Purchasing Department

116 West Jefferson Street
Thomasville, Georgia 31799
229-225-4100

BOARD OF COMMISSIONERS
THOMAS COUNTY GEORGIA
EST. 1825

INVITATION TO BID
Courthouse Fence Painting

You are invited to submit a sealed bid for providing the following, **Courthouse Fence Specification** for the Thomas County Board of Commissioners. Attached are the general conditions, standard instructions, bid specification, and bid form. Variation from the given specifications should be noted on the bid form with an explanation of said variation(s) attached. Bids are to be marked with bidder's name and address and labeled: **Bid for "Courthouse Fence Painting"** and mailed or delivered to the following address no later than 2:00 p.m.; local time, Friday, August 28, 2026.

Deadline for receiving bids:	08/28/2026 (date)	2:00 p.m. (time)
Bid opening:	08/28/2026 (date)	2:00 p.m. (time)
Committee Review:	09/01/2026 (date)	4:00 p.m. (time)
Tentative Award Date:	09/08/2026 (date)	9:00 a.m. (time)

Address all bids to:

THOMAS COUNTY BOARD OF COMMISSIONERS
SEALED - Bid for Courthouse Fence Painting
ATTN: PURCHASING DEPARTMENT
P.O. Box 920
116 West Jefferson Street, Room 220
Thomasville, Georgia 31799

Any inquiries concerning this bid should be made to Nisha Thurman, Purchasing Agent, at the above location or at (229) 225-4100. Nisha.Thurman@thomascountyga.gov.

PLEASE CALL OR E-MAIL CONFIRMATION OF RECEIPT OF THIS INVITATION TO BID.

GENERAL CONDITIONS

No bids received after said time or at any place other than the time and place stated in the notice will be considered.

WITHDRAWAL OF BID:

A bidder may withdraw his bid before the expiration of the time during which bids may be submitted without prejudice to the bidder, by submitting a written request of withdrawal to the Thomas County Board of Commissioners, Purchasing Department.

REJECTION OF BID:

Thomas County may reject any and all bids, and must reject a bid of any party who has been delinquent or unfaithful in any formal contract with Thomas County. Also, the right is reserved to waive any irregularities or informalities in any bid in the bidding procedure. Thomas County will be the sole judge which bid is best, and in ascertaining this, will take into consideration the business integrity, financial resources, facilities for performing the work, and experience in similar operation of the various bidders.

STATEMENT OF EXPERIENCE AND QUALIFICATIONS:

The bidder may be required, upon request, to prove to the satisfaction of Thomas County that he/she has the skill and experience and the necessary facilities and ample financial resources to perform the contract(s) in a satisfactory manner and within the required time. If the available evidence of competency of any bidder is not satisfactory, the bid of such bidder may be rejected, the successful bidder is required to comply with and abide by all applicable federal and state laws in effect at the time the contract is awarded.

NON-COLLUSION AFFIDAVIT:

By submitting a bid, the bidder represents and warrants that such bid is genuine and not fraudulent or collusive or made in the interest or in behalf of any person not therein named, and that the bidder has not directly or indirectly induced or solicited any other bidder to put in a fraudulent bid, or any other person, firm or corporation to refrain from bidding and that the bidder has not in any manner sought by collusion to secure to that bidder any advantage over any other bidder.

INTEREST OF:

By submitting a bid, the bidder represents and warrants that neither a commissioner nor Chairman of Thomas County has, in any manner, an interest, directly or indirectly in the bid or in the contract that may be made under it, or in any expected profits to arise therefrom.

DOCUMENTS DEEMED PART OF THE CONTRACT:

The notice, invitation to bidders, general conditions, and instructions for bidders, special conditions, specifications, bid and addenda, if any, will be deemed part of the contract.

STANDARD INSTRUCTIONS TO BIDDERS

1. The written specifications contained in this bid will not be changed or superseded except by written addendum from Thomas County. Failure to comply with the written specifications for this bid may result in disqualification by Thomas County.

2. All goods and materials will be F.O.B. Thomas County Board of Commissioners – Public Works yard, 78 Joiner Road, Thomasville, Georgia, in Thomas County and no freight, delivery or postage charges will be paid by Thomas County unless such charges are included in the bid price.

