

In compliance with this Invitation for Bid and to all terms, conditions, and specifications imposed therein and hereby incorporated by reference, the undersigned offers and agrees to furnish the goods and/or services described herein.

<ul style="list-style-type: none">• City of Republic (Police & Fire Facilities – HVAC Replacement II) <p>213 N Main St., Republic, MO 65738</p>	Garrison Heating & Air
	Company Legal Name:
	PO Box 132 Kimberling City MO 65684
Telephone: 4175934455	Address:
Facsimile:	August 3 2022
E-mail: rgarrisonhvace@gmail.com	Signed Dated
Cellular: 4175934455	Rocky Garrison - owner
	Printed Title
	Bidders Federal ID Number: 577-4313820

ATTACHMENT A - BID SUBMISSION FORM

BIDDERS MUST PROVIDE THE FOLLOWING INFORMATION:

ITEM	DESCRIPTION OF WORK	PRICE
BASE BID	<p>Republic Police Department, 540 Civic Blvd.</p> <ul style="list-style-type: none"> (4) new 7.5-ton rooftop package units with economizers, hail guards, curb adaptors, thermostats, and smoke detectors. Bid to include crane service, removal and disposal of existing units, reconnecting to existing gas, electric, ductwork, drains, and start-up. All other materials needed to satisfactorily install systems and jobsite clean-up to be included. (1) new 5-ton rooftop package unit with economizer, hail guard, curb adaptor, thermostat, and smoke detectors. Bid to include crane service, removal and disposal of existing unit, reconnecting to existing gas, electric, ductwork, drain, and start-up. All other materials needed to satisfactorily install system and jobsite clean-up to be included. (1) new 3-ton rooftop package unit with economizer, hail guard, curb adaptor, thermostat, and smoke detectors. Bid to include crane service, removal and disposal of existing unit, reconnecting to existing gas, electric, ductwork, drain, and start-up. All other materials needed to satisfactorily install system and jobsite clean-up to be included. (4) new HVAC split systems (replacing units #1, #2, #3, and #4). Remove and dispose of existing units. Installation to include new furnaces/electric heaters, condensing units, evaporator coils, pads, stats, and start-up. Installation to include crane service, reconnecting to existing gas, electric, ductwork, and drains. All other materials needed to satisfactorily install systems and jobsite clean-up to be included. <p>Republic Fire Station #1, 701 US Hwy 60</p> <ul style="list-style-type: none"> (5) new HVAC systems – Remove and dispose of existing systems. Install new high efficiency 95% gas furnaces with split air conditioning units. Installation to include new furnaces, condensing units, evaporator coils, pads, thermostats, and start-up. All other materials needed to satisfactorily install systems and jobsite clean-up to be included. <p>Republic Fire Station #2, 3425 E. Sawyer Road</p> <ul style="list-style-type: none"> (5) new HVAC systems-Remove and dispose of existing systems. Install new high efficiency 95% gas furnaces with split air conditioning units. Installation to include new furnaces, condensing units, evaporator coils, pads, thermostats, and start-up. All other materials needed to satisfactorily install system and jobsite clean-up to be included. 	\$ 226500.40
ALTERNATE # 1	<p>Republic Police Department, 540 Civic Blvd.</p> <ul style="list-style-type: none"> Provide and install (1) UV-C light fixture in the return duct and (1) UV-C light fixture above the evaporator coil of each unit. Light fixtures to be of proper size and output for each HVAC unit and have a separate dedicated transformer installed to serve the fixtures. UV-C fixtures must have either a light to indicate bulb is operating or a sight hole must be installed to view bulb operation. 	\$ 4860.00
ALTERNATE # 2	<p>Republic Fire Station #1, 701 US Hwy 60 Republic Fire Station # 2, 3425 E. Sawyer Road</p> <ul style="list-style-type: none"> Convert/replace filter boxes of all units to accommodate 4" filters at both facilities. 	\$ 1900.80
ALTERNATE # 3	<p>Republic Fire Station #1, 701 US Hwy 60 Republic Fire Station # 2, 3425 E. Sawyer Road</p> <ul style="list-style-type: none"> Provide and install (1) UV-C light fixture in the return duct and (1) UV-C light fixture above the evaporator coil of each unit at both facilities. Light fixtures to be of proper size and output for each HVAC unit and have a separate dedicated transformer installed to serve the fixtures. UV-C fixtures must have either a light to indicate bulb is operating or a sight hole must be installed to view bulb operation. 	\$ 3888.00
ALTERNATE # 4	<p>Republic Fire Station #1, 701 US Hwy 60</p> <ul style="list-style-type: none"> Test and balance Front Lobby Men's Bathroom and Men's Bunkroom Bathroom. Both areas are very cold in winter. 	\$ 540.00
ALTERNATE # 5	<p>Republic Fire Station # 2, 3425 E. Sawyer Road</p> <ul style="list-style-type: none"> Test and balance Gear Storage Room. Room gets extremely cold in winter. 	\$ 270.00

***Each bidder shall include an attachment to the bid submission form outlining the following:**

- Brand of Units
- Seer Rating/Efficiency of Each Unit
- Warranty Information
- Projected/Estimated Completion Date if Awarded Bid & Contract Executed by End of August

Republic Fire & Police equipment schedule

Rooftop Units ALLIED / LENNOX BRAND

4- 7.5ton rtu (11 EER/14 SEER)

1-3ton rtu (12.5 EER/14 SEER)

1-5ton rtu (11.8 EER/14 SEER)

Split systems (Fire station) ARMSTRONG BRAND

1-2.5ton system (16 seer)

2-3ton systems (16 seer)

2-4ton systems (14.25 seer)

3-5ton systems (14.25 seer)

1-1.5ton system (14.5 seer)

Split systems (Police station) ARMSTRONG BRAND

2-2ton systems (16 seer)



"We're not comfortable until you are."

417-593-4455

Rocky

RockyG1983@gmail.com

Free Estimates

24/7 Service

Quote - Acknowledgement

UPC Vendor	Invoice Date	Order Number
000000		46490874-00
PO Date	PO Number	Page #
05/19/2022	PD Units	1 of 1

Line #	Product And Description	Quantity Ordered	Quantity B/O	Quantity Shipped	Qty UM
1	L8646 4SCU16LE124P-50 2T OMNI CONDENSER	2	0	0	EACH
2	L8063 A95UH1E070B12S 70K BTU U/H 95% 1 STAGE C.T.	2	0	0	each
3	L8505 EAC4X30B CASED TXV COIL UPFLOW 17.5" WIDE ***** AHRI 202546059 16 seer 13 eer *****	2	0	0	EACH



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Rocky

rocky@1983@gmail.com

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24/7 Service

Quote - Acknowledgement

UPC Vendor	Invoice Date	Order Number
000000		46546134-00
PO Date	PO Number	Page #
05/26/2022	City of Republic PD	1 of 2

Line #	Product And Description	Quantity Ordered	Quantity B/O	Quantity Shipped	Qty UM
1	L9925 TSA060S4N45Y 5T 208/230V 3PH CONDENSER	2	0	0	EACH
2	L8713 BCE7E60MA4X-50 OMNI C.T. AIR HANDLER	2	0	0	EACH
3	L8399 CIRCUIT BREAKER COVER KIT 82W01	2	0	0	EACH
4	L5637 21H39 SINGLE POINT PWR KIT LB62009CA	2	0	0	each
5	K1163 ECB27-10-Y 10 KW 208/230V 3PH 60 HZ ***** 5 ton Units - F/CU 1,3 *****	2	0	0	EACH
6	L9924 TSA048S4N44Y 4T 208/230V 3PH CONDENSER	1	0	0	EACH
7	L8712 BCE7E48MA4X-50 OMNI C.T. AIR HANDLER	1	0	0	EACH
8	L8399 CIRCUIT BREAKER COVER KIT 82W01	1	0	0	EACH
9	L5637 21H39 SINGLE POINT PWR KIT LB62009CA	1	0	0	each
10	K1163 ECB27-10-Y 10 KW 208/230V 3PH 60 HZ ***** 4 ton unit - F/CU 2 *****	1	0	0	EACH
11	L8646 4SCU16LE124P-50 2T OMNI CONDENSER	1	0	0	EACH

Quote - Acknowledgement

UPC Vendor	Invoice Date	Order Number
000000		46546134-00
PO Date	PO Number	Page #
05/26/2022	City of Republic PD	2 of 2

Line #	Product And Description	Quantity Ordered	Quantity B/O	Quantity Shipped	Qty UM
12	L8063 A95UH1E070B12S 70K BTU U/H 95% 1 STAGE C.T.	1	0	0	each
13	L8505 EAC4X30B CASED TXV COIL UPFLOW 17.5" WIDE ***** F/CU - 4 ***** AHRI 202546059 16 seer 13 eer *****	1	0	0	EACH
14	K1145 LOW AMBIENT KIT 814-10EH	4	0	0	EACH
15	K0040 5025 2H/1C UNIVERSAL W/HUMIDITY CONTROL	4	0	0	EACH
16	L3681 5390 STAT SENSOR BRAEBURN INDOOR SENSOR	8	0	0	each

Garrison
HEATING & AIR

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Rocky
rocky@1983@gmail.com

Quote - Acknowledgement

UPC Vendor	Invoice Date	Order Number
000000		46493883-00
PO Date	PO Number	Page #
05/19/2022	Fire Station 2	1 of 2

Line #	Product And Description	Quantity Ordered	Quantity B/O	Quantity Shipped	Qty UM
1	L8645 4SCU16LE118P-50 1.5T OMNI CONDENSER	1	0	0	EACH
2	L8062 A95UH1E045B12S 45K BTU U/H 95% 1 STAGE C.T.	1	0	0	each
3	L8503 EAC4X24B CASED TXV COIL UPFLOW 17.5" WIDE ***** AHRI 205334633 14.5 seer 12.5 eer *****	1	0	0	EACH
4	L8648 4SCU16LE136P-50 3T OMNI CONDENSER	1	0	0	EACH
5	L8063 A95UH1E070B12S 70K BTU U/H 95% 1 STAGE C.T.	1	0	0	each
6	L8511 EAC4X48B CASED TXV COIL UPFLOW 17.5" WIDE ***** AHRI 202546192 16 seer 13 eer *****	1	0	0	EACH
7	L8652 4SCU16LE148P-50 4T OMNI CONDENSER	1	0	0	EACH
8	L8064 A95UH1E090C16S 90K BTU U/H 95% 1 STAGE C.T.	1	0	0	each
9	L8514 EAC4X50/60C CASED TXV COIL UPFLOW 21" WIDE ***** AHRI 202548023 14.25 seer 12.2 eer *****	1	0	0	EACH
10	L8654 4SCU16LE160P-50 5T OMNI CONDENSER	2	0	0	EACH

