

# APPLICATION AND CERTIFICATE FOR PAYMENT

TO(OWNER): SIMPSON COUNTY BOARD OF EDUCATION

PROJECT: SIMPSON CO CTE IMPROVEMENTS/  
ALT ADDITION BP 080  
400 SOUTH COLLEGE STREET  
FRANKLIN, KY 42134

ATTENTION:

CONTRACT FOR: Schiller Hardware

BID ON: 080

CONTRACT DATE: 25-Apr-25

APPLICATION NO: 1  
PERIOD FROM: 07/01/25  
TO: 07/31/25



## CONTRACTORS APPLICATION FOR PAYMENT

CHANGE ORDER SUMMARY  
Change Orders approved in previous months by Owner

Approved this month

Net Change by Change Orders \$0.00 \$0.00 \$0.00

The undersigned contractor certifies that to the best of his knowledge, information and belief the Work covered by this Application for Payment has been completed and in accordance with the Contract Documents, that all amounts have been paid by him 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.

By: Date: 07/23/2025  
ARCHITECTS CERTIFICATE FOR PAYMENT

In accordance with the Contract Documents, based on on-site observation and the data comprising the above application, the Architect certifies to the Owner that the Work has progressed to the point indicated; that to the best of his knowledge, information and belief, the quality of the Work is in accordance with the Contract Documents and the Contractor is entitled to payment of the AMOUNT CERTIFIED

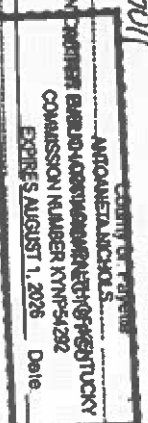
Application is made for Payment as shown below in connection with the Contract Continuation Sheet attached. The present status of the this Contract is as follows:

ORIGINAL CONTRACT SUM \$45,475.00 ✓  
Net change by Change Orders \$0.00 ✓  
CONTRACT SUM TO DATE \$45,475.00 ✓  
TOTAL COMPLETED & STORED TO DATE (Sheet 2) \$0.00  
RETAINAGE @ 10% \$0.00  
TOTAL EARNED LESS RETAINAGE \$0.00  
LESS PREVIOUS CERTIFICATES (CONTRACT ONLY) \$0.00 ✓  
CURRENT PAYMENT DUE \$0.00 ✓

Subscribed and sworn to before me this 23rd day of July  
State of Kentucky  
Notary Public: My Commission expires: 08/01/2026

By: Date: 8/6/25  
CM APPROVAL: ALLIANCE CORPORATION

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.



Pay Form

CONTINUATION SHEET NO. 2 SIMPSON CO CTE IMPROVEMENTS/  
APPLICATION NO. 1

ITEM #	DESCRIPTION OF WORK	SCHEDULED VALUE	*D* WORK COMPLETED FROM PREV. APPLC.(D+E)	*E* THIS PERIOD	*F* MATERIALS STORED (NOT IN D OR E)	*G* TOTAL COMPLETED & STORED D+E+F	*H* % TO FINISH C/G	*I* BALANCE TO FINISH C-G
1	Contract Labor	\$49,475.00				\$0.00	0%	\$49,475.00
2								
3								
4								
5								
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15								
16								
17								
18								
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23								
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25								
26								
27								
28								
29								
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31								
32								
33								
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35								
36								
37								
38								
39								
40								
TOTALS		\$49,475.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%	\$49,475.00

CONTINUATION SHEET NO. 3  
APPLICATION NO. 1

SIMPSON CO CTE IMPROVEMENTS/  
"D" "E"

OWNER PURCHASE ORDERS ONLY  
"F" "G" "H"

