

# APPLICATION AND CERTIFICATION FOR PAYMENT

AIA DOCUMENT G702

PAGE 1 OF 2 PAGES

TO OWNER:  
Garrard Co Board of Education  
322 West Maple Ave  
Lancaster, KY 40444

PROJECT: Garrard Co.-  
Middle School

FROM CONTRACTOR:  
Schiller Architectural Hardware  
1032 Rushwood Court  
Lexington, KY 40511

VIA ARCHITECT:  
Sherman Carter Barnhart  
2405 Harrodsburg Rd  
Lexington, KY 40504

CONTRACT FOR:

APPLICATION NO: 2  
APPL. DATE: 12/16/2020  
PERIOD TO: 12/31/2020  
PROJECT NO: 20-267  
VENDOR NO:  
SCHILLER PROJECT NO: 304303  
CONTRACT DATE 9/17/2020

Distribution to:  
☐ OWNER  
☐ ARCHITECT  
☐ CONTRACTOR  
☐  
☐

## CONTRACTOR'S APPLICATION FOR PAYMENT

Application is made for payment, as shown below, in connection with the Contract.  
Continuation Sheet, AIA Document G703, is attached.

1. ORIGINAL CONTRACT SUM	\$	152,637.65
2. Net change by Change Orders	\$	0.00
3. CONTRACT SUM TO DATE (Line 1 + 2)	\$	152,637.65
4. TOTAL COMPLETED & STORED TO DATE (Column G on G703)	\$	89,507.65
5. RETAINAGE:		
a. 10 % of Completed Work (Column D + E on G703)	\$	8,950.77
b. % of Stored Material (Column F on G703)	\$	
Total Retainage (Lines 5a + 5b or Total in Column I of G703)	\$	8,950.77
6. TOTAL EARNED LESS RETAINAGE (Line 4 Less Line 5 Total)	\$	80,556.89
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT (Line 6 from prior Certificate)	\$	5,535.00
8. CURRENT PAYMENT DUE	\$	75,021.89
9. BALANCE TO FINISH, INCLUDING RETAINAGE (Line 3 less Line 6)	\$	72,080.77

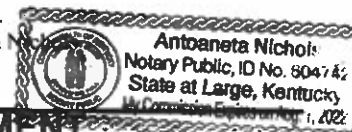
CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS
Total changes approved in previous months by Owner	\$0.00	\$0.00
Total approved this Month	\$0.00	\$0.00
TOTALS	\$0.00	\$0.00
NET CHANGES by Change Order	\$0.00	

The undersigned Contractor certifies that to the best of the Contractor's knowledge, information and belief the Work covered by this Application for Payment has been completed in accordance with the Contract Documents, that all amounts have been paid by the Contractor for Work for which previous Certificates for Payment were issued and payments received from the Owner, and that current payment shown herein is now due.

CONTRACTOR: SCHILLER ARCHITECTURAL HARDWARE & DOOR SYSTEMS

By: David Bony Date: December 16, 2020

State of: Kentucky County of: Fayette  
Subscribed and sworn to before me this 16th day of December, 2020.  
Notary Public: Antoaneta Antoaneta  
My Commission expires: 8/1/2022



## ARCHITECT'S CERTIFICATE FOR PAYMENT

In accordance with the Contract Documents, based on on-site observations and the data comprising the application, the Architect certifies to the Owner that to the best of the Architect's knowledge, information and belief the Work has progressed as indicated, the quality of the Work is in accordance with the Contract Documents, and the Contractor is entitled to payment of the AMOUNT CERTIFIED.

AMOUNT CERTIFIED ..... \$ 75,021.89

(Attach explanation if amount certified differs from the amount applied. Initial all figures on this Application and on the Continuation Sheet that are changed to conform with the amount certified.)

ARCHITECT: Jim Hunter Date: 12/17/20

This Certificate is not negotiable. The AMOUNT CERTIFIED is payable only to the Contractor named herein. Issuance, payment and acceptance of payment are without prejudice to any rights of the Owner or Contractor under this Contract.

**CONTINUATION SHEET**

AIA DOCUMENT G703

(Instructions on reverse side) PAGE 2 of 2 PAGES

AIA Document G702, APPLICATION AND CERTIFICATE FOR PAYMENT, containing

Contractor's signed Certification is attached.

In tabulations below, amounts are stated to the nearest dollar.

Use Column I on Contracts where variable retainage for line items may apply.