Line #	Product And Description	Quantity Ordered	Quantity B/O	Quantity Shipped	Qty UM
11	L8065 A95UH1E110C20S 110K BTU U/H 95% 1 STAGE C.T.	2	0	0	each
12	L8515 EAC4X60C CASED TXV COIL UPFLOW 21" WIDE ***** AHRI 202556036 14.25 seer 12.2 eer *****	2	0	0	EACH
12	Lines Total	Total Shipped		15	



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Quote - Acknowledgement

UPC Vendor	Invoice Date	Order Number
000000		46492997-00
PO Date	PO Number	Page #
05/19/2022	Fire Station 1	1 of 2

Line #	Product And Description	Quantity Ordered	Quantity B/O	Quantity Shipped	Qty UM
1	L8647 4SCU16LE130P-50 2.5T OMNI CONDENSER	1	0	0	EACH
2	L8063 A95UH1E070B12S 70K BTU U/H 95% 1 STAGE C.T.	1	0	0	each
3	L8510 EAC4X36B CASSED TXV COIL UPFLOW 17.5" WIDE ***** AHRI 202558500 16 seer 13 eer *****	1	0	0	EACH
4	L8648 4SCU16LE136P-50 3T OMNI CONDENSER	1	0	0	EACH
5	L8063 A95UH1E070B12S 70K BTU U/H 95% 1 STAGE C.T.	1	0	0	each
6	L8511 EAC4X48B CASSED TXV COIL UPFLOW 17.5" WIDE ***** AHRI 202546192 16 seer 13 eer *****	1	0	0	EACH
7	L8652 4SCU16LE148P-50 4T OMNI CONDENSER	2	0	0	EACH
8	L8064 A95UH1E090C16S 90K BTU U/H 95% 1 STAGE C.T.	2	0	0	each
9	L8514 EAC4X50/60C CASSED TXV COIL UPFLOW 21" WIDE ***** AHRI 202548023 14.25 seer 12.2 eer *****	2	0	0	EACH
10	L8654 4SCU16LE160P-50 5T OMNI CONDENSER	1	0	0	EACH

Line #	Product And Description	Quantity Ordered	Quantity B/O	Quantity Shipped	Qty UM
11	L8065 A95UH1E110C20S 110K BTU U/H 95% 1 STAGE C.T.	2	0	0	each
12	L8515 EAC4X60C CASED TXV COIL UPFLOW 21" WIDE ***** AHRI 202556036 14.25 seer 12.2 eer *****	2	0	0	EACH
12 Lines Total		Total Shipped		15	

Tag	Qty	Model	Description
RTU 1-3, 5			
	4	KGC092S4-PKG	KGC092S4...Packaged Gas/Electric Unit / 7.5Ton / BTO - 208V/3Ph/60Hz Unit Orientation Downflow 208/220/230/240V 3Phase 175 Amp Terminal Block Factory Installed Supply Motor - 2.0 Hp Std- w/ Single Zone VAV Supply Drive Kit 1 (590-890 RPM) 130K A.S. (Dual Stage) Eco-Last Coil System Factory Installed
	4	13U45	Standard Economizer Field Installed
	4	21Z09	Single Enthalpy Control Field Installed
	4	53W44	Power Exhaust Fan Field Installed
	4	22J65	Combination Coil/Hail Guards Field Installed
	4	17G74	CS7500 Comm'l Programmable T-stat w/ FDD Field Installed
	4	11X76	Supply DR Return Smoke Detector Field Installed
RTU 4			
	1	AC313	KGB036S4DM PkgGE 3 Ton/108KB/230-3 - 208V/3Ph/60Hz Standard Cap, Std Packaging Unit Orientation Downflow Supply Fan: CAV Direct Drive 208/220/230/240V 3Phase Supply Motor - 0.50 Hp - Direct Drive 108K A.S. (Single Stage) Eco-Last Coil System Factory Installed
	1	14D90	Standard Economizer Field Installed
	1	21Z09	Single Enthalpy Control Field Installed
	1	21Z13	Power Exhaust Fan Field Installed
	1	13R98	Combination Coil/Hail Guards Field Installed
	1	17G74	CS7500 Comm'l Programmable T-stat w/ FDD Field Installed
RTU 6			
	1	AC319	KGB060S4DM PkgGE 5 Ton/108KB/230-3 - 208V/3Ph/60Hz Standard Cap, Std Packaging Unit Orientation Downflow Supply Fan: CAV Direct Drive 208/220/230/240V 3Phase Supply Motor - 0.75 Hp - Direct Drive 108K A.S. (Single Stage) Eco-Last Coil System Factory Installed
	1	14D90	Standard Economizer Field Installed
	1	21Z09	Single Enthalpy Control Field Installed
	1	21Z13	Power Exhaust Fan Field Installed
	1	13T03	Combination Coil/Hail Guards Field Installed
	1	17G74	CS7500 Comm'l Programmable T-stat w/ FDD Field Installed
	1	21Z11	Supply DR Return Smoke Detector Field Installed

Curb Adapters Included in Price

Completion date of all split systems

November 1st

2022

Completion date for RTU'S

June 1st 2023

(lead time for equipment for roof top units is
6-9 months, could possibly be sooner but no
guarantee)



Rocky Garrison
owner

WARRANTY INFORMATION

Residential products used in commercial applications and all 3-phase units carry a 1-year parts, 5 year compressor and 10 year heat exchanger warranty.



Rocky Garrison
owner



Certificate of Product Ratings

AHRI Certified Reference Number : 202558500

Date : 05-19-2022

Model Status : Active

AHRI Type : RCU-A-CB (Split System: Air-Cooled Condensing Unit, Coil with Blower)

Outdoor Unit Brand Name : ARMSTRONG AIR

Outdoor Unit Model Number (Condenser or Single Package) : 4SCU16LE130P-50

Indoor Unit Model Number (Evaporator and/or Air Handler) : EAC4X36B

Furnace Model Number : A95UH1E070B12

Region : All (AK, AL, AR, AZ, CA, CO, CT, DC, DE, FL, GA, HI, ID, IL, IA, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WV, WI, WY, U.S. Territories)

Region Note : Central air conditioners manufactured prior to January 1, 2015 are eligible to be installed in all regions until June 30, 2016. Beginning July 1, 2016 central air conditioners can only be installed in region(s) for which they meet the regional efficiency requirement.

The manufacturer of this ARMSTRONG AIR product is responsible for the rating of this system combination.

Rated as follows in accordance with the latest edition of AHRI 210/240 - 2017 with Addendum 1, Performance Rating of Unitary Air-Conditioning & Air-Source Heat Pump Equipment and subject to rating accuracy by AHRI-sponsored, independent, third party testing:

Cooling Capacity (A2) - Single or High Stage (95F), btuh : 28600

SEER : 16.00

EER (A2) - Single or High Stage (95F) : 13.00

†"Active" Model Status are those that an AHRI Certification Program Participant is currently producing AND selling or offering for sale; OR new models that are being marketed but are not yet being produced. "Production Stopped" Model Status are those that an AHRI Certification Program Participant is no longer producing BUT is still selling or offering for sale. Ratings that are accompanied by WAS indicate an involuntary re-rate. The new published rating is shown along with the previous (i.e. WAS) rating.

DISCLAIMER

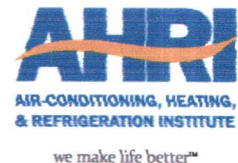
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Certificate of Product Ratings

AHRI Certified Reference Number : 202556036

Date : 05-19-2022

Model Status : Active

AHRI Type : RCU-A-CB (Split System: Air-Cooled Condensing Unit, Coil with Blower)

Outdoor Unit Brand Name : ARMSTRONG AIR

Outdoor Unit Model Number (Condenser or Single Package) : 4SCU16LE160P-50

Indoor Unit Model Number (Evaporator and/or Air Handler) : EAC4X60C

Furnace Model Number : A95UH1E110C20

Region : All (AK, AL, AR, AZ, CA, CO, CT, DC, DE, FL, GA, HI, ID, IL, IA, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WV, WI, WY, U.S. Territories)

Region Note : Central air conditioners manufactured prior to January 1, 2015 are eligible to be installed in all regions until June 30, 2016. Beginning July 1, 2016 central air conditioners can only be installed in region(s) for which they meet the regional efficiency requirement.

The manufacturer of this ARMSTRONG AIR product is responsible for the rating of this system combination.

Rated as follows in accordance with the latest edition of AHRI 210/240 - 2017 with Addendum 1, Performance Rating of Unitary Air-Conditioning & Air-Source Heat Pump Equipment and subject to rating accuracy by AHRI-sponsored, independent, third party testing:

Cooling Capacity (A2) - Single or High Stage (95F), btuh : 57000

SEER : 14.25

EER (A2) - Single or High Stage (95F) : 12.20

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Certificate of Product Ratings

AHRI Certified Reference Number : 202548023

Date : 05-19-2022

Model Status : Active

AHRI Type : RCU-A-CB (Split System: Air-Cooled Condensing Unit, Coil with Blower)

Outdoor Unit Brand Name : ARMSTRONG AIR

Outdoor Unit Model Number (Condenser or Single Package) : 4SCU16LE148P-50

Indoor Unit Model Number (Evaporator and/or Air Handler) : EAC4X50/60C

Furnace Model Number : A95UH1E090C16

Region : All (AK, AL, AR, AZ, CA, CO, CT, DE, FL, GA, HI, ID, IL, IA, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WV, WI, WY, U.S. Territories)

Region Note : Central air conditioners manufactured prior to January 1, 2015 are eligible to be installed in all regions until June 30, 2016. Beginning July 1, 2016 central air conditioners can only be installed in region(s) for which they meet the regional efficiency requirement.

The manufacturer of this ARMSTRONG AIR product is responsible for the rating of this system combination.

Rated as follows in accordance with the latest edition of AHRI 210/240 - 2017 with Addendum 1, Performance Rating of Unitary Air-Conditioning & Air-Source Heat Pump Equipment and subject to rating accuracy by AHRI-sponsored, independent, third party testing:

Cooling Capacity (A2) - Single or High Stage (95F), btuh : 44500

SEER : 14.25

EER (A2) - Single or High Stage (95F) : 12.20

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Certificate of Product Ratings

AHRI Certified Reference Number : 202546192

Date : 05-19-2022

Model Status : Active

AHRI Type : RCU-A-CB (Split System: Air-Cooled Condensing Unit, Coil with Blower)

Outdoor Unit Brand Name : ARMSTRONG AIR

Outdoor Unit Model Number (Condenser or Single Package) : 4SCU16LE136P-50

Indoor Unit Model Number (Evaporator and/or Air Handler) : EAC4X48B

Furnace Model Number : A95UH1E070B12

Region : All (AK, AL, AR, AZ, CA, CO, CT, DE, FL, GA, HI, ID, IL, IA, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WV, WI, WY, U.S. Territories)

Region Note : Central air conditioners manufactured prior to January 1, 2015 are eligible to be installed in all regions until June 30, 2016. Beginning July 1, 2016 central air conditioners can only be installed in region(s) for which they meet the regional efficiency requirement.