ITEM #	DESCRIPTION	SUPPLIER	P O AMOUNT	PREVIOUS PAYMENTS	INVOICES DUE THIS MONTH (ATTACHED)	TOTAL TO DATE (E + F)	BALANCE TO FINISH (D - G)
1	Doors, Frames, and Hardware	Schiller Hardware	\$124,950.00	\$0.00	\$1,170.00 ✓	\$1,170.00	\$123,780.00
2							
3							
4							
5							
6							
7							
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14							
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23							
24							
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26							
27							
28							
29							
30							
TOTALS			\$124,950.00	\$0.00	\$1,170.00	\$1,170.00	\$123,780.00

# Invoice



1032 Rushwood Ct  
Lexington, Kentucky 40511  
Tel: 859-233-4427 Fax: 859-253-2831

Invoice # : 688286  
Order # : 307561  
Date : Jul 23, 2025

Customer:

(307561) Simpson County Board of Education  
C/O Alliance Corporation  
116 E. College Street  
Glasgow, Kentucky 42141

Ship To:

(307561) Simpson County Board of  
Education  
C/O Alliance Corporation  
116 E. College Street  
Glasgow, Kentucky 42141  
Tel: 606-886-8748

Account Code	: 16327	Quote #	:
Terms	: NET30	Purchase Order #	:
Customer Job #	:	Shipped Via	:
Salesperson	: Clarke Hocker	Contact	: Clarke Hocker
Order Name	: Simpson Co BoE - Simpson Co CTE Improvements & Alt School Ad		

## Stored Material

### Invoiced

### Product Description

1	Manual Flushbolt 3917-12 626
2	Electromagnetic Door Holder 2100 US32D
31	Kick Plate K0050 8" x 34" B4E-HEAVY-KP CSK 630
4	Kick Plate K0050 8" x 35" B4E-HEAVY-KP CSK 630
4	Mop Plate KM050 4" x 35" B4E-HEAVY-KP CSK 630
4	Blank Strike FS-260 CP
21	Filler Plate HF-45 CP

<u>Shipment Number</u>	<u>Shipment Date</u>	<u>Note</u>
279904	Jul 23, 2025	

Pre-Tax Total	:	1,170.00
Kentucky State Tax	:	0.00
<b>Amount Due</b>	:	<b>1,170.00</b>



ACORD™

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/23/2025

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

<b>PRODUCER</b> <b>McGriff Insurance Services LLC</b> <b>2600 Eastpoint Parkway</b> <b>Louisville, KY 40223</b> <b>502 489-5900</b>	<b>CONTACT NAME:</b> Kim Kirkwood <b>PHONE (A/C, No, Ext):</b> 502 489-5900 <b>FAX (A/C, No):</b> 8668812184 <b>E-MAIL ADDRESS:</b> kkirkwood@mcgriff.com <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> James River Insurance Company <b>12203</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>
<b>INSURED</b> <b>Alfred L. Schiller Hardware Inc</b> <b>dba Schiller</b> <b>11525 Blankenbaker Access Drive</b> <b>Louisville, KY 40299-6420</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 INSR	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"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:			CPP10005058205	07/29/2024	07/29/2025	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 S
A	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			CA10005058505	07/29/2024	07/29/2025	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ S
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$0			UMB10005058705	07/29/2024	07/29/2025	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000 S
	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 \$
C	Professional			F15836258005	07/29/2024	07/29/2025	1,000,000Lim;\$5,000Ded
A	Leased Rented Equipment			CPP10005058205	07/29/2024	07/29/2025	\$160,000Lim;\$1,000Ded

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

RE: Simpson Co CTE Improvements and Alt School Addition, Invoice #688286, Amount: \$1,170.00, PayApp: 1, Storage Location: 1032 Rushwood Ct., Lexington, KY 40511. Simpson County Board of Education is included as Additional Insured with respect to General Liability and Automobile Liability Coverages where required by written contract. The Umbrella Liability is follow form.

