APPLICA	TION AND CERTIFICATE FOR PAYMENT	AIA DOCUMENT G702	Page 1 or 3
TO:		Renovation Phase 3 - Soc APPLICATION NO:	Distribution to:
	11400 Ridge Rd 11400 Ridge		5/29/2025 OWNER
	Louisville, KY 40223 Louisville, KY	40223 PERIOD TO:	5/31/2025 ARCHITECT
===:	sharla.six@anchorage.kyschools.	ARCHITECT'S	× CONTRACTOR
FROM:		PROJECT NO:	25-1060
American So 1800 Russell		Contractor PM:	
Covington, K			
Covington, N	X1 41014		
CONTRA	OTODIO ADDI IO ADIONI DEI DI		
CONTRA	CTOR'S APPLICATION FOR PAYMENT	Application is made for Payment, as shown belo	ow, in connection with the Contract
		Continuation Sheet, AIA Document G703, is atta	ached.
	RDER SUMMARY	TO THE PERSON OF ANY CONTROL OF THE PERSON O	
	ADDITIONS DEDUCTIONS	1. ORIGINAL CONTRACT SUM	\$ <mark>68,037.73</mark>
previous mon	AND THE STATE OF T	2. Net change by Change Orders	
	TOTAL	3. CONTRACT SUM TO DATE	
Appro	oved this Month	4. TOTAL COMPLETED & STORED TO DAT	E\$16,139.83
Number	Date Approved	(Column G on G703)	
		5. RETAINAGE:	
		a 10 % or Completed Work \$	1,613.98
		(Column D+E on G703) Retainage o	on Subs Only
		b. O % of Stored Material \$	0.00
	TOTALO	(Column Fon G703)	
NI	TOTALS \$0.00 \$0.00	Total Retainage (Line 5a + 5b or	
Net change b	y Change Orders \$0.00	(Total in Column 1 of G703)	\$1,613.98
Т.		6. TOTAL EARNED LESS RETAINAGE	\$14,525.85
ine undersig	ned Contractor certifies that to the best of the Contractor's	(Line 4 less Line 5 Total)	
D	offormation and belief the Work covered by this Application for	7. LESS P.O.'S PAID BY OWNER	\$ <u></u>
aymenthas	been completed in accordance with the Contract Documents, that ave been paid by the Contractor for work for which previous		
Certificates to	or Payment were issued and payments received from the Owner,	PAYMENT (Line 6 from prior Certif	ficate)
	ent payments received shown herein is now due.	10. DALANOS TO SINION DI LIO DETENDI	
and that curre	ant payments received shown herein is now due.	10. BALANCE TO FINISH, PLUS RETAINAGE	\$53,511.88
CONTRACTO	OR:	(Line 3 less Line 6) State or: KY County or: JUFF(15)	100
BY:_Patrick	FriendDATE: 5/29/2025	Subscribed and aworn to before me this	day of 2025
	WE VIEWEV	My Commission Expires: 3/20/29	
ARCHITE	CT'S CERTIFICATE FOR PAYMENT	AMOUNT CERTIFIED	¢14 E2E 9E
			\$14,525.85
In accordance	e with the Contract Documents, based on on-site observations	(Attach explanation if a mount certified differs fro ARCHITECT:	m the amount applied for.)
and the data	comprising the above application, the Architect certifies to the	1 1 12	-1-10
Owner that to	the best of the Architect's knowledge, information and belief the	By: May	Date: 7/24/75
VV ork has pro	gressed as indicated, the quality of the Work is in accordance w	ti This Contificate is not negotiable. The AMOUNT CEF	RTIFIED is payable only to the Contractor
AMOUNT CE	Documents, and the Contractor is entitled to payment of the	named herein. Issuance, payment and acceptance o	
AMOUNT CE	INTIFIED.	rights of the Owner or Contractor under this Contract.	21 200 1 1 200

REVIEWED

By Ann Estill at 10:05 am, Jul 24, 2025

Job Name:

Auditorium Renovation Phase 3 - Sound

APPLICATION NUMBER:

APPLICATION DATE:

1 5/29/2025 5/31/2025

PERIOD TO: Project No.

25-1060

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 Contractors where variable retainage for line items may apply.