3. All bids must be sealed, received and in-hand at bid due date and time. Each bidder assumes the responsibility for having his/her bid received at the designated time and place without consideration, regardless of the postmark. Thomas County accepts no responsibility for mail delivery.

4. Each bid form submitted must include the name of the business, mailing address, the name, title and signature of the person submitting the bid. When submitting a bid package to Thomas County, the first page of your bid package should be the Bid Form listing price, delivery, etc. unless the bid form is requested to be in a separate sealed envelope.

5. No bids received after said time or at any place other than the time and place stated in the notice will be considered.

6. Thomas County may reject any and all bids, and must reject a bid of any party who has been delinquent or unfaithful in any formal contract with Thomas County. Also, the right is reserved to waive any irregularities or informalities in any bid in the bidding procedure. Thomas County will be the sole judge as to which bid is best, and in ascertaining this, will take into consideration the business integrity, financial resources, facilities for performing the work, and experience in similar operation of the various bidders.

7. Telephone bids will not be accepted unless stated in invitation.

8. No sales tax will be charged on any orders. Thomas County is exempt as outlined by Georgia State Law. 58-6000893

9. Bidders will state delivery time after receiving purchase order.

10. Unless otherwise stated, all bids submitted will be valid and may not be withdrawn for a period of 90 days from the due date of the bid.

11. Results of the bid will be e-mailed to the bidders after the award. Results of the bids are not available orally.

12. All responses must be submitted on the provided bid format. Exception from this format will not be accepted. Any offeror who believes that the bid format is unclear shall submit all questions upon receipt in writing.

THOMAS COUNTY BOARD OF COMMISSIONERS

INVITATION TO BID (ITB)

FENCE PAINTING SERVICES

1. PURPOSE

Thomas County Board of Commissioners is soliciting sealed bids from qualified and experienced contractors to provide labor, materials, equipment, and supervision necessary to prepare and paint the designated fence(s) located at **116 W Jefferson Street, Thomasville, GA 31792**.

The successful bidder shall perform all work in accordance with the specifications and requirements contained in this Invitation to Bid.

2. SCOPE OF WORK

The contractor shall furnish all labor, equipment, tools, preparation materials, primer, paint, and other items necessary to complete the fence painting project.

The work shall include, but shall not be limited to, the following:

A. Surface Preparation

1. Inspect the entire fence prior to beginning work.
2. Scrape all loose, peeling, flaking, or deteriorated paint from the fence surface.
3. Sand areas containing loose paint, rust, corrosion, rough surfaces, and other deteriorated coatings to provide a sound and suitable surface for painting.
4. Remove all loose debris, dust, dirt, grease, and other contaminants from the fence.
5. Clean the fence thoroughly prior to application of primer and paint.
6. Ensure the surface is clean, dry, and properly prepared before applying primer or finish coats.
7. Protect adjacent buildings, pavements, landscaping, vehicles, equipment, and other property from paint, overspray, dust, debris, and damage.

B. Rust Treatment and Priming

1. Identify all areas exhibiting visible rust or corrosion.
2. Properly prepare rusted areas by removing loose rust, scale, and deteriorated material.
3. Apply an appropriate rust-inhibitive primer to all exposed/rusted metal areas.
4. Primers shall be compatible with the specified finish coating and applied in accordance with the manufacturer's recommendations.

5. No finish coat shall be applied until the primer has properly cured and the surface is ready for recoating.

C. Finish Coating

The fence shall receive **two (2) complete finish coats** of:

Sherwin-Williams Industrial Enamel/Alkyd Urethane – Black Gloss

or the exact Sherwin-Williams product specified by the County.

The contractor shall:

1. Apply two (2) uniform finish coats over the properly prepared and primed surface.
2. Allow adequate drying and curing time between coats in accordance with the manufacturer's written recommendations.
3. Apply the coating to achieve a consistent **black gloss finish** throughout the entire project.
4. Ensure there are no visible runs, drips, sags, missed areas, excessive brush marks, uneven coverage, or other unacceptable defects.
5. Apply paint at the manufacturer's recommended thickness and under appropriate weather and environmental conditions.