## CERTIFICATE HOLDER

## CANCELLATION

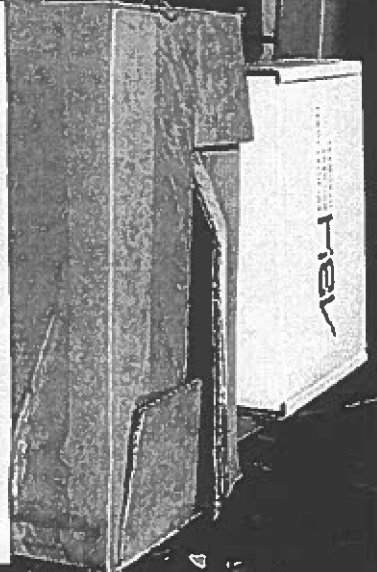
Simpson County Board of Education  
 C/O Alliance Corporation  
 116 E College Street  
 Glasgow, KY 42141

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

307561 Bo  
Simpson Co



## APPLICATION AND CERTIFICATE FOR PAYMENT

TO(OWNER): Simpson County Board of Education

400 South College Street  
Franklin, KY 42134

PROJECT: SIMPSON CO. CTE IMPROVEMENTS

400 SOUTH COLLEGE STREET  
FRANKLIN, KY 42134

ATTENTION: Tim Schaefer

CONTRACT FOR:

Gyp Board Assem. &amp; Ac Panel

CONTRACT DATE:

BID DV:

092

Ceilings

APPLICATION NO: 2  
PERIOD FROM: 08/25/25  
TO: 08/25/25

## CONTRACTORS APPLICATION FOR PAYMENT

## CHANGE ORDER SUMMARY

Change Orders approved in  
previous months by Owner

ADDITIONS DEDUCTIONS

TOTAL

Approved this month

Net Change by Change Orders \$0.00 \$0.00 \$0.00

The undersigned contractor certifies that to the best of his knowledge, information and belief the Work covered by this Application for Payment has been completed and in accordance with the Contract Documents, that all amounts have been paid by him 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: Bennett Construction, Inc.

By: [Signature] Date: 6/12/25

## ARCHITECT'S CERTIFICATE FOR PAYMENT

In accordance with the Contract Documents, based on on-site observation and the data comprising the above application, the Architect certifies to the Owner that the Work has progressed to the point indicated: that to the best of his knowledge, information and belief, 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 attached. The present status of the this Contract is as follows:

ORIGINAL CONTRACT SUM	\$157,000.00 ✓
Net change by Change Orders	\$0.00 ✓
CONTRACT SUM TO DATE	\$157,000.00 ✓
TOTAL COMPLETED & STORED TO DATE (Sheet 2)	\$5,670.00
RETAINAGE @ 10%	\$567.00
TOTAL EARNED LESS RETAINAGE	\$5,103.00
LESS PREVIOUS CERTIFICATES (CONTRACT ONLY)	\$3,890.00 ✓
CURRENT PAYMENT DUE	\$1,413.00 ✓