A	В	C	D	Е	F	G		Н	I
Item	Description of Work	Scheduled	Work Comple		Materials	Total	%	Balance	Retainage
No.		Value	From Previous	This period	Presently	Completed	(G/C)	To Finish	rtotamage
			Application		Stored	and Stored	(/	(C-G)	
			(D+E)		(Not in	To Date		(00)	
			37		D or E)	(D+E+F)			
	Professional Services	\$ 5,039.83		\$ 5,039.83	3	\$ 5,039.83	100%	\$ -	503.98
	Materials	\$ 36,049.60		\$ 8,000.00		\$ 8,000.00	22%		800.00
	Labor	\$ 14,580.00				\$ -	0%	1999 Strates with the provinces.	0.00
	Programming	\$ 10,000.00		\$ 2,500.00)	\$ 2,500.00	25%		
5	Freight	\$ 2,368.30		\$ 600.00		\$ 600.00	25%		250.00
6						\$ -	#DIV/0!		60.00
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		-			-	\$ -	#DIV/0!	\$ -	0.00
	TOTALS	\$ 68,037.73	\$ -	\$ 16,139.83	0	\$ 16,139.83	24%	51,897.90	1,613.98

(Instructions on reverse side)

PAGE 3 of 3 PAGES

Job Name:

Auditorium Renovation Phase 3 - Sound

APPLICATION NUI

1 APPLICATION DA: 5/29/2025

PERIOD TO:

5/31/2025

Project No.

25-1060

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 Contractors where variable retainage for line items may apply.

A	В	C	D	E	F	G		H	I
Item	Description of Work	Scheduled	Work Comple		Materials	Total	%	Balance	Retainage
No.	•	Value	From Previous	This period	Presently	Completed	(G/C)	To Finish	
			Application		Stored	and Stored		(C-G)	
1			(D+E)		(Not in	To Date			ŀ
					D or E)	(D+E+F)			
25						\$ -	#DIV/0!	0.00	0,00
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27						\$ -	#DIV/0!	0,00	0.00
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	PAGE#2	\$ -	\$ -	\$ -	\$ -	- \$		68,037,73	0.00
	PAGE#1		\$ -	\$ 16,139.83	\$ -	\$ 16,139.83		\$ 51,897,90	
	TOTALS	\$ 68,037.73	\$ -	\$ 16,139.83	\$ -	\$ 16,139.83	24%	119,935.63	1,613.98

(Instructions on reverse side)

PAGE 4 of 4 PAGES

Job Name:

Auditorium Renovation Phase 3 - Sound

APPLICATION: APPLICATION: PERIOD TO:

1 5/29/2025 5/31/2025

Project No.

