



Proposal for Range Remediation:

Cartersville Police Department
195 Cassville Road, SE
Cartersville, GA 30120

Scope of Work

Recoil LLC will provide all equipment, materials, and personnel to perform the following scope of work.

Soil will be removed from the pistol range to a depth of 2' within the impacted areas and screened on-site. All material will be returned to the berms after screening and graded to match pre-existing conditions.

All soils will be screened using a "Dry" method to help reduce the environmental impact and generation of excess materials. Bullets and fragments > ¼" will be removed, cleaned, and containerized on-site for recycling. The containerized lead will be weighed, documented, and inventoried before material is shipped off-site. Cartersville Police Department will then receive a Final Report that includes the Bill of Lading and Certificate of Disposal for all recycled lead.

It is anticipated that all work will be completed within 3-5 days (weather permitting). Recoil LLC employees will work with Cartersville Police Department range officers to help minimize the impact of daily operations.

Pricing (The proposal is valid for 30 days or otherwise stated)

Item #	Description	Cost	Total
1	Mobilization of Equipment and Personnel	Total payment \$35,000.00	\$35,000.00
2	Removal of Lead >1/4" from Ranges	50% to Recoil LLC 50% to Cartersville	Price Based on LME at the time of Sale
			Estimated Total = \$35,000.00

*Less 50% of the cost of drums, pallets, and trucking

Company History

Recoil LLC was established in 2018 by Matthew Carrera to specialize specifically on outdoor gun range lead remediation. Since its founding, Recoil LLC has recovered and recycled over 6,000,000 pounds of lead from 100+ ranges. The company holds numerous state level contracts across the country (i.e., Florida Fish & Wildlife Commission, Louisiana Wildlife & Fisheries, Alabama Department of Natural Resources, and North Carolina Wildlife Resources Commission).

Matt worked in the Environmental industry for 24 years. During that time, he supervised field operations (removal projects under the USEPA ERRS programs), cleanups, contaminant, decontamination, demolition, and restoration projects. Served in various capacities including Foreman, Site Health and Safety Officer, and Project Supervisor. Also, numerous Safety Audits (both internal and regional) were conducted by the US Environmental Protection Agency and the US Coast Guard.

Safety Policies & Procedures

First, Recoil LLC meets with the Site Safety Officer of every range we work on to discuss the "Scope of Work" as outlined in the contract. All our work is done down range on the berm surface, however, range remediation is not started until the range is shut down and secure (meaning no active shooting while we perform our services). All the dirt work is above surface grade, no below grade excavation is done. We typically go down 2-feet on the berm surface and return the dirt to the berm after we remove the spent lead. All the work is completed with enclosed equipment including a skid steer and a small excavator. The enclosed equipment also minimizes any potential exposure to dust for the crew. All employees use headsets and walkie talkies for communication and safety purposes and to help minimize the need to get out of the equipment. We use a shaker screen machine (typically used to remove/separate rocks) to screen the lead. This machine runs (for the most part) the entire time and is loaded with equipment only. Equipment is turned off and keys are removed prior to working on any piece of equipment owned/rented by Recoil LLC.

Recoil LLC takes the safety and medical monitoring of the employees very seriously! We conduct morning safety meetings to discuss potential hazards, etc., while preparing for operations. Recoil LLC contracts with Concentra to help oversee and provide medical direction. Recoil LLC follows the guidance of the medical professionals at Concentra. With all field employees we do pre-employment physicals, annual physicals, and 6-month blood tests for lead. We start with limiting the exposure to lead by providing enclosed equipment, good hygiene, and require employees to wash their hands after leaving the work area or going on breaks. Special DE-lead soaps and wipes are used as part of our decontamination process. Trucks and equipment are wiped down daily using said soaps and wipes. Trucks (which contain non-cloth seats) are fully deconned at least once a week. Personal air monitoring is done every 6 months. Pumps are placed in our enclosed cabs, monitored 10 hours a day, 5-7 days out of the week. Cartridges are then sent off for analysis to make sure exposure is either minimal or nothing.

All employees have and are required to have a current 40-HR HAZWOPER and Lead Awareness/Exposure Training.

Conclusion

We look forward to working with Cartersville Police Department. If you have any questions or comments regarding this proposal, please feel free to reach out to me at any time.

Thank you for your consideration!