The manufacturer of this ARMSTRONG AIR product is responsible for the rating of this system combination.

Rated as follows in accordance with the latest edition of AHRI 210/240 - 2017 with Addendum 1, Performance Rating of Unitary Air-Conditioning & Air-Source Heat Pump Equipment and subject to rating accuracy by AHRI-sponsored, independent, third party testing:

Cooling Capacity (A2) - Single or High Stage (95F), btuh : 34600

SEER : 16.00

EER (A2) - Single or High Stage (95F) : 13.00

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Certificate of Product Ratings

AHRI Certified Reference Number : 205334633

Date : 05-19-2022

Model Status : Active

AHRI Type : RCU-A-CB (Split System: Air-Cooled Condensing Unit, Coil with Blower)

Outdoor Unit Brand Name : ARMSTRONG AIR

Outdoor Unit Model Number (Condenser or Single Package) : 4SCU16LE118P-50

Indoor Unit Model Number (Evaporator and/or Air Handler) : EAC4X24B

Furnace Model Number : A95UH1E045B12

Region : All (AK, AL, AR, AZ, CA, CO, CT, DC, DE, FL, GA, HI, ID, IL, IA, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WV, WI, WY, U.S. Territories)

Region Note : Central air conditioners manufactured prior to January 1, 2015 are eligible to be installed in all regions until June 30, 2016. Beginning July 1, 2016 central air conditioners can only be installed in region(s) for which they meet the regional efficiency requirement.

The manufacturer of this ARMSTRONG AIR product is responsible for the rating of this system combination.

Rated as follows in accordance with the latest edition of AHRI 210/240 - 2017 with Addendum 1, Performance Rating of Unitary Air-Conditioning & Air-Source Heat Pump Equipment and subject to rating accuracy by AHRI-sponsored, independent, third party testing:

Cooling Capacity (A2) - Single or High Stage (95F), btuh : 18000

SEER : 14.50

EER (A2) - Single or High Stage (95F) : 12.50

†"Active" Model Status are those that an AHRI Certification Program Participant is currently producing AND selling or offering for sale; OR new models that are being marketed but are not yet being produced. "Production Stopped" Model Status are those that an AHRI Certification Program Participant is no longer producing BUT is still selling or offering for sale. Ratings that are accompanied by WAS indicate an involuntary re-rate. The new published rating is shown along with the previous (i.e. WAS) rating.

DISCLAIMER

AHRI does not endorse the product(s) listed on this Certificate and makes no representations, warranties or guarantees as to, and assumes no responsibility for, the product(s) listed on this Certificate. AHRI expressly disclaims all liability for damages of any kind arising out of the use or performance of the product(s), or the unauthorized alteration of data listed on this Certificate. Certified ratings are valid only for models and configurations listed in the directory at www.ahridirectory.org.

TERMS AND CONDITIONS

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CERTIFICATE VERIFICATION

The information for the model cited on this certificate can be verified at www.ahridirectory.org, click on "Verify Certificate" link and enter the AHRI Certified Reference Number and the date on which the certificate was issued,



Certificate of Product Ratings

AHRI Certified Reference Number : 202546059

Model Status : Active

AHRI Type : RCU-A-CB (Split System: Air-Cooled Condensing Unit; 0610912022) (Power)

Outdoor Unit Brand Name : ARMSTRONG AIR

Outdoor Unit Model Number (Condenser or Single Package) : 4SCU16LE124P-50

Indoor Unit Model Number (Evaporator and/or Air Handler) : EAC4X30B

Furnace Model Number : A95UH1E070B12

Region : All (AK, AL, AR, AZ, CA, CO, CT, DC, DE, FL, GA, HI, ID, IL, IA, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WV, WI, WY, U.S. Territories)

Region Note : Central air conditioners manufactured prior to January 1, 2015 are eligible to be installed in all regions until June 30, 2016. Beginning July 1, 2016 central air conditioners can only be installed in region(s) for which they meet the regional efficiency requirement.

The manufacturer of this ARMSTRONG AIR product is responsible for the rating of this system combination.

Rated as follows in accordance with the latest edition of AHRI 210/240 - 2017 with Addendum 1, Performance Rating of Unitary Air-Conditioning & Air-Source Heat Pump Equipment and subject to rating accuracy by AHRI-sponsored, independent, third party testing:

Cooling Capacity (A2) - Single or High Stage (95F), btuh : 24000

SEER : 16.00

EER (A2) - Single or High Stage (95F) : 13.00



†"Active" Model Status are those that an AHRI Certification Program Participant is currently producing AND selling or offering for sale; OR new models that are being marketed but are not yet being produced. "Production Stopped" Model Status are those that an AHRI Certification Program Participant is no longer producing BUT is still selling or offering for sale.

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CERTIFICATE VERIFICATION

The information for the model cited on this certificate can be verified at www.ahridirectory.org, click on "Verify Certificate" link and enter the AHRI Certified Reference Number and the date on which the certificate was issued,



we make life better™

PREMIERONE - AIR PURIFICATION WITH ULTRAVIOLET LIGHT

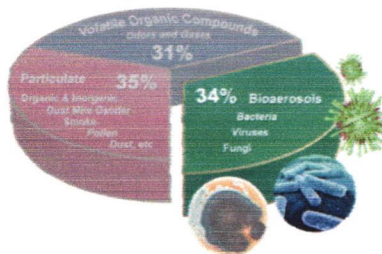
PREMIERONETM

ER-UV14-24V

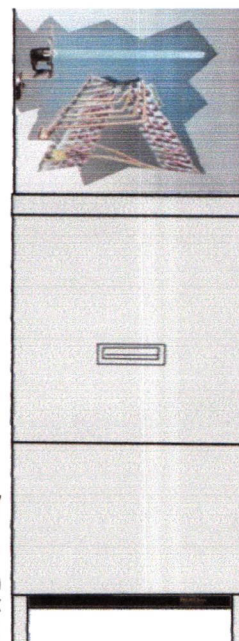
UV GERMICIDAL LAMP



- Economical UVC germicidal lamp.
- 55 Microwatt 14" UVC lamp. (Ozone free.)
- 2-Year long life lamp.
- 3-Year warranty. (2 years on lamps.)
- Remote units fit in tight spaces.
- Perfect for surface irradiation.
- Easy mounting with our heavy duty magnetic Z bracket that has an 80# pull force magnet that also converts to a duct mount plate.
- Moisture-proof lamp connector and mid-cord connector.
- LED system monitor indicates power on. A second LED monitors the lamp operation.
- 24V Ballast.



Controls germs, viruses and fungi on surfaces irradiated.



ER-UV14-24V

Shown installed on a heat pump.

The germicidal lamp has been mounted using the magnetic Z bracket included.

ACCESSORIES FOR ER-UV14-24V

#500489 Lamp reflector for magnetic Z bracket.
Shields UV light from shining on plastic materials.

#LSK-24V 20-Watt 14" UV lamp service kit.

SPECIFICATIONS

ER-UV14-24V size (L x W x D)	16.25" x 2.5" x 2.5"
14" Germicidal lamp penetrates duct	13.25"
24 V ballast	24 VAC 50/60 HZ. 20-watts,
Lamp Specifications	
14" Germicidal Lamp	20 watts, 425 mA
Intensity at 1 meter	55 $\mu\text{W}/\text{cm}^2$
Rated life	2 years
Lamp dimensions	14" from base to end
Glass diameter	15 mm



R E P U B L I C
BUILDs
Public Works • Community Development

Mailing Address:

Garrison Heating & Air
PO Box 132,
Kimberling City MO 65686

Business Location:

Large

BUSINESS LICENSE # 4350

Garrison Heating & Air

ISSUED DATE: 01/01/2022

EXPIRATION DATE: 12/31/2022

CLASSIFICATION TYPE: 238220 Contractor - HVAC

Kanaw Haynes

PUBLIC WORKS • COMMUNITY DEVELOPMENT



This license must be publicly displayed as provided by law and is neither transferable nor assignable.

Each place of business must be licensed separately.

This license is valid through the expiration date above unless revoked or cancelled.

Republic BUILDs

Public Works Department & Community Development

204 North Main Republic, Missouri 65738-1472

Phone: (417) 732-3150 Fax: (417) 732-3199



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/08/2022

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 Robbins Insurance Group 1649 State Highway 248 Branson, MO 65616	CONTACT NAME: Taylor Clark PHONE (A/C, No, Ext): 417-527-0032 FAX (A/C, No): E-MAIL ADDRESS: taylor@robbinsig.com																					
INSURED Garrison Heating and Air PO Box 132 Kimberling City, MO 65686	<table border="1"><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A:</td><td>Ohio Security Insurance Company</td><td>19291</td></tr><tr><td>INSURER B:</td><td></td><td></td></tr><tr><td>INSURER C:</td><td></td><td></td></tr><tr><td>INSURER D:</td><td></td><td></td></tr><tr><td>INSURER E:</td><td></td><td></td></tr><tr><td>INSURER F:</td><td></td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Ohio Security Insurance Company	19291	INSURER B:			INSURER C:			INSURER D:			INSURER E:			INSURER F:		
INSURER(S) AFFORDING COVERAGE		NAIC #																				
INSURER A:	Ohio Security Insurance Company	19291																				
INSURER B:																						
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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> 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"/> PRO-JECT <input type="checkbox"/> LOC						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"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						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 checked="" type="checkbox"/> Y N/A			XWS (23) 64511246	03/04/2022	03/04/2023	WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> 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 (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER

CANCELLATION

City of Republic
204 N Main
Republic, MO 65738

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

Taylor Clark

Customer Information

ROCKY GARRISON
KYLIE GARRISON
228 L GARRISON RD
LAMPE, MO 65681-6217

Date Prepared: 07/27/2022

Policy Period: 05/13/2022 to 05/13/2023

Changes Effective: 07/27/2022

Agent Information

ROBBINS INSURANCE GROUP, LLC
1649 STATE HIGHWAY 248
BRANSON, MO 65616

Phone Number: (417) 527-0032

Email: info@robbinsig.com

Website: www.robbinsig.com

Agent Number: 305955

VEHICLES

2015 Chev Silverado C2500 Heavy Duty

Vehicle ID Number

1GC0CUEG2FZ122299

PREMIUM SUMMARY

Vehicle Coverages	Premium
	\$1,612.80
Discounts & Safeco Safety Rewards	Included
Your total policy premium for 12 months is	\$1,612.80

DISCOUNTS & SAFECO SAFETY REWARDS

Claims-Free Cash Back Review Multi-Car	Coverage	Advance Quoting	Homeowners
Preferred Payment	Accident Free	Violation Free	Diminishing Deductible Workplace

DRIVER SUMMARY

ROCKY GARRISON - Rated

KYLIE GARRISON - Rated

VEHICLE COVERAGES	Limits / Deductibles	2015 Chev Silverado
Bodily Injury Liability	\$100,000/\$300,000	\$276.20
Property Damage Liability	\$100,000	\$184.70
Medical Payments	\$5,000	\$23.70
Uninsured Motorist	\$100,000/\$300,000	\$104.30
Underinsured Motorist	\$100,000/\$300,000	\$88.40
Comprehensive	\$1,000	\$504.10
Collision	\$1,000	\$258.70
Ultra Level Protection	Increased Limits and Coverage	\$172.70
Total Vehicle Premium		\$1,612.80

EVIDENCE OF COVERAGE

This certifies that the policy of insurance identified here was issued by an authorized insurer and is in force. Coverage meets the limits required by law.

