

APPLICATION AND CERTIFICATE FOR PAYMENT

AIA DOCUMENT G702

Page 1 of 3

TO: Anchorage Independent School District PROJECT:

11400 Ridge Rd
Louisville, KY 40223

sharla.six@anchorage.kyschools.

Auditorium Renovation Phase 3 - School
11400 Ridge Rd
Louisville, KY 40223

APPLICATION NO: 2

Application Date

7/1/2025

PERIOD TO: 6/30/2025

ARCHITECT'S

PROJECT NO: 25-1060

Contractor PM:

Distribution to:

OWNER

ARCHITECT

CONTRACTOR

FROM:

American Sound
1800 Russell Street
Covington, KY 41014

CONTRACTOR'S APPLICATION FOR PAYMENT

| CHANGE ORDER SUMMARY | | | |
|---|---------------|-----------|------------|
| Change Orders approved in previous month by Owner | | ADDITIONS | DEDUCTIONS |
| TOTAL | | | |
| Approved this Month | | | |
| Number | Date Approved | | |
| | | | |
| TOTALS | | \$0.00 | \$0.00 |
| Net change by Change Orders | | \$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 payments received shown herein is now due.

CONTRACTOR:

BY: Patrick Friend

DATE: 7/1/2025

ARCHITECT'S CERTIFICATE FOR PAYMENT

In accordance with the Contract Documents, based on on-site observations and the data comprising the above 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.

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

1. ORIGINAL CONTRACT SUM.....\$ 68,037.73
2. Net change by Change Orders.....\$ 0.00
3. CONTRACT SUM TO DATE.....\$ 68,037.73
4. TOTAL COMPLETED & STORED TO DATE.....\$ 45,957.73
(Column G on G703)
5. RETAINAGE:
 - a. 10 % of Completed Work \$ 4,595.77
(Column D+E on G703) Retainage on Subs Only
 - b. 0 % of Stored Material \$ 0.00
(Column F on G703)Total Retainage (Line 5a + 5b or
(Total in Column 1 of G703).....\$ 4,595.77
6. TOTAL EARNED LESS RETAINAGE.....\$ 41,361.96
(Line 4 less Line 5 Total)
7. LESS P.O.'S PAID BY OWNER\$
8. LESS PREVIOUS CERTIFICATES FOR PAYMENT (Line 6 from prior Certificate).....\$ 14,525.85
9. CURRENT PAYMENT DUE.....\$ 26,836.11
10. BALANCE TO FINISH, PLUS RETAINAGE.....\$ 26,675.77
(Line 3 less Line 6)

State of: KY

County of: Jefferson

Subscribed and sworn to before me this

day of

2025

Notary Public:

My Commission Expires: 3/20/29

AMOUNT CERTIFIED

26,836.11

(Attach explanation if amount certified differs from the amount applied for.)

ARCHITECT:

By: [Signature]

Date:

07/24/25

This Certificate is non-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.

REVIEWED

By Ann Estill at 10:07 am, Jul 24, 2025

CONTINUATION SHEET

AIA DOCUMENT G703

(Instructions on reverse side)

PAGE 2 of 3 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 Contractors where variable retainage for line items may apply.

Job Name:

Auditorium Renovation Phase 3 - Sound

APPLICATION NUMBER:

2

APPLICATION DATE:

7/1/2025

PERIOD TO:

6/30/2025

Project No.

