

WMG Historic Restoration, LLC 157 Bridgeton Pike, Suite 200-315 Mullica Hill, NJ 08062 609-202-4418

www.wmgrestoration.com information@wmgrestoration.com

June 17, 2024

William H. Cawood Cawood Architecture william@cawoodarch.com

Dear Mr. Cawood:

Attached, please find WMG's pricing for the "woodwork, window, and door" scope of the Bostwick Stabilization Project.

Per your request we have enclosed the following documents:

- Completed and signed Financial Proposal form
- Completed Contractor qualifications statement
- Completed Conflict of Interest Affidavit and Disclosure
- Current Licenses: NJ, PA, Phila
- Current Women Owned Small Business certificate
- Certificate of insurance.

Please note: WMG estimates 12-16 week duration for the completion of the woodwork, window, and door scope. We recommend starting no later than Sept 1.

Please do not hesitate to contact us if there is any additional information you need. I can be reached directly at (609) 202-4418 or by email at <u>rebekah@wmgrestoration.com</u>.

Thank you for your consideration of this proposal.

Best,

K. Gallsent

Rebekah Gallant, owner WMG Historic Restoration

cc. clerk@bladenseburgmd.gov

Contractor / Builder Financial Proposal Form

REQUEST FOR PROPOSALS: BOSTWICK HOUSE WEST FAÇADE STABALIZATION AND REHABILITATION

FIRM / TEAM NAME:	WMG Historic Restoration LLC		
Description		Cost	
BOSTWICK HOUSE WEST F	AÇADE STABALIZATION AND		
REHABILITATION			
Wood work, Window, D	oor Scope	180,000	
Bonding		18,000	
	тот	AL 198,000	

ADDENDA: Please fill in and initial to acknowledge receipt of RFP Addenda, if applicable.

Addendum Number and Date	Initials
n/a	Rkg

We hereby submit our proposal to the *Aman Trust and Town of Bladensburg* for the *BOSTWICK* HOUSE WEST FAÇADE STABALIZATION AND REHABILITATION.

- 1. I/We have received, read, and fully understand the drawings /specifications for the project, the Request for Proposals, and the Addenda.
- 2. I/We have examined the site, existing structures, access roads, existing utilities, and all existing conditions which affect the construction proposal.
- 3. I/We are able to provide all the materials, products, labor, equipment, supervision, managerial and professional services necessary for the project, and are able to construct the project as intended by the above-mentioned specifications.
- 4. I/We are able to complete this project within the stipulated calendar days and/or critical completion dates specified by the Owner.
- I/We clearly understand that this Construction Proposal Form must be completed and submitted in its entirety to be considered a responsive proposal. Failure to completely fill in all blanks may be cause for rejection of this proposal.
- 6. I/We clearly understand that the proposal price will be firm for a time period of 60 calendar days from the proposal opening date.
- 7. The firm represents, and it is a condition precedent to acceptance of this proposal, that the firm has not been a party to any agreement to propose a fixed or uniform price.

Proposal submitted by re	presentative hereby designated as project contact:
NAME:	Rebekah K. Gallant
TITLE & FIRM NAME:	Owner, Rebekah K. Gallant
ADDRESS:	157 Bridgeton Pike, Suite 200-315 Mullica Hill, NJ 08062
PHONE:	(609) 202-4418
E-MAIL:	rebekah@wmgrestoration.com
FEDERAL EIN #	27-2760171
DATE:	6/17/2024
SIGNATURE:	Pilmhah K. Gallant

Contractor / Subcontractor Qualifications Statement

The undersigned certifies under oath the truth and correctness of all statements and of all answers to questions made hereinafter.

Project Identification: BOSTWICK HOUSE WEST FACADE STABALIZATION AND REHABILITATION

Company Name	WMG Historic Restoration LLC
Contact Name	Rebekah K. Gallant
Contact Title	Owner
Address, City, State, ZIP	157 Bridgeton Pike, Suite 200-315 Mullica Hill, NJ 08062
Phone / Fax	609-202-4418
Email	rebekah@wmgrestoration.com
Website	www.wmgrestoration.com

1.	How many years	has your organization been in		
	business?		14	
2.	How many years under your present name?		14	
3.	What time period	ls under a previous business name? (List	t below)	
	Company Name		Dates	
	Company Name		Dates	
	Company Name		Dates	
	Company Name		Dates	
4.		on licensed to do business in the State o	of Maryland?	🗌 Yes 🔽
	WMG is lice	WMG is licensed in PA and NJ (attached)		
5.		ofessional license in the State of Maryla	nd?	🗌 Yes 🔽
	WMG is lice	ensed in PA and NJ (at	tached)	No
	Type of license	Υ.	License	
			Number	
	Expiration date			
8.	Is your firm certif	ied MBE in the State of Maryland?	Yes 🔀 No	

Woman-owned Business as certified by the SBA. Certification Attached.

9.	Hav	Have you in the previous five years, been denied a contract award Yes No					
	on	on which you submitted the low bid/proposal in competitive					
	bid	ding, or been refused pre-qualification?					
	If y	es, please explain:					
10.	List	four or more projects executed by you	r firm within the past five years that were similar				
	in n	ature and scope to this project, and we	ere in compliance with the <u>Secretary of the</u>				
	<u>Inte</u>	Interior's Standards (if applicable). Attach photographic documentation of these projects,					
	or refer us to your website. We may contact your references.						
	a.	Project Name	Bringhurst Deshler Morris House, NPS				
		Project Address	5442 Germantown Ave. Phila, PA 19144				
		Years of Construction	2022-2023				
		Client / Reference Name	RAAD Construction Group, Marc Mayersohn				
		Client / Reference Phone or Email	(732)-268-7744 x 105 marcm@raadllc.com				
		Web link if available	https://www.wmgrestoration.com/portfolio/ deshler-morris-and-bringhurst-houses				
	b.	Project Name	Bishop White House, NPS				
		Project Address	309 Walnut Street, Phila, PA 19104				
		Years of Construction	2023				
		Client / Reference Name	ARK Construction, Shawn Kinglsey				
		Client / Reference Phone or Email	(570) 972-8615 sk@arkconstruction.com				
		Web link if available					
	с.	Project Name	Moravian Church				
		Project Address	Kings Hwy & Moravian Church Rd. Woolwich Twp. NJ 08085				
		Years of Construction	2022-2023				
		Client / Reference Name	Gloucester Co. Historical Society, Jessica Ferguson				
		Client / Reference Phone or Email	(856) 848-3652 glocohistory@gmail.com				
		Web link if available	https://www.wmgrestoration.com/portfolio/ moravian-church				
	d.	Project Name	First National Bank of the United States, NPS				
		Project Address	120 South 3rd Street Philadelphia, PA				
		Years of Construction	2021-2022				
		Client / Reference Name	Tusick and Assoc., Susan Tusick				
		Client / Reference Phone or Email	412-781-8896 stusick@tusickarchitects.com				
		Web link if available	https://www.wmgrestoration.com/portfolio/ first-bank-of-the-united-states				
	e.	Project Name	Washington Crossing State Park				
		Project Address	1112 River Road Washington Crossing, PA 18				
		Years of Construction	2021-2022				

