

Cleaning Proposal for:  
Auburn Water Pollution Control  
2010 N Wayne St.  
Auburn, IN 46706  
260-925-1714

From: Cara Clean LLC  
Cara Krantz, Owner  
3185 CR 72  
Auburn, IN 46706  
260-908-2993

Cleaning Service 2 times per week on Monday and Thursday.  
Services include as follows:

**Plant 1 – ADMINISTRATION BLDG**

**Restrooms**

- Toilets & Urinals
- Sink
- Mirrors
- Wipe down lockers and dividers as needed
- Floors – Sweep and mop
- Trash – Empty and place in dumpster

**Break Room**

- Wipe tables and counters
- Spot clean doors and windows as needed
- Floors – Sweep and mop
- Trash – Empty and place in dumpster

**Hallway/Entryway**

- Wipe down drinking fountain
- Spot clean doors and windows as needed
- Floors – Sweep and mop
- Sweep all walk-off mats

**Offices**

- Dust furniture as appropriate
- Spot clean doors and windows as needed
- Floors – Sweep
- Trash – Empty and place in dumpster

**LABORATORY**

**Office/Lab**

- Spot clean doors and windows as needed
- Floors – Sweep
- Trash – Empty and place in dumpster

**MAINTAINANCE OFFICE**

- Dust furniture as appropriate
- Spot clean doors and windows as needed
- Floors – Sweep
- Trash – Empty and place in dumpster

**PLANT 2 – BLOWER BLDG**

**Restrooms**

- Toilets & Urinals
- Sink
- Mirrors
- Spot clean door
- Floors – Sweep and mop
- Trash – Empty and place in dumpster

## BIOSOLIDS BLDG

### Restrooms

- Toilets & Urinals
- Sink
- Mirrors
- Wipe down lockers and dividers as needed
- Floors – Sweep and mop
- Trash – Empty and place in dumpster

### Office

- Dust furniture as appropriate
- Spot clean doors and windows as needed
- Floors – Sweep
- Trash – Empty and place in dumpster

All supplies will be provided by Auburn WPC which includes, cleaning chemicals, paper products and trash liners.

Cost for Cleaning Services: \$940.00 per month with an additional first month charge of \$150.00 to get buildings up to standard.

Additional cost for Exterior and Interior windows washing, available upon request.

Cancellation of Cleaning Service: In the event that this agreement proves unsatisfactory for either party may be terminated by a 30 day written notice.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
08/02/2018

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 lieu of such endorsement(s).

<b>PRODUCER</b> INSURANCE TRUSTEES INC. 120 S RANDOLPH ST - BOX 150 GARRETT, IN 46738	<b>CONTACT NAME:</b> KAYLA SMITH		
	<b>PHONE (A/C, No, Ext):</b> 260-357-4131	<b>FAX (A/C, No):</b> 888-241-9912	
	<b>E-MAIL ADDRESS:</b> kayla@insurancetrustees.com		
<b>INSURED</b> CARA KRONTZ CARA CLEAN 3185 COUNTY ROAD 72 AUBURN IN 46706	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	<b>INSURER A : SELECTIVE</b>		
	<b>INSURER B :</b>		
	<b>INSURER C :</b>		
	<b>INSURER D :</b>		
	<b>INSURER E :</b>		
	<b>INSURER F :</b>		

## COVERAGES

CERTIFICATE NUMBER: 20180802140301124

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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	N N S	2347697	08/02/2018	08/02/2019	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
						MED EXP (Any one person) \$ 5,000
						PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE \$ 3,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:					\$
	<b>AUTOMOBILE LIABILITY</b>					COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO					BODILY INJURY (Per person) \$
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident) \$
						\$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR					EACH OCCURRENCE \$
	<b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE					AGGREGATE \$
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>					PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N <input type="checkbox"/> N/A					E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below					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

CARA CLEAN 3185 COUNTY ROAD 72 AUBURN IN 46706	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 

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