

**TIPTON COMMUNITY SCHOOL CORPORATION  
FERTILIZATION/SPRAYING QUOTATION FORM 2022-23**

**Fertilizing**

Track One	\$ 476
Track Two	\$ 1227
Track Three	\$ 839
Track Four	\$ 1296
Grub Control	\$ 1260
Grand Total Tracks 1-4	\$ 3838

\* A minimum of four fertilizations should occur: Early Spring, Late Spring, Early Fall, Late Fall.

\* Grub control should be included for all competition athletic fields.

**Spraying**

Track One	\$ 190
Track Two	\$ 204
Track Three	\$ 318
Track Four	\$ 204
Grand Total Tracks 1-4	\$ 916

\* Minimum of four sprays a year

**References:**

	Name	Phone Number
1	Gary Rhew	963-2560
2	Tom & Karen McKinney	947-5344

3	Gary Fernung	675-2147
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Contractor Name

Name	List Lawn Care Inc.
Address	4941 W. 700 N. Sharpsville, IN 46068
Phone #	765 963-3551
Date Completed	2-23-22

Please attach a sheet describing the Equipment you have to use.

Perma Green & Turfware Ride on spreader sprayers

Spray truck with hose & tank

# AFFIDAVIT OF COMPLIANCE

Required by Indiana Code 22-5-1.7

Pursuant to IC 22-5-1.7, the undersigned being duly sworn upon (his) (her) oath, now says that I, do hereby represent First Lawn Care, Inc  
( business entity name)

and state this business entity does not knowingly employ an unauthorized alien nor contract or subcontract with a person or business entity that knowingly employs an unauthorized alien. Also, it will not retain an employee, not continue to contract or subcontract with a person or business entity that subsequently learns is/employs an unauthorized alien and fails to remedy the violation within thirty days.(30)

I further affirm this business entity participates in the E-Verify program when it hires new employees to confirm their work eligibility. Attached to this affidavit is documentation verifying enrollment and participation in the E-Verify program.

I hereby verify, under penalty of perjury, that the foregoing statements are true.

Dated this 23 day of February, 2022.  
Month Year

Dustin Rust  
Business entity representative signature

President  
Business entity representative title

Dustin Rust  
Printed Name



## Knowledge Test Results



# Congratulations!



Dustin Rust (DRUS4142), your score is 82.14%

Dustin Rust, you successfully completed this tutorial and passed the E-Verify Knowledge Test on February 17, 2022.

Use your browser's print capability to obtain a copy of this page for your records.

To use E-Verify, select 'Exit Tutorial.'

# E-Verify

**REMINDER:** You must visit 'View Essential Resources' to read the E-Verify User Manual, and you must print and clearly display the 'Notice of E-Verify Participation' and 'Right to Work' posters in all languages supplied by DHS.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/28/2022

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> Indiana Farm Bureau Insurance 19 S Main St  Fortville IN 46040		<b>CONTACT NAME:</b> Chad Guest <b>PHONE (A/C, No, Ext):</b> 317-747-6060 <b>E-MAIL ADDRESS:</b> chad.guest@infb.com <b>FAX (A/C, No):</b>	
<b>INSURED</b>  List Lawn Care Inc 2734 W 600 N  Sharpsville IN 46068		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> United Farm Family Mutual Insurance <b>INSURER B:</b> Markel Insurance Company <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	
		<b>NAIC #</b> 15288	

**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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			PCG15170-01	2/27/2022	2/27/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			CAP8524559	2/27/2022	2/27/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	B <input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED \$ RETENTION \$			PCU15171-01	2/27/2022	2/27/2023	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ \$
B	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"/> N	N/A	PCW15172-01	2/27/2022	2/27/2023	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, If more space is required)

**CERTIFICATE HOLDER****CANCELLATION**

Tipton Community Schools 1051 S Main St  Tipton IN 46072	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 Scott Richards a96u1
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