ESTIMATE

K&D Phillips Contracting LLC 4191 Mill Lake Rd Lake Orion,, MI 48360 kdphillipscont@gmail.com +1 (248) 931-8672

City of Lake Orion

Bill to

City of Lake Orion

Ship to

City of Lake Orion

Estimate details

Estimate no.: 1010

Estimate date: 06/05/2024

#	Product or service	Description	Amount
1.	tree/stump	Trees and stump removal	\$4,000.00
2.	Stone	Stone for parking lot	\$5,500.00

Total \$9,500.00

Note to customer

Estimate good for 30 days. We require half down to start the job. Please sign, date and return with payment Thank you for your business!

INVOICE

K&D Phillips Contracting LLC 4191 Mill Lake Rd kdphillipscont@gmail.com +1 (248) 931-8672

City of Lake Orion Bill to

Lake Orion,, MI 48360

City of Lake Orion

Ship to

City of Lake Orion

Invoice details

Invoice no.: 168 Terms: Due on receipt Invoice date: 06/13/2024 Due date: 06/16/2024

#	Product or service	Description	Amount
1.	tree/stump	Trees and stump removal	\$4,000.00
2.	Stone	Stone for parking lot	\$5,500.00

Total \$9,500.00

Ways to pay



Thank you for your business! We accept cash or check.

Note to customer

Thank for doing business with use! Please submit total amount due at this time.

Pay now



KREILLY



DATE (MM/DD/YYYY)
6/10/2024

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).

this certificate does not confer rights to the certificate holder in lieu of su		in. A statement on				
PRODUCER	CONTACT NAME:					
Oakland Insurance Agency 8055 Ortonville Road		o):(248) 647-4689				
Clarkston, MI 48348	E-MAIL ADDRESS: certrequest@oaklandinsurance.com					
	INSURER(S) AFFORDING COVERAGE	NAIC #				
	INSURER A: Fremont Insurance Company	13994				
INSURED	INSURER B: Grange Insurance Co. of MI	11136				
K & D Phillips Contracting LLC	INSURER C : Accident Fund Insurance Company of Americ	a (Main) 10166				
4191 Mill Lake Rd	INSURER D:					
Lake Orion, MI 48360	INSURER E :					
	INSURER F:					
COVERAGES CERTIFICATE NUMBER:	REVISION NUMBER:					
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION						
CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORD EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE	DED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT					
INSR TYPE OF INSURANCE ADDL SUBR POLICY NUMBER	POLICY EFF POLICY EXP	AITS				

INSR LTR	R TYPE OF INSURANCE		ADDL	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s			
Α	Х	X COMMERCIAL GENERAL LIABILITY		IABILITY					,,	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR		OCCUR			CPP0104746	6/4/2023	6/4/2024	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
										MED EXP (Any one person)	\$	5,000
										PERSONAL & ADV INJURY	\$	1,000,000
	GEN	N'L AGGRE <u>GAT</u> E LIMIT A	AP <u>PLI</u>	IES PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY PRO- JECT		LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:									\$	
В	AUT	OMOBILE LIABILITY								COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
		ANY AUTO	.				XA 2830868	3/25/2023	3/25/2024	BODILY INJURY (Per person)	\$	
		OWNED X		HEDULED TOS						BODILY INJURY (Per accident)	\$	
	X	HIRED X	NO AU	N-OWNED TOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
											\$	
Α	X	UMBRELLA LIAB		OCCUR						EACH OCCURRENCE	\$	1,000,000
		EXCESS LIAB		CLAIMS-MADE			CUP0038720	4/12/2023	4/12/2024	AGGREGATE	\$	
		DED RETENTIC	\$ NC								\$	
С	WOR	KERS COMPENSATION EMPLOYERS' LIABILITY	I Y	V/141						X PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER	R/EXE	CUTIVE Y/N	N/A		ARP12004928600	4/15/2023	4/15/2024	E.L. EACH ACCIDENT	\$	100,000
		CER/MEMBER EXCLUDE datory in NH)	יטי		, ,					E.L. DISEASE - EA EMPLOYEE	\$	100,000
	If yes, describe under DESCRIPTION OF OPERATIONS below		below						E.L. DISEASE - POLICY LIMIT	\$	500,000	
DES	CRIPT	ION OF OPERATIONS / L	LOCA	ATIONS / VEHIC	LES (A	CORE	0 101, Additional Remarks Schedule, ma	y be attached if mo	re space is requir	ed)		

CERTIFICATE HOLDER	CANCELLATION
City of Lake Orion 21 East Church St Lake Orion, MI 48362-3212	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Lake Offort, WII 40302-3212	AUTHORIZED REPRESENTATIVE
	John L. Lung