25-1060

| A Item No. | B Description of Work | C Scheduled Value | D Work Completed | | F Materials Presently Stored (Not in D or E) | G | | H Balance To Finish (C-G) | I Retainage |
|------------------|--------------------------|-------------------------|---------------------------------------|--------------|---|--|------------|------------------------------------|----------------|
| | | | From Previous Application (D+E) | This period | | Total Completed and Stored To Date (D+E+F) | % (G/C) | | |
| 1 | Professional Services | \$ 5,039.83 | \$ 5,039.83 | | | \$ 5,039.83 | 100% | \$ - | 503.98 |
| 2 | Materials | \$ 36,049.60 | \$ 8,000.00 | \$ 28,049.60 | | \$ 36,049.60 | 100% | \$ - | 3,604.96 |
| 3 | Labor | \$ 14,580.00 | | | | \$ - | 0% | \$ 14,580.00 | 0.00 |
| 4 | Programming | \$ 10,000.00 | \$ 2,500.00 | | | \$ 2,500.00 | 25% | \$ 7,500.00 | 250.00 |
| 5 | Freight | \$ 2,368.30 | \$ 600.00 | \$ 1,768.30 | | \$ 2,368.30 | 100% | \$ - | 236.83 |
| 6 | | | | | | \$ - | #DIV/0! | \$ - | 0.00 |
| 7 | | \$ - | | | | \$ - | #DIV/0! | \$ - | 0.00 |
| 8 | | \$ - | | | | \$ - | #DIV/0! | \$ - | 0.00 |
| 9 | | \$ - | | | | \$ - | #DIV/0! | \$ - | 0.00 |
| 10 | | \$ - | | | | \$ - | #DIV/0! | \$ - | 0.00 |
| 11 | | \$ - | | | | \$ - | #DIV/0! | \$ - | 0.00 |
| 12 | | \$ - | | | | \$ - | #DIV/0! | \$ - | 0.00 |
| 13 | | \$ - | | | | \$ - | #DIV/0! | \$ - | 0.00 |
| 14 | | \$ - | | | | \$ - | #DIV/0! | \$ - | 0.00 |
| 15 | | \$ - | | | | \$ - | #DIV/0! | \$ - | 0.00 |
| 16 | | \$ - | | | | \$ - | #DIV/0! | \$ - | 0.00 |
| 17 | | \$ - | | | | \$ - | #DIV/0! | \$ - | 0.00 |
| 18 | | \$ - | | | | \$ - | #DIV/0! | \$ - | 0.00 |
| 19 | | \$ - | | | | \$ - | #DIV/0! | \$ - | 0.00 |
| 20 | | \$ - | | | | \$ - | #DIV/0! | \$ - | 0.00 |
| 21 | | \$ - | | | | \$ - | #DIV/0! | \$ - | 0.00 |
| 22 | | \$ - | | | | \$ - | #DIV/0! | \$ - | 0.00 |
| 23 | | \$ - | | | | \$ - | #DIV/0! | \$ - | 0.00 |
| 24 | | \$ - | | | | \$ - | #DIV/0! | \$ - | 0.00 |
| | TOTALS | \$ 68,037.73 | \$ 16,139.83 | \$ 29,817.90 | 0 | \$ 45,957.73 | 68% | 22,080.00 | 4,595.77 |

CONTINUATION SHEET
AIA DOCUMENT G703

(Instructions on reverse side)

PAGE 3 of 3 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 Contractors where variable retainage for line items may apply.

Job Name: Auditorium Renovation Phase 3 - Sound

APPLICATION NUI 2

APPLICATION DATE 7/1/2025

PERIOD TO: 6/30/2025

Project No. 25-1060

| A Item No. | B Description of Work | C Scheduled Value | D Work Completed | | F Materials Presently Stored (Not in D or E) | G | | H Balance To Finish (C-G) | I Retainage |
|------------------|--------------------------|-------------------------|---------------------------------------|--------------|---|--|------------|------------------------------------|----------------|
| | | | From Previous Application (D+E) | This period | | Total Completed and Stored To Date (D+E+F) | % (G/C) | | |
| 25 | | | | | | \$ - | #DIV/0! | 0.00 | 0.00 |
| 26 | | | | | | \$ - | #DIV/0! | 0.00 | 0.00 |
| 27 | | | | | | \$ - | #DIV/0! | 0.00 | 0.00 |
| 28 | | | | | | \$ - | #DIV/0! | 0.00 | 0.00 |
| 29 | | | | | | \$ - | #DIV/0! | 0.00 | 0.00 |
| 30 | | | | | | \$ - | #DIV/0! | 0.00 | 0.00 |
| 31 | | | | | | \$ - | #DIV/0! | 0.00 | 0.00 |
| 32 | | | | | | \$ - | #DIV/0! | 0.00 | 0.00 |
| 33 | | | | | | \$ - | #DIV/0! | 0.00 | 0.00 |
| 34 | | | | | | \$ - | #DIV/0! | 0.00 | 0.00 |
| 35 | | | | | | \$ - | #DIV/0! | 0.00 | 0.00 |
| 36 | | | | | | \$ - | #DIV/0! | 0.00 | 0.00 |
| 37 | | | | | | \$ - | #DIV/0! | 0.00 | 0.00 |
| 38 | | | | | | \$ - | #DIV/0! | 0.00 | 0.00 |
| 39 | | | | | | \$ - | #DIV/0! | 0.00 | 0.00 |
| 40 | | | | | | \$ - | #DIV/0! | 0.00 | 0.00 |
| 41 | | | | | | \$ - | #DIV/0! | 0.00 | 0.00 |
| 42 | | | | | | \$ - | #DIV/0! | 0.00 | 0.00 |
| 43 | | | | | | \$ - | #DIV/0! | 0.00 | 0.00 |
| 44 | | | | | | \$ - | #DIV/0! | 0.00 | 0.00 |
| 45 | | | | | | \$ - | #DIV/0! | 0.00 | 0.00 |
| 46 | | | | | | \$ - | #DIV/0! | 0.00 | 0.00 |
| 47 | | | | | | \$ - | #DIV/0! | 0.00 | 0.00 |
| 48 | | | | | | \$ - | #DIV/0! | 0.00 | 0.00 |
| 49 | | | | | | \$ - | #DIV/0! | 0.00 | 0.00 |
| | PAGE#2 | \$ - | \$ - | \$ - | \$ - | \$ - | 0% | 68,037.73 | 0.00 |
| | PAGE#1 | \$ 68,037.73 | \$ 16,139.83 | \$ 29,817.90 | \$ - | \$ 45,957.73 | | \$ 22,080.00 | \$ 4,595.77 |
| | TOTALS | \$ 68,037.73 | \$ 16,139.83 | \$ 29,817.90 | \$ - | \$ 45,957.73 | 68% | 90,117.73 | 4,595.77 |

CONTINUATION SHEET

AIA DOCUMENT G703

(Instructions on reverse side)

PAGE 4 of 4 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 Contractors where variable retainage for line items may apply.

Job Name: Auditorium Renovation Phase 3 - Sound

APPLICATION: 2

APPLICATION: 7/1/2025

PERIOD TO: 6/30/2025

Project No. 25-1060

| A Item No. | B Description of Work Telecommunication/AV | C Scheduled Value | D Work Completed | | E This period | F Materials Presently Stored (Not in D or E) | G | | H Balance To Finish (C-G) | I Retainage |
|------------------|--|-------------------------|---------------------------------------|--------------|------------------|---|--|------------|------------------------------------|----------------|
| | | | From Previous Application (D+E) | | | | Total Completed and Stored To Date (D+E+F) | % (G/C) | | |
| 50 | | | \$ - | | \$ - | | \$ - | #DIV/0! | 0.00 | 0.00 |
| 51 | | | \$ - | | \$ - | | \$ - | #DIV/0! | 0.00 | 0.00 |
| 52 | | | \$ - | | \$ - | | \$ - | #DIV/0! | 0.00 | 0.00 |
| 53 | | | \$ - | | \$ - | | \$ - | #DIV/0! | 0.00 | 0.00 |
| 54 | | | \$ - | | \$ - | | \$ - | #DIV/0! | 0.00 | 0.00 |
| 55 | | | \$ - | | \$ - | | \$ - | #DIV/0! | 0.00 | 0.00 |
| 56 | | | \$ - | | \$ - | | \$ - | #DIV/0! | 0.00 | 0.00 |
| 57 | | | \$ - | | \$ - | | \$ - | #DIV/0! | 0.00 | 0.00 |
| 58 | | | \$ - | | \$ - | | \$ - | #DIV/0! | 0.00 | 0.00 |
| 59 | | | \$ - | | \$ - | | \$ - | #DIV/0! | 0.00 | 0.00 |
| 60 | | | \$ - | | \$ - | | \$ - | #DIV/0! | 0.00 | 0.00 |
| 61 | | | \$ - | | \$ - | | \$ - | #DIV/0! | 0.00 | 0.00 |
| 62 | | | \$ - | | \$ - | | \$ - | #DIV/0! | 0.00 | 0.00 |
| 63 | | | \$ - | | \$ - | | \$ - | #DIV/0! | 0.00 | 0.00 |
| 64 | | | \$ - | | \$ - | | \$ - | #DIV/0! | 0.00 | 0.00 |
| 65 | | | \$ - | | \$ - | | \$ - | #DIV/0! | 0.00 | 0.00 |
| 66 | | | \$ - | | \$ - | | \$ - | #DIV/0! | 0.00 | 0.00 |
| 67 | | | \$ - | | \$ - | | \$ - | #DIV/0! | 0.00 | 0.00 |
| 68 | | | \$ - | | \$ - | | \$ - | #DIV/0! | 0.00 | 0.00 |
| 69 | | | \$ - | | \$ - | | \$ - | #DIV/0! | 0.00 | 0.00 |
| 70 | | | \$ - | | \$ - | | \$ - | #DIV/0! | 0.00 | 0.00 |
| 71 | | | \$ - | | \$ - | | \$ - | #DIV/0! | 0.00 | 0.00 |
| 72 | | | \$ - | | \$ - | | \$ - | #DIV/0! | 0.00 | 0.00 |
| 73 | | | \$ - | | \$ - | | \$ - | #DIV/0! | 0.00 | 0.00 |
| PAGE #3 | | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | #DIV/0! | 0.00 | 0.00 |
| PAGE#2 | | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | #DIV/0! | 68,037.73 | 0.00 |
| PAGE#1 | | \$ 68,037.73 | \$ 16,139.83 | \$ 29,817.90 | \$ - | \$ - | \$ 45,957.73 | 68% | 22,080.00 | 4,595.77 |
| TOTALS | | \$ 68,037.73 | \$ 16,139.83 | \$ 29,817.90 | \$ - | \$ - | \$ 45,957.73 | 68% | 90,117.73 | 4,595.77 |

