



**Perfect Pro Wash LLC**

Raquil Ward  
 City of Ashland  
 83183 AL-9  
 Ashland, AL 36251

☎ (256) 252-0092  
 ✉ raquilward@yahoo.com

ESTIMATE	#364
ESTIMATE DATE	Apr 04, 2022
SCHEDULED DATE	Mon Apr 4, 2022 8:30am
<b>TOTAL</b>	<b>\$2,310.00</b>

CONTACT US

61 Buckingham Place  
 Anniston, AL 36207

☎ (256) 600-8898  
 ✉ perfectprowash@gmail.com

ESTIMATE

Services	qty	unit price	amount
<b>Recreation - Tennis Courts Cleaning (Approx 26k sqft)</b> - We will provide a chemical wash cleaning of 4 tennis courts by using appropriate cleaning agents designed for asphalt courts. - We will thoroughly low pressure rinse afterwards. - This will ensure that no further damage will be done to the already damaged surfaces. - We will be sure to place appropriate caution signage and cones out to ensure public safety during the cleaning process.	26000.0	\$0.07	\$1,820.00
<b>High Pressure Concrete Cleaning (Approx 4,900 sq ft)</b> High pressure clean all concrete/flat areas surrounding the tennis courts including the bleachers. Pre-treat and post treat needed areas with a chemical solution.	4900.0	\$0.10	\$490.00
<b>Subtotal</b>			<b>\$2,310.00</b>
<b>Total</b>			<b>\$2,310.00</b>





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
02/19/2022

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).

<b>PRODUCER</b> Joseph D Walters Insurance 4552 Route 51 South Roanoke Township PA 15012	<b>CONTACT NAME</b> Joy Burkholder <b>PHONE</b> (800) 878-3808 <b>FAX</b> (724) 929-3738 <b>EMAIL ADDRESS</b> jy@swagency.com <b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: Southern Insurance Company of Virginia INSURER B: INSURER C: INSURER E: INSURER F:	<b>NAC #</b> 26867
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**COVERAGES**      **CERTIFICATE NUMBER:** 421-22 Master w/UMB      **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.

TYPE	TYPE OF INSURANCE	INSURER	POLICY NUMBER	START DATE (MM/DD/YYYY)	END DATE (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		CTS9334967	04/22/2021	04/22/2022	EACH OCCURRENCE \$ 1,000,000 MEDICAL EXPENSE \$ 100,000 PREMISES (EA OCCURRENCE) \$ 5,000 MED EXP (BY AND PERIOD) \$ 1,000,000 PERSONAL & AUTO \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPOB AGG \$ 2,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER					
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB		CX59334967	02/07/2022	04/22/2022	COMBINED SINGLE LIMIT (EA ACCIDENT) \$ BODILY INJURY (PER PERSON) \$ BODILY INJURY (PER ACCIDENT) \$ PROPERTY DAMAGE (PER ACCIDENT) \$ EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
	<input type="checkbox"/> RETENTION \$					
	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY EMPLOYER OR MEMBER EXCLUDED? (Membership in MEA) If yes, describe under DESCRIPTION OF OPERATIONS below					WORKERS COMPENSATION \$ 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)

<b>CERTIFICATE HOLDER</b> Perfect Pro Wash LLC 61 Buckingham Pl Anniston AL 36207	<b>CANCELLATION</b> 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 <i>Joy Burkholder</i>
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