



Dear Customer,

On behalf of JPG Services Inc, we would like to take this opportunity to welcome you to the JPG family. We know that you have many choices, and we appreciate the trust you have placed in our team. Everyone here at JPG is committed to helping you get the most out of our relationship.

JPG Services Inc (JPG) is a leading provider of commercial:

- HVAC
- Plumbing
- Industrial vacuum
- Predictive maintenance services

Established in 2006, JPG has expanded its capacity and capabilities, employing over 120 team members who provide "Prompt, Professional Solutions" to some of the most sophisticated customers in the Maryland, Washington DC, and Northern VA metropolitan area. JPG mobilizes for maximum effectiveness and efficiency while utilizing some of the most responsible and responsive vendors and subcontractors in the industry. Each member of the JPG team, including subcontractors and vendors, are required to commit to the JPG core values and safety program. Our key vendor partners are available 24/7, 365 days a year to provide critical resources and support for resolving our customers' most pressing issues.

I want to thank you again and give you my personal assurance that JPG will manage your business with the utmost professionalism. We owe our continued success to clients like you and thank you for trusting JPG with your service needs.

Best Regards,

Craig J. Ray

Director of Sales and Marketing

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At JPG Services, our top priority is to deliver exceptional customer service. As your trusted provider for full-service commercial plumbing, HVAC, industrial VAC, and mechanical and plumbing construction services, we are committed to delivering responsive, safe, sophisticated, and reliable solutions. Our investment in the latest technology and highly trained workforce allow us to quickly tackle even the most complex issues.

Commercial Plumbing

- Sump & Sewage Pumps
- · Water Metering
- CCTV Camera Pipeline Inspection
- Water Heaters & Boilers
- Drain & Sewer Cleaning
- Natural Gas Piping
- Backflow Inspection, Certification, and Repair
- · High Pressure Water Jetting
- Drain Snaking
- · Storm Drains & Piping
- Domestic/Potable Water Systems
- Preventative Maintenance

Commercial HVAC

- Installation
- Replacement
- Repair
- · Preventative Maintenance
- Liebert Units

Innovation

- Leak Defense
- Smart Bathroom
- Smart Mixing Valves
- Pipe Relining
- TankVision

Industrial VAC

- Sovent Cleaning
- · Storm-water Filter Cleaning
- · Robotic Pipe Inspection
- Hydro Excavation
- · Ejector Pit Cleaning & Maintenance
- Grease Trap Cleaning & Maintenance
- Preventative Maintenance
- MS-4 Inspections

Mechanical & Plumbing Construction

- New Construction
- Renovation
- Retro Fitout
- Roof Top Package Units
- Pumps
- · Steam & Water Boilers
- · Air & Water Cooled Chillers
- Gas & Oil Furnaces
- Geo Thermal
- Heat Pumps
- Energy Audits
- Data Center AC Systems
- Controls
- Preventative Maintenance



Plumbing HVAC Industrial VAC

PROMPT PROFESSIONAL SOLUTIONS

Commercial Plumbing

- A.O. Smith
- AMES
- Apollo valves
- Bell & Gossett
- Bradford White
- Charlotte Pipe
- Delta
- Elkay
- Flowserve

- Grundfos
- Kohler
- LAARS
- Lochinvar
- Milwaukee Tool
- Nibco
- Nupi Americas
- ProFlo
- Rinnai Tankless
 Water Heaters
- Schier

- Sloan
- STH
- Tigerflow
- Viega
- Victaulic
- Viking Pump
- Watts
- Weldbend
- Zoeller Pump Company
- Zurn

Commercial HVAC

- Addison
- Bosch
- Carrier
- Daikin Industries
- Liebert

- Franke
- Mitsubishi Electric Heating and Cooling
- Price
- Samsung Heating and Cooling
- Seresco
- Stulz
- Trane
- YORK® commercial HVAC

Industrial VAC

Total C - Sewer Line Conditioner Drain Treatment

240.241.5060

24/7 Emergency Service



New Account Questionnaire

Section I: If you would like to submit online, please CLICK HERE Primary Account Contact Information – Complete the following information for the primary contact on the account. **Primary Contact Name:** Primary Contact Ph. #: **Primary Contact E-mail:** Section II: Billing Information - Complete the following fields for all information pertaining to the billing address or more specifically, where the invoices are mailed to. **Business Name(as it appears on the Business License):** Address: Business Ph. #: Section III: Accounts Payable Information - Complete the following contact information for the individual that issues payments or that we would speak with in the event the invoice is past due. **AP Contact Name:** AP Contact Ph. #: AP Contact E-mail:

