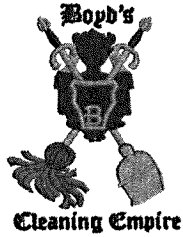


ESTIMATE



City Of Forest Park GA Department Of Police Services

320 Cash Memorial Blvd.
Forest Park, GA 30297

+404-608-2 366 Ext. 705
+404-608-2 366 Ext. 701

Boyd's Cleaning Empire LLC

758 Belle Grove Drive
Jonesboro, GA 30238

Phone: (470) 715-9566

Email: boydscleaningempire@gmail.com

Fax: (770) 629-2365

Web: boydscleaningempire.com

Estimate # 000100
Date 05/22/2020

Description

Total

Professional Cleaning Services

\$4,180.00

- * Clean and sanitize all restrooms (sinks/vanity, toilets, floors) as well as refill paper products, soap & air freshener
 - * Empty all trash cans (Main entrance, all offices, Court rooms, conference rooms, gym, back of building)
 - * Sweep & mop tile floors (Main entrance, offices, hallways, restrooms)
 - * Vacuum all carpets & area rugs (Court rooms, Office, conference rooms, gym, hallways)
 - * Clean windows (Main entrance, hallways, Admin/Records/Court areas)
 - * Dust (Court rooms, conference rooms, offices & Judge's office)
 - * Clean sinks & countertops in break rooms
 - * Clean glass tabletop in conference room & sanitize tables in Squad room
 - * Empty cigarette posts
 - * Clean & sanitize water fountains
-

Subtotal \$4,180.00

Total \$4,180.00

Notes:

- * The total is a Monthly Charge for labor ONLY. Invoicing will be submitted within a 30 day net cycle. Taxes are included.
- * Client will receive two Professional Cleaners.
- * Cleaning services will be performed three (3) days per week (Monday, Wednesday, Friday) between the hours of 8am - 5pm.
- * Client will furnish all necessary cleaning supplies, equipment and cleaning agents.
- * The term of this agreement shall be for a period of one (1) year and shall automatically renew for additional (1) year on the anniversary of this agreement.
- * This agreement may be terminated or canceled at any time with a minimum of thirty (30) days written notice from either party.
- * Proposed total amount is negotiable.

By signing this document, the customer agrees to the services and conditions outlined in this document.

Carolyn Boyd

City Of Forest Park GA Department Of Police
Services

Permits and License Division

This registration must be displayed in a conspicuous place in your business establishment.
This registration is not transferable
Valid for Calendar Year 2020



CLAYTON COUNTY
COMMUNITY DEVELOPMENT

Business Name: BOYD'S CLEANING EMPIRE LLC

Business Location: 758 BELLE GROVE DR
JONESBORO GA 30238

Owner: Boyd's Cleaning Empire

License Number: BL-001710-2019

Issue Date: 1/1/2020

Expiration Date: 12/31/2020

Mailing Address: 758 Belle Grove Dr
Jonesboro GA 30238

License Type: Business License

Classification: In Jurisdiction

Business Type: 561720 Janitorial Services

Restrictions and Comments:

Other Licenses:

County/State/Federal

Document No.

Holder Name

Expiration Date

This registration may be suspended or revoked if Federal, State or County Codes, Ordinances, or requirements are violated. Report any of the following changes to the Business License Division immediately: Ownership, Name, Location, Business Type, or additional lines of business.

If this business closes before the end of the expiration date, please send us a signed written notification of the business closure and the last day of operation to the Business License Division address. It will properly inactivate your business license account and protect you from incurring late fees and penalties.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/8/2019

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. 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).

ISSUER Liberty Mutual Insurance
PO Box 188065
Fairfield, OH 45018

CONTACT NAME:
PHONE (A/C No. Ext): 800-962-7132 FAX (A/C No.): 800-845-3686
E-MAIL: BusinessService@LibertyMutual.com
ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: Ohio Security Insurance Company	24082
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED
Dvd's Cleaning Empire LLC
58 Belle Grove Dr
Dorchester GA 30238

COVERAGES

CERTIFICATE NUMBER: 51704525

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 OF INSURANCE	ADDITIONAL SUBROGATION (IND. WVR)	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YYYY)	POLICY EXP. DATE (MM/DD/YYYY)	LIMITS
<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"/> SECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:		BLS60415584	10/6/2019	10/5/2020	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 - COMP/OP AGG \$2,000,000
AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED <input type="checkbox"/> 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					EACH OCCURRENCE \$ AGGREGATE \$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Non-Hobby In NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A			PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/> 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)

Proof of Insurance

CERTIFICATE HOLDER

Dvd's Cleaning Empire, LLC
58 Belle Grove Dr
Dorchester GA 30238

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

Clara Gabriel

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ACORD 25 (2015/09)

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