Jaspers Service Pro DBA Specialty Cleaning Services

Estimate

Date	Estimate #				
3/27/2018	111201				

2601 East Arabian Drive Gilbert, AZ 85296

Name / Address

Dreamland
320 N 55th Pl
Mesa AZ 85205

Rep Entered By

MikeR JD

\$4,808.50

		MikeR	1D
Description	Qty	Rate	Total
Labor: Patch several cracks throughout the pool deck and texture repaired areas		2,500.00	2,500.00
Materials		300.00	200.00
Sales Tax 7.8%		7.80%	300.00 23.40
Labor: Paint the pool deck			
Materials		1,500.00 450.00	1,500.00
Sales Tax 7.8% (1 year warranty)		7.80%	450.00 35.10
(1 year warranty)			33.13
	II.		
		000	
			×.

 Phone #
 Fax #

 480-396-1077
 480-325-3465

Signature

Total

specialty-services@hotmail.com



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/24/2018

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 the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in line of such and experience.

PROPULED	to the	e cer	tificate holder in lieu of si).			
PRODUCER				CONTA NAME:	Todd Wa	alrath			
Foothills Insurance Agency			PHONE (A/C, No, Ext): 4807591970 (A/C, No):						
2490 S. Gilbert Rd. Suite 105			HAIDRESS: todd@foothillsinsurance.com						
							RDING COVERAGE		
Chandler			AZ 85286	INSUID					NAIC#
INSURED		122378		INSURER A: NATIONWIDE MUT INS CO				23787	
Jasper Service Pro dba Specia	ltv Cle	aning	Services	INSURER B: NGM INSURANCE COMPANY INSURER C: AMCO					
2601 E Arabian Dr		8			200 / 200 mg M n 200 mg A 200	ECHDITY D	6.00		19100
				792	RD: OHIOS	ECURITYIN	5 CO		24082
Gilbert			AZ 85296	INSURER E :					
	TIEI	ATE	NUMBER:	INSURE	RF:				
THIS IS TO CERTIFY THAT THE POLICIES O	OF INS	LIRAN	ICE LISTED BELOW HAVE DE	ENICO	UED TO THE !	UOLIDED VIII	REVISION NUMBER:		
CERTIFICATE MAY BE ISSUED OR MAY PE EXCLUSIONS AND CONDITIONS OF SUCH	RTAIN POLIC	, THE IES. L	, TERM OR CONDITION OF A INSURANCE AFFORDED BY IMITS SHOWN MAY HAVE BE	MY CON	NIRACT OR O	THER DOCUM			
LTR TYPE OF INSURANCE	ADDI	WVD	4			POLICY EXP (MM/DD/YYYY)	LIN	IITS	
COMMERCIAL GENERAL LIABILITY						,	EACH OCCURRENCE	s 1000	0000
CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1000	
							MED EXP (Any one person)	\$ 5000	8/7/833
A			ACP7212312083		10/13/2017	10/13/2018	PERSONAL & ADV INJURY		
GEN'L AGGREGATE LIMIT APPLIES PER:						10/15/2010	GENERAL AGGREGATE		
X POLICY X PRO- JECT LOC								\$ 2000000 AGG \$ 2000000	
OTHER:							PRODUCTS - COMP/OP AGG	\$ 2000	0000
AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT		2000
X ANY AUTO							(Ea accident) BODILY INJURY (Per person)	\$ 1000	3000
B OWNED SCHEDULED AUTOS ONLY AUTOS			B1P3043E		10/12/2017	10/12/2010	BODILY INJURY (Per accident)		
HIRED NON-OWNED AUTOS ONLY		B113043E			10/13/2017	10/13/2018	PROPERTY DAMAGE		
AUTOS ONLY							(Per accident)	\$	
X UMBRELLA LIAB X OCCUR					0.00			\$	
C EXCESS LIAB CLAIMS-MADE			ACP7212312083	10/12/20	10/12/0015	10/10/10010	EACH OCCURRENCE	\$ 2000	
DED RETENTION\$	1		ACI 7212312063		10/13/2017	10/13/2018	AGGREGATE	\$ 2000	0000
WORKERS COMPENSATION	\vdash						IPER I LOTH	\$	
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE				09/01/2017		X PER STATUTE OTH-			
D OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A		XWA55263638		09/01/2017	09/01/2018	E.L. EACH ACCIDENT	\$ 1000	0000
If yes, describe under DESCRIPTION OF OPERATIONS below						02/01/2010	E.L. DISEASE - EA EMPLOYEE	\$ 1000	0000
DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$ 1000	0000
A Crime/Dishonesty			ACP7212312083		10/13/2017	10/13/2018	Limit	1000	000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORD	101. Additional Remarks School	la may b	o attach : d if :				
Dreamland Villas is named addition				ne, may t	e attached ir mo	re space is requ	ired)		
ERTIFICATE HOLDER				CANCE	LLATION				
Dreamland Villas			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
220 N 554 N			A	UTHORI	ZED REPRESENT	TATIVE			
320 N 55th Pl, . Mesa AZ 85205			TORKURA						