Signature: *Tiffany Keene*

Name / Title: Tiffany Keene / Vice President of Business Development

Date: August 14, 2024

Attachments: Certificate of Liability Insurance – Commercial General Liability
 Certificate of Liability Insurance – Commercial Auto
 Certificate of Liability Insurance – Workers Compensation

Certificate of Liability Insurance – Commercial General Liability



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/19/2024

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 Filichia Insurance Agency Inc. 1703 S Washington Ave Titusville FL 32780-4763		CONTACT NAME: Michael Filichia PHONE (A/C, No, Ext): (321) 269-1400 FAX (A/C, No): (321) 264-9770 E-MAIL ADDRESS: Mike@filichia-agency.com	
INSURED Recoll, LLC. 12472 Lake Underhill Rd # 244 Orlando FL 32828-7144		INSURER(S) AFFORDING COVERAGE INSURER A: State National Insurance Co Inc. NAIC # 12831 INSURER B: MT Hawley Insurance 37974 INSURER C: INSURER D: 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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X	X	NXTBE64KRK-03-GL	10/22/2023	10/22/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$	X	X	GXS0010840	10/22/2023	10/22/2024	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/ MEMBER EXCLUDED? (Mandatory in FL) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	Pollution Liability			EGL0011648	03/29/2024	03/29/2025	Occurrence \$1,000,000 Aggregate \$2,000,000

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

The Certificate Holder is listed as an Additional Insured when required by written contract for general liability
 A waiver of subrogation applies in favor of the certificate holder.

Excess is follow form

CERTIFICATE HOLDER

CANCELLATION

	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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Certificate of Liability Insurance – Commercial Auto



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/19/2024

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 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 biBERK 1314 Douglas Street Suite 1400 Omaha NE 68102-1944 United States		CONTACT NAME: PHONE (A/C. No. Ext): 844-472-0967 FAX (A/C. No.): 203-654-3613 E-MAIL ADDRESS: CustomerService@biBERK.com	
INSURED Recoil LLC 12472 Lake Underhill Road 244 Orlando FL 32828 United States		INSURER(S) AFFORDING COVERAGE INSURER A: Berkshire Hathaway Direct Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC # 10391	

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	
	COMMERCIAL GENERAL LIABILITY									EACH OCCURRENCE	\$
		CLAIMS-MADE			OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	
										MED EXP (Any one person)	\$
										PERSONAL & ADV INJURY	\$
										GENERAL AGGREGATE	\$
		GEN'L AGGREGATE LIMIT APPLIES PER:								PRODUCTS – COMP/OP AGG	\$
		POLICY		PRO-JECT		LOC					\$
		OTHER:									
A	AUTOMOBILE AUTHORITY									COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000.00
		ANY AUTO								BODILY INJURY (Per Person)	\$N/A
		ALL OWNED AUTOS		X SCHEDULED AUTOS	X		0038480-01-CA	04/06/2024	04/06/2025	BODILY INJURY (Per accident)	\$N/A
		HIRED AUTOS		NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$N/A
		UMBRELLA LIAB			OCCUR					EACH OCCURRENCE	\$
		EXCESS LAB			CLAIMS-MADE					AGGREGATE	\$
		DED		RETENTION \$							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below				N / A					PER STATUTE	OTH-ER
										E. L. EACH ACCIDENT	\$
										E. L. DISEASE – EA EMPLOYEE	\$
										E. L. DISEASE – POLICY LIMIT	\$

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

CERTIFICATE HOLDER

See attached schedule for Lienholders.

CANCELLATION

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

Peter Kelly

ACORD 25 (2014/01)

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M-5652 (07/2015)

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Certificate of Liability Insurance – Workers Compensation



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/7/2023

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PRODUCER SUNZ Insurance Solutions, LLC ID: (Diamond PEO) c/o Diamond PEO LLC 27442 Calle Arroyo, Suite A San Juan Capistrano, CA 92675	CONTACT NAME: Veronica Lake PHONE (A/C, No, Ext): 714-796-9110 E-MAIL ADDRESS: vlake@diamondpeo.com FAX (A/C, No): INSURER(S) AFFORDING COVERAGE INSURER A: SUNZ Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	NAIC # 34762
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COVERAGES	CERTIFICATE NUMBER: 77502073	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
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input type="checkbox"/> N/A			WC070-00001-024 WC070-00001-023	1/1/2024 1/1/2023	1/1/2025 1/1/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000

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

Coverage provided for all leased employees but not subcontractors of: Recoil LLC
Client Effective: 1/1/2023

CERTIFICATE HOLDER 1068 Recoil LLC 12472 Lake Underhill Rd Orlando FL 32828	CANCELLATION 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 Rick Leonard
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