

**Fence & Deck Depot Inc.**

1432 South Drive  
 St. Charles, MO 63303  
 All remittance 636-441-7374  
 corporate office 636-723-5550 Fax

**Quality • Service • Trust • Integrity**  
 1202 Paragon Drive  
 O'Fallon, IL 62269  
 618-235-1190  
 618-622-9684 Fax

513 N. Easterton Road  
 Chesterfield, MO 63005  
 636-272-8989  
 636-489-2893 Fax

**Agreement**  
 Residential/Commercial

www.fencedepot.com  
 E-Mail fencedepotinc@stbcglobal.net

Bill to:	STRAWBERRY RIDGE HOA	Date:	7-18-16
Attention:	PAUL + LINDA	Hi:	
Bill Address:	607 WILD BEAR CT	W:	
City:		Zip:	614-605-3599
Job Site Address:		E:	614-605-8331
City:		Zip:	PAUL
E-Mail:	Paul@stbcglobal.net, Linda@stbcglobal.net		
Pool Code Y_N_X	WESTERN CLEAR		PAVY PAVY
Style/Height**	6' PRIVACY		6' PAST 1
Footage #1	648'		648'
Footage #2			
Gate Opening**#1			
Gate Opening**#2			
Spacing +/-	SOLID		SOLID
Size/Post top/Terminal	4X4 EPC		5X5
Indicate Arch/scallop			
Latch Black/Glav			
Fence Color	CEDAR		WHITE
Rails Size/Qty	3		
Flush Bolt if applicable			
Misc. Labor Removal			
Misc. Labor Equip			
Subtotal			
Total	18,814.58		19,747.66

2/2/17 Per Aristotle Kumpis  
 vinyl has increase \$200  
 \$19,747.66  
 + 600.00  
 20347.66

(X) Indicates dirt placement Installation stakes placed with customer Initials  
 Fence Line: Will follow Terrain unless otherwise specified, gates and material are subject to manufacturer nominal sizing\*\*. Some field adjustments will be made - Fence will be installed per above diagram, including direction of gates.  
 Customer responsible to determine property lines, fence location, city permits and HOA approvals. Air Jack Hammer fee is 195.00 per day Initials \_\_\_\_\_  
**Balance Due at day of installation/completion. Customer to be present for final walk through with crew.**  
 Cash, Check, MasterCard, Visa, Discover, or Financing Please circle  
 Customer will pay each invoice submitted under this contract no later than 10 days from the date of invoice. If any invoice is not paid when due, customer agrees to pay interest on the unpaid balance at a rate per annum equal to 18% or the highest rate allowed by state law.

The undersigned acknowledges that he (they) has (have) read and know(s) the contents of this contract and that he (they) understand(s) that no other agreements, verbal or otherwise, are binding on the parties hereto, and that the same contains the entire contract and understand of the parties. The undersigned acknowledges receipt of a copy of this contract. Subject to the "Fence Depot Contract Conditions" on the back of this contract, which I have read and understand, I contract to have supplied and installed at the address listed herein the materials listed herein at the contract price.

Purchaser: \_\_\_\_\_ Date: \_\_\_\_\_ Office Authorization & Date \_\_\_\_\_  
 Co-Purchaser: \_\_\_\_\_ Date: \_\_\_\_\_  
**ARISTOTLE KUMPIS** Estimate Good for 30 Days  
 214-277-5018 Cell: \_\_\_\_\_  
 \*\*Gate Sizes & Fence Heights subject to manufacturer nominal sizing \* See Reverse Side for contract Conditions



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
11/23/2015

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).

<b>PRODUCER</b> Weiss Insurance 683 Trade Center Blvd Suite 100 Chesterfield MO 63005	<b>CONTACT NAME:</b> Joe Hurster <b>PHONE (A/C, No, Ext):</b> (636) 787-7777 <b>FAX (A/C, No):</b> (636) 787-7778 <b>E-MAIL ADDRESS:</b> joehurster@weiss-ins.com													
	<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: Charter Oak Fire Insurance Co.</td> <td></td> </tr> <tr> <td>INSURER B: Travelers Property Casualty Co of</td> <td></td> </tr> <tr> <td>INSURER C: Travelers Indemnity Co</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Charter Oak Fire Insurance Co.		INSURER B: Travelers Property Casualty Co of		INSURER C: Travelers Indemnity Co		INSURER D:		INSURER E:		INSURER F:
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<b>INSURED</b> FENCE & DECK DEPOT INC 1432 SOUTH DR SAINT CHARLES MO 63303-3971														

**COVERAGES** CERTIFICATE NUMBER: CL15112026183 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 <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		4T-CO 5G287209	11/25/2015	11/25/2016	EACH OCCURRENCE \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
B	<input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	810-5G287209	11/25/2015	11/25/2016	MED EXP (Any one person) \$ 5,000
						PERSONAL & ADV INJURY \$ 1,000,000
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE		4TSM CUP 5G287209-IND-15	11/25/2015	11/25/2016	GENERAL AGGREGATE \$ 2,000,000
	DED RETENTION \$					PRODUCTS - COMP/OP AGG \$ 2,000,000
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> N / A	4TS-UB-5G28720-9-15	11/25/2015	11/25/2016	Other Perm not sep sent \$
						COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
						BODILY INJURY (Per person) \$
						BODILY INJURY (Per accident) \$
						PROPERTY DAMAGE (Per accident) \$
						Schedule Mod Factor 1 \$
						EACH OCCURRENCE \$ 1,000,000
						AGGREGATE \$ 1,000,000
						\$
						<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
						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)  
Please contact Joe Hurster to be listed as certificate holder.

Joe Hurster 636-534-7211 joehurster@weiss-ins.com

## CERTIFICATE HOLDER

Fence & Deck Depot Inc.

## 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

Joe Hurster/HURJOE

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