3. PAINT AND MATERIALS

Unless otherwise specified by Thomas County, the contractor shall furnish all paint, primer, preparation materials, and other consumables necessary to complete the work.

The specified finish coating shall be:

Sherwin-Williams Alkyd Urethane – Black Gloss

The contractor shall submit the proposed product information/data sheet to the County for approval prior to application if requested.

No substitutions shall be made without prior written approval from Thomas County.

4. CONTRACTOR RESPONSIBILITIES

The successful contractor shall be responsible for:

- Providing all labor, supervision, equipment, tools, and materials necessary to complete the work.
- Maintaining a safe work area throughout the project.
- Complying with all applicable OSHA, federal, state, and local requirements.
- Protecting County property and surrounding areas from damage.

- Removing paint chips, sanding debris, trash, and other construction debris generated by the work.
- Maintaining the work area in a clean and orderly condition.
- Properly disposing of all waste materials.
- Repairing any damage caused by the contractor's operations at no additional cost to the County.

5. PRE-PROJECT INSPECTION

Bidders are strongly encouraged to inspect the fence and surrounding work area before submitting a bid.

The bidder shall be responsible for determining the existing conditions, accessibility, required preparation, quantities of materials, labor requirements, and other conditions necessary to provide a complete and accurate bid.

Failure to inspect the site shall not constitute grounds for additional compensation resulting from conditions that could reasonably have been identified through inspection.

6. WEATHER CONDITIONS

Painting shall not be performed during rain, when the surface is wet, or when environmental conditions are unsuitable for proper coating application.

The contractor shall follow all temperature, humidity, surface-temperature, and drying requirements specified by the paint manufacturer.

7. QUALITY CONTROL AND FINAL ACCEPTANCE

Upon completion, the County will inspect the painted fence.

The finished work shall have:

- Complete and uniform coverage;
- Consistent black gloss appearance;
- No visible bare metal;
- No visible untreated rusted areas;
- No excessive runs, drips, sags, or peeling;
- No significant overspray or paint on adjacent surfaces;
- Properly prepared and coated surfaces; and
- Two complete finish coats as specified.

Any defective, missed, damaged, or unacceptable areas identified by the County shall be corrected by the contractor at no additional cost to Thomas County.

Final payment shall be subject to satisfactory completion and acceptance of the work by the County.

8. WARRANTY

The contractor shall warrant that all work will be performed in a professional and workmanlike manner and in accordance with the paint manufacturer's application requirements.

Any premature peeling, flaking, blistering, or coating failure resulting from improper surface preparation or application shall be corrected by the contractor at no additional cost to Thomas County during the warranty period.

Warranty Period: [INSERT NUMBER OF MONTHS/YEARS].

9. BID PRICE

The bidder shall provide a **lump-sum price** for the complete project, including all labor, materials, equipment, surface preparation, primer, two finish coats, cleanup, disposal, and all other costs necessary to complete the work.

Description	Lump-Sum Bid
Fence Surface Preparation and Painting	$_____
TOTAL BID PRICE	**$_____**

10. COMPLETION TIME

The successful bidder shall commence work upon receipt of the County's Notice to Proceed.

The project shall be completed within _____ **calendar days** from the date specified in the Notice to Proceed.

11. NO ADDITIONAL COMPENSATION

The bid price shall include all costs necessary to complete the project in accordance with these specifications.

No additional compensation will be considered for labor, materials, equipment, surface preparation, cleanup, disposal, or other work reasonably necessary to complete the project unless authorized in writing by Thomas County prior to the additional work being performed.

12. MINIMUM QUALIFICATIONS

Bidders shall have demonstrated experience performing commercial or governmental fence painting, metal painting, or comparable coating projects.

Upon request, bidders shall provide references for similar projects completed within the past three (3) years.

13. COUNTY'S RIGHT TO REJECT

Thomas County Board of Commissioners reserves the right to reject any or all bids, waive minor informalities, and accept the bid deemed to be in the best interest of the County in accordance with applicable procurement policies and requirements.

14. BIDDER ACKNOWLEDGMENT

By submitting a bid, the bidder acknowledges that it has reviewed the specifications, inspected the project area as appropriate, and understands the complete scope of work required to provide a finished and acceptable fence painting project.