Date Prepared: 01/14/2022

Effective Date: 02/28/2021

Expiration Date: 02/28/2022

Insured:

ROCKY GARRISON
KYLIE GARRISON
228 L GARRISON RD
LAMPE, MO 65681-6217

Agent:

ROBBINS INSURANCE GROUP, LLC
1649 STATE HIGHWAY 248
BRANSON, MO 65616
Phone Number: (417) 527-0032
Agent Number: 305955
Email: INFO@ROBBINSIG.COM

Year	Make	Model	Vehicle Identification Number
2015	CHEV	SILVERADO C2500	1GB0CUEGXFZ116660

24 Hour Claims Hotline: 1-800-332-3226

A formal auto ID card will be issued. If not received in 30 days please contact your agent.



POLICY NUMBER: Z5108190

AUTOMOBILE POLICY DECLARATIONS

NAMED INSURED:
 ROCKY GARRISON
 KYLIE GARRISON
 228 L GARRISON RD
 LAMPE MO 65681-6217

RENEWAL

POLICY PERIOD FROM: FEB. 28 2022
TO: FEB. 28 2023

at 12:01 A.M. standard time at
 the address of the insured as
 stated herein.

AGENT:
 ROBBINS INSURANCE GROUP, LLC
 1649 STATE HIGHWAY 248
 BRANSON MO 65616

AGENT TELEPHONE:
 (417) 527-0032

RATED DRIVERS			ROCKY GARRISON, KYLIE GARRISON
2017 NISSAN	TITAN SV/SL/PRO-4X 4 DOOR PICK-UP	ID#	1N6AA1E57HN516752
2004 CHEVROLET	EXPRESS G2500 3 DOOR VAN	ID#	1GCGG29V841212830

Insurance is afforded only for the coverages for which limits of liability or premium charges are indicated.

COVERAGES	2017 NISS LIMITS	PREMIUMS	2004 CHEV LIMITS	PREMIUMS
LIABILITY:				
BODILY INJURY	\$100,000 Each Person \$300,000 Each Occurrence	\$ 186.50	\$100,000 Each Person \$300,000 Each Occurrence	\$ 171.30
PROPERTY DAMAGE	\$100,000 Each Occurrence	129.00	\$100,000 Each Occurrence	101.30
MEDICAL PAYMENTS	\$5,000	29.50	\$5,000	15.30
UNINSURED MOTORISTS:				
BODILY INJURY	\$100,000 Each Person \$300,000 Each Accident	102.90	\$100,000 Each Person \$300,000 Each Accident	60.40
UNDERINSURED MOTORISTS:				
BODILY INJURY	\$100,000 Each Person \$300,000 Each Accident	87.20	\$100,000 Each Person \$300,000 Each Accident	51.30
COMPREHENSIVE	Actual Cash Value Less \$1000 Deductible	487.50	Actual Cash Value Less \$1000 Deductible	151.10
COLLISION	Actual Cash Value Less \$1000 Deductible Diminishing Ded \$900	355.20	Actual Cash Value Less \$1000 Deductible Diminishing Ded \$900	80.10
ULTRA COVERAGE LEVEL		165.30		75.60
		TOTAL \$ 1,543.10		
			TOTAL \$ 706.40	

You may pay your premium in full or in installments. There is no installment fee for the following billing plans: Full Pay. Installment fees for all other billing plans are listed below. If more than one policy is billed on the installment bill, only the highest fee is charged. The fee is:
 \$2.00 per installment for recurring automatic deduction (EFT)
 \$5.00 per installment for recurring credit card or debit card
 \$5.00 per installment for all other payment methods



POLICY NUMBER: Z5108190

AUTOMOBILE POLICY DECLARATIONS

(CONTINUED)

NAMED INSURED:
 ROCKY GARRISON
 KYLIE GARRISON
 228 L GARRISON RD
 LAMPE MO 65681-6217

RENEWAL

POLICY PERIOD FROM: FEB. 28 2022
TO: FEB. 28 2023

at 12:01 A.M. standard time at
 the address of the insured as
 stated herein.

AGENT:
 ROBBINS INSURANCE GROUP, LLC
 1649 STATE HIGHWAY 248
 BRANSON MO 65616

AGENT TELEPHONE:
 (417) 527-0032

RATED DRIVERS ROCKY GARRISON, KYLIE GARRISON

2015 CHEVROLET SILVERADO C2500 HE 2 DOOR PICK-UP ID# 1GB0CUEGXFZ116660
LOSS PAYEE CENTRAL BANK OF THE OZARKS

2018 JEEP GRAND CHEROKEE OVE 4 DOOR ID# 1C4RJFCG7JC142801

Insurance is afforded only for the coverages for which limits of liability or
 premium charges are indicated.

COVERAGES	2015 CHEV LIMITS	PREMIUMS	2018 JEEP LIMITS	PREMIUMS
LIABILITY:				
BODILY INJURY	\$100,000 Each Person \$300,000 Each Occurrence	\$ 243.50	\$100,000 Each Person \$300,000 Each Occurrence	\$ 205.70
PROPERTY DAMAGE	\$100,000 Each Occurrence	174.60	\$100,000 Each Occurrence	125.10
MEDICAL PAYMENTS	\$5,000	25.10	\$5,000	35.80
UNINSURED MOTORISTS:				
BODILY INJURY	\$100,000 Each Person \$300,000 Each Accident	80.70	\$100,000 Each Person \$300,000 Each Accident	104.20
UNDERINSURED MOTORISTS:				
BODILY INJURY	\$100,000 Each Person \$300,000 Each Accident	68.40	\$100,000 Each Person \$300,000 Each Accident	88.30
COMPREHENSIVE	Actual Cash Value Less \$1000 Deductible	379.60	Actual Cash Value Less \$1000 Deductible	458.60
COLLISION	Actual Cash Value Less \$1000 Deductible Diminishing Ded \$900	180.60	Actual Cash Value Less \$1000 Deductible Diminishing Ded \$900	309.60
ULTRA COVERAGE LEVEL		138.30		159.30
		TOTAL \$ 1,290.80		TOTAL \$ 1,486.60



Coverage Is Provided In:
General Insurance Company of America, a stock company
Domiciled in New Hampshire
175 Berkeley Street, Boston, MA 02116

Policy Number:
BWG (22) 62 38 65 62

Policy Period:
From 12/02/2021 To 12/02/2022
12:01 am Standard Time
at Insured Mailing Location

Commercial Protector Common Policy Declarations

Named Insured

Rocky Garrison DBA Garrison
Heating and Air
228 L Garrison Rd
Lampe, MO 65681-6217

Agent

(417) 527-0032
Robbins Insurance Group, LLC
1649 State Highway 248
Branson, MO 65616-

Named Insured Is: Limited Liability Company

Named Insured Business Is: Heating or Combined Heating and Air Conditioning Systems or Equipment - Installation, Service or Repair - No Liquefied Petroleum Gas (LPG) Equipment

In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.

SUMMARY OF COVERAGE PARTS AND CHARGES

These Declarations together with the Businessowners Coverage Form (and other applicable forms and endorsements, if any, issued to form a part of them) complete this policy.

COVERAGE PART

CHARGES

Commercial Protector

\$987.00

Total Charges for all of the above coverage parts: \$987.00
Certified Acts of Terrorism Coverage: \$0.00 (Included)

Note: This is not a bill

IMPORTANT MESSAGES

- This policy is auditable. The Liability premium shown in the Declarations is an advance premium. Please refer to the conditions of the policy for details or contact your agent.

Issue Date 10/03/2021

Authorized Representative

To report a claim, call your Agent or 1-844-325-2467

**Coverage Is Provided In:**

General Insurance Company of America, a stock company
Domiciled in New Hampshire
175 Berkeley Street, Boston, MA 02116

Policy Number:

BWG (22) 62 38 65 62

Policy Period:

From 12/02/2021 To 12/02/2022**12:01 am Standard Time****at Insured Mailing Location****Commercial Protector
Common Policy Declarations****Named Insured**

Rocky Garrison DBA Garrison
Heating and Air

Agent

(417) 527-0032
Robbins Insurance Group, LLC

SUMMARY OF LOCATIONS

This policy provides coverage for the following location(s) under one or more coverage parts.

0001 228 L Garrison Rd, Lampe, MO 65681-6217

POLICY FORMS AND ENDORSEMENTS

This section lists the Forms and Endorsements for your policy. Refer to these documents as needed for detailed information concerning your coverage.