[illegible]



AMERSOU-01

RMEGGITT

CERTIFICATE OF LIABILITY INSURANCE

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).

| | | |
|---|--|--------------|
| PRODUCER AssuredPartners-Bellevue/Maysville 100 E Rivercenter Blvd. Suite 800 Covington, KY 41011 | CONTACT NAME: Hilda Shields | |
| | PHONE (A/C, No, Ext): (859) 581-2088 FAX (A/C, No): (859) 581-1008 | |
| | E-MAIL ADDRESS: Certificate.Covington@assuredpartners.com | |
| | INSURER(S) AFFORDING COVERAGE | NAIC # |
| | INSURER A : Cincinnati Insurance Company | 10677 |
| INSURED American Sound and Electronics Inc. 2600 Gault Parkway Suite 300 Louisville, KY 40223 | INSURER B : Cincinnati Indemnity Company | 23280 |
| | INSURER C : Kentucky Associated General Contractors | |
| | INSURER D : Travelers Excess & Surplus Lines | 29696 |
| | INSURER E : | |
| | 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 |
|----------|---|-----------|----------|------------------|-------------------------|-------------------------|---|
| 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"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER: | | | EPP 0728455 | 10/8/2024 | 10/8/2027 | EACH OCCURRENCE \$ 1,000,000 |
| | | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 |
| | | | | | | | 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 |
| | | | | | | | STOP GAP \$ 1,000,000 |
| B | AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" 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 <input checked="" type="checkbox"/> Comp \$1,000 <input checked="" type="checkbox"/> Coll \$1,000 | | | EBA 0728455 | 10/8/2024 | 10/8/2025 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 |
| | | | | | | | BODILY INJURY (Per person) \$ |
| | | | | | | | BODILY INJURY (Per accident) \$ |
| | | | | | | | PROPERTY DAMAGE (Per accident) \$ |
| | | | | | | | \$ |
| A | UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE | | | EPP 0728455 | 10/8/2024 | 10/8/2027 | EACH OCCURRENCE \$ 5,000,000 |
| | | | | | | | AGGREGATE \$ 5,000,000 |
| | DED <input type="checkbox"/> RETENTION \$ | | | | | | \$ |
| C | 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 | 17228 (KY) | 1/1/2025 | 1/1/2026 | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER |
| | | | | | | | E.L. EACH ACCIDENT \$ 4,500,000 |
| | | | | | | | E.L. DISEASE - EA EMPLOYEE \$ 4,500,000 |
| | | | | | | | E.L. DISEASE - POLICY LIMIT \$ 4,500,000 |
| A | Leased/Rented Equip | | | EPP 0728455 | 10/8/2024 | 10/8/2027 | Limit 250,000 |
| D | 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

CERTIFICATE HOLDER

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  |



ADDITIONAL REMARKS SCHEDULE

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