Bidder/Company: _____

Authorized Representative: _____

Signature: _____

Date: _____

Telephone: _____

Email: _____

Thomas County, GA

CONTRACTOR AFFIDAVIT AND AGREEMENT

By executing this affidavit, the undersigned contractor verifies its compliance with O.C.G.A. 13-10-1991, stating affirmatively that the individual, firm, or corporation which is contracting with Thomas County has registered with and is participating in a federal work authorization program* [any of the electronic verification of work authorization programs operated by the United States Department of Homeland Security to verify information of newly hired employees, pursuant to the Immigration Reform and Control Act of1986 (IRCA) P.L. 99-603), in accordance with the applicability provisions and deadlines established in O.C.G.A. 13-10-91

The undersigned further agrees that, should it employ or contract with any subcontractor(s) in connection with the physical performance of services pursuant to this contract with Thomas County, GA; contractor will secure from such contractor(s) similar verification of compliance with O.C.G.A. 13-10-91 on the Subcontractor Affidavit provided in Rule 300-10-01-.08 or a substantially similar form. Contractor further agrees to maintain records of such compliance and provide a copy of each such verification to Thomas County Commissioners' Office at the time the subcontractor(s) is retained to provide the service.

_____
E-Verify User Identification Number

_____
Legal Name of Business

_____
BY: Authorized Officer or Agent

_____
Project Name

_____
Title of Authorized Office or Agent

_____
Date

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE
_____DAY OF_____20__

Notary Public
My Commission Expires:

_____

*As of the effective date of O.C.G.A. 13-10-91, the applicable federal work authorization program is the "EEV/Basic Rule Pilot Program" operated by the U.S. Citizenship and Immigration Services Bureau of the U.S. Department of Homeland Security, in Conjunction with the Social Security Administration (SSA)

Thomas County, GA

CONTRACTOR SAVE AFFIDAVIT

STATE OF GEORGIA
_____ COUNTY

By executing this affidavit under oath, as an applicant for a _____, County Georgia contract as referenced in O.C.G.A. § 50-36-1 and the August 1, 2010. "Report of the Attorney General on Public Benefits", I am stating the following with respect to my ability to enter into a contract with _____ County.

Name: _____
(Name of natural person applying on behalf of individual, business, corporation, partnership or other private entity)

1) _____ I am a United States Citizen

OR

2) _____ I am a legal permanent resident 18 years of age or older or I am an otherwise qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older and lawfully present in the United States.*

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20.

This ____ day of _____, 20____.

Signature of Applicant: _____
Printed Name: _____
Alien Registration number for non-citizens: * _____

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE _____ DAY OF _____, 20_____
Notary Public _____
My Commission Expires: _____

*Note: O.C.G.A. §50-36-1 (e) (2) requires that aliens under the federal Immigration and Nationality Act, Title 8 U.S.C., as amended, provide their alien registration number. Because legal permanent residents are included in the federal definition of "alien", legal permanent residents must also provide their alien registration number. Qualified aliens that do not have an alien registration number may supply another identifying number below:

THOMAS COUNTY, GA

SUBCONTRACTOR AFFIDAVIT AND AGREEMENT

By executing this affidavit, the undersigned contractor verifies its compliance with O.C.G.A. 13-10-91, stating affirmatively that the individual, firm, or corporation which is contracting with (name of public employer) has registered with and is participating in a federal work authorization program* [any of the electronic verification of work authorization programs operated by the United States Department of Homeland Security or any equivalent federal work authorization program operated by the United States Department of Homeland Security to verify information of newly hired employees, pursuant to the Immigration Reform and Control Act of 1986 (IRCA), P.L. 99-603], in accordance with the applicability provisions and deadlines established in O.C.G.A. 13-10-91.

The undersigned further agrees that, should it employ or contract with any subcontractor(s) in connection with the physical performance of services pursuant to this contract with Thomas County, GA; contractor will secure from such subcontractor(s) similar verification of compliance with O.C.G.A. 13-10-91 on the Subcontractor Affidavit provided in Rule 300-10-01-.08 or a substantially similar form. Contractor further agrees to maintain records of such compliance and provide a copy of each such verification to Thomas County Commissioners' Office at the time the subcontractor(s) is retained to perform such service.