FORM NUMBER	TITLE
BP 00 03 07 13	Businessowners Coverage Form
BP 01 11 05 21	Missouri Changes
BP 01 57 10 08	Missouri Changes - Pollution Exclusion
BP 01 98 10 08	Missouri Changes - Notice of Cancellation For Liquefied Petroleum Gas Retailers, Handlers And Transporters
BP 04 17 01 10	Employment-Related Practices Exclusion
BP 04 97 01 06	Waiver Of Transfer Of Right Of Recovery Against Other To Us
BP 05 23 01 15	Cap On Losses from Certified Acts of Terrorism
BP 05 65 01 15	Conditional Exclusion of Terrorism Involving Nuclear, Biological or Chemical Terrorism (Relating to Disposition of Federal Terrorism Risk Insurance Act)
BP 05 77 01 06	Fungi or Bacteria Exclusion (Liability)
BP 14 86 07 13	Communicable Disease Exclusion
BP 14 88 07 13	Primary and Noncontributory - Other Insurance Condition
BP 15 04 05 14	Excl. - Access or Disclosure of Confidential/Personal Data
BP 79 74 07 13	Amendment of Pollution Exclusion (Premises)
BP 81 15 03 11	Exclusion - Asbestos
BP 89 31 10 17	Exclusion - Exterior Finish Systems
BP 89 36 12 17	Property Exclusion Endorsement
BP 89 38 07 19	Non-Cumulation of Liability Limits (Same Occurrence)
BP 89 39 12 17	Excess Provision - Consolidated (Wrap-Up) Insurance Program
BP 89 47 04 18	Liability Broadening Endorsement
BP 90 20 01 19	Exclusion - Consolidated Insurance Programs (Wrap-Up)



Coverage Is Provided In:
General Insurance Company of America, a stock company
Domiciled in New Hampshire
175 Berkeley Street, Boston, MA 02116

Policy Number:
BWG (22) 62 38 65 62

Policy Period:
From 12/02/2021 To 12/02/2022
12:01 am Standard Time
at Insured Mailing Location

Commercial Protector Common Policy Declarations

Named Insured

Rocky Garrison DBA Garrison
Heating and Air

Agent

(417) 527-0032
Robbins Insurance Group, LLC

POLICY FORMS AND ENDORSEMENTS - continued

FORM NUMBER	TITLE
BP 90 37 01 21	Cyber Incident Exclusion
CNB 90 08 02 20	Policyholder Disclosure And Premium Notice Terrorism Risk Insurance Act
IL 88 53 11 20	Actual Cash Value

In witness whereof, we have caused this policy to be signed by our authorized officers.

Mark Touhey
Secretary

David H. Long
President

**Coverage Is Provided In:**

General Insurance Company of America, a stock company
Domiciled in New Hampshire
175 Berkeley Street, Boston, MA 02116

Policy Number:

BWG (22) 62 38 65 62

Policy Period:

From 12/02/2021 To 12/02/2022*12:01 am Standard Time**at Insured Mailing Location***Commercial Protector
Declarations****Named Insured**

Rocky Garrison DBA Garrison
Heating and Air

Agent

(417) 527-0032
Robbins Insurance Group, LLC

SUMMARY OF CHARGES

DESCRIPTION	PREMIUM
Businessowners Location(s) Total Property Premium (Coverage Not Included)	\$0.00
Businessowners Location(s) Total Liability Premium	\$987.00
Certified Acts of Terrorism Coverage (Included)	\$0.00
Total Charges:	\$987.00

Note: This is not a bill



Coverage Is Provided In:
General Insurance Company of America, a stock company
Domiciled in New Hampshire
175 Berkeley Street, Boston, MA 02116

Policy Number:
BWG (22) 62 38 65 62

Policy Period:
From 12/02/2021 To 12/02/2022
*12:01 am Standard Time
at Insured Mailing Location*

Commercial Protector Declarations Schedule

Named Insured	Agent
Rocky Garrison DBA Garrison Heating and Air	(417) 527-0032 Robbins Insurance Group, LLC

SUMMARY OF LIABILITY LIMITS AND CHARGES

Businessowners Liability Limits of Insurance	DESCRIPTION	LIMIT
	Liability and Medical Expenses - Occurrence	1,000,000
	Aggregate Limits of Insurance	
	Products - Completed Operations	2,000,000
	Other than Products - Completed Operations	2,000,000
	Broadened Coverage For Damage To Premises Rented To You	1,000,000
	Medical Expenses (Any One Person)	15,000
	Premium	\$987.00



Policyholder Information

Named Insured & Mailing Address

GARRISON HEATING AND AIR
PO BOX 132
KIMBERLING CITY, MO 65686

Agent Mailing Address & Phone No.

(417) 527-0032
ROBBINS INSURANCE GROUP, LLC
1649 STATE HIGHWAY 248
BRANSON, MO 65616

Dear Policyholder:

Your
Commercial
Documents

We know you work hard to build your business. We work together with your agent, **ROBBINS INSURANCE GROUP, LLC** (417) 527-0032 to help protect the things you care about. Thank you for selecting us.

THIS IS
NOT A
BILL

Enclosed are your insurance documents consisting of:

- Workers Compensation And Employers Liability Insurance Policy, Information Page, Endorsements and Other Documents

To find your specific coverages, limits of liability and premium, please refer to your Workers Compensation and Employers Liability Insurance Policy Information Page, extensions, the policy and endorsements.

If you have any questions or changes that may affect your insurance needs, please contact your Agent at (417) 527-0032



Reminders

- Verify that all information is correct
- If you have any changes, please contact your Agent at (417) 527-0032
- In case of a claim, call your Agent or 1-844-325-2467

You Need To Know

- CONTINUED ON NEXT PAGE

You Need To Know - continued

• NOTICE(S) TO POLICYHOLDER(S)

The Important Notice(s) to Policyholder(s) provide a general explanation of changes in coverage to your policy. The Important Notice(s) to Policyholder(s) is not a part of your insurance policy and it does not alter policy provisions or conditions. Only the provisions of your policy determine the scope of your insurance protection. It is important that you read your policy carefully to determine your rights, duties and what is and is not covered.

FORM NUMBER	TITLE
CNI90 11 07 18	Reporting A Commercial Claim 24 Hours A Day
FORM 24-1B	Missouri Contracting Classification Premium Adjustment Program Workers Compensation Premium Credit Application
NP 72 78 07 98	Illinois Workers Comp Contractors Payroll Law Notice
NP 74 44 09 06	U.S. Treasury Department's Office of Foreign Assets Control (OFAC) Advisory Notice to Policyholders
NP 74 74 07 07	Important Notice Allocation of Payrolls - Missouri
NP 89 69 11 10	Important Policyholder Information Concerning Billing Practices
SNI90 01 12 18	Policyholder Notice - Company Contact Information
SNW04 14 03 21	Liberty Mutual Privacy Notice - California

- This Workers Compensation and Employees Liability policy is auditable. Please refer to the conditions of the policy for details or contact your agent.
- This policy will be direct billed. You may choose to combine any number of policies on one bill with your billing account. Please contact your agent for more information.

REPORTING A COMMERCIAL CLAIM 24 HOURS A DAY

Liberty Mutual Insurance claims professionals across the United States are ready to resolve your claim quickly and fairly, so you and your team can focus on your business. Our claims teams are specialized, experienced and dedicated to a high standard of service.

We're Just a Call Away - One Phone Number to Report All Commercial Insurance Claims

Reporting a new claim has never been easier. A Liberty Mutual customer service representative is available to you 24/7 at 1(844)325-2467 for reporting new property, auto, liability and workers' compensation claims. With contact centers strategically located throughout the country for continuity and accessibility, we're there when we're needed!

Additional Resource for Workers' Compensation Customers

In many states, employers are required by law to use state-specific workers compensation claims forms and posting notices. This type of information can be found in the Policyholders Toolkit section of our website along with other helpful resources such as:

- Direct links to state workers compensation websites where you can find state-specific claim forms
- Assistance finding local medical providers
- First Fill pharmacy forms - part of our managed care pharmacy program committed to helping injured workers recover and return to work

Our Policyholder Toolkit can be accessed at www.libertymutualgroup.com/toolkit.

For all claims inquiries please call us at 1(844)325-2467 .



(Name of Insured)
(Address)
(City, State, Zip Code)

**MISSOURI CONTRACTING CLASSIFICATION PREMIUM ADJUSTMENT PROGRAM
WORKERS COMPENSATION PREMIUM CREDIT APPLICATION**

The Contracting Classification Premium Adjustment Program is applicable to qualifying employers engaged in contracting operations. A premium calculation, which may result in a premium credit for you, will be based on average hourly pay rates for each classification of contracting operations. To determine a possible credit, please return the completed premium credit application, as set out on the reverse side of this letter, to:

NCCI, Customer Service Center
901 Peninsula Corporate Circle
Boca Raton, FL 33487-1362

NCCI will advise us of any premium credit applicable.

If NCCI does not receive this application within 180 days after policy effective date, your premium calculation will not reflect any possible premium credit.

For each applicable classification (both contracting and noncontracting) covering your company's operations in the state of Missouri, report the total payroll (excluding overtime pay), and the corresponding total number of hours worked for any calendar quarter (first, second, third, or fourth) of the year preceding the policy effective date as reported to taxing authorities.

Note #1: You must clearly indicate the calendar quarter that is being submitted.

Note #2: If you are a new business with no prior operations or there was no complete quarter of operations prior to the policy effective date, submit the requested information for the first complete calendar quarter following the effective date of your workers compensation policy when available.

Note #3: In the absence of specific records for salaried employees, you should assume that each individual worked forty (40) hours per week.

Please preserve your payroll records that formed the basis for this declaration, because we will be required to verify the reported information in order for any premium credit to be applied.

Thank you for your cooperation.

Sincerely,

5

CARRIER: _____

Page 2 of 2

IMPORTANT NOTICE TO POLICYHOLDERS

Effective January 1, 1998, the Illinois legislature changed provisions applying to the Illinois Industrial Commission Operations Fund. We know that this law could impact your building or construction business.

The law now states that all building or construction firms who do business in Illinois, regardless of where the business itself is domiciled, must maintain records that separately show Illinois payrolls. This is required because workers' compensation premiums for Illinois exposures must now be based on Illinois rates. The legislation that introduced this requirement also contains a penalty provision. Failure to report the Illinois payrolls separately can result in a penalty of \$1,000 per day/per location subject to a \$50,000 maximum penalty per project.

We are providing this information now so you will have enough lead time to do the necessary record keeping in preparation of a premium audit.

If you have any questions concerning this legislation, please contact your agent.

Thank you for choosing to help you protect what's yours.

**U.S. TREASURY DEPARTMENT'S OFFICE OF FOREIGN
ASSETS CONTROL ("OFAC")
ADVISORY NOTICE TO POLICYHOLDERS**

No coverage is provided by this Policyholder Notice nor can it be construed to replace any provisions of your policy. You should read your policy and review your Declarations page for complete information on the coverages you are provided.

This Notice provides information concerning possible impact on your insurance coverage due to directives issued by OFAC. **Please read this Notice carefully.**

Please refer any questions you may have to your insurance agent.

The Office of Foreign Assets Control (OFAC) administers and enforces sanctions policy, based on Presidential declarations of "national emergency". OFAC has identified and listed numerous:

- Foreign agents;
- Front organizations;
- Terrorists;
- Terrorist organizations; and
- Narcotics traffickers;

as "Specially Designated Nationals and Blocked Persons". This list can be located on the United States Treasury's web site - <http://www.treas.gov/ofac>.

