



HOPKINS
RENOVATION AND DESIGN
UPGRADE YOUR HOME TO THE NEXT LEVEL

PROPOSAL

The following proposal is being revised May 13, 2024 for The City of Forest Park

ASSESSMENT

We discussed doing an upgrade of the Senior Center Ballroom floor and the wood floor in the voting room. Ballroom is 2,485 sq ft. Voting room is 640 sq ft. Total is 3,125

We will be removing the existing flooring in both rooms

MATERIALS & SUPPLIES *will be purchased directly by the customer.*

SUPPLY LIST

LVP FLOORING=3,125 sq ft

Primed Quarter round= 360 ln ft

LABOR BREAKDOWN

Install LVP @\$5/sq ft × 3,125sq ft= \$15,625

Floor removal @\$1.32 sq ft × 3,125sq ft=\$4,125

Travel/Hauling fee = \$550

Total Labor Cost = \$20,300

THE CLIENT AGREES TO PAY THE TOTAL AMOUNT AGREED UPON WITHOUT ANY ALTERATIONS TO THE ABOVE MENTIONED ASSESSMENT.

By signing you agree to accept this proposal.

SIGNATURE OF CONSENT

_____.

City Of Forest Park

_____.

Willie & Tasha Hopkins

who can contact
the solicitation.

Company Name	Dorothea Muhammad	Contract Period	10/22 - 8/22
Contact Person Name and Title	Belle D'Kouture	Telephone Number (include area code)	404-664-1024
Email Address	Belledkouture@yahoo.com		
Project Name	Boutique Flooring / paint / Stelwing		

Company Name	Rental Property	Contract Period	12-13 - 2/21
Contact Person Name and Title	Sarah Lampkin	Telephone Number (include area code)	404-985-3588
Email Address	Sarah.lampkin@gmail.com		
Project Name	Lampkin Family Rental		

Company Name	Access Information	Contract Period	Ongoing
Contact Person Name and Title	Ian Brathwaite	Telephone Number (include area code)	678-725-4867
Email Address	ian.brathwaite@accessdup.com		
Project Name	Warehouse Maintenance		

REFERENCE CHECK RELEASE STATEMENT

You are authorized to contact the references provided above for purposes of this RFQ.

Signed [Signature] Title CFO
(Authorized Signature of Proposer)
Company Name Hopkins Renovation & Design Date 5/2/24



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/13/2023

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 Next First Insurance Agency, Inc. PO Box 60787 Palo Alto, CA 94306	CONTACT NAME: PHONE (A/C, No, Ext): (855) 222-5919 FAX (A/C, No): E-MAIL ADDRESS: support@nextinsurance.com	
	INSURER(S) AFFORDING COVERAGE NAIC # INSURER A : Next Insurance US Company 16285 INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** 212842601 **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:			NXTUH9UWHT-02-GL	11/13/2023	11/13/2024	EACH OCCURRENCE \$300,000.00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000.00 MED EXP (Any one person) \$5,000.00 PERSONAL & ADV INJURY \$300,000.00 GENERAL AGGREGATE \$300,000.00 PRODUCTS - COMP/OP AGG \$300,000.00 \$
	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) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			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 \$

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

Proof of Insurance.

CERTIFICATE HOLDER Hopkins Renovation & Design LLC 1750 County Line Rd SW Atlanta, GA 30331	LIVE CERTIFICATE Click or scan to view	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

© 1988-2015 ACORD CORPORATION. All rights reserved.

STATE OF GEORGIA

Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

Annual Registration

Electronically Filed

Secretary of State

Filing Date: 04/10/2024 09:38:29

BUSINESS INFORMATION

BUSINESS NAME : HOPKINS RENOVATION & DESIGN LLC
CONTROL NUMBER : 20127748
BUSINESS TYPE : Domestic Limited Liability Company
ANNUAL REGISTRATION PERIOD : 2024

BUSINESS INFORMATION CURRENTLY ON FILE

PRINCIPAL OFFICE ADDRESS : 1750 COUNTY LINE RD SW, ATLANTA, GA, 30331, USA
REGISTERED AGENT NAME : WILLIE WALID HOPKINS
REGISTERED OFFICE ADDRESS : 1750 COUNTY LINE RD SW, ATLANTA, GA, 30331, USA
REGISTERED OFFICE COUNTY : Fulton

UPDATES TO ABOVE BUSINESS INFORMATION

PRINCIPAL OFFICE ADDRESS : 1750 COUNTY LINE RD SW, ATLANTA, GA, 30331, USA
REGISTERED AGENT NAME : WILLIE WALID HOPKINS
REGISTERED OFFICE ADDRESS : 1750 COUNTY LINE RD SW, ATLANTA, GA, 30331, USA
REGISTERED OFFICE COUNTY : Fulton

AUTHORIZER INFORMATION

AUTHORIZER SIGNATURE : Willie Hopkins
AUTHORIZER TITLE : Registered Agent