



Fully Insured

P.O. BOX 218

BOSCOBEL, WI 53805

OFFICE: 608-375-0781

CELL: 608-485-2404

Client Information

Client Name :	Richland Center Cemetery + Richland Airport		
Street Address :		Phone no.	
City, State, Zip Code :	Richland Center	Email :	
	\$4100. ⁰⁰ per trimming Richland Center Cemetery		
	\$1600. ⁰⁰ per mowing and trimming Richland Airport		

Lawn Care Services Include

- MOWING
- BLOWING
- WEED WHACKING
- OTHER

Interval

The Service Provider will perform the following services ("Services") at the following intervals:

- Every _____ Days
- Monthly
- Weekly
- When Invoiced
- Bi-Weekly
- Other _____

Payment

The Service Provider agrees to provide the Services in exchange for \$ _____ that is to be paid on a: (check one) :

- Every _____ Days
- Monthly
- Weekly
- When Invoiced
- Bi-Weekly
- Other _____

The client agrees to pay a _____ % late charge if the final invoice is more than _____ days overdue

Client's Signature : _____

Date : _____

Contractor Signature : Eugene Conner

Date : 3/9/2026



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Client Information

Client Name :	Bowen's Cemetery - Bowen's Mill Kayak landing + Lion's Park + Dog Park		
Street Address :		Phone no.	
City, State, Zip Code :	Richland Center WI	Email :	
This Bid is for all locations \$425.00 per mowing and Trimming			

Lawn Care Services Include

<input checked="" type="checkbox"/> MOWING	<input type="checkbox"/> BLOWING
<input checked="" type="checkbox"/> WEED WHACKING	<input type="checkbox"/> OTHER

Interval

The Service Provider will perform the following services ("Services") at the following intervals:

<input type="checkbox"/> Every _____ Days	<input type="checkbox"/> Monthly
<input checked="" type="checkbox"/> Weekly	<input type="checkbox"/> When Invoiced
<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Other _____

Payment

The Service Provider agrees to provide the Services in exchange for \$ _____ that is to be paid on a: (check one):

<input type="checkbox"/> Every _____ Days	<input checked="" type="checkbox"/> Monthly
<input type="checkbox"/> Weekly	<input type="checkbox"/> When Invoiced
<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Other _____

The client agrees to pay a _____ % late charge if the final invoice is more than _____ days overdue

Client's Signature : _____

Date : _____

Contractor Signature : Eugene Conner

Date : 3/9/2026

Insured name: GREEN GRASS LAWCARE LLC
 Policy number: Q61 0428153
 Policy period: 07/01/2025 to 07/01/2026

Liability Protection

Commercial general liability coverage

Coverage	Deductible	Limit
Bodily injury and property damage		\$1,000,000 Each occurrence
Personal and advertising injury		\$1,000,000 Any one person or organization
Medical expense payments		\$5,000 Any one person
Damage to premises rented to you – Fire legal liability		\$1,000,000 Any one premises
General aggregate		\$2,000,000
Products – Completed operations aggregate		\$2,000,000
Non-owned and hired automobile liability		Included
Damage to customers autos - Legal liability	\$200	Included

Exclusion - Perfluoroalkyl and Polyfluoroalkyl Substances (PFAS)

Property Protection

Risk information for Location 1 - Building 1

Address:	6590 RIVERVIEW LN	Insured interest:	Building owner
City/State:	BOSCOBEL, WI		
Zip code:	53805		
County:	Grant		
Occupancy/Operations:	97050 Lawn care contractor - lessor's risk		

Schedule of Forms

Form number	Edition date	Description
CG0001	04/13	Commercial General Liability Coverage Form
CG0124	01/93	Wisconsin Changes - Amendment of Policy Conditions
CG2106	05/14	Exclusion - Access or Disclosure of Confidential or Personal Information and Data-Related Liability - With Limited Bodily Injury Exception
CG2109	06/15	Exclusion - Unmanned Aircraft
CG2170	01/15	Cap on Losses from Certified Acts of Terrorism
CG4032	05/23	Exclusion - Perfluoroalkyl and Polyfluoroalkyl Substances (PFAS)
EPP0006	12/24 *	ErieSecure Business Extra Liability Coverages
EPP0008	09/23	Policy Change Endorsement - Exclusions
EPP0009	10/19	Exclusion - Professional Liability
EPP0011WI	10/19 *	Wisconsin Liability Change Endorsement
EPP0036	10/19 *	Important Notice to Wisconsin Policyholders - ErieSecure Business
EPP0094WI	10/24 *	Premium Audit - Noncompliance Charge - Wisconsin
EPP3208	10/19	Exclusion - Lead Liability
EPP4000WI	10/19	ErieSecure Business Policy - Wisconsin
EPP4001	10/19	Amendment of Mobile Equipment Definition
EPP4006	10/19	Coverage for Punitive Damages
EPP5009	10/24 *	Important Notice - ErieSecure Business - Summary of Changes
EPP5011	12/24 *	Important Notice - ErieSecure Business - Summary of Changes
IL985H	03/21 *	Disclosure Pursuant to Terrorism Risk Insurance Act

GREEN GRASS LAWN CARE LLC

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REFERENCES

710 Diagnostics - 608-375-4313

Annie McCullick - 608-485-0192

Janice Harms - 608-375-5430

Barb Ewing - 608-604-9057

Suzy Semanco - 618-971-3919

Dawn Propp - 608-604-8128

Tom Carter - 262-515-5918