25-1060

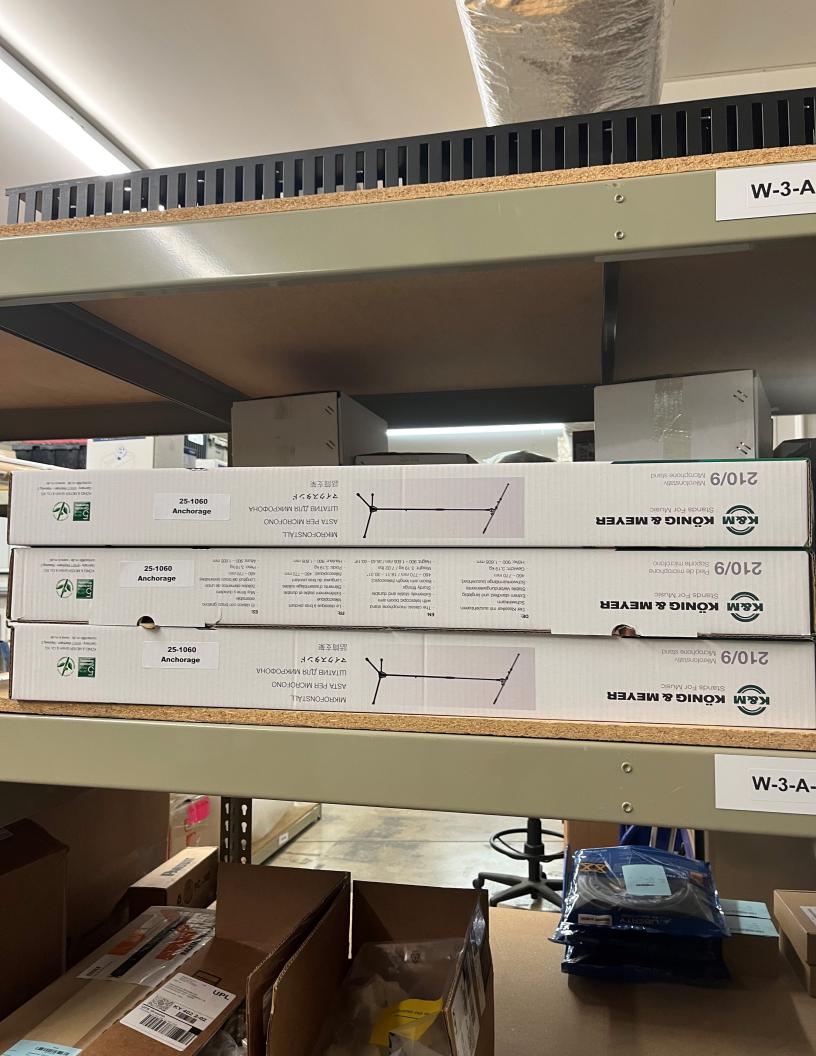
AIA Document G702, APPLICATION AND CERTIFICATE FOR PAYMENT, containing Contractor's signed Certification is attached. In tabulations below, amounts are stated to the nearest dollar. Use Column I on Contractors where variable retainage for line items may apply.

A.	B	İ	C		D		E	F			G		Н	Ī
Item	Description of Work	Sc	heduled	W	ork Comple	ted		Mater			Total	%	Balance	Retainage
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				App	lication			Stor	red :		nd Stored		(C-G)	
		1		(1	D+E)			(Not	in		To Date			
		1						D or	E)		(D+E+F)			
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ĺ	PAGE#2	1 \$	_	\$	_	\$	-	\$	-	S	-	#DIV/0!	68,037.73	0.00
	PAGE#1	s	68,037.73	Ŝ	-	\$	16,139.83	\$	-	S	16,139.83	24%	51,897.90	1,613.98
	TOTALS	\$ 8		\$		\$	16,139.83		-	\$	16,139.83	24%	119,935.63	1,613.98

Solution	PAY REQUE	ST SUMMARY		Revised Date	07/22/25					
Job Number			- Sound		0					
BG # 25-098		2404C			_	-				
Contractor American Sound & Electronics Line 8	BG#	25-098								
Line	Contractor	American Soul	nd & Electronics							
NO. DATE AMT REQUESTED RECOMMENDED PAID BY OWNER PREVIOUSLY PD % Complete ORIG \$68.037.73 SIMMARY TOTA 1 7.22.25 \$14,525.85 \$14,525.85 \$0.00 0.00% \$68,037.73 \$66,037.13 \$66,03				Certified		Line 7				Line 3
Total Control Contro	NO.	DATE	AMT REQUESTED	RECOMMENDED	PAID BY OWNER	PREVIOUSLY PD	% Complete		CONTRACT AMOUNT	SUMMARY TOTAL
1 7.22.25 \$14,525.85 \$14,525.85 \$0.00 0.00% \$68,037.3								ORIG	\$68,037.73	
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								SUMMARY CO	\$0.00	
			\$14,525.85	\$14,525.85	\$0.00				\$68,037.73	_
Balance After Recommendaton \$53,511.88 Balance after Owner Payment \$68,037.73										_
		Balance Af	ter Recommendaton	\$53,511.88			Balance after	Owner Payment	\$68,037.73	







RMEGGITT

CERTIFICATE OF LIABILITY INSURANCE

ACORD'

DATE (MM/DD/YYYY) 5/29/2025

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 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).

