

# PRO TURF of KY

Providing quality turf care, for quality clients

**Brannon Lillard Owner/Operator**  
 (859)-743-8322

386 Crystal Lake Drive  
 Sparta, KY 41086

[Brannonproturfky@gmail.com](mailto:Brannonproturfky@gmail.com)

Invoice No. Football Field Maint Estimate  
 Invoice Date: February 21, 2020

Bill To: Gallatin County Schools

Address: 70 Wildcat Circle  
 Warsaw, KY 41095

Phone:  
 E-mail:  
 Fax:

Lawn SqFt: 56000

Description	Units	Cost Per Unit	Amount
Football Field Aerification (April)	1	425.00	\$ 425.00
Football Field Overseeding (April)	56	16.00	\$ 896.00
Football Field Hashmark Topdressing (April)	16	80.00	\$ 1,280.00
Football Field Hashmark Slitseeding (May)	16	50.00	\$ 800.00
Football Field Hashmark Broadcast Seeding (Sept)	16	16.00	\$ 256.00
Football Field Aerification (October)	1	425.00	\$ 425.00
Football Field Overseeding (October)	56	16.00	\$ 896.00
Football Field Hashmark Topdressing (October)	16	80.00	\$ 1,280.00
			\$ -
Football Field Overseeding (April) 5lb/1000sqft	Football	Invoice Subtotal	\$ 6,258.00
Field Hashmark Topdressing (April) 200lb/1000sqft		Tax Rate	
Football Field Hashmark Slitseeding (May) 5lb/1000sqft		Sales Tax	
Football Field Hashmark Broadcast Seeding (Sept) 5lb/1000sqft		Other	
Football Field Overseeding (October) 5lb/1000sqft		Deposit Received	
Football Field Hashmark Topdressing (October) 200lb/1000sqft		<b>TOTAL</b>	<b>\$ 6,258.00</b>

Make all checks payable to **Pro Turf of KY**

Billing will be applied at date of service. Advanced payment is for the client to decide.

If there are any questions or adjustments you may want to make to the proposed invoice, please call. I am happy to help.

**Thank you for your business!**

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386 Crystal Lake Drive  
 Sparta, KY 41086

[Brannonproturfky@gmail.com](mailto:Brannonproturfky@gmail.com)

Invoice No. Baseball Field Maint Estimate  
 Invoice Date: February 21, 2020

Bill To: Gallatin County Schools

Address: 70 Wildcat Circle  
 Warsaw, KY 41095

Phone:  
 E-mail:  
 Fax:

Lawn SqFt: 88000

Description	Units	Cost Per Unit		Amount
Baseball Field Aerification (April)	1	485.00	\$	485.00
Baseball Field Overseeding (April)	83	16.00	\$	1,328.00
Baseball Infield Siltseeding (April)	5	75.00	\$	375.00
Baseball Infield Topdressing (April)	5	80.00	\$	400.00
Baseball Field Aerification (September)	1	485.00	\$	485.00
Baseball Infield Siltseeding (September)	5	75.00	\$	375.00
Baseball Infield Topdressing (September)	5	80.00	\$	400.00
Baseball Field Overseeding (September)	83	16.00	\$	1,328.00
			\$	-
Baseball Infield Siltseeding (April) 10lb/1000 sqft		Invoice Subtotal	\$	5,176.00
Baseball Field Overseeding (April) 5lb/1000 sqft		Tax Rate		
Baseball Infield Topdressing (April) 200lb/1000 sqft		Sales Tax		
Baseball Infield Siltseeding (September) 10lb/1000 sqft		Other		
Baseball Field Overseeding (September) 5lb/1000 sqft		Deposit Received		
Baseball Infield Topdressing (September) 200lb/100 sqft		<b>TOTAL</b>	<b>\$</b>	<b>5,176.00</b>

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**Brannon Lillard Owner/Operator**  
*(859)-743-8322*

*386 Crystal Lake Drive  
 Sparta, KY 41086*

Brannonproturfky@gmail.com

Invoice No. Softball Field Estimate  
 Invoice Date: February 21, 2020

Bill To: Gallatin County Schools

Address: 70 Wildcat Circle  
 Warsaw, KY 41095

Phone:  
 E-mail:  
 Fax:

Lawn SqFt: 26000

Description	Units	Cost Per Unit	Amount	
Softball Field Aerification (April)	1	275.00	\$	275.00
Softball Field Aerification (September)	1	275.00	\$	275.00
Overseeding 10lb/1000 sqft (September)	26	32.00	\$	832.00
			\$	-
			\$	-
			\$	-
			\$	-
			\$	-
			\$	-
			\$	-
			\$	-
			\$	-
Invoice Subtotal			\$	1,107.00
Tax Rate				
Sales Tax				
Other				
Deposit Received				
<b>TOTAL</b>			\$	<b>1,107.00</b>

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3-3-2020

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> AJ Nelson, Agent Henry County Farm Bureau Ins 1585 Campbellsburg Rd New Castle, KY 40050	<b>CONTACT NAME:</b> AJ Nelson <b>PHONE (A/C No, Ext):</b> (502) 845-2800 <b>FAX (A/C, No):</b> +1 (502) 845-0191 <b>E-MAIL ADDRESS:</b> A.J.Nelson@kyfb.com														
<b>INSURED</b> Brannon Lillard Pro Turf of KY 386 Crystal Lake Dr Sparta, KY 41086	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Kentucky Farm Bureau Mutual Ins</td> <td></td> </tr> <tr> <td>INSURER B :</td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Kentucky Farm Bureau Mutual Ins		INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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INSURER F :															

**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 type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			S3005630	11/28/2019	11/28/2020	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	\$
<input type="checkbox"/>	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE	\$
	<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						PER STATUTE      OTH-ER	\$
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

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

Lawn care services

**CERTIFICATE HOLDER****CANCELLATION**

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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