Subscribed and sworn to before me this 12 day of June 2025

State of Kentucky  
Notary Public: [Signature]  
My Commission Expires: 01-15-26

County of: Adair

ARCHITECT'S CERTIFICATION: ROSS TARRANT ARCHITECTS

By: \_\_\_\_\_ Date: \_\_\_\_\_

: ALLIANCE CORPORATION

By: [Signature] Date: 6/12/25

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 NO. 2  
APPLICATION NO. 2  
SIMPSON CO. CTE IMPROVEMENTS

ITEM #	DESCRIPTION OF WORK	SCHEDULED VALUE	WORK COMPLETED		MATERIALS STORED (NOT IN D OR E)	TOTAL COMPLETED & STORED D+E+F	% G/C	BALANCE TO FINISH C-G
			FROM PREV. APPLIC.(D+E)	THIS PERIOD				
1	BOND COST	\$4,100.00	\$4,100.00	\$0.00	\$0.00	\$4,100.00	100%	\$0.00
2	SUBMITTALS	\$1,570.00	\$0.00	\$1,570.00	\$0.00	\$1,570.00	100%	\$0.00
3	CLEANUP	\$1,570.00	\$0.00	\$0.00	\$0.00	\$0.00	0%	\$1,570.00
4	O&M MANUALS	\$3,000.00	\$0.00	\$0.00	\$0.00	\$0.00	0%	\$3,000.00
5	CLOSEOUTS	\$1,000.00	\$0.00	\$0.00	\$0.00	\$0.00	0%	\$1,000.00
6	AREA A							
7	CEILING GRID MATERIAL	\$21,020.00	\$0.00	\$0.00	\$0.00	\$0.00	0%	\$21,020.00
8	CEILING GRID LABOR	\$8,880.00	\$0.00	\$0.00	\$0.00	\$0.00	0%	\$8,880.00
9	CEILING TILE LABOR	\$4,200.00	\$0.00	\$0.00	\$0.00	\$0.00	0%	\$4,200.00
10	SUPERVISION	\$6,060.00	\$0.00	\$0.00	\$0.00	\$0.00	0%	\$6,060.00
11	DELIVERY LABOR	\$680.00	\$0.00	\$0.00	\$0.00	\$0.00	0%	\$680.00
12	DRYWALL HANGING LABOR	\$14,955.00	\$0.00	\$0.00	\$0.00	\$0.00	0%	\$14,955.00
13	DRYWALL FINISHING LABOR	\$12,965.00	\$0.00	\$0.00	\$0.00	\$0.00	0%	\$12,965.00
14	INSULATION MATERIAL	\$4,930.00	\$0.00	\$0.00	\$0.00	\$0.00	0%	\$4,930.00
15	INSULATION LABOR	\$1,710.00	\$0.00	\$0.00	\$0.00	\$0.00	0%	\$1,710.00
16	METAL STUD LABOR	\$14,820.00	\$0.00	\$0.00	\$0.00	\$0.00	0%	\$14,820.00
17	DW/MS SUPPLIES	\$3,250.00	\$0.00	\$0.00	\$0.00	\$0.00	0%	\$3,250.00
18	AREA A TOTAL	\$92,470.00	\$0.00	\$0.00	\$0.00	\$0.00	0%	
19	AREA B							
20	CEILING GRID MATERIAL	\$11,550.00	\$0.00	\$0.00	\$0.00	\$0.00	0%	\$11,550.00
21	CEILING GRID LABOR	\$3,830.00	\$0.00	\$0.00	\$0.00	\$0.00	0%	\$3,830.00
22	CEILING TILE LABOR	\$1,960.00	\$0.00	\$0.00	\$0.00	\$0.00	0%	\$1,960.00
23	ACOUSTICAL K13 SPRAY	\$10,990.00	\$0.00	\$0.00	\$0.00	\$0.00	0%	\$10,990.00
24	SUPERVISION	\$1,420.00	\$0.00	\$0.00	\$0.00	\$0.00	0%	\$1,420.00
25	DELIVERY LABOR	\$180.00	\$0.00	\$0.00	\$0.00	\$0.00	0%	\$180.00
26	DRYWALL HANGING LABOR	\$5,205.00	\$0.00	\$0.00	\$0.00	\$0.00	0%	\$5,205.00
27	DRYWALL FINISHING LABOR	\$4,725.00	\$0.00	\$0.00	\$0.00	\$0.00	0%	\$4,725.00
28	INSULATION MATERIAL	\$2,230.00	\$0.00	\$0.00	\$0.00	\$0.00	0%	\$2,230.00
29	INSULATION LABOR	\$860.00	\$0.00	\$0.00	\$0.00	\$0.00	0%	\$860.00
30	METAL STUD LABOR	\$9,360.00	\$0.00	\$0.00	\$0.00	\$0.00	0%	\$9,360.00
31	DW/MS SUPPLIES	\$980.00	\$0.00	\$0.00	\$0.00	\$0.00	0%	\$980.00
32	AREA B TOTAL	\$63,290.00	\$0.00	\$0.00	\$0.00	\$0.00	0%	
TOTALS		\$157,000.00	\$0.00	\$4,100.00	\$1,570.00	\$5,670.00	4%	\$151,330.00

CONTINUATION SHEET NO. 3  
APPLICATION NO.

SIMPSON CO. CTE IMPROVEMENTS  
2  
"D"

OWNER PURCHASE ORDERS ONLY  
"F"  
INVOICES DUE  
THIS MONTH  
(ATTACHED)  
"G"  
TOTAL  
TO DATE  
(E + F)  
"H"  
BALANCE TO  
FINISH  
(D - G)

ITEM #	DESCRIPTION	SUPPLIER	P.O. AMOUNT	PREVIOUS PAYMENTS	INVOICES DUE THIS MONTH (ATTACHED)	TOTAL TO DATE (E + F)	BALANCE TO FINISH (D - G)
1	Drywall, Metal Studs, Acoustical Tile	FBM	\$48,000.00		\$0.00	\$0.00	\$48,000.00
2						\$0.00	\$0.00
3						\$0.00	\$0.00
4						\$0.00	\$0.00
5						\$0.00	\$0.00
6						\$0.00	\$0.00
7						\$0.00	\$0.00
8						\$0.00	\$0.00
9						\$0.00	\$0.00
10						\$0.00	\$0.00
11						\$0.00	\$0.00
12						\$0.00	\$0.00
13						\$0.00	\$0.00
14						\$0.00	\$0.00
15						\$0.00	\$0.00
16						\$0.00	\$0.00
17						\$0.00	\$0.00
18						\$0.00	\$0.00
19						\$0.00	\$0.00
20						\$0.00	\$0.00
21						\$0.00	\$0.00
22						\$0.00	\$0.00
23						\$0.00	\$0.00
24						\$0.00	\$0.00
25						\$0.00	\$0.00
26						\$0.00	\$0.00
27						\$0.00	\$0.00
28						\$0.00	\$0.00
29						\$0.00	\$0.00
30						\$0.00	\$0.00
TOTALS			\$48,000.00		\$0.00	\$0.00	\$48,000.00

**RELEASE AND WAIVER OF LIENS**  
(To be submitted by Supplier or Sub-contractor of Subcontractor)

ALLIANCE CORPORATION (hereinafter ALLIANCE) is the Construction Manager for the construction of the Simpson Co. CTE Improvements (hereinafter THE WORK) for Simpson Co. Board of Education (hereinafter OWNER).

Bennett's Contracting, Inc. (hereinafter SUBCONTRACTOR) is a SUBCONTRACTOR of ALLIANCE for THE WORK.

The undersigned has furnished materials and/or labor to SUBCONTRACTOR for THE WORK, and which have been incorporated into THE WORK.

As an inducement to ALLIANCE to make progress payments to SUBCONTRACTOR, the undersigned hereby waives each and every right which it has to assert Mechanics or Materialman's Liens against THE WORK, and/or against funds of OWNER available for payment for THE WORK, and waives each and every right, claim or demand of any kind which it has against ALLIANCE, and/or ALLIANCE'S surety on its payment and performance bond, and against OWNER, for materials furnished and sold to SUBCONTRACTOR with respect to THE WORK, before June 25<sup>th</sup>, 2025.

It is further understood that ALLIANCE is expected to and will rely upon this Waiver in making progress payments to SUBCONTRACTOR.  
IN TESTIMONY WHEREOF, witness the signature of the undersigned. This 12 day of June 2025.

Contractor: Bennett's Contracting, Inc.

By: \_\_\_\_\_

Title: President

Date: 6/12/25

STATE OF Kentucky

COUNTY OF Adair

Subscribed, sworn to, and acknowledged before me by Alisa King

as President (title or office) for and on behalf of Bennett's Contracting, Inc.

Jennifer Wall  
NOTARY PUBLIC - STATE AT LARGE  
My Commission Expires: 01-16-28