CONTACT Hilda Shields AssuredPartners-Bellevue/Maysville 100 E Rivercenter Blvd. Suite 800 Covington, KY 41011 Covington, Ext): (859) 581-2088 (A/C, No, Ext): (859) 581-2088 (A/C, No): (859) 581-1008 E-MAIL ADDRESS: Certificate.Covington@assuredpartners.com INSURER(s) AFFORDING COVERAGE INSURER A : Cincinnati Insurance Company 10677							
AssuredPartners-Bellevue/Maysville 100 E Rivercenter Blvd. Suite 800 Covington, KY 41011 PHONE (A/C, No, Ext): (859) 581-2088 F-MAIL ADDRESS: Certificate.Covington@assuredpartners.com INSURER(S) AFFORDING COVERAGE NAIC #	PRODUCER	CONTACT Hilda Shields					
Covington, KY 41011 E-MAIL ADDRESS: Certificate.Covington@assuredpartners.com INSURER(S) AFFORDING COVERAGE NAIC #	AssuredPartners-Bellevue/Maysville		FAX (A/C, No): (859) 5	81-1008			
		E-MAIL ADDRESS: Certificate.Covington@assuredpar	rtners.com				
INSURER A : Cincinnati Insurance Company 10677		INSURER(S) AFFORDING COVERAGE		NAIC #			
		INSURER A: Cincinnati Insurance Company		10677			
INSURED INSURE B : Cincinnati Indemnity Company 23280	INSURED	INSURER B: Cincinnati Indemnity Company					
American Sound and Electronics Inc. INSURER C: Kentucky Associated General Contractors	American Sound and Electronics Inc.	INSURER C: Kentucky Associated General Co	ntractors				
2600 Gault Parkway Suite 300 INSURER D : Travelers Excess & Surplus Lines 29696		INSURER D: Travelers Excess & Surplus Lines	s	29696			
Louisville, KY 40223	Louisville, KY 40223	INSURER E :					
INSURER F:		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.

		XCLUSIONS AND CONDITIONS OF SUCH P								
INS	R R	TYPE OF INSURANCE	ADDL S	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
F	١.	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			EPP 0728455	10/8/2024	10/8/2027	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000
	ſ							MED EXP (Any one person)	\$	10,000
	ſ							PERSONAL & ADV INJURY	\$	1,000,000
		GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY X PRO- JECT X LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
	Ī	OTHER:						STOP GAP	\$	1,000,000
E	3	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
		X ANY AUTO			EBA 0728455	10/8/2024	10/8/2025	BODILY INJURY (Per person)	\$	
	Ī	X OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	Ī	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
	Ī	X Comp \$1,000 X Coll \$1,000							\$	
-	\	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
	Ī	X EXCESS LIAB CLAIMS-MADE			EPP 0728455	10/8/2024	10/8/2027	AGGREGATE	\$	5,000,000
	Ī	DED RETENTION \$							\$	
C	;	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X PER OTH-	•	
		ANY PROPRIETOR/PARTNER/EXECUTIVE TO A			17228 (KY)	1/1/2025	1/1/2026	E.L. EACH ACCIDENT	\$	4,500,000
		OFFICER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE	\$	4,500,000
		If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	4,500,000
1		Leased/Rented Equip			EPP 0728455	10/8/2024	10/8/2027	Limit		250,000
0)	Cyber & Tech E&O			TEO-108071227-00	6/26/2024	6/26/2025	Deductible: \$10,000		2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Workers Comp Policy Number 17228 is for the State of KY only.

Policy Number: EWC 072 88 44-00 - Other States Workers Compensation - Applies to AZ, IL, IN, OK

Carrier: Cincinnati Casualty Company

Effective: 10/8/2024-2025

Limits: Each Accident \$1,000,000 / Disease Policy Limit \$1,000,000 / Disease Each Employee \$1,000,000

SEE ATTACHED ACORD 101

CENTIFICATE HOLDEN	CANCELLATION

Anchorage independent Board of Education 11400 Ridge Rd Louisville, KY 40223

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

CANCELLATION

Migh 1 2 high

LOC #: 1



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY	NAMED INSURED	
AssuredPartners-Bellevue/Maysville	American Sound and Electronics Inc. 2600 Gault Parkway Suite 300	
POLICY NUMBER	Louisville, KY 40223	
SEE PAGE 1		
CARRIER	NAIC CODE	
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Description of Operations/Locations/Vehicles:

Project: 25-1060 Anchorage Independent School District

Location: 11400 Ridge Rd Louisville, KY 40223

Store Materials Stored: \$8,000