## Appalachian Hydroseeding & Landscaping, Inc.

**Estimate** 

247 Qualla Rd Waynesville, NC, 28785 apphydroseed@gmail.com

(828) 734-0933

Estimate No:

168

Date:

02/20/2024

For:

Shining Rock Classical Academy

tgresham@shiningrock.org

2150 Russ Ave

Waynesville, NC, 28786-3080

828) 476-5150

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Description	Quantity	Rate	Amount
Mowing monthly contract for Russ Ave. Campus, High School Campus, and Waynesville Christian Fellowship Execute the scope of work in the RFP, including weekly mowing, edging, trimming, bed maintenance, pruning, leaf removal, clean-up and trash removal, decks, fertilization, and mulching. *From my site visit there were several trees along the property line that appear to have never been mulched. This price includes mulching those trees as well, which will improve the aesthetics a well as the health of the trees.	12	\$3,000.00	\$36,000.00*
Other services as needed  Snow removal: Remove snow from parking lots, roads, and sidewalks on Russ Ave. Campus, High School  Campus, and Waynesville Christian Fellowship and spread ice melt on sidewalks and parking lots as needed.  (Per Event)	1	\$950.00	\$950.00*
*Indicates non-taxable item			
Subtotal			\$36,950.00
Total			\$36,950.00
Total	m mengaman samat 19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	\$3	86,950.00

## Comments

Care Instructions for hydroseed: https://hydroseedingexperts.com/care/

Care Instructions for lawns: https://content.ces.ncsu.edu/carolina-lawns

Please follow care instructions. We are not responsible for weather related events, neglect, or acts of God.

## **Terms and Conditions**

Due upon receipt. Pricing valid for 30 days.



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/20/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

If SUBROGATION IS WAIVED, subject to the terms and conditions of this certificate does not confer rights to the certificate holder in lieu of so	he policy, certain policies may require an endorsement. A	statement on	
PRODUCER	CONTACT DESTINY STEVENSON		
GENERAL INSURANCE SERVICES, INC.	PHONE (A/C, No, Ext): (828)452-2801 FAX (A/C, No): (828)	)452-2804	
PO BOX 840	E-MAIL ADDRESS: mleatherwood@giswnc.net		
WAYNESVILLE, NC 28786	INSURER(S) AFFORDING COVERAGE	NAIC#	
INSURED	INSURER A: AUTO OWNERS INSURANCE COMPANY		
	INSURER B: OWNERS INSURANCE COMPANY		
APPALACHIAN HYDROSEEDING AND LANDSCAPING	INSURER C:		
	INSURER D:		
247 QUALLA ROAD	INSURER E:		
WAYNESVILLE, NC 28785	INSURER F:		
COVERAGES CERTIFICATE NUMBER:	REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HA INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION CERTIFICATE MAY BE ISSUED OR MAY REPTAIN. THE INSURANCE ASSOCIATION	OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO	AND HOLL THE	
EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE	IELL RY THE POLICIES DESCRIBED LEDEIN IS SUBJECT TO ALL	THE TERMS,	
INSR I ANDI ISLIGIEI			

TYPE OF INSURANCE LTR POLICY EFF POLICY EXP
(MM/DD/YYYY) (MM/DD/YYYY) INSD WVD **POLICY NUMBER** LIMITS COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE DAMAGE TO RENTED 1,000,000 CLAIMS-MADE X OCCUR PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) 5,000 В 35749540 3/27/2023 3/27/2024 PERSONAL & ADV INJURY 1,000,000 s GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE 2,000,000 LOC PRODUCTS - COMP/OP AGG 2,000,000 OTHER: **AUTOMOBILE LIABILITY** COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 ANY AUTO **BODILY INJURY (Per person)** \$ OWNED SCHEDULED AUTOS NON-OWNED AUTOS ONLY AUTOS ONLY HIRED AUTOS ONLY 4878987501 4/19/2023 4/19/2024 **BODILY INJURY (Per accident)** \$ PROPERTY DAMAGE (Per accident) \$ UMBRELLA LIAB OCCUR **EACH OCCURRENCE** S 1,000,000 **EXCESS LIAB** CLAIMS-MADE 5077907900 3/27/2023 3/27/2024 AGGREGATE 1,000,000 DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY STATUTE ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? E.L. EACH ACCIDENT 1,000,000 N/A 35068718 6/6/2023 6/6/2024 (Mandatory in NH) E.L. DISEASE - EA EMPLOYEE 1,000,000 If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT 1,000,000 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 RECORE

**Shining Rock Classical Academy** 2150 Russ Ave Waynesville, NC 28786

THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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