		Client / Reference Name	Kimberly McCarty, Dept of Conservation and Natur			
		Client / Reference Phone or Email	215-493-4076 kimbmccart@pa.gov			
		Web link if available	https://www.wmgrestoration.com/portfolio/ washington-crossing-state-park			
11.	Pro	vide names of key personnel to be inv	volved in this project. Indicate the projects listed			
	abo	ove with which they were involved. $oldsymbol{o}$	n attached sheets, give brief resumes of each			
	per	son, describing specific experience ar	nd qualification that will indicate ability to			
	per	form work required on this project.				
	a.	Name	Michael Gallant			
		Specialty / Trade	owner, historic restoration expert			
		Project Role	project & Site management			
		Years of experience	30			
		Years with this firm	10			
		Involved in projects listed	All of the above			
		above?				
	b.	Name	Vadym Feshchenko			
		Specialty / Trade	Restoration Carpenter			
		Project Role	Carpenter			
		Years of experience	20			
		Years with this firm	2			
		Involved in projects listed above?	Bringhurst Deshler Morris, Moravian Church, Bishop White			
	с.	Name	Malachi Clark			
		Specialty / Trade	Painter/Glazer			
		Project Role	Painter/Glazer			
		Years of experience	10			
		Years with this firm	5			
		Involved in projects listed				
		above?	All of the above			
	d.	Name				
		Specialty / Trade				
		Project Role				
		Years of experience				
		Years with this firm				
		Involved in projects listed				
		above?				

12.	Plea	ase indicate which portions of the	work you will subcontract and the names of the
	sub	contractors. Please attach brief r	esumes of each subcontractor firm, describing
	spe	cific experience and qualification	that will indicate ability to perform work required
	on	this project.	
	a.	Firm Name	
		Specialty / Trade	
		Address, City, State, Zip	
		Phone	
		Email	
		Website	
		Years in business	
		Involved in projects listed	
		above?	
		MBE?	Ves No
	b.	Firm Name	
		Specialty / Trade	
		Address, City, State, Zip	
		Phone	
		Email	
		Website	
		Years in business	
		Involved in projects listed	
		above?	
		MBE?	Yes No
	c.	Firm Name	
		Specialty / Trade	
		Address, City, State, Zip	
		Phone	
		Email	
		Website	
		Years in business	
		Involved in projects listed	
		above?	
		MBE?	Yes No
	d.	Firm Name	

	Signature:	Rissiah K. Gallant-
	Title:	owner
	Prepared by:	Rebekah Gallant
The un	dersigned certifies the truth and correc	tness of all statements.
	MBE?	Yes No
	listed above?	
	Are you involved in the projects	
	Years in business	
	Website	
	Email	
	Phone	
	Address, City, State, Zip	
	Specialty / Trade	

Contractor / Builder Conflict of Interest Affidavit and Disclosure Form

A. "Conflict of interest" means that because of other activities or relationships with other persons, a person is unable or potentially unable to render impartial assistance or advice to the State, or the person's objectivity in performing the contract work is or might be otherwise impaired, or a person has an unfair competitive advantage.

B. "Person" has the meaning stated in COMAR 21.01.02.01B(64) and includes a bidder, offeror, contractor, consultant, or subcontractor or subconsultant at any tier, and also includes an employee or agent of any of them if the employee or agent has or will have the authority to control or supervise all or a portion of the work for which a bid or offer is made.

C. The bidder or offeror warrants that, except as disclosed in §D, below, there are no relevant facts or circumstances now giving rise or which could, in the future, give rise to a conflict of interest.

D. The following facts or circumstances give rise or could in the future give rise to a conflict of interest (explain detail—attach additional sheets if necessary):

E. The bidder or offeror agrees that if an actual or potential conflict of interest arises after the date of this affidavit, the bidder or offeror shall immediately make a full disclosure in writing to the procurement officer of all relevant facts and circumstances. This disclosure shall include a description of actions which the bidder or offeror has taken and proposes to take to avoid, mitigate, or neutralize the actual or potential conflict of interest. If the contract has been awarded and performance of the contract has begun, the contractor shall continue performance until notified by the procurement officer of any contrary action to be taken.

I DO SOLEMNLY DECLARE AND AFFIRM UNDER THE PENALTIES OF PERJURY THAT THE CONTENTS OF THIS AFFIDAVIT ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION, AND BELIEF.

_{Date:} June 17, 2024 By: Kintah V. Gullant (Authorized Representative and Affiant)

WMG Historic Restoration

157 Bridgeton Pike, Suite 200-315 Mullica Hill, NJ 08062 wmgrestoration.com



Quote

ADDRESS Town of Bladensburg QUOTE # 22114 DATE 06/12/2024

ACTIVITY		QTY	RATE	AMOUNT
Bostwick House West Facade Scope of work: Sash, window frame and cornice restora -16 windows/frames including leaded transoms-paint Interior/exterior, removal of sash and board up of openi of sash including re-puttying, repairs, replacement in kin repair, finish painting and reinstallation. -2 doors, sidelines and transom-paint stabilize, repair -5 dormers- paint stabilize, repairs and finish painting -Eaves, Fascia, Cornice/Dentil trim- Stabilize, repairs porches and porch cornice work)	removal from sash ngs, shop restoration nd of items beyond rs and finish painting	1	180,000.00	180,000.00
Quote is valid for 30 days. If Bonded: add 10% to quoted price NIC: porches, porch floors, Porch columns/railing dormer siding of dormer cheeks,	TOTAL		\$180	0,000.00

Accepted By

Accepted Date

New Jersey Office of t Division of Con	sumer Affairs	1000 Miles - C	9	PLUMBERS LICENSE SIGNATURE
Home Improvemen		5	٦	OR PLUMBER'S
HAS REGISTERED WMG HISTORIC RE Michael Gallant 157 Bridgeton P Suite 200-315 Mullica Hill NJ FOR PRACTICE IN NEW JERSEY AS A(N):	ike 08062		New Jersey Office of the Attorney General Division of Consumer Affairs THIS IS TO CERTIFY THAT THE Home Improvement Contractors HAS REGISTERED WMG HISTORIC RESTORATION LLC Home Improvement Contractor	NOT AN ELECTRICIANS 02/08/2024 TO 03/31/2025 VALID 13VH05859100
02/08/2024 TO 03/31/2025	13VH	105859100 ATION/CERTIFICATION #	PLEASE DE IF YOUR LICENSE CERTIFICATE ID O PLEASE NOTIFY: Home Improvement P.O. Box 45016	REGISTRATION
VALID Signature of Licensee/Registrant/Certificate Holder	Can	DIRECTOR	Newark, NJ 07101	ETACH HERE
VALID	LLC RTIFICATE NUMBER IS	DIRECTOR BDIRECTOR EXI 13VH 05859100 . AFFAIRS USE THIS SEC	Newark, NJ 07101 J PIRATION DATE 2025 PLEASE USE IT IN ALL TION TO REPORT ADDRE	SS
VALID Signature of Licensee/Registrant/Certificate Holder WMG HISTORIC RESTORATION YOUR LICENSE/REGISTRATION/CEP CORRESPONDENCE TO THE DIVIS CHANGES. YOU ARE REQUIRED TO BELOW. Home I P.O. Bo Neward	LLC RTIFICATE NUMBER IS	EX DIRECTOR EX 13VH 05859100 . AFFAIRS. USE THIS SEC ESS CHANGES IMMEDIATE Actors	Newark, NJ 07101 J PLEASE DI PIRATION DATE 2025 PLEASE USE IT IN ALL TION TO REPORT ADDRE LY TO THE ADDRESS NOT	ss
VALID Signature of Licensee/Registrant/Certificate Holder WMG HISTORIC RESTORATION YOUR LICENSE/REGISTRATION/CER CORRESPONDENCE TO THE DIVIS CHANGES. YOU ARE REQUIRED TO BELOW. Home I P.O. Bo	LLC ACTING A	EX DIRECTOR EX 13VH 05859100 AFFAIRS USE THIS SEC ESS CHANGES IMMEDIATE ACTORS PRINT YOUR NEW MAIL YOUR MAILING ADDRE	Newark, NJ 07101 J PIRATION DATE 2025 PLEASE USE IT IN ALL TION TO REPORT ADDRE	SS ED T WILL BE USED
VALID Signature of Licensee/Registrant/Certificate Holder WMG HISTORIC RESTORATION YOUR LICENSE/REGISTRATION/CER CORRESPONDENCE TO THE DIVIS CHANGES. YOU ARE REQUIRED TO BELOW. Home I P.O. BO Newarl RINT YOUR NEW ADDRESS OF RECORD BELOW. OUR ADDRESS OF RECORD IS THE ADDRESS THAT OUR LICENSE/REGISTRATION/CERTIFICATE AND IT	LLC ACTING A	EXI DIRECTOR EXI 13VH 05859100 AFFAIRS USE THIS SEC ESS CHANGES IMMEDIATE Actors PRINT YOUR NEW MAIL YOUR MAILING ADDRE THE DIVISION OF	Newark, NJ 07101 PIRATION DATE 2025 PLEASE USE IT IN ALL TION TO REPORT ADDRE LY TO THE ADDRESS NOT ING ADDRESS BELOW. SS IS THE ADDRESS THA	SS ED T WILL BE USED
VALID Signature of Licensee/Registrant/Certificate Holder WMG HISTORIC RESTORATION YOUR LICENSE/REGISTRATION/CEF CORRESPONDENCE TO THE DIVIS CHANGES. YOU ARE REQUIRED TO BELOW. Home P.O. Be Newarl RINT YOUR NEW ADDRESS OF RECORD BELOW. OUR ADDRESS OF RECORD IS THE ADDRESS THAT OUR LICENSE/REGISTRATION/CERTIFICATE AND IT VAILABLE TO THE PUBLIC. HOME	LLC ACTING A	EXISTICATION SET THE DIVISION OF CORRESPONDENCE.	Newark, NJ 07101 PIRATION DATE 2025 PLEASE USE IT IN ALL TION TO REPORT ADDRE LY TO THE ADDRESS NOT ING ADDRESS BELOW. SS IS THE ADDRESS THA	SS ED T WILL BE USED
VALID Signature of Licensee/Registrant/Certificate Holder WMG HISTORIC RESTORATION YOUR LICENSE/REGISTRATION/CEF CORRESPONDENCE TO THE DIVIS CHANGES. YOU ARE REQUIRED TO BELOW. Home P.O. Be Newarl RINT YOUR NEW ADDRESS OF RECORD BELOW. OUR ADDRESS OF RECORD IS THE ADDRESS THAT OUR LICENSE/REGISTRATION/CERTIFICATE AND IT VAILABLE TO THE PUBLIC. HOME	LLC ACTING A	EXISTICATION SET THE DIVISION OF CORRESPONDENCE.	Newark, NJ 07101 PIRATION DATE 2025 PLEASE USE IT IN ALL TION TO REPORT ADDRE LY TO THE ADDRESS NOT ING ADDRESS BELOW. SS IS THE ADDRESS THA	SS ED T WILL BE USED

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Please find attached your Home Improvement Contractor's Certificate suitable for framing along with a wallet card copy.

If you have any questions or have changes to the information you provided on your registration form, contact the Pennsylvania Office of Attorney General at 717-772-2425 or HIC@attorneygeneral.gov. For further information on the home improvement law visit www.attorneygeneral.gov.

Josh Shapiro, Pennsylvania Attomey General

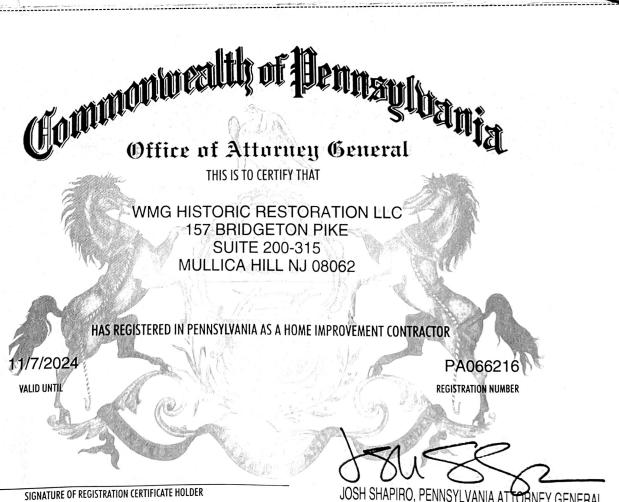


This form acknowledges receipt of your \$50.00 application fee, required under Pennsylvania's Home Improvement Consumer Protection Act. Please keep this form for your records.



2169000810101

MICHAEL GALLANT **157 BRIDGETON PIKE** STE. 200-315 MULLICA HILL NJ 08062



JOSH SHAPIRO, PENNSYLVANIA ATTORNEY GENERAL



City of Philadelphia Department of Licenses & Inspections P.O. Box 53310 Philadelphia, Pa. 19105

DISPLAY PROMINENTLY if required by law

WMG HISTORIC RESTORATION LLC 157 BRIDGETON PIKE SUITE 200-315 MULLICA HILL, NJ 08062 USA

3527 Contractor

WMG Historic Restoration LLC

THIS LICENSE IS GRANTED TO THE PERSON OR COMPANY FOR THE PURPOSE STATED ABOVE. IT IS SUBJECT TO IMMEDIATE CANCELLATION BY THIS DEPARTMENT FOR VIOLATIONS OF CITY ORDINANCES AND REGULATIONS.

LICENSE CODE	LICENSE NO.	COMMERCIAL ACTIVITY LIC.	EXPIRES ON	ISSUED ON
3527	47932	728495	2/20/2025	3/4/2024

LIMITS & CONDITIONS:

1. Contractors and subcontractors (including individuals and business entities) must have valid licenses. All subcontractors working under a permit must be submitted to the Department.

2. Contractors cannot sell or transfer their license or permit to another person.

3. Contractors must provide accurate information on any license or permit application with the Department.

4. Contractors must get all required permits for construction work and comply with approved permit documents.

5. Contractors must maintain information at each job site as required by the Philadelphia Code.

6. Contractors must display their Contractor License number on any advertisements, stationery, places of business, job sites, proposals, and vehicles displaying the business name.

7. Contractors must maintain complete financial and construction records (including plans) for each job performed for four years after completion of the job.

8. Contractors must follow all provisions of The Philadelphia Code.

LICENSE

Site Safety Managers

Name	Relationship to Company	OSHA 30 Card Number	
MICHAEL GALLANT	Employee		12-602463079





JOIN FORCES. SUCCEED TOGETHER.

HEREBY GRANTS WOMAN OWNED SMALL BUSINESS (WOSB) CERTIFICATION TO

WMG HISTORIC RESTORATION, LLC

The identified small business is an eligible WOSB for the WOSB Program, as set forth in 13 C.F.R. part 127 and has been certified as such by an SBA approved Third Party Certifier pursuant to the Third Party Agreement, dated June 30, 2011, and available at www.sba.gov/wosb.

The WOSB Certification expires on the date herein unless there is a change to the SBA's regulation that makes the WOSB ineligible or there is a change in the WOSB that makes the WOSB ineligible. If either occurs, this WOSB Certification is immediately invalid. The WOSB must not misrepresent its certification status to any other party, including any local or State government or contracting official or the Federal government or any of its contracting officials.

WBE@E

Majority Female Owner: Rebekah Gallant
NAICS: 238990 UNSPSC: 22101900, 30171600, 30171604, 30171605, 30171606
Certification Number: WOSB211971
Renewal Date: November 3, 2024
WOSB Regulation Expiration Date: 11/3/2024



Elizabeth M. Walsh, Women's Business Enterprise Center - East President

a Kinco-Lason

Pamela Prince-Easton, WBENC President & CEO

LaKesha White, Vice President, Certification

ACORD [®]

CERTIFICATE OF LIABILITY INSURANCE

KROACH

DATE	(MM/DD/YYYY)
6/ [.]	17/2024

WMGHIST-01

C B R	THIS CERTIFICATE IS ISS CERTIFICATE DOES NOT BELOW. THIS CERTIFIC/ REPRESENTATIVE OR PRO	AFFIRMATIVELY ATE OF INSURA ODUCER, AND TH	(OR NCE IE CE	NEGATIVELY AMEND, DOES NOT CONSTITU ERTIFICATE HOLDER.	, EXTEN ITE A C	D OR ALT ONTRACT	ER THE CO BETWEEN	OVERAGE AFFORDED THE ISSUING INSURER	BY TH (S), Al	E POLICIES JTHORIZED
lf	MPORTANT: If the certing f SUBROGATION IS WAI his certificate does not con	VED, subject to	the	terms and conditions of	the polic	y, certain j	policies may			
PRO	DUCER P&C LLC dba Villanova I	5			CONTACT NAME:	-		FAX	(610)	984 760E
101	6 W 8th Ave te A				PHONE (A/C, No, Ext): (484) 580-6661 E-MAIL FAX (A/C, No): (610) 884-7695					
	g Of Prussia, PA 19406									
					INSURER(S) AFFORDING COVERAGE				NAIC #	
					INSURER A : West American Insurance Company					
INSU	URED WMG Historic Ro	estoration LLC			INSURER B : Harford Mutual Insurance Company				14141	
	157 Bridgeton Pi				INSURER C : Penn America Insurance Company				32859	
	Suite 200-315				INSURER D : Ohio Security Insurance Company				24082	
	Mullica Hill, NJ 0	08062			INSURER	E:				
					INSURER	F:				
	OVERAGES			NUMBER:				REVISION NUMBER:		
IN C	HIS IS TO CERTIFY THAT NDICATED. NOTWITHSTAN CERTIFICATE MAY BE ISSUE EXCLUSIONS AND CONDITION	DING ANY REQUIR ED OR MAY PERT NS OF SUCH POLIC	REME TAIN, CIES. I	NT, TERM OR CONDITION THE INSURANCE AFFOR	N OF AN DED BY BEEN RE	Y CONTRAC THE POLICI DUCED BY	CT OR OTHER IES DESCRIE PAID CLAIMS	R DOCUMENT WITH RESPE BED HEREIN IS SUBJECT T	CT TO	WHICH THIS
INSR LTR	I TPE OF INSURANC	CE ADDLS INSD	WVD	POLICY NUMBER		POLICY EFF MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α		IABILITY						EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X	OCCUR	1	BKW57569227		9/29/2023	9/29/2024	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000
								MED EXP (Any one person)	\$	15,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPL	IES PER:						GENERAL AGGREGATE	\$	2,000,000
	POLICY X PRO-	LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:								\$	
В								COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	ANY AUTO			CA10896853		10/1/2023	10/1/2024	BODILY INJURY (Per person)	\$	
	X OWNED AUTOS ONLY SC	HEDULED TOS						BODILY INJURY (Per accident)	\$	
		N-OWNED TOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
С	X UMBRELLA LIAB X	OCCUR						EACH OCCURRENCE	\$	1,000,000
	EXCESS LIAB	CLAIMS-MADE	XPA0018017	XPA0018017		2/29/2023	9/29/2024	AGGREGATE	\$	1,000,000
	DED RETENTION \$							Aggregate	\$	
D	WORKERS COMPENSATION							X PER OTH- STATUTE ER	Ŷ	
	AND EMPLOYERS' LIABILITY		XWS57569227		10/15/2023	0/15/2023	10/15/2024	E.L. EACH ACCIDENT	\$	1,000,000
	ANY PROPRIETOR/PARTNER/EXE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE		1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS									1,000,000
	DESCRIPTION OF OPERATIONS	Delow						E.L. DISEASE - POLICY LIMIT	\$	
DES	SCRIPTION OF OPERATIONS / LOC	ATIONS / VEHICLES (A	CORD	101, Additional Remarks Schedu	Ile, may be a	attached if mor	e space is requi	red)		
								,		
CE					CANCE	LLATION				
Town of Bladensburg 4229 Edmonston Rd. Bladensburg, MD 20710				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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