

Attachment A

Pest Control Service

PRICING SUMMARY

Note: Pricing is to be firm through June 30, 2025.

Prices in Red are Volume Discounts

Monthly Cost

Camino Villa Clubhouse	\$	\$65	(\$15)
Central Park Community Center	\$	\$95	(\$20)
City Hall	\$	\$150	(\$40)
City Hall Annex (HR)	\$	\$75	(\$20)
Fire Station #1	\$	\$85	(\$20)
Fire Station #2	\$	\$95	(\$25)
Fire Station#3	\$	\$85	(\$20)
Fire Station#4	\$	\$95	(\$25)
Fire Station#5	\$	\$85	(\$20)
Fire Station#6	\$	\$95	(\$25)
Fire Station#7	\$	\$95	(\$25)
Fire Station#6	\$	NA	
Fire Station Old #3 / Sign Shop	\$	\$95	(\$25)
Fire Station Old #7 / Communications	\$	\$65	(\$15)
ISSC Maintenance Building	\$	\$85	(\$20)
Park Grove Cemetery	\$	\$75	(\$20)
Ray Herral Nature Center	\$	\$75	(\$20)
Water Reclamation Treatment Plant - Admin Bldg.	\$	\$105	(\$32.50)
Water Reclamation Treatment Plant - BELT Bldg.	\$	\$105	(\$32.50)
Water Reclamation Treatment Plant - Blower BLDG	\$	\$85	(\$25)
Water Reclamation Treatment Plant - CENT BLD	\$	\$85	(\$25)
Water Reclamation Treatment Plant - CHLO BLD	\$	\$85	(\$25)
Water Reclamation Treatment Plant - Electric Bldg.	\$	\$75	(\$25)

Attachment A (Continuation)

Water Reclamation Treatment Plant - GRIT BLD	\$	\$105	(\$25)
Water Reclamation Treatment Plant - HEADWORK	\$	\$105	(\$25)
Water Reclamation Treatment Plant - RET SLUD	\$	\$85	(\$20)
Water Treatment Plant - Admin Building	\$	NA	
Water Treatment Plant - Old Admin Building	\$	NA	
Water Treatment Plant - High Service (Pump Room)	\$	NA	
Water Treatment Plant - Raw Water	\$	NA	
Water Treatment Plant - Pretreatment Area	\$	NA	
Water Treatment Plant - Pretreatment MCC Building	\$	NA	
Animal Shelter	\$	\$105	(\$25)
Events Park Office	\$	\$95	(\$25)
FLEET Maintenance	\$	\$75	(\$20)
General Service Building – Operations	\$	\$105	(\$30)
Justice Center	\$	\$105	(\$32.50)
Nienhuis Maintenance Building	\$	\$95	(\$25)
Nienhuis Park Community Center	\$	\$125	(\$25)
Physical Resources Building	\$	\$75	(\$20)
Public Safety Complex	\$	\$105	(\$32.50)
Stark Building	\$	\$75	(\$20)
Street & Stormwater	\$	\$95	(\$30)
Training Phase 1	\$	\$125	(\$30)
Training Phase 2	\$	\$125	(\$30)
Training Phase 3	\$	\$125	(\$30)
Tower	\$	\$65	(\$15)

Attachment A (Continuation)

1. List other optional services along with pricing.

Fee for Maintaining more than 1 outdoor rodent bait box \$ 2.00 per box per month

2. List any value-added services and / or volume discount information.

Prices in red include a volume discount that require TermMax Pest Control to be awarded all properties.

Comments/Notes: _____

Attachment B

Terms and Signature Sheet

Indicate length of time requires, in calendar days, for delivery/completion after notification of award (oral or written), as this may be a factor in making an award. 3 Calendar days.

All prices shall be F.O.B. Destination: Location shown within bid documents under the heading GP-5 or as may be stated on the purchase order or verbal instructions given at time order is placed.

In compliance with this invitation for **RFP: 25.102** and subject to all conditions thereof, the undersigned offers and agrees to furnish any or all items and/or services upon which prices are quoted, at the price quoted as specified.

My signature certifies that the accompanying bid is not the result of or affected by, any act of collusion with another person or company engaged in the same line of business or commerce, or any act of fraud punishable under Federal, State, or City Law. Furthermore, I understand that fraudulent and collusive bidding is a crime under Federal, State, and City Law and can result in fines, prison sentences, and civil damage awards. I hereby certify that I am authorized to sign this bid for the bidder.