_____ _____

E-Verify User Identification Number Authorization Date

_____ _____

BY: Authorized Officer or Agent Date

(Contractor Name) (Legal Name of Business)

_____ _____

Title of Authorized Officer or Agent of Contractor Job Description

_____

Printed Name of Authorized Officer or Agent

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE
_____DAY OF_____, 20__

_____

Notary Public
My Commission Expires:

_____

* As of the effective date of O.C.G.A. 13-10-91, the applicable federal work authorization program is the "EEV / Basic Pilot Program" operated by the U. S. Citizenship and Immigration Services Bureau of the U.S. Department of Homeland Security, in conjunction with the Social Security Administration (SSA).

CERTIFICATION OF SPONSOR
DRUG-FREE WORKPLACE

I hereby certify that I am a principle and duly authorized representative of _____
(company)
whose address is _____and it is also that:

1. The provisions of Section 50-24-1 through 50-24-6 of the Official Code of Georgia Annotated, relating to the "Drug-Free Workplace Act" have been complied with in full; and,

2. A drug-free workplace will be provided for the sponsor's employees during the performance of the contract; and,

3. Each subcontractor hired by the SPONSOR shall be required to ensure that the subcontractor's employees are provided a drug-free workplace. The SPONSOR shall secure from that subcontractor the following written certification: "As part of the subcontracting agreement with _____, _____ _____ certifies to the subcontractor's employees during the performance of this contract pursuant to paragraph (7) of subsection (b) of the Official Code of Georgia Annotated Section 50-24-3"; and,

4. It is certified that the undersigned will not engage in unlawful manufacture, sale, distribution, dispensation, possession, or use of a controlled substance or marijuana during the performance of the contract.

Date _____ _____
(signature)

Form **W-9**
(Rev. January 2011)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return)

Business name/disregarded entity name, if different from above

Check appropriate box for federal tax classification (required): ☐ Individual/sole proprietor ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶

☐ Other (see instructions) ▶

☐ Exempt payee

Address (number, street, and apt. or suite no.)

Requester's name and address (optional)

City, state, and ZIP code

List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number

			–			–				

Employer identification number

		–							

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here | **Signature of U.S. person** ▶ | **Date** ▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

LOWER TIER CONTRACTOR CERTIFICATION REGARDING DEBARMENT,
SUSPENSION AND OTHER RESPONSIBILITY MATTERS

I hereby certify that I am the _____ and duly authorized representative of the firm of _____, whose address is _____, and I certify that I have read and understand the attached instructions and that to the best of my knowledge and belief the firm and its representatives:

(a) Are not presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from covered transactions by the Georgia Department of Transportation and by any Federal department or agency;

(b) I acknowledge that this certification is provided pursuant to Executive Order 12549 and 49 DFR Part 29 and that this firm agrees to abide by the rules and conditions set forth therein for any misrepresentation that would render this certification erroneous, including termination of this agreement and other remedies available to the Georgia Department of Transportation and Federal Government.

(c) I further acknowledge that this certificate is to be furnished to the Georgia Department of Transportation, in connection with the Prime Contractor Agreement involving participation of Federal-Aid Highway Funds, and is subject to applicable State and Federal laws, both criminal and civil.

Date _____ _____(seal)

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED	INSURER A :	
	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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	☐ COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$
	☐ CLAIMS-MADE ☐ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$
	☐ POLICY ☐ PRO-JECT ☐ LOC						PRODUCTS - COMP/OP AGG	$
	☐ OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	☐ ANY AUTO						BODILY INJURY (Per person)	$
	☐ ALL OWNED AUTOS ☐ SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	☐ HIRED AUTOS ☐ NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
	☐ UMBRELLA LIAB ☐ OCCUR						EACH OCCURRENCE	$
	☐ EXCESS LIAB ☐ CLAIMS-MADE						AGGREGATE	$
	☐ DED ☐ RETENTION $							$
	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 N / A					☐ PER STATUTE ☐ OTH-ER	
							E.L. EACH ACCIDENT	$
							E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$

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

CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE