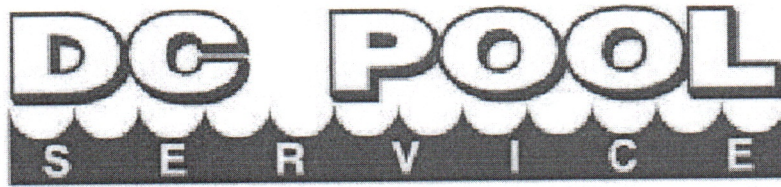


Reso 23-038



Service Beyond Expectation

1359 Lochstone Drive
Powder Springs, GA 30127

DC Pool Service proposes to perform the following services at City of Powder Springs Splash Pad for 2023 open season.

Service will begin May 1st, 2023
Service will end October 1st, 2023

Spray Pad Start Up

- De winterize all plumbing, pumps, filters
- Fill surge tank
- Start up pumps, filtration, chemical treatment
- Prepare for county inspection
- Balance chemