



A CUSTOMIZED

## Proposal

PREPARED FOR





July 5, 2023

**The Town of Ashland City**  
**233 SR-455, Suite 101 & 103**  
**Ashland City, TN 37015**

**Gayle:**

Thank you for inviting us to present this proposal, customized for your cleaning requirements. We appreciate the opportunity to work with you.

The Coverall Health-Based Cleaning System<sup>SM</sup> Program is unique. It's designed for **Cleaning for the Unseen®**, meaning that your facility won't just seem clean – it will actually be **a cleaner, healthier place to work and learn – within your budget.**

Did you know that a sick employee can cost your business up to **\$1500 per illness**? Those are real dollars that you could save with health-based cleaning.

- **Cost-effective way to clean** = a better value priced within your cleaning budget
- **Less spreading of germs** = fewer trips to the doctor, lower healthcare costs
- **Healthy workers** = better performance on the job, fewer sick days

Your customized work schedule and proposal are attached. Please review them to learn exactly how the Coverall Health-Based Cleaning System Program will meet and exceed your expectations.

Thank you again. I look forward to working with you and taking the next steps.

Sincerely,

**Valentina Manns**

Outside Sales Consultant, Coverall Nashville  
Office: (615) 365-0086  
Cell: (714) 830-9637  
vmanns@coverallpacific.com



## Your top priorities for cleaning

In our conversations, you told me that the following are your biggest areas of concern regarding the cleaning of your facility:

- ☐ **Clean Work Environment**
- ☐ **A crew you can feel confident in.**
- ☐ **Health-Based Cleaning System**

Coverall Health-Based Cleaning System uses scientifically proven cleaning supplies, tools and techniques to ensure that these important priorities will be handled properly.

## How Coverall helps you meet your goals

- ☐ You want: **To get the best value for your cleaning budget**

A lot has changed in the way that cleaning is done today. The work can be much faster than in the past. Coverall leads the industry in finding and using the best tools, techniques and training to give you a cleaning schedule that delivers more value within your budget.

- ☐ You want: **Cleaner work and reception areas**

Your cleaning crew will use multi-filtration vacuums to improve indoor air quality by removing 99.97% of dust, dirt, bacteria, mold, yeast, and particles down to 0.3 microns. In contrast, traditional commercial vacuums return 40% of the dirt they pick up directly into the air.

- ☐ You want: **Restrooms that look, smell, and actually ARE clean**

Coverall uses only hospital-grade, virucide/germicide disinfectant cleaning products, which are recommended by the Centers for Disease Control (CDC) and many medical studies to limit the spread of germs, especially in bathrooms.

- ☐ You want: **Consistent cleaning and good communication with the cleaners**

Your cleaning team was trained to consistently use Coverall Health-Based Cleaning System, so that you have consistent, high-quality results. They will use a log book to communicate notes or questions to you, and you will have direct access to the cleaners, to your local Coverall office, and to a phone support team, 24 hours a day, every day.

- ☐ You want: **A healthier workplace without cross-contamination**

Coverall uses Color Coding for Health® microfiber cleaning cloths and mop pads to prevent cross- contamination. In contrast, traditional cleaners use dirty rags and smelly string mops that merely transfer dirt and bacteria from one area to the next.



## Your Work Schedule

### Areas to be cleaned:

- ☒ Lobby/Reception
- ☒ Offices
- ☒ Conference Room
- ☒ Restrooms
- ☒ Breakroom
- ☒ Hallway

### Exclude:

_____	_____
_____	_____
_____	_____

Cleanable Square Feet = approx 7,201 sqft

\_\_\_\_\_/\_\_\_\_\_  
Initial                      Initial



# Coverall services and how often they will be done at your facility:

The following tasks will be included in your Service Plan and delivered by a trained and certified Coverall Franchised Business using the Coverall® Program.

<b>AREA:</b> Lobby, Reception Area, Hallways, Offices, Conference Room		<b>Frequency</b>
<input type="checkbox"/> <b>GENERAL FIXTURES AND FURNISHINGS:</b> Thoroughly dust and clean using color-coded microfiber cleaning cloths and hospital-grade disinfecting all-purpose spray and glass cleaner on all accessible fixtures and office furniture including file cabinets, desks, credenzas, counter tops, display units. We do not clean or dust machinery and computers. We do not move objects or paperwork for thorough cleaning surfaces must be cleared.		<b>1 x week</b>
<input type="checkbox"/> <b>DOORS/FRAMES/SWITCHES/WALLS:</b> Spot clean using color-coded microfiber cleaning cloths and hospital-grade disinfecting all-purpose spray and glass cleaner on all doors, door frames, light switches, walls and properly position furniture in offices.		<b>1 x week</b>
<input type="checkbox"/> <b>GLASS:</b> Thoroughly clean <b>Glass Entry Doors</b> inside and out and Spot clean all <b>internal partition glass</b> using color-coded microfiber cloths and hospital-grade disinfecting all-purpose spray and glass cleaner.		<b>1 x week</b>
<input type="checkbox"/> <b>WASTE:</b> Empty all waste paper receptacles replace liners and wipe spot clean receptacle as needed. Transport trash to a designated area in the building for storage or removal. Boxes should be broken down and marked as trash. Excessive quantities of boxes may need to be addressed by special charge. Shredder material will only be disposed of if the materials are in a closed bag outside the machine and labeled trash		<b>1 x week</b>
<input type="checkbox"/> <b>TELEPHONES:</b> Clean and sanitize telephones using color-coded microfiber cloths with hospital-grade disinfecting all-purpose spray.		<b>1 x week</b>
<input type="checkbox"/> <b>DRINKING FOUNTAINS:</b> Clean and sanitize using color-coded microfiber cloths with hospital-grade disinfecting all-purpose spray.		<b>1 x week</b>
<input type="checkbox"/> <b>DUST HIGH/LOW:</b> Dust all high, up to 12', and low vertical and horizontal surfaces and corners not cleaned in the course of normal dusting with electrostatic dusting cloths or instruments.		<b>1x a month</b>
<input type="checkbox"/> <b>DUST BLINDS/SILLS/JAMS/LIGHTS:</b> Dust blinds, sills, jams, light fixtures and ceiling vents accessible from the floor with electrostatic dusting cloths or instruments. Up to 12'.		<b>1x a month</b>

\_\_\_\_\_/\_\_\_\_\_  
Initial Initial



AREA: FLOORS- Hard floors, Carpet, and Floor Mats	Frequency
<input type="checkbox"/> FLAT MOP: Sweep or Vacuum and Mop hard surface floors using color-coded microfiber flat mopping system and disinfecting finished floor cleaner.	1x week
<input type="checkbox"/> DETAIL VACUUM: Detail Vacuum all accessible Area Rugs and Floor Mats on with approved HEPA back pack units.	1x week

\_\_\_\_\_/\_\_\_\_\_  
Initial Initial

AREA: Break Room / Kitchen	Frequency
<input type="checkbox"/> COUNTERS, TABLES, SINKS: Clean all kitchen counters, tables and sinks using color-coded microfiber cloths with hospital-grade disinfecting all-purpose spray and glass cleaner.	1x week
<input type="checkbox"/> MICROWAVE: Thoroughly clean interior and exterior of microwave with all-purpose disinfectant cleaner ensuring to rinse food contact surfaces.	1x week
<input type="checkbox"/> SPOT CLEAN APPLIANCES: Spot Clean exterior of appliances and equipment to remove visible soil using color-coded microfiber and all-purpose disinfectant cleaner. Interior of Refrigerator would be a special service.	1x week

\_\_\_\_\_/\_\_\_\_\_  
Initial Initial



AREA: RESTROOMS	Frequency
<input type="checkbox"/> <b>TRADITIONAL HEALTH-BASED CLEANING SYSTEM METHOD:</b> <ul style="list-style-type: none"> <li>▪ Clean and disinfect wash basins, toilet bowls, urinals, and counter tops using color-coded microfiber cloths and disinfecting cleaner.</li> <li>▪ Spot clean walls and toilet partitions to remove visible soil with color-coded microfiber cloths and hospital-grade disinfecting all-purpose spray.</li> <li>▪ Thoroughly clean by wet wiping accessible walls and toilet partitions with color-coded microfiber cloths and hospital-grade disinfecting all-purpose spray.</li> <li>▪ Thoroughly mop all floors using coded microfiber flat mopping system and disinfecting finished floor cleaner.</li> <li>▪ Polish all chrome and mirrors and wipe dispensers with color-coded microfiber cloths with hospital-grade disinfecting all-purpose spray.</li> <li>▪ Restock expendable products such as paper towels, toilet tissue, hand soap, liners and deodorant products.</li> </ul>	<b>1x week</b>

\_\_\_\_\_/\_\_\_\_\_  
Initial Initial

ADDITIONAL DUTIES OR SPECIAL REQUESTS:	Frequency
<input type="checkbox"/> <b>Consistent Cleaning</b>	Every visit
<input type="checkbox"/> <b>Communication</b>	<b>24 / 7</b>
<input type="checkbox"/>	
<input type="checkbox"/>	

\_\_\_\_\_/\_\_\_\_\_  
Initial Initial



Closing Instructions:	Frequency
<input type="checkbox"/> Clean and organize Janitor's closet	Every visit
<input type="checkbox"/> Turn off Lights (as instructed).	Every visit
<input type="checkbox"/> Lock doors and windows (as Instructed).	Every visit
<input type="checkbox"/> Set Alarms (as Instructed).	Every visit

\_\_\_\_\_/\_\_\_\_\_  
Initial Initial

#### Additional Special Services:

On occasion, services other than the regularly scheduled janitorial duties may be required. **Coverall Health-Based Cleaning System<sup>SM</sup>** franchisees will perform special services when requested and invoice separately from the general monthly cleaning contract, unless the services are specifically included in your monthly billing.

If a special service is included, 1/12 of the annual charge is included in each monthly charge.

**Coverall Health-Based Cleaning System<sup>SM</sup>** franchisees are also able to assist with many other cleaning needs and will provide quotes for any of the following special services upon request:

- Carpet cleaning
- Office furniture cleaning
- Upholstery cleaning
- Window cleaning
- Power washing
- Waste receptacle washing
- Emergency cleaning (fire, flood, etc.)
- Providing of dispenser supplies
- Replacement of burned-out bulbs from customer supply
- Ceiling cleaning
- Floor stripping and refinishing
- Restroom sanitation / odor control

To arrange for any of the above services, please contact your **Coverall Health-Based Cleaning System<sup>SM</sup>** Support Center.





## Service Agreement

The Undersigned **The Town of Ashland City** ("CUSTOMER") hereby accepts the proposal of **Pacific Commercial Services LLC**, d/b/a Coverall Of Nashville ("COVERALL"), and the parties agree that COVERALL will supply Health-Based Cleaning System Services for Customer's premises located at:

**233 SR-455**

**Ashland City, TN 37015**

**Upon the following terms:**

1. COVERALL's service charge will be:

- **\$475 per month**, to include **1x per week day service \***. *Initial*\_\_\_\_\_
- **\$555 per month**, to include **1x per week day service with Interior Window Cleans 1x per Month\***.  
*Initial*\_\_\_\_\_
- **\$635 per month**, to include **1x per week day service with Interior & Exterior Window Cleans 1x per Month\***. *Initial*\_\_\_\_\_

The Health-Based Cleaning System Services are to be performed in the evening after 8:00am-4:30pm, unless otherwise agreed to by the parties.

2. CUSTOMER acknowledges that the Coverall Health-Based Cleaning System<sup>SM</sup> will delegate all Health-Based Cleaning System Services to be performed hereunder to a COVERALL franchisee and/or subcontractor.
3. Included in the service charge will be service, cleaning supplies, and any equipment which will be furnished by the COVERALL franchisee. **The service charge does not include liners, paper supplies, and toiletries, which can be provided at CUSTOMER's expense, at competitive prices.** The service charge also does not include any use tax, tax on sales, services or supplies, or other such tax, which taxes shall be paid by CUSTOMER. CUSTOMER agrees to reimburse COVERALL the amount of any such taxes if paid by COVERALL on Customer's behalf.
4. All Health-Based Cleaning System Services specified in the "Work Schedule" attachment of this proposal will be provided to CUSTOMER in a satisfactory manner.



5. All COVERALL franchisees have successfully completed COVERALL's comprehensive training program and are required to carry insurance and a janitorial bond.
6. Additional services, not included in COVERALL's service charge, to be performed upon request, priced per occurrence, at Customer's expense, include:

		Area and Square Footage
a. Strip & Wax Floors	\$ 450	Upon request 500sqft/ Restrooms
b. Scrub & Recoat Floors	\$	Upon request
c. Burnish Floors	\$	Upon request
d. Hot Water Extract Carpets	\$	Upon request
e. Window Washing	\$ 80 interior \$ 80 exterior	Upon request or added to monthly service
f. Deep Clean/Initial Cleaning	\$	to include
g. Other (Electrostatic disinfection, Covid Cleans)	\$	Upon request

Additional services accepted by: \_\_\_\_\_

*Signature*

7. (a) The term of this service agreement is for one (1) year. This one-year period shall begin on the date services are scheduled to begin. This service agreement shall automatically extend for additional one (1) year periods, unless at least thirty (30) days prior to each anniversary of the date services are scheduled to begin, either party gives the other written notice of its intent not to renew.

(b) **Termination/Notice:** If a party to this service agreement fails to perform according to its obligations (the non-performing party"), the party claiming non- performance shall send the non-performing party written notice by certified mail, specifying the manner of non-performance. This notice will provide that the non-performing party will have fifteen (15) days from receipt of the notice to cure or correct the items of non-performance. If these items have not been corrected or cured within this fifteen (15) day period, the claiming party may issue a thirty (30) day written notice of termination and/or pursue other available remedies for default.

(c) *Notwithstanding the above, COVERALL may, but shall not be obligated to, terminate this service agreement immediately for non-payment by CUSTOMER for cleaning charges due hereunder.*

8. The service charge will remain in effect for one year unless there are changes in the original specifications for the premises. In the event of such changes, CUSTOMER will advise COVERALL accordingly, and an adjustment in the service charge, as agreed to by the parties, will be made. **After the first year, the monthly price will automatically escalate by 2% each anniversary unless otherwise agreed upon.**



9. CUSTOMER agrees that it will not employ or contract with any COVERALL employee, franchisee, or any of the franchisee's employees during the term of this service agreement or for one hundred and eighty (180) days after termination of this service agreement, without COVERALL's written consent.
10. COVERALL will bill CUSTOMER monthly, and CUSTOMER agrees to pay COVERALL the amount that is due and owing under the terms of this service agreement within 15 days of billing date. Late payments will incur service and finance charges. In the event of default on payment, CUSTOMER agrees to pay COVERALL's attorney's fees and costs for collection.
11. Services shall be performed as scheduled with the exception of the following six (6) legal holidays: New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day and Christmas Day. However, service can be provided on these holidays at an additional cost if required. Services shall be scheduled during the hours approved or directed by manager/owner.
- ☐ Monday    ☐ Tuesday    ☐ Wednesday    ☐ Thursday    ☐ Friday    ☐ Saturday    ☐ Sunday
- (To be performed between 8:00am-4:30pm Mon-Fri.)*
12. If there is an "Additional Special Services" Addendum attached to this Service Agreement, and if CUSTOMER cancels any periodic special services described therein for which a prorated monthly charge is included in Customer's total monthly service charge, any amount owing by CUSTOMER for special services performed prior to the cancellation shall be payable in full no later than five (5) days after the cancellation.
13. The undersigned warrant and represent that they have full authority to enter into this service agreement, and that it will be binding upon the parties and their respective successors and assigns.
14. This Service Agreement and attached exhibits constitute the complete agreement of the parties concerning the provision of cleaning services to the CUSTOMER, and supersedes all other prior or contemporaneous agreements between the parties, whether written or oral, on the same subject. No waiver or modification of this service agreement shall be valid unless in writing and executed by COVERALL and CUSTOMER. Additionally, in no event shall the terms and conditions of any purchase order or other form subsequently submitted by CUSTOMER to COVERALL become a part of this Service Agreement, and COVERALL shall not be bound by any such terms and conditions.

CUSTOMER

Signature and Date

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Print Name and Title

---

E-mail Address

---

Coverall Nashville

*(Signature and Date)*

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Print Name

---

Service Start Date

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Please fax signed contract to 615-365-0078

## Billing Information:

☐ Same as above

Contact Name:

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Billing Address:

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Phone:

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Fax:

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Email:

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Purchase Order

Number:

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## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/21/2021

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).

<b>PRODUCER</b> Exchange Underwriters, Inc 2111 N Franklin Dr Ste. 100 Washington PA 15301		<b>CONTACT NAME:</b> Diane Merrick <b>PHONE</b> (A/C, No, Ext): 724-745-1600 <b>E-MAIL</b> ADDRESS: dmerrick@exchangeunderwriters.com <b>FAX</b> (A/C, No): 724-745-0224															
<b>INSURED</b> Pacific Commercial Services, LLC dba Coverall of Nashville Suite 100 25 Century Blvd. Nashville TN 37214		<b>INSURER(S) AFFORDING COVERAGE</b> <table border="1"> <tr> <th>INSURER</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A : West American</td> <td>44393</td> </tr> <tr> <td>INSURER B : Ohio Security</td> <td>24082</td> </tr> <tr> <td>INSURER C : Norguard</td> <td>31470</td> </tr> <tr> <td>INSURER D : The Hanover Insurance Group</td> <td>22292</td> </tr> <tr> <td>INSURER E : Ohio Casualty</td> <td>24074</td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>		INSURER	NAIC #	INSURER A : West American	44393	INSURER B : Ohio Security	24082	INSURER C : Norguard	31470	INSURER D : The Hanover Insurance Group	22292	INSURER E : Ohio Casualty	24074	INSURER F :	
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INSURER E : Ohio Casualty	24074																
INSURER F :																	

COVERAGES		CERTIFICATE NUMBER: 2049895359		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 <input checked="" type="checkbox"/> 1,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y	BKW59263181	2/1/2021	2/1/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPIOP AGG \$ 2,000,000 \$
B	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	BAS59263181	2/1/2021	2/1/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
E	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000 <input type="checkbox"/> CLAIMS-MADE	Y	Y	USO59263181	2/1/2021	2/1/2022	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y	N/A	PAWC111809	3/31/2020	3/31/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
D	Third Party Bond			BDY - 1075607	6/1/2020	6/1/2021	Limit 100,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Certificate holder is named as additional insured as respects to General Liability and Automobile Liability re: Coverall billed contracts. Participating franchisees are covered for General Liability, Workers Compensation and Bond. Waiver of subrogation in favor of additional insured's re: General Liability, Automobile Liability, Workers Compensation and Umbrella Liability where required by written contract. Umbrella policy to follow form over the General Liability, Automobile Liability and Workers Compensation policies.							

<b>CERTIFICATE HOLDER</b> <div style="border: 1px solid black; padding: 10px; margin-top: 10px;"> <p>You will receive an official document with upon Coverall receiving the signed proposal.</p> </div>	<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 
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ACORD 25 (2016/03)

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Form **W-9**  
(Rev. October 2018)  
Department of the Treasury  
Internal Revenue Service

## Request for Taxpayer Identification Number and Certification

► Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Give Form to the  
requester. Do not  
send to the IRS.

Print or type.  
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <b>Pacific Commercial Services, LLC</b>	
2 Business name/disregarded entity name, if different from above <b>Coverall of Nashville</b>	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input checked="" type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ► _____	
4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ (Applies to accounts maintained outside the U.S.)	
5 Address (number, street, and apt. or suite no.) See instructions. <b>9101 LBJ FREEWAY SUITE 550</b>	Requester's name and address (optional)
6 City, state, and ZIP code <b>DALLAS, TX 75243</b>	
7 List account number(s) here (optional)	

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number								
			-					
OR								
Employer identification number								
2	0	-	1	2	9	2	9	1

### Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, individual retirement arrangement (IRA), and generally, payments provide your correct TIN. See the instructions for Part II, later.

Sign  
Here

You will receive an official document with  
your company name here upon Coverall  
receiving the signed proposal.

Date ► 07/01/2020

### General instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)

(funds)

- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
  - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
  - Form 1099-S (proceeds from real estate transactions)
  - Form 1099-K (merchant card and third party network transactions)
  - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
  - Form 1099-C (canceled debt)
  - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.