In accordance with OFAC regulations, if it is determined that you or any other insured, or any person or entity claiming the benefits of this insurance has violated U.S. sanctions law or is a Specially Designated National and Blocked Person, as identified by OFAC, this insurance will be considered a blocked or frozen contract and all provisions of this insurance are immediately subject to OFAC. When an insurance policy is considered to be such a blocked or frozen contract, no payments nor premium refunds may be made without authorization from OFAC. Other limitations on the premiums and payments also apply.

IMPORTANT NOTICE TO POLICYHOLDERS

This explanation is not part of your insurance policy, and it does not alter any of its provisions or conditions. No coverage is provided by this notice nor can it be construed to replace any provision in your policy or policies with us, or any forms attached to your policy or policies.

The following information only gives a general explanation of changes in coverage which may have occurred from your prior (or old) policy. Your business may involve factors which require you to obtain specific interpretations of the new policy wording. Read your policy carefully to determine rights, duties, and what is and is not covered. Only the provisions of your policy determine the scope of your insurance protection.

Please refer any questions you may have to your insurance agent.

Allocation of Payrolls - Missouri

For Workers Compensation and Employers Liability Policies effective on and after July 1, 2007, the State of Missouri allows executive officers, members of limited liability companies, partners, and sole proprietors to allocate 10% of their payroll to Classification Code 8810 - Clerical Office Employees or Code 8742 - Salespersons, regardless of their actual job duties.

We will allocate your payrolls accordingly at the time of the Premium Audit.

IMPORTANT POLICYHOLDER INFORMATION CONCERNING BILLING PRACTICES

Dear Valued Policyholder: This insert provides you with important information about our policy billing practices that may affect you. Please review it carefully and contact your agent if you have any questions.

Premium Notice: We will mail you a policy Premium Notice separately. The Premium Notice will provide you with specifics regarding your agent, the account and policy billed, the billing company, payment plan, policy number, transaction dates, description of transactions, charges/credits, policy amount balance, minimum amount, and payment due date. This insert explains fees that may apply to and be shown on your Premium Notice.

Available Premium Payment Plans:

- **Annual Payment Plan:** When this plan applies, you have elected to pay the entire premium amount balance shown on your Premium Notice in full. No installment billing fee applies when the Annual Payment Plan applies.
- **Installment Payment Plan:** When this plan applies, you have elected to pay your policy premium in installments (e.g.: quarterly or monthly installments - Installment Payment Plans vary by state). As noted below, an installment fee may apply when the Installment Payment Plan applies.

The Premium Payment Plan that applies to your policy is shown on the top of your Premium Notice. Please contact your agent if you want to change your Payment Plan election.

Installment Payment Plan Fee: If you elected to pay your premiums in installments using the Installment Premium Payment Plan, an installment billing fee applies to each installment bill. The installment billing charge will not apply, however, if you pay the entire balance due when you receive the bill for the first installment. Because the amount of the installment charge varies from state to state, please consult your Premium Notice for the actual fee that applies.

Dishonored Payment Fee: Your financial institution may refuse to honor the premium payment withdrawal request you submit to us due to insufficient funds in your account or for some other reason. If that is the case, and your premium payment withdrawal request is returned to us dishonored, a payment return fee will apply. Because the amount of the return fee varies from state to state, please consult your Premium Notice for the actual fee that applies.

Late Payment Fee: If we do not receive the minimum amount due on or before the date or time the payment is due, as indicated on your Premium Notice, you will receive a policy cancellation notice effective at a future date that will also reflect a late payment fee charge. Issuance of the cancellation notice due to non-payment of a scheduled installment(s) may result in the billing and collection of all or part of any outstanding premiums due for the policy period. Late Payment Fees vary from state to state and are not applicable in some states.

Special Note: Please note that some states do not permit the charging of certain fees. Therefore, if your state does not allow the charging of an Installment Payment Plan, Dishonored Payment or Late Payment Fee, the disallowed fee will not be charged and will not be included on your Premium Notice.

EFT-Automatic Withdrawals Payment Option: When you select this option, you will not be sent Premium Notices and, in most cases, will not be charged installment fees. For more information on our EFT-Automatic Withdrawals payment option, refer to the attached policyholder plan notice and enrollment sheet.

Once again, please contact your agent if you have any questions about the above billing practice information.

Thank you for selecting us to service your insurance needs.

POLICYHOLDER NOTICE - COMPANY CONTACT INFORMATION

In the event you need to contact someone about this policy for any reason, please contact your Sales Representative or Producer of Record as shown on the policy Declarations or Information Page.

If you have additional questions, you may contact the company at the following address:

Liberty Mutual Insurance
175 Berkeley Street
Boston, MA 02116
+1 (800) 344-0197

LIBERTY MUTUAL PRIVACY NOTICE - CALIFORNIA
(Workers' Compensation)
Effective December 11, 2020

Liberty Mutual Group, its affiliates and subsidiaries (collectively "Liberty Mutual" or "we", "us" and "our") provide workers' compensation insurance to companies. In this notice, we explain how we gather, use, share, and protect your data. This notice applies to you if you are a **California resident** and (i) are buying insurance for your company, (ii) your company has workers' compensation insurance with us, or (iii) you have a workers' compensation claim. If this notice does not apply to you, please go to libertymutual.com/privacy to review our privacy notices for other states.

What Personal Data Do We Collect?

The types of personal data we gather and share depends on your relationship to us. For example, we may gather different data if you are a claimant reporting an injury than if you are seeking a quote for insurance. The data we gather can include your social security number, income, and medical information related to your injury. It may also include data gathered as we provide insurance services, when you apply for such services, or from other contacts with you. It may also include:

- **Identifiers**, including a real name, alias, postal address, unique personal identifier, online identifier, Internet Protocol address, email address, account name, Social Security Number, driver's license number, or other similar identifiers;
- **Personal data**, such as your name, signature, Social Security Number, physical characteristics or description, address, telephone number, driver's license or state identification card number, insurance policy number, education, employment, employment history, bank account number, financial data, medical data, or health insurance data;
- **Protected classification characteristics described in California Civil Code 1798.80(e)**, including age, race, color, national origin, citizenship, religion or creed, marital status, medical condition, physical or mental disability, sex (including gender, gender identity, gender expression, pregnancy or childbirth and related medical conditions), sexual orientation, veteran or military status;
- **Commercial data**, including records of personal property, products or services purchased, obtained, or considered, or other purchasing or consuming histories and tendencies;
- **Internet or other similar network activity**, including browsing history, search history, data on a consumer's interaction with a website, application, or advertisement;
- **Professional or employment related data**, including current or past job history or performance evaluations;
- **Inferences drawn from other personal data**, such as a profile reflecting a person's preferences, characteristics, psychological trends, predispositions, behavior, attitudes, intelligence, abilities, and aptitudes;
- **Risk data**, including data about your driving and/or accident history; this may include data from consumer reporting agencies, such as your motor vehicle records and loss history data, health data, or criminal convictions; and
- **Claims data**, including data about your previous and current claims, which may include data regarding your health, criminal convictions, third party reports, or other personal data.

For data about the types of personal data we have gathered in the past twelve months, please go to libertymutual.com/privacy and click on the link for the California Supplemental Privacy Policy.

How do you gather my data?

We gather your personal data directly from you . For example, you provide us with data when you:	We also gather your personal data from other people . For example:
● ask about, buy insurance or file a claim	● your insurance agent or broker
● pay your policy	● your employer, association or business (if you are insured through them)

● visit our websites, call us, or visit our office	● our affiliates or other insurance companies about your transactions with them
	● consumer reporting agencies, Motor Vehicle Departments, and inspection services, to gather your credit history, driving record, claims history, or value and condition of your property
	● other public directories and sources
	● third parties, including other insurers, brokers and insurance support organizations who you have communicated with about your policy or claim, anti-fraud databases, sanctions lists, court judgments and other databases, government entities, open electoral register, advertising networks, data analytics providers, social networks, data brokers or in the event of a claim, third parties including other parties to the claim witnesses, experts loss adjusters and claim handlers
	● other third parties who take out a policy with us and are required to provide your data such as when you are named as a beneficiary or where a family member has taken out a policy that requires your personal data

Entities that share data with us may keep it and share it to others as permitted by law. For data about how we have gathered personal data in the past twelve months, please go to libertymutual.com/privacy and click on the link for the California Supplemental Privacy Policy.

How Do We Use Your Personal Data?

Liberty Mutual uses your data to provide you with our products and services and as otherwise provided in this Notice. We may use your data and the data of our former customers for our business purposes. Our business purposes include:

<u>Business Purpose</u>	<u>Data Categories</u>
Market, sell and provide insurance. This includes for example: <ul style="list-style-type: none"> ● calculating your premium; ● determining your eligibility for a quote; ● confirming your identity and service your policy; 	<ul style="list-style-type: none"> ● Identifiers ● Personal Information ● Protected Classification Characteristics ● Commercial Information ● Internet or other similar network activity ● Professional or employment related information ● Inferences drawn from other personal information ● Risk data ● Claims data
Manage your claim. This includes, for example: <ul style="list-style-type: none"> ● managing your claim, if any; ● conducting claims investigations; ● conducting medical examinations; ● conducting inspections, appraisals; ● providing roadside assistance; ● providing rental car replacement, or repairs; 	<ul style="list-style-type: none"> ● Identifiers ● Personal Information ● Protected Classification Characteristics ● Commercial Information ● Internet or other similar network activity ● Professional or employment related information ● Inferences drawn from other personal information

	<ul style="list-style-type: none"> ● Risk data ● Claims data
Day to Day Business and Insurance Operations. This includes, for example: <ul style="list-style-type: none"> ● creating, maintaining, customizing and securing accounts; ● supporting day-to-day business and insurance related functions; ● doing internal research for technology development; ● marketing and creating products and services; ● conducting audits related to a current contact with a consumer and other transactions; ● as described at or before the point of gathering personal data or with your authorization; 	<ul style="list-style-type: none"> ● Identifiers ● Personal Information ● Protected Classification Characteristics ● Commercial Information ● Internet or other similar network activity ● Professional or employment related information ● Inferences drawn from other personal information ● Risk data ● Claims data
Security and Fraud Detection. This includes for example: <ul style="list-style-type: none"> ● detecting security issues; ● protecting against fraud or illegal activity, and to comply with regulatory and law enforcement authorities; ● managing risk and securing our systems, assets, infrastructure and premises; ● help to ensure the safety and security of Liberty staff, assets and resources, which may include physical and virtual access controls and access rights management; ● supervisory controls and other monitoring and reviews, as permitted by law; and emergency and business continuity management; 	<ul style="list-style-type: none"> ● Identifiers ● Personal Information ● Protected Classification Characteristics ● Commercial Information ● Internet or other similar network activity ● Professional or employment related information ● Inferences drawn from other personal information ● Risk data ● Claims data
Regulatory and Legal Requirements. This includes for example: <ul style="list-style-type: none"> ● controls and access rights management; ● to evaluate or conduct a merger, divestiture, restructuring, reorganization, dissolution, or other sale or transfer of some or all of Liberty's assets, whether as a going concern or as part of bankruptcy, liquidation, or similar proceeding, in which personal data held by Liberty is among the assets transferred; ● exercising and defending our legal rights and positions; ● to meet Liberty contract obligations; ● to respond to law enforcement requests and as required by applicable law, court order, or governmental regulations; ● as otherwise permitted by law 	<ul style="list-style-type: none"> ● Identifiers ● Personal Information ● Protected Classification Characteristics ● Commercial Information ● Internet or other similar network activity ● Professional or employment related information ● Inferences drawn from other personal information ● Risk data ● Claims data

