

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/20/2015

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(les) 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). CONTACT KEVIN LOWBER PRODUCER FAX (A/C, Nol: 215-533-9008 KEVIN LOWBER INSURANCE AGENCY, INC

State Farm

1347 E. HUNTING PARK AVENUE

PHILADELPHIA PA 19124

J. RAMOS AND SON LLC INSURED 4530 N. FRONT STREET PHILADELPHIA, PA 19140 PHONE (A/C, No, Ext): 215-533-9010 E-MAIL ADDRESS: kevin@kevinlowberagency.com NAIC # INSURER(S) AFFORDING COVERAGE 25143 INSURER A :State Farm Fire and Casualty Company 25178 INSURER B : State Farm Mutual Automobile Insurance Company 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 INDICATED. NOTWITHSTANDING ANY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, CERTIFICATE MAY BE ISSUED OR MAY PERTAIN.									
	ADDL SUBR		POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	S			
LTR TIPE OF INSURANCE	INSD WYD	98-CR-Z325-0	08/09/2015	08/09/2016	EACH OCCURRENCE	\$ 2,000,000			
A X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR	Y	96-CR-2325-0	00/90/2010		DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000			
					MED EXP (Any one person)	\$ 5,000			
					PERSONAL & ADVINJURY	\$			
GEN'L AGGREGATE LIMIT APPLIES PER					GENERAL AGGREGATE	\$ 4,000,000			
POLICY PRO-					PRODUCTS - COMP/OP AGG	s 4,000,000			
						\$			
OTHER: AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Es accident)	\$			
					BODILY INJURY (Per person)	\$			
ANY AUTO ALL OWNED SCHEDULED					BODILY INJURY (Per accident)	\$			
AUTOS AUTOS NON-OWNED					PROPERTY DAMAGE (Per accident)	\$			
HIRED AUTOS AUTOS						\$			
UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$			
UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$			
	1					S			
WORKERS COMPENSATION					PER OTH- STATUTE ER				
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE					E.L. EACH ACCIDENT	\$			
OFFICER/MEMBER EXCLUDED?	N/A				E.L. DISEASE - EA EMPLOYEE	\$			
If yes describe under					E.L. DISEASE - POLICY LIMIT	\$			
B AUTO INSURANCE 2002 FORD F150 VIN#: 1FTRF1729KE43628	N ;	102 6187-C10-38B-001	09/10/2015	03/10/2016	FULL TORT LIABILTY/PROPERTY DAMAGE MEDICAL 5000 COMP DED 500 COLL DED 500	E 100/300/100			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICL ARTISAN AND SERVICE CONTRACTOR	POLICY	0 101, Additional Remarks Schedule, may	be attached if mo	re space Is requi	red)	,			
CERTIFICATE HOLDER		CAN	CELLATION						

ADDITIONAL INSURED:
CITY OF PHILADELPHIA
LICENSE INSURANCE UNIT

1401 JFK BLVD.

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 BEPRESENTATIVE

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GGFE Proposal

Job # SNW2015

Date:09-15-2

OWNER INFORMATION

Joan Garrett

Address

P.O. Box 3981

City, State ZIP

Philadelphia, PA 19146 215-352-7481

Phone Email

Name

joan 3303@hotmail.com

Project name

GGFE Snow Removal

CONTRACTOR INFORMATION

Company

Philadelphia Lawn Enforcement

Name

Jonathan Ramos

Address

4530 N Front st

City, State ZIP

Philadelphia, PA 19140

Phone

215-768-6646

Email

ramosilic@yahoo.com

Completion date

Per Snow Fall

PROPERTIES INCLUDED

All GGFE HOA homes on list provided by HOA Board.

Eight (8) HOA Driveways

SCOPE OF WORK

The following work is to be done on grounds at above properties When notified by GGFE representative. Snow removal from listed properties. Sidewalks, ramps and doorways front and rear of listed property at least 36" wide, per storm. Spreading salt to all cleared areas.

COMPANY PROPOSAL

We, Philadelphia Lawn Enforcement, propose the above scope of work, to be completed in accordance with the specifications submitted for above work. for the amount of \$2700 6"-10" (\$3150 10"-14") (\$3600 14"-18") *add \$5 per house and \$25 per driveway per additional 5 snow fall per storm.

Samo Submitted by (Company Representative)

9-15-15

11-30-15

OWNER ACCEPTANCE

The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified.

payments will be made as outlined above

Date

ibmitted by (home owner or authorized representative)

BID COST SUMMARY

PRICE BREAKDOWN

Oty Description		Cost	Total		
Qty. 50	GGFE HOA Listed homes		\$30.00	\$1,500.00	
8	GGFE HOA Driveways		\$150.00	\$1,200.00	

^{*} Add \$30 per additional house over 50

Add \$5 per house and \$25 per driveway for each additional 5" per storm

Subtotal

Tax rate

0.00% **\$0.00**

Tax Grand total

\$0.00

BREAKDOWN OF MATERIALS AND GOSTS



NOTES

Add \$5 per house and \$25 per driveway per additional 5" per storm.

Snow Removal Contract

Greater Grey's Ferry Estates Homeowners Association, (GGFE) hereafter known as "Customer," agrees to pay Philadelphia Lawn Enforcement hereafter known as "Service Provider", the quoted price for snow removal at Listed GGFE Properties provided by GGFE Board. for the period to beginning of first Winter snowfall 2015 to seasons last snowfall early 2016.

- Customer will pay \$30.00 per house and \$150 per driveway for the following services in first tier:
- Upon request starting at 6" snow fall. Snow will be removed from listed properties. Sidewalks, ramps and doorways front and rear of listed property at least 36" wide, per storm. Spreading rock-salt to all cleared areas. (Additional tiers and pricing outlined in proposal.)
- If Customer requests additional services, these will be written up in a new agreement, to be approved by Customer.
- Payment must be made according to the following plan:

Payment must be made in full within 10 days of invoice unless a new storm arrives prior to the 10 days. If this occurs payment is due prior to start of next cleaning.

- Service Provider agrees to pay for any damages caused by equipment and/or negligence, provided that Customer documents the damage within 24 hours of occurrence. Without written evidence, Service Provider will not be obligated to pay for any damage.
- Service Provider will repair any documented damage once the snow has melted and the area is entirely visible.
- Service Provider is not responsible for any damage caused by piled-up snow, or damage to any items that are not visible due to snow coverage.
- Service Provider will not be responsible for any areas neglected by homeowner. Such as areas not cleaned, Ice build up, or Freeze over, from previous storms under 6".
- Service Provider will be on location at site no later than 6 hours from end
 of storm. Road conditions permitting. In this case we will be on location as
 soon as roads are safe for travel.

All Payments are to be made payable to Jonathan Ramos.

Any alterations or deviations from the above specifications involving extra cost will be executed only upon written order and will become an extra charge over and above the estimate. All agreements are contingent upon strikes, accidents, or delays beyond our control.

Acceptance of Contract:

The stated prices, specifications and conditions are satisfactory and are hereby accepted.

You are authorized to do the work, as specified. All payments will be made as outlined herein.

WE appreciate your business and look forward to working with you.

Customer Print

Service Provider Print

Signature

Date

Signature

Date