

PRO TURF of KY

Providing quality turf care, for quality clients

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

130 Walnut Drive
Pendleton, KY 40055

Invoice No.

Invoice Date: December 10, 2021

Bill To: Gallatin County Schools

Address: 75 Boardwalk
Warsaw, KY 41095

Phone:

E-mail:

Fax:

Lawn SqFt:

Description	Units	Cost Per Unit	Amount
Price per Mow (Includes entire property, sports fields, and weed kill application for fences and playground areas. Sports fields will be stripped two weeks prior to the start of the season, ending on the last home game.)	0	1,025.00 \$	-
Price per Mow (Football Field only in addition to weekly mowing)	0	100.00 \$	-
Price per Mow (Baseball Field in addition to weekly mowing)	0	120.00 \$	-
Price per Mow (Softball Field in addition to weekly mowing)		45.00 \$	-
Price per Fertilizer Application for Sports Fields (April, May, June, September, October)	0	475.00 \$	-
Price per Weed Kill Application (Included in Mowing price)	0	- \$	-
Black Dyed Recycled Hardwood Mulch (If actual yards of mulch used is less, Invoice will reflect that)	66	70.00 \$	4,620.00
Bed Clean-Up (Weeds, Trash, Leaves, Ect.)	18	55.00 \$	990.00
Shrub Trimming (Trimming all shrubs on property)	14	55.00 \$	770.00
		\$	-
		\$	-
		\$	-
		Invoice Subtotal	\$ 5,610.00
		Tax Rate	
		Sales Tax	
		Other	
		Deposit Received	
		TOTAL	\$ 5,610.00

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!



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/07/2021

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).

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

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"/>	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE \$ 1,000,000
<input checked="" type="checkbox"/>	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
<input type="checkbox"/>							MED EXP (Any one person) \$
<input type="checkbox"/>							PERSONAL & ADV INJURY \$
	GEN'L AGGREGATE LIMIT APPLIES PER:			S3005630	11/28/2021	11/28/2022	GENERAL AGGREGATE \$ 2,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$
	OTHER:						\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	ANY AUTO						BODILY INJURY (Per person) \$
	OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
	HIRED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
	SCHEDULED AUTOS NON-OWNED AUTOS ONLY						\$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR						EACH OCCURRENCE \$
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						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 - Brightview Enterprise Solutions LLC and its subsidiaries and all related entities or individuals and the Bright View Enterprise Solutions Customer(s) named insured, with regard to work performed on their behalf, are included as additionally insured on the General Liability and Commercial Auto policies.

CERTIFICATE HOLDER BrightView Enterprise Solutions 6530 W Campus Oval, Suite 300 New Albany, OH 43054 Fax: 877-405-6793	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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R & E Lawncare
PO Box 1105
Warsaw, KY 41095

To whom it may concern,

R & E Lawncare is a local company seeking to provide lawn care for the Gallatin County Schools at a rate of \$650.00 a week from April-October on all Gallatin County Schools property (excluding athletic fields). Any additional lawn care needs will be charged the weekly amount as requested and approved by Director of Facilities. Mowing will take place on the weekends as long as there is no conflict with any school activities.

\$650.00/week includes (excluding athletic fields)

- Mowing
- Trimming
- Grass removal of sidewalks, parking lots and driveways
- Striping of lawn when applicable
- Lawns will be cut at a height of 3.75 inches

Proof of liability insurance will be provided upon acceptance of bid proposal.

Thank You,

Ricky Cozine

A handwritten signature in black ink, appearing to read 'Ricky Cozine', with a stylized, flowing script.

(859) 743-5693

(859) 743-7282



CERTIFICATE OF LIABILITY INSURANCE

 DATE (MM/DD/YYYY)
01/13/2021

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PRODUCER Kentucky Farm Bureau 109 West Main St Warsaw Ky 41095	CONTACT NAME: Dan Peterson	
	PHONE (859) 567-6331	FAX +1 (859) 567-6505
	E-MAIL dan.peterson@kyfb.com	
	ADDRESS: dan.peterson@kyfb.com	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Kentucky Farm Bureau Mutual Insurance Company	NAIC # 22993
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDITIONAL SUBROGATION	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:		S3022788	01/13/2021	01/13/2022	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 - COM/PROP AGG \$ 2,000,000 \$ COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
<input type="checkbox"/>	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					\$ \$ \$ \$ \$
<input type="checkbox"/>	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					\$ \$ \$
<input type="checkbox"/>	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	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 \$

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

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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