If you desire not to bid on this Invitation, forward your acknowledgement of "No Bid". Return of **only** the "Statement of No Interest Sheet" with authorized signature and indicate the reason for "No Bid". Failure to comply may be cause for removal of your company's name from the bid list for the subject commodity and/or service.

Complete Legal Name of Bidder:

TermMax Pest Control

Company Name

Date: Aug 5th, 2024

Address:

Broken Arrow

City

OK

State

74012

Zip

Code

Signature: 

Official Title: OWNER

Please print or type name clearly:

Kevin Behe

Telephone Number: (918) 510-2586

Ext.

Email Address: admin@termmax.net

Federal Tax ID Number 85-2311514

THIS BID IS INVALID IF NOT SIGNED BY AUTHORIZED AGENT AND NOTARIZED

notary - Kandra Smith
Date 8-5-24
Commexp 9-22-25



Attachment C

References

Provide a listing of at least three (3) references, preferably school districts but certainly companies of similar size/volume, for whom you have provided these services within the last three (3) years.

(1) Customer Name: Daniels and Daniels Construction Telephone: (918) 809-8740

Contact Name: Charlie Daniels Title: Owner

Address: 3056 N Aspen Ave, Broken Arrow, OK 74012

Email Address cdaniels@churchesbydaniels.com

(2) Customer Name: Best Western Telephone: (918) 507-2701

Contact Name: Tejas Gandhi Title: Owner

Address: 1200 East Lansing Street, Broken Arrow, OK 74012

Email Address bwkenoshainn@gmail.com

(3) Customer Name: Caribbean Sushi Telephone: (918) 286-1306

Contact Name: Adtian Mendez Title: Owner

Address: 3708 S Elm Pl, Broken Arrow, OK 74011

Email Address thecaribbeansushi@gmail.com

Attachment D

INTEREST AFFIDAVIT

The following affidavit is to accompany the proposal:

STATE OF: OK

COUNTY OF: TULSA

KEVIN BEHE, Of lawful age,
being first duly sworn, states that s(he) is the agent authorized by the bidder to submit the
attached proposal. Affiant further states that no officer or employee of the City of Broken Arrow
either directly or indirectly, owns a twenty-five percent (25%) interest in the bidder's business or
such a percentage, which constitutes a controlling interest. Affiant further states that the
following officers and/or employees of the City of Broken Arrow have some direct or indirect
interest in the bidder's business:

NA

For purposes of this affidavit, a direct or indirect interest is defined to include any relationship
existing on the date of this affidavit, or which previously existed within the past year. Such an
interest shall also be defined to include any business relationship between or among the proposed
parties to the contract project and also to include any business relationship between the officers
and directors of the proposed contracting parties of the project.

X [Signature]

Subscribed and Sworn to before me this 5 day of aug
20 24

My Commission Expires: 9-22-25
Kandra Smith

Notary Public



Attachment E

PROPOSAL AFFIDAVIT

The following affidavit is to accompany the proposal:

STATE OF: OK

COUNTY OF: TULSA

KEVIN BEHE, of lawful age, being first duly sworn, on oath says: 1. (S)he is the duly authorized agent of TERMAX PEST CONTROL, the proposer submitting the competitive offer which is attached to this statement, for the purpose of certifying the facts pertaining to the existence of collusion among proposer and between proposer and city officials or employees, as well as facts to pertaining to the giving or offering of things of value to government personnel in return for special consideration in the letting of any contract pursuant to the offer to which this statement is attached; 2. (S)he is fully aware of the facts and circumstances surrounding the making of the offer to which this statement is attached and has been personally and directly involved in the proceeding leading to the submission of such proposal; and 3. neither the proposer nor anyone subject to the proposer's direction or control has been a party: a). to any collusion among proposers in restraint of freedom of competition by agreement to submit an offer at a fixed price or to refrain from submitting an offer, b). to any collusion with any city official or employee as to quantity, quality, or price in the prospective contract, or as to any other terms of such prospective contract, nor c). in any discussions between proposers and any city official concerning exchange of money or other things of value for special consideration in the letting of a contract.