Section IV:

<u>Billing Terms, Invoicing Procedures and Business References – Complete the following questions regarding invoicing procedures and billing terms. Complete the contact information for (2) vendors that your business does business with and makes payment to regularly.</u>

- a. Billing Terms we require ALL invoices to be paid NET30. Signing below constitutes agreement to our NET30 payment terms. Signature: ______ I you do not have an Adobe program to sign please acknowldge terms in some way
- b. Does your business require a PO, NTE or specific process that needs to be followed for payment to be processed?
- c. Do you require certified payroll for any of your service locations?
- d. Please describe the invoicing process for your business and the email address to send our invoices to.



Business References

| Reference #1: |
|--|
| Reference #2: |
| Section V: |
| Service Location Contacts and Address Information – Complete the following sections for EACH individual service location that you would like to have set up under the main billing account. If there are multiple buildings, please complete this section for EACH building. |
| Service Location #1: |
| Service Location Type: |
| Service Location Name: |
| Service Location Address: |
| (if applicable) Service Location Contact Name: |
| Service Location Contact Ph. #: |
| Service Location Contact E-mail: |
| Service Location #2: |
| Service Location Type: |
| Service Location Name: |
| Service Location Address: |
| (if applicable) Service Location Contact Name: Service Location Contact Ph. #: |
| Service Location Contact E-mail: |
| |



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 02/27/2023

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).

| this certificate does not con- | fer rights to the certificate holder in lieu of | such endorsement(s). | |
|--|---|--|----------------------------------|
| PRODUCER | | CONTACT NAME: | |
| Willis Towers Watson Northeas | st, Inc. | PHONE (A/C, No, Ext): (212) 915-8888 | FAX (A/C, No): (212) 519-5402 |
| fka Willis of New York, Inc. 200 Liberty Street | | E-MAIL ADDRESS: | |
| New York, NY 10281 | | INSURER(S) AFFORDING COVERAGE | NAIC# |
| , | | INSURER A: Citizens Insurance Company of Ame | erica 31534 |
| JPG Plumbing and Mechanical, Inc. 8280 Stayton Dr. JESSUP MD 20794 | | INSURER B: Allmerica Financial Benefit | 41840 |
| | | INSURER C: Hanover Insurance Company Compa | any 22292 |
| | | INSURER D: | |
| 020001 WID 20104 | | INSURER E: | |
| | | INSURER F: | |
| COVERAGES | CERTIFICATE NUMBER: | REVISION NU | JMBER: |
| | | AVE BEEN ISSUED TO THE INSURED NAMED ABO | |
| INDICATED. NOTWITHSTANDI | NG ANY REQUIREMENT, TERM OR CONDITIO | N OF ANY CONTRACT OR OTHER DOCUMENT WI | TH RESPECT TO WHICH THIS |
| CERTIFICATE MAY BE ISSUED | OR MAY PERTAIN THE INSURANCE AFFOR | DED BY THE POLICIES DESCRIBED HEREIN IS S | JUBJECT TO ALL THE TERMS |

EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. ADDL SUBR INSD WVD POLICY EFF POLICY EXP TYPE OF INSURANCE POLICY NUMBER LIMITS **COMMERCIAL GENERAL LIABILITY** 1,000,000 EACH OCCURRENCE DAMAGE TO RENTED \$ Α 1,000,000 OCCUR CLAIMS-MADE PREMISES (Ea occurrence) \$ 10,000 MED EXP (Any one person) \$ 03/06/2023 03/06/2024 Υ Υ ZBY J330829-00 1,000,000 PERSONAL & ADV INJURY \$ GEN'L AGGREGATE LIMIT APPLIES PER: 2,000,000 GENERAL AGGREGATE \$ POLICY LOC PRODUCTS - COMP/OP AGG 2,000,000 \$ \$ OTHER: COMBINED SINGLE LIMIT (Ea accident) AUTOMOBILE LIABILITY \$ 1,000,000 В ANY AUTO 1 BODILY INJURY (Per person) SCHEDULED AUTOS NON-OWNED OWNED AUTOS ONLY Υ Υ 03/06/2023 03/06/2024 BODILY INJURY (Per accident) \$ AWY J331034-00 PROPERTY DAMAGE (Per accident) HIRED \$ AUTOS ONLY **AUTOS ONLY** \$ V **UMBRELLA LIAB** EACH OCCURRENCE 10,000,000 OCCUR \$ С **EXCESS LIAB** 10,000,000 Υ Υ UHY J330833-00 03/06/2023 03/06/2024 AGGREGATE CLAIMS-MADE \$ DED | | RETENTION \$0 WORKERS COMPENSATION ✓ | PER STATUTE AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? 1,000,000 E.L. EACH ACCIDENT \$ N/A WBY J330907-00 03/06/2023 03/06/2024 1,000,000 (Mandatory in NH) E.L. DISEASE - EA EMPLOYEE \$ If yes, describe under DESCRIPTION OF OPERATIONS below 1,000,000 E.L. DISEASE - POLICY LIMIT

| CERTIFICATE HOLDER | CANCELLATION | | | | | |
|--|--|--|--|--|--|--|
| Evidence of Coverage | 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 | | | | | |
| | Kathy Yuan | | | | | |
| | of Willis Towers Watson Northeast, Inc. | | | | | |
| CARROLD AND ACCOUNT AND ALL LAND AND ACCOUNT AND A LAND AND ACCOUNT AND A LAND ACCOUNT AND ACCOUNT AND A LAND A LA | | | | | | |

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

Evidence of Coverage



Request for Taxpayer Identification Number and Certification

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

| | 1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. | | | | | | | | | | | | |
|--|--|----------------------------------|-------|----------|------------------------|---|---|------|-------|---------------|--|--|--|
| | JPG Plumbing and Mechanical, Inc. 2 Business name/disregarded entity name, if different from above | | | | | | | | | | | | |
| Print or type. Specific Instructions on page 3. | following seven boxes. C Corporation | | | | | | Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) Exemption from FATCA reporting | | | | | | |
| Prin cific In | 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. Other (see instructions) | | | | | tt code (if any) (Applies to accounts maintained outside the U.S.) | | | | | | | |
| Spe | 5 Address (number, street, and apt. or suite no.) See instructions. | Requester's name and address (or | | | | | s (optional) | | | | | | |
| See | 8280 Stayton Dr. | | | | | | , , | | | | | | |
| S | 6 City, state, and ZIP code | | | | | | | | | | | | |
| | Jessup, MD 20794 | | | | | | | | | | | | |
| | 7 List account number(s) here (optional) | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Par | Taxpayer Identification Number (TIN) | | | | | | | | | | | | |
| | | | | | | curity number | | | | | | | |
| backup withholding. For individuals, this is generally your social security number (SSN). However, for a | | | | | | | ı i | Т | П | $\lnot \lnot$ | | | |
| | ent alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other es, it is your employer identification number (EIN). If you do not have a number, see <i>How to ge</i> | | | | - | | - | | | | | | |
| TIN, la | | ıa ∟ Or | | | | | | | 1 | | | | |
| · | | | | | ridentification number | | | | | | | | |
| Number To Give the Requester for guidelines on whose number to enter. | | | | | T | f I | | T | = | | | | |
| | | 9 | 2 | ! - | 2 | 0 8 | 4 | 6 | 7 | 8 | | | |
| Par | t II Certification | 4 | - 10 | - 1 | - 11 | - "- | | | | | | | |
| | r penalties of perjury, I certify that: | | | | | | | | | | | | |
| 1. The | e number shown on this form is my correct taxpayer identification number (or I am waiting for | a number | to be | e issu | ed to | me); a | and | | | | | | |
| 2. I ar | m not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) | I have not | t bee | en not | ified | by the | Inter | | | | | | |
| Ser | rvice (IRS) that I am subject to backup withholding as a result of a failure to report all interest o | or dividend | ls, o | r (c) th | e IR | S has | notifie | d me | e tha | at 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.

| Sign | ١, |
|------|----|
| Here | ١. |

Signature of U.S. person ▶ Howard Fowler

Date ▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise

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,