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/>	<input type="checkbox"/>	POLICY NUMBER	EFF DATE	EXP DATE	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 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)  
 Certificate Holder (Entity) are included as an Additional Insured on the General Liability policy as their interest may appear in regard to work/services performed by the named Insured. General Liability and Workers Compensation includes Waiver of Subrogation in favor of the Certificate Holder applies.

<b>CERTIFICATE HOLDER</b> Essential Systems Solutions LLC 4841 International Blvd., Suite 105 Frederick, MD 21703	<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
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