Improve Your Customer Experience and Our Products. This includes for example: <ul style="list-style-type: none"> ● improve your customer experience, our products and service; ● to provide, support, personalize and develop our website, products and services; ● create and offer new products and services; 	<ul style="list-style-type: none"> ● Identifiers ● Personal Information ● Commercial Information ● Internet or other similar network activity ● Professional or employment related information ● Inferences drawn from other personal information ● Risk data ● Claims data
Analytics to identify, understand and manage our risks and products. This includes for example: <ul style="list-style-type: none"> ● conducting analytics to better identify, understand and manage risk and our products; 	<ul style="list-style-type: none"> ● Identifiers ● Personal Information ● Protected Classification Characteristics ● Commercial Information ● Internet or other similar network activity ● Professional or employment related information ● Inferences drawn from other personal information ● Risk data ● Claims data
Customer service and technical support. This includes for example: <ul style="list-style-type: none"> ● answer questions and provide notifications; ● provide customer and technical support; 	<ul style="list-style-type: none"> ● Identifiers ● Personal Information ● Commercial Information ● Internet or other similar network activity ● Professional or employment related information ● Inferences drawn from other personal information ● Risk data ● Claims data

Do We Share Your Personal Data?

Liberty Mutual does not sell your personal data as defined by California law.

Liberty Mutual may share personal data with affiliated and non-affiliated third parties, including:

- Liberty Mutual affiliates;
- Service Providers (such as auto repair facilities, towing companies, property inspectors and independent adjusters);
- Insurance support organizations;
- Brokers and agents;
- Government entities (e.g. regulatory, quasi-regulatory, tax or other authorities, law enforcement agencies, courts, arbitrational bodies, and fraud prevention agencies);
- Consumer reporting agencies;
- Advisors including law firms, accountants, auditors and tax advisors;
- Insurers, re-insurers, policy holders, and claimants;
- Group policyholders (for reporting claims data or an audit);
- Advertising networks, data analytics providers, and social networks;
- Service providers and affiliates for actuarial or research studies; and
- As permitted by law.

We may also share data with other companies that provide marketing services on our behalf or as part of a joint marketing agreement for products offered by Liberty Mutual. We will not share your personal data with others for their own marketing purposes.

We may also share data about our transactions (such as payment history) and experiences (such as claims made) with you to our affiliates.

Liberty Mutual may share the following categories of personal data as needed for business purposes:

Identifiers	Personal Data
Protected Classification Characteristics	Commercial Data
Internet or other similar network activity	Professional, employment and education data
Inferences drawn from personal data	Risk Data
Claims Data	

For data about how we have shared personal data in the past twelve months, please go to libertymutual.com/privacy and click on the link for the California Supplemental Privacy Policy.

How Do We Keep your Personal Data Safe?

We maintain physical, electronic, and administrative safeguards created to protect your data from unauthorized access. Our employees and agents are authorized to access your data only for legitimate business purposes.

What Rights Do I Have to Learn More About My Personal Data?

You may have rights under California laws to learn more about our privacy practices. For example, you may have the right to request a copy of certain information about you to review its completeness and accuracy. You must make this request in writing by contacting us as indicated below.

You may have additional rights under other California laws. For more information about these rights, please go to libertymutual.com/privacy and click on the link California Supplemental Privacy Notice. If you cannot access the link, please contact us.

How to Contact Us:

You can submit requests, seek additional information, or obtain a copy of our privacy notice in an alternative format by either:

Calling:	800-344-0197
Email:	Privacy@libertymutual.com
Online:	Libertymutualgroup.com/privacy-policy/data-request
Mail:	Attn: Privacy Office Liberty Mutual Insurance Company 175 Berkeley St., 6th Floor Boston, MA 02116

Who is Providing this Notice?

This privacy notice is provided on behalf of the following Liberty Mutual companies and affiliates:

America First Insurance Company, America First Lloyd's Insurance Company, American Economy Insurance Company, American Fire and Casualty Company, American States Insurance Company, American States Insurance Company of Texas, Colorado Casualty Insurance Company, Consolidated Insurance Company, Employers Insurance Company of Wausau, Excelsior Insurance Company, First National Insurance Company of America, General Insurance Company of America, Golden Eagle Insurance Corporation, Hawkeye-Security Insurance Company, Indiana Insurance Company, Liberty Insurance Corporation, Liberty Mutual Fire Insurance Company, Liberty Mutual Insurance Company, Liberty Mutual Mid-Atlantic Insurance Company, Liberty Northwest Insurance Corporation, LM Insurance Corporation, Montgomery Mutual Insurance Company, North Pacific Insurance Company, Ohio Security Insurance Company, Oregon Automobile Insurance Company, Peerless Indemnity Insurance Company, Peerless Insurance Company, The First Liberty Insurance Corporation, The Midwestern Indemnity Company, The Netherlands Insurance Company, The Ohio Casualty Insurance Company, Wausau Business Insurance Company, Wausau General Insurance Company, Wausau Underwriters Insurance Company, and West American Insurance Company.



NCCI Co. No. 19291

Workers Compensation And Employers Liability Insurance Policy
Coverage Is Provided In:
Ohio Security Insurance Company

WC 00 00 01 A

Policy Number:
XWS (23) 64 51 12 46
Prior Policy Number:
NEW

**Workers Compensation and
Employers Liability Insurance Policy
Information Page**

ITEM 1: The Insured & Mailing Address

GARRISON HEATING AND AIR
PO BOX 132
KIMBERLING CITY, MO 65686

Agent Mailing Address & Phone No.

(417) 527-0032
ROBBINS INSURANCE GROUP, LLC
1649 STATE HIGHWAY 248
BRANSON, MO 65616

Individual Partnership
X Corporation or Limited Liability Company

FEIN: 874313820 **NAICS:** 238220

Other workplaces not shown above:

ITEM 2 The policy period is from 03/04/2022 to 03/04/2023 12:01 am Standard Time at the insured's mailing address.

ITEM 3 A. Workers Compensation Insurance: Part One of the policy applies to the Workers Compensation Law of the states listed here: MO

B. Employers Liability Insurance: Part Two of the policy applies to work in each state listed in Item 3.A.

The limits of our liability under Part Two are:

Bodily Injury by Accident	\$1,000,000	each accident
Bodily Injury by Disease	\$1,000,000	policy limit
Bodily Injury by Disease	\$1,000,000	each employee

C. Other States Insurance: Part Three of the policy applies to the states, if any, listed here: See

Extension of Information Page

D. This policy includes these endorsements and schedules: See Policy Forms and Endorsements Summary

ITEM 4 The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.

Classifications

Code No.	Premium Basis - Total Estimated Annual Remuneration	Rate per \$100 of Remuneration	Estimated Annual Premium
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See Extension of Information Page(s)

Total Estimated Annual Premium \$6,999.00

Total Surcharges and Assessments \$290.00

Minimum Premium \$1,000.00 MO **Total Estimated Cost** \$7,289.00

If indicated below, interim adjustments of premiums shall be made.

Deposit Premium \$7,289.00

Issue Date

Countersigned by: _____

To report a claim, call your Agent or 1-844-325-2467



Coverage Is Provided In:

Ohio Security Insurance Company

Policy Number:

XWS (23) 64 51 12 46

Policy Period:

From 03/04/2022 **To** 03/04/2023

Endorsement Period:

From **To**

12:01 am Standard Time
at Insured's Mailing Address

NCCI Co. No. **19291**

**Workers Compensation and
Employers Liability Insurance Policy
Information Page**

Named Insured

Agent

GARRISON HEATING AND AIR

(417) 527-0032

ROBBINS INSURANCE GROUP, LLC

EXTENSION OF INFORMATION PAGE

NAME AND LOCATION SCHEDULE

Named Insured

001 GARRISON HEATING AND AIR

CSN

001 Entity: LIMITED LIABILITY CO

FEIN: 874313820

Issue Date

Countersigned by: _____

To report a claim, call your Agent or 1-844-325-2467



Coverage Is Provided In:
Ohio Security Insurance Company

Policy Number:
XWS (23) 64 51 12 46
Policy Period:
From 03/04/2022 **To** 03/04/2023
Endorsement Period:
From **To**
12:01 am Standard Time
at Insured's Mailing Address

NCCI Co. No. 19291

**Workers Compensation and
Employers Liability Insurance Policy
Information Page**

Named Insured

Agent

GARRISON HEATING AND AIR

(417) 527-0032
ROBBINS INSURANCE GROUP, LLC

EXTENSION OF INFORMATION PAGE

Name Link Code	Location Description	Exposure Record Link	No. of Employees
001	359 L Garrison Rd Lampe, MO 65681-6209	00001	6 NAICS: 238220

Issue Date

Countersigned by: _____

To report a claim, call your Agent or 1-844-325-2467



Coverage Is Provided In:

Ohio Security Insurance Company

Policy Number:

XWS (23) 64 51 12 46

Policy Period:

From 03/04/2022 **To** 03/04/2023

Endorsement Period:

From **To**

12:01 am Standard Time
at Insured's Mailing Address

NCCI Co. No. **19291**

**Workers Compensation and
Employers Liability Insurance Policy
Information Page**

Named Insured

Agent

GARRISON HEATING AND AIR

(417) 527-0032

ROBBINS INSURANCE GROUP, LLC

EXTENSION OF INFORMATION PAGE

ITEM 3 C. Other States Insurance: Part Three of the policy applies to the states, if any, listed here:

All states except North Dakota, Ohio, Washington, Wyoming and states designated in Item 3.A. on the Information Page.

Issue Date

Countersigned by: _____

To report a claim, call your Agent or 1-844-325-2467

This page intentionally left blank.



Coverage Is Provided In:
Ohio Security Insurance Company

Policy Number:
XWS (23) 64 51 12 46
Policy Period:
From 03/04/2022 To 03/04/2023
Endorsement Period:
From To
12:01 am Standard Time
at Insured's Mailing Address

NCCI Co. No. **19291**

**Workers Compensation and
Employers Liability Insurance Policy
Information Page**

Named Insured

Agent

GARRISON HEATING AND AIR

(417) 527-0032
ROBBINS INSURANCE GROUP, LLC

EXTENSION OF INFORMATION PAGE

State: MISSOURI

ITEM 4 The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans.
All information required below is subject to verification and change by audit.

Classifications	Code No.	Premium Basis - Total Estimated Annual Remuneration	Rate per \$100 of Remuneration	Estimated Annual Premium
GARRISON HEATING AND AIR				
359 L Garrison Rd Lampe, MO 65681-6209 NLC 001 CSN 001 state 24 exp rec link 00001 Heating Ventilation Air-Conditioning and Refrigeration Systems - Installation Service and Repair Shop Yard & Drivers	5537	130,000.00	5.64	7,332.00
Clerical Office Employees NOC	8810	25,000.00	.19	48.00
Premium for Increased Limits Part Two	9812		1.1000%	81.00
Premium to equal incr. Limits Part Two Min. Prem	9848			39.00
Small Deductible Credit	9664	credit	3.0000%	221.00)
Total Subject Premium				7,279.00
Risk Modeling Plan - Premium	9147	credit	.925 (546.00)
Total Estimated Annual Standard Premium				6,733.00
Expense Constant	0900			250.00
Terrorism	9740	155,000.00	.01	16.00
Total Estimated Annual Premium				6,999.00
Second Injury Fund Surcharge	9119		4.0000	288.00
MO Administrative Surcharge	0935		1.0000%	2.00
Total Estimated Cost				7,289.00

Issue Date

Countersigned by: _____

To report a claim, call your Agent or 1-844-325-2467

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Coverage Is Provided In:
Ohio Security Insurance Company

Policy Number:
XWS (23) 64 51 12 46
Policy Period:
From 03/04/2022 **To** 03/04/2023
Endorsement Period:
From **To**
12:01 am Standard Time
at Insured's Mailing Address

NCCI Co. No. 19291

**Workers Compensation and
Employers Liability Insurance Policy
Information Page**

Named Insured

Agent

GARRISON HEATING AND AIR

(417) 527-0032
ROBBINS INSURANCE GROUP, LLC

EXTENSION OF INFORMATION PAGE

POLICY FORMS AND ENDORSEMENTS

This section lists all the Forms and Endorsements that make up your policy. Refer to these documents as needed for detailed information concerning your coverage.

FORM NUMBER	TITLE	STATE(S) Applicable
WC 00 03 08	Partners, Officers and Others Exclusion Endorsement	MO
WC 00 04 14 A	90-Day Reporting Requirement-Notification Of Change In Ownership Endorsement	MO
WC 00 04 19	Premium Due Date Endorsement	MO
WC 00 04 22 C	Terrorism Risk Insurance Program Reauthorization Act Disclosure Endorsement	MO
WC 24 04 01	Missouri Contracting Classification Premium Adjustment Endorsement	MO
WC 24 04 06 D	Missouri Employer - Paid Medical Endorsement	MO
WC 24 06 01 B	Missouri Cancellation and Nonrenewal Endorsement	MO
WC 24 06 03	Missouri Benefits Deductible Endorsement	MO
WC 24 06 04 C	Missouri Amendatory Endorsement	MO
WC 99 06 56	Missouri Property and Casualty Guaranty Association Endorsement	MO
WC 99 20 77	Missouri Notification of Additional Mesothelioma Benefits Endorsement	MO

Issue Date

Countersigned by: _____

To report a claim, call your Agent or 1-844-325-2467

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PARTNERS, OFFICERS AND OTHERS EXCLUSION ENDORSEMENT

The policy does not cover bodily injury to any person described in the Schedule.

The premium basis for the policy does not include the remuneration of such persons.

You will reimburse us for any payment we must make because of bodily injury to such persons.

Schedule

Partners**Officers****Others**

Rocky Garrison

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective

Endorsement No. 0001

Policy Effective 03/04/2022

Premium

State

Policy No. XWS (23) 64 51 12 46

Insured GARRISON HEATING AND AIR

Insurance Company Ohio Security Insurance Company 19291

Countersigned by _____

Terrorism Risk Insurance Program Reauthorization Act Disclosure Endorsement

This endorsement addresses the requirements of the Terrorism Risk Insurance Act of 2002 as amended and extended by the Terrorism Risk Insurance Program Reauthorization Act of 2019. It serves to notify you of certain limitations under the Act, and that your insurance carrier is charging premium for losses that may occur in the event of an Act of Terrorism.

Your policy provides coverage for workers compensation losses caused by Acts of Terrorism, including workers compensation benefit obligations dictated by state law. Coverage for such losses is still subject to all terms, definitions, exclusions, and conditions in your policy, and any applicable federal and/or state laws, rules, or regulations.

Definitions

The definitions provided in this endorsement are based on and have the same meaning as the definitions in the Act. If words or phrases not defined in this endorsement are defined in the Act, the definitions in the Act will apply.

"Act" means the Terrorism Risk Insurance Act of 2002, which took effect on November 26, 2002, and any amendments thereto, including any amendments resulting from the Terrorism Risk Insurance Program Reauthorization Act of 2019.

"Act of Terrorism" means any act that is certified by the Secretary of the Treasury, in consultation with the Secretary of Homeland Security, and the Attorney General of the United States, as meeting all of the following requirements:

- a. The act is an act of terrorism.
- b. The act is violent or dangerous to human life, property, or infrastructure.
- c. The act resulted in damage within the United States, or outside of the United States in the case of the premises of United States missions or certain air carriers or vessels.
- d. The act has been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

"Insured Loss" means any loss resulting from an act of terrorism (and, except for Pennsylvania, including an act of war, in the case of workers compensation) that is covered by primary or excess property and casualty insurance issued by an insurer if the loss occurs in the United States or at the premises of United States missions or to certain air carriers or vessels.

"Insurer Deductible" means, for the period beginning on January 1, 2021, and ending on December 31, 2027, an amount equal to 20% of our direct earned premiums during the immediately preceding calendar year.

Limitation of Liability

The Act limits our liability to you under this policy. If aggregate Insured Losses exceed \$100,000,000,000 in a calendar year and if we have met our Insurer Deductible, we are not liable for the payment of any portion of the amount of Insured Losses that exceeds \$100,000,000,000; and for aggregate Insured Losses up to \$100,000,000,000, we will pay only a pro rata share of such Insured Losses as determined by the Secretary of the Treasury.

Policyholder Disclosure Notice

1. Insured Losses would be partially reimbursed by the United States Government. If the aggregate industry Insured Losses occurring in any calendar year exceed \$200,000,000, the United States Government would pay 80% of our Insured Losses that exceed our Insurer Deductible.
2. Notwithstanding item 1 above, the United States Government will not make any payment under the Act for any portion of Insured Losses that exceed \$100,000,000,000.
3. The premium charge for the coverage your policy provides for Insured Losses is included in the amount shown in Item 4 of the Information Page or in the Schedule below.

Schedule

State

Rate

Premium

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Issued by Ohio Security Insurance Company 19291

For attachment to Policy No. XWS (23) 64 51 12 46 Effective Date Premium \$

Issued to GARRISON HEATING AND AIR Endorsement No.

MISSOURI EMPLOYER-PAID MEDICAL ENDORSEMENT

This endorsement applies because Missouri is shown in Item 3.A. of the Information Page.

As a Missouri employer, you have the right, as provided by Section 287.957 of the Revised Statutes of Missouri, to have medical-only claims that do not exceed 20% of the current primary and excess loss split point amount, as shown in the Schedule below, excluded from your experience rating modification calculation. This will only be allowed when you pay all of the employee's medical costs; there is no lost time from the employment, other than the first three days or less of disability; and no claim is filed. The current primary and excess loss split point amount is provided in the rating values of NCCI's *Experience Rating Plan Manual*. **You still must report all injuries, regardless of the dollar amount, to the Division of Workers' Compensation and to us.**

However, it should be noted that if, at any time, the medical expenses that are paid out of pocket due to a particular injury ever exceed 20% of the current primary and excess loss split point amount and/or the employee misses more than three days from work due to the injury, then this injury must be reported to us as a claim. We will pay the full amount of the claim, which includes any reimbursements due to you for past medical expenses incurred by you for this particular claim. As a result, the total amount of losses incurred by us due to this claim will be included in your experience rating modification calculation.

Schedule

20% of the Current Primary and Excess Loss Split Point Amount 3300

Issued by Ohio Security Insurance Company 19291

For attachment to Policy No. XWS (23) 64 51 12 46 Effective Date Premium \$

Issued to GARRISON HEATING AND AIR

MISSOURI BENEFITS DEDUCTIBLE ENDORSEMENT

THIS WORKERS COMPENSATION POLICY CONTAINS A DEDUCTIBLE OPTION UNDER WHICH YOU, THE EMPLOYER, ARE REQUIRED TO REIMBURSE CERTAIN LOSSES. PLEASE READ THIS POLICY CAREFULLY AND UNDERSTAND ITS CONDITIONS THOROUGHLY PRIOR TO PURCHASING COVERAGE.

This deductible endorsement applies only to the insurance provided by Part One (Workers Compensation Insurance) because Missouri is shown in Item 3.A. of the Information Page. It does not apply to Employers Liability Insurance under Part Two. Because you have selected a deductible option under this policy, coverage under Part One (Workers Compensation Insurance) applies only to benefits in excess of the deductible amount shown below, for:

1. Bodily injury by accident; this deductible amount shall apply on a per accident basis. You will be responsible for amounts below this deductible.
2. Bodily injury by disease; this deductible shall apply on a per employee basis.

We will initially pay the deductible amount for you in accordance with state statute. However, if you fail to reimburse us within 30 days after we send you notice that payment is due, we may, at our option, cancel this endorsement.

Deductible Amount

\$2,500

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective

Endorsement No. 0002

Policy Effective 03/04/2022

Premium

State

Policy No. XWS (23) 64 51 12 46

Insured GARRISON HEATING AND AIR

Insurance Company Ohio Security Insurance Company 19291

Countersigned by _____

To be submitted with Vendor's Bid

☒ We DO NOT take exception to the IFB Documents/Requirements.
☐ We TAKE exception to the IFB Documents/Requirements as follows:

Bidder acknowledges receipt of the following addendums:

Addendum No. ____ Addendum No. ____
Addendum No. ____ Addendum No. ____

Print Email rgarrisonhvac@gmail.com
Print Federal Tax ID No. 87-4313820