X [Signature]

Subscribed and sworn to before me this 5 day of Aug 24
2024

My Commission Expires: 9-22-25

Kandra Smith

Notary Public (or Clerk or Judge)



Schedule of Services

1st Monday of the Month - 9

- Camino Villa Clubhouse
- Fire Station #6
- Animal Shelter
- Nienhuis Maintenance Building
- Nienhuis Park Community Center
- Training Phase 1
- Training Phase 2
- Training Phase 3
- Training Shooting Tower by Phase 3

1st Tuesday of the Month - 10

- City Hall
- City Hall Annex (HR)
- Fire Station #1
- Fire Station #4
- Park Grove Cemetery
- FLEET Maintenance
- General Services Building - Operations
- Physical Resources Building
- Public Safety Complex
- Stark Building

2nd Monday of the Month - 10

- Central Park Community Center
- Fire Station #2
- Fire Station #3
- Fire Station #5
- Fire Station #7
- Fire Station Old #7 / Communications
- ISSC Maintenance Building
- Events Park Office
- Justice Center
- Street and Stormwater

2nd Tuesday of the Month - 11

- Fire Station Old #3 / Sign Shop
- Ray Harral Nature Center
- Water Reclamation Treatment Plant - Admin Building
- Water Reclamation Treatment Plant - BELT Building
- Water Reclamation Treatment Plant - Blower Building
- Water Reclamation Treatment Plant - CENT Building
- Water Reclamation Treatment Plant - CHLO Building
- Water Reclamation Treatment Plant - Electric Building
- Water Reclamation Treatment Plant - GRIT Building
- Water Reclamation Treatment Plant - Headwork
- Water Reclamation Treatment Plant - RET SLUD

PLEASE REMOVE LICENSE SHOWN BELOW AND DISPLAY IN A PUBLIC PLACE. THIS IS YOUR RECEIPT FOR PAYMENT AND LICENSE TO PERFORM THE TYPE OF WORK SHOWN IN THE STATE OF OKLAHOMA.

THIS LICENSE WILL EXPIRE ON THE DATE SHOWN.

Pesticide Application Categories Are As Follows:	
1a: Agricultural Plant	8: Public Health
1b: Agricultural Animal	9: Regulatory
2: Forestry	10: Demonstration & Research
3a: Ornamental & Turf Outdoor	11a: Bird & Vertebrate Animal
3b: Interiorscape	11b: Predatory Animal
3c: Nursery/Greenhouse	12a: Pressure Facility Timber Treating
4: Seed Treatment	12b: Ground Line Utility Pole Timber Treating
5: Aquatic	13: Antimicrobial
6: Right-of-Way	14a: Sewer Root
7a: General Pest	14b: Cooling Tower
7b: Structural Pest	14c: Specialty
7c: Fumigation	A: Aerial



OKLAHOMA DEPARTMENT OF AGRICULTURE, FOOD & FORESTRY
P.O. BOX 528804 OKLAHOMA CITY OK 73152-8804 (405) 521-3864

PESTICIDE APPLICATOR'S LICENSE
UNDER AND SUBJECT TO THE PROVISIONS OF THE OKLAHOMA AGRICULTURAL CODE,
PESTICIDE APPLICATOR'S LICENSE VALID IN THE CATEGORIES INDICATED BELOW

LICENSE TYPE: Commercial
LICENSE NUMBER: 9151

11A; 3A; 7A;

ISSUED TO:
TERMMAX PEST CONTROL LLC
2401 S MAPLE AVE
BROKEN ARROW OK 74012

RECEIPT: 562256102
DATE OF ISSUE: 12/22/2023
EXPIRATION DATE: 12/31/2024

2024

AGN0176013

UNLESS CANCELLED OR SUSPENDED FOR VIOLATION OF LAW AND
REGULATIONS

OKLAHOMA DEPARTMENT OF AGRICULTURE, FOOD, & FORESTRY
P.O. BOX 528804
OKLAHOMA CITY OK 73152-8804

LICENSE ENCLOSED

TERMMAX PEST CONTROL LLC
2401 S MAPLE AVE
BROKEN ARROW OK 74012

Policy Number: BA350000008782
Effective Date: 06/13/2024



Amended Declarations: Add Vehicle(s)
This policy change has resulted in an additional premium of \$649.00
This declarations supersedes any previous declarations bearing the same number for this policy period

BUSINESS AUTO DECLARATIONS

Issued By: American Mercury Insurance Company 13785 Research Blvd, Ste 125, Room 102 Austin, TX 78750 Billing: (888) 637-2176 Claims: (800) 503-3724	Agent: AMERICAN FOUNDERS INS GRP 2448 E 81ST ST, STE 5640 TULSA, OK 74137 Agent Number: 0350302 Agent Phone: (918) 508-2900
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ITEM ONE	GENERAL INFORMATION
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Named Insured: TERMMAX PEST CONTROL

Mailing Address: 2401 S MAPLE AVE,
BROKEN ARROW, OK 74012-6897

Policy Period: From 03/08/2024 to 03/08/2025 at 12:01 AM Standard Time at your mailing address

Business Type: Pest Control

Business Category: Services

Form of Business: Corporation

Total Policy Premium: \$3,883.00

This policy may be subject to final audit. In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.

ENDORSEMENTS ATTACHED TO THIS POLICY	
MCA OKCC 05 21 - Common Policy Conditions MCA OKBA 05 21 - Business Auto Coverage Form MCA MSUD 03 23 - Undisclosed Drivers Coverage Selection MCA OKUN 05 21 - Oklahoma Uninsured Motorists Coverage MCA MSMP 05 21 - Auto Medical Payments Coverage MCA LPCL 07 20 - Loss Payable Clause	

Policy Number: BA350000008782
Effective Date: 06/13/2024



WARNING MINIMUM LIMITS: IN SOME CASES, THE POLICY AFFORDS ONLY MINIMUM LIMITS OF LIABILITY FOR BODILY INJURY AND PROPERTY DAMAGE AS SPECIFIED BY THE COMPULSORY OR FINANCIAL RESPONSIBILITY LAW OF THE JURISDICTION WHERE THE LOSS OCCURRED. SUCH MINIMUM LIMITS MAY BE LESS THAN THE STATED POLICY LIMITS.

ITEM TWO	SCHEDULE OF COVERAGES
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This policy provides only those coverages where a charge is shown in the premium column below.

Policy Level Coverage	Limit The Most We Will Pay For Any One Accident Or Loss	Premium
Non-Stacked Uninsured Motorists	\$100,000 CSL	\$167
Total Policy Level Coverage Premium		\$167.00

Summary Coverages	Limit The Most We Will Pay For Any One Accident Or Loss	Premium
Liability	\$100,000 Combined Single Limit	\$2,082
Medical Payments	\$1,000 per person	\$53
Comprehensive	Actual Cash Value, Cost of Repair or Stated Amount, Whichever is Less, Minus Deductible Shown in ITEM THREE for Each Covered Auto.	\$266
Collision	Actual Cash Value, Cost of Repair or Stated Amount, Whichever is Less, Minus Deductible Shown in ITEM THREE for Each Covered Auto.	\$1,315
Total Summary Coverage Premium		\$3,716.00

Premium For ITEM FOUR (Hired Auto Coverage)	
Premium For ITEM FIVE (Employer's Non-Ownership Liability)	
Premium For Other Endorsements	
Miscellaneous Fees and Expense	
Total Policy Premium	\$3,883.00

Policy Number: BA350000008782
Effective Date: 06/13/2024



ITEM THREE SCHEDULE OF COVERED AUTOS YOU OWN						
Covered Auto No.	Description	Body Type	VIN	Garaging		
				City	ST	Zip Code
1	2024 FORD MAVERICK XL	Pickup	3FTTW8A97RRA44906	Broken Arrow	OK	74012
2	2018 NISSAN FRONTIER S SV SL	Pickup	1N6DD0ER4JN755358	Broken Arrow	OK	74012
3	2024 FORD MAVERICK XL	Pickup	3FTTW8A91RRA96015	Broken Arrow	OK	74012

Covered Auto No.	Radius (In Miles)	Vehicle Use	Business Use	*Stated Amount	Non-Factory Equipment Limit	Loss Payee
1	Up to 100 Miles	Personal & Business	Service		\$0	Ford Retail
2	Up to 100 Miles	Personal & Business	Service		\$0	
3	Up to 100 Miles	Business	Service		\$0	

* Stated Amount coverage is an agreed to limit on your vehicle's actual cash value, including the actual cash value of any Non-Factory Equipment permanently attached to the vehicle that you disclose to us, and is the most we will pay for a loss. Non-Factory Equipment coverage is subject to a sub-limit shown on the Declarations. Be sure to check the Stated Amount and Non-Factory Equipment sub-limit at every renewal in order to receive the best value from your Mercury Business Auto policy.

COVERAGES, PREMIUMS, LIMITS, AND DEDUCTIBLES		
Each of the coverages will apply to a specific Covered Auto if a premium is shown for that specific coverage on that Covered Auto. Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead.		
Covered Auto No.	Liability Premium	Auto Medical Payments Premium
1	\$691	\$19
2	\$762	\$17
3	\$629	\$17

Covered Auto No.	Comprehensive		Collision		Roadside Assistance	
	Deductible	Premium	Deductible	Premium	Limit Per Occurrence	Premium
1	\$1,000	\$85	\$1,000	\$425		
2	\$1,000	\$103	\$1,000	\$503		
3	\$1,000	\$78	\$1,000	\$387		

Covered Auto No.	Rental Reimbursement		Auto Loan/Lease Gap Premium	Total Vehicle Premium
	Maximum Payment Each Covered Auto	Premium		
1				\$1,220.00
2				\$1,385.00
3				\$1,111.00

Policy Number: BA350000008782
Effective Date: 06/13/2024



TOTAL PREMIUMS	
Liability	\$2,082
Medical Payments	\$53
Comprehensive	\$266
Collision	\$1,315
Roadside Assistance	
Rental Reimbursement	
Loan/Lease Gap	

ITEM FOUR	SCHEDULE OF HIRED AUTO COVERAGE AND PREMIUMS
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Cost of hire is the total annual amount you incur for the hire of autos you do not own. Cost of hire does not include charges for services performed by motor carriers of property or passengers.

Estimated Annual Cost Of Hire	Liability Coverage	Physical Damage Coverage		Total ITEM FOUR Premium
	Premium	Limit Of Insurance	Premium	
		Actual Cash Value, Cost of Repair or \$100,000, Whichever Is Less, Minus \$500 Deductible For Each Covered Auto.		

ITEM FIVE	SCHEDULE FOR EMPLOYER'S NON-OWNERSHIP LIABILITY
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Number Of Employees (Including Volunteers)	Total ITEM FIVE Premium

ADDITIONAL INFORMATION

Discounts
<ul style="list-style-type: none">• Advance Quote• Multi-Line• Pay in Full

Driver Information	
Listed Drivers	Excluded Drivers
KEVIN BEHE	
MELODY BEHE	


VP, Corporate Secretary



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/02/2024

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 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 Automatic Data Processing Insurance Agency, Inc. 1 Adp Boulevard Roseland NJ 07068		CONTACT NAME: Automatic Data Processing Insurance Agency, Inc. PHONE (A/C, No, Ext): 1-800-524-7024 E-MAIL ADDRESS: FAX (A/C, No):	
INSURED TERMMAX PEST CONTROL LLC 2401 S Maple Ave Broken Arrow OK 74012		INSURER(S) AFFORDING COVERAGE INSURER A : Wesco Insurance Company INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :	
		NAIC # 25011	

COVERAGES**CERTIFICATE NUMBER:** 3773316**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 <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	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 <input checked="" type="checkbox"/> Y	N/A	N	WWC3709630	03/21/2024	03/21/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 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**

Proof of Coverage 2401 S Maple Ave, Broken Arrow OK 74012	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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/30/2024

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 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 CoverWallet, Inc. One Liberty Plaza, Suite 3201 New York, NY 10006	CONTACT NAME: Matthew Freas		
	PHONE (A/C, No. Ext.): (646) 844-9933	FAX (A/C, No.):	
	E-MAIL ADDRESS: customer.service@coverwallet.com		
INSURED Termmax Pest Control LLC 2401 S Maple Ave Broken Arrow, OK, 74012	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Markel Insurance Company		38970
	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
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			PCG5935-05	09/21/2023	09/21/2024	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" 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 \$ 1,000,000
<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC							PRODUCTS - COMP/OP AGG \$ \$1,000,000
OTHER:							\$
	AUTOMOBILE LIABILITY						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) \$
	<input type="checkbox"/> AUTOS ONLY	<input type="checkbox"/> AUTOS ONLY					\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> OCCUR					AGGREGATE \$
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$	<input type="checkbox"/> CLAIMS-MADE					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input type="checkbox"/> N	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

Proof of Coverage

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

Margaret M. Roff