APPLICATION NUMBER: 2

APPLICATION DATE: 12/16/20

PERIOD TO 12/31/20

ARCHITECT'S PROJ. NO: 20-267

A	B	C	D	E	F	G		H	I
Item No.	Description of Work Description of Work	Scheduled Value	Work Completed		Materials Presently Stored (Not in D or E)	Total Completed and Stored To Date (D+E+F)	% (G/C)	Balance To Finish (C-G)	Retainage
			From Previous Application (D+E)	This period					
1	Hardware	\$70,380.00	6,150.00		57,000.00	63,150.00	90%	\$7,230.00	6,315.00
2	Hollow Metal	\$26,357.65			26,357.65	26,357.65	100%	\$0.00	2,635.77
3	Pre-Installation	\$4,200.00				0.00	0%	\$4,200.00	0.00
4	Installation	\$51,700.00				0.00	0%	\$51,700.00	0.00
	TOTALS	\$152,637.65	6,150.00	0.00	83,357.65	89,507.65	59%	\$63,130.00	8,950.77

## AFFIDAVIT—WAVIER OF LIEN

Please check one: ☒ PARTIAL or ☐ FINAL

RE: Project Name: Garrard County Middle School Door Replacement

Project Address: 304 W Maple Ave, Lancaster, Kentucky, 40444

Subcontractor Name: Schiller Architectural Hardware & Door

Representative Name & Title: David Borgmeier, VP

Subcontractor Address: 1032 Rushwood Court, Lexington, KY 40511

I, the Subcontractor Representative named above, having been duly sworn, depose and state as follows:

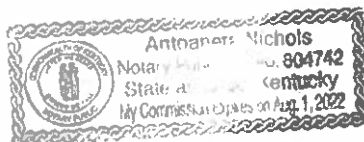
1. Subcontractor has requested partial payment or payment in full, for all materials purchased and/or used to date, and for all labor and/or services rendered, and for all sub-contracts entered into, if any, and for all obligations in connection with the above referenced project supplemented by any and all change orders thereto.
2. Upon receipt of partial payment or full payment in the amount of \$ 75,021.89, Subcontractor hereby waives and releases its right to file a lien or claim on the above referenced project or property of Garrard Co. Board of Education and improvements thereon, and on the materials, fixtures, apparatus or machinery furnished, and on the monies, funds or other considerations due or to become due from Garrard Co. Board of Education, on account of labor, services, material, fixtures, apparatus or machinery heretofore furnished to this date by Subcontractor.
3. Subcontractor agrees to defend, indemnify and hold harmless including any attorneys' fees and litigation expenses, Garrard Co. Board of Education entities for any lien or claim which may be asserted by any subcontractor, supplier, employee, laborer or other person or entity on account of the work, labor or materials furnished by Subcontractor as described herein.
4. Subcontractor warrants that it has not and will not assign any claim or claims for payment, or any other right to perfect a lien against the above described project or the property of Garrard Co. Board of Education and that the undersigned has the right to execute and deliver this Affidavit.

  
Signature of Subcontractor Representative

Commonwealth of Kentucky

County of Fayette

Subscribed and sworn to me before by David Borgmeier, this 16<sup>th</sup> day of December 2020.



  
Notary Public, State at Large

My Commission Expires: 08/01/2022

ACORD™

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/17/2020

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 any rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> <b>McGriff Insurance Services</b> <b>2600 Eastpoint Parkway</b> <b>Louisville, KY 40223</b> <b>502 489-5900</b>	<table border="1"> <tr> <td colspan="2"><b>CONTACT NAME:</b> Kim Kirkwood</td> </tr> <tr> <td><b>PHONE (A/C, No, Ext):</b> 502 489-5924</td> <td><b>FAX (A/C, No):</b> 8668812185</td> </tr> <tr> <td colspan="2"><b>E-MAIL ADDRESS:</b></td> </tr> <tr> <td colspan="2"><b>INSURER(S) AFFORDING COVERAGE</b></td> </tr> <tr> <td><b>INSURER A:</b> National Trust Insurance Company</td> <td><b>NAIC #</b> 20141</td> </tr> <tr> <td><b>INSURER B:</b> FCCI Insurance Company</td> <td><b>10178</b></td> </tr> <tr> <td><b>INSURER C:</b></td> <td></td> </tr> <tr> <td><b>INSURER D:</b></td> <td></td> </tr> <tr> <td><b>INSURER E:</b></td> <td></td> </tr> <tr> <td><b>INSURER F:</b></td> <td></td> </tr> </table>	<b>CONTACT NAME:</b> Kim Kirkwood		<b>PHONE (A/C, No, Ext):</b> 502 489-5924	<b>FAX (A/C, No):</b> 8668812185	<b>E-MAIL ADDRESS:</b>		<b>INSURER(S) AFFORDING COVERAGE</b>		<b>INSURER A:</b> National Trust Insurance Company	<b>NAIC #</b> 20141	<b>INSURER B:</b> FCCI Insurance Company	<b>10178</b>	<b>INSURER C:</b>		<b>INSURER D:</b>		<b>INSURER E:</b>		<b>INSURER F:</b>	
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<b>INSURER F:</b>																					
<b>INSURED</b> <b>Alfred L. Schiller Hardware Inc</b> <b>dba Schiller Architectural Hardware &amp; D</b> <b>11525 Blankenbaker Access Drive</b> <b>Louisville, KY 40299</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 SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		CPP100050582	07/29/2020	07/29/2021	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		CA100050585	07/29/2020	07/29/2021	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$0		UMB100050587	07/29/2020	07/29/2021	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Leased & Rented Equipment		CPP100050582	07/29/2020	07/29/2021	\$160,000 Limit \$1,000 Deductible

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

Project: Garrard Co. Middle School

Pay App 2

Amount: \$83,357.65

Storage Location: 1032 Rushwood Ct

Lexington, KY 40511

(See Attached Descriptions)

## CERTIFICATE HOLDER

## CANCELLATION

Garrard Co. Board of Education  
 322 W. Maple Ave.  
 Lancaster, KY 40444

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

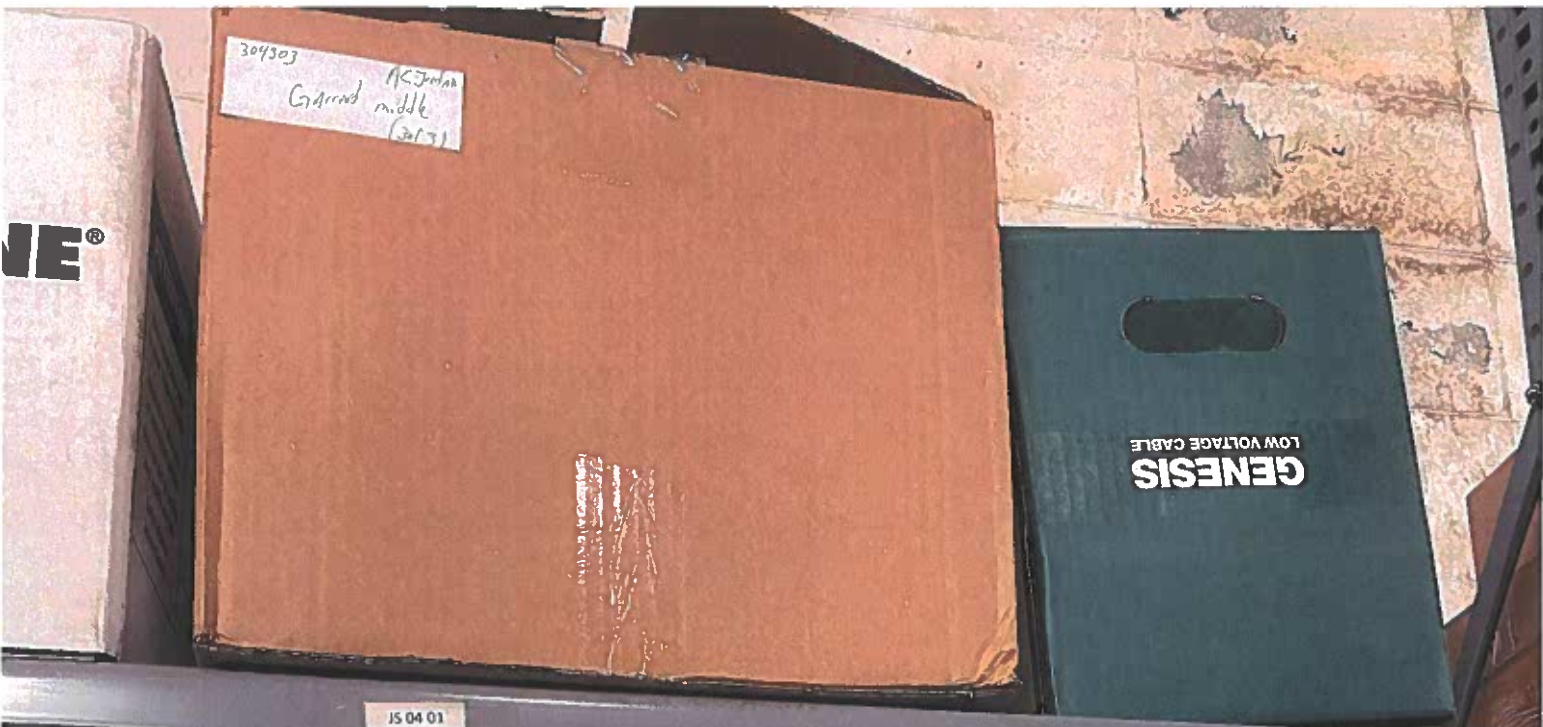
AUTHORIZED REPRESENTATIVE

Carol Coldiron

## DESCRIPTIONS (Continued from Page 1)

Certificate Holder is recognized an Additional Insured under General Liability coverage with respect of the operations of the Insured to which this insurance applies. Coverage will not extend to any additional insured that is not provided by the insurance policy nor that is any broader coverage than the requirement of the written contract or agreement.







304303 LH  
GARRARD  
CO.  
MIDDLE



A photograph of a large, brown cardboard box, likely a shipping container, with a shipping label visible on the top right corner. The box is made of corrugated cardboard and has a light-colored tape or label on the top surface. The shipping label is partially visible, showing some text and a barcode. The box is positioned in the foreground, and the background is dark and indistinct.





304303 JOSH  
GARRARD  
COUNTY

**STANLEY**  
Security Solutions

DB-4551  
4 SETS

**STANLEY**  
Security Solutions  
**DOOR CLOSER**

**STANLEY**  
Security Solutions

**DOOR CLOSE**

304303  
JOSH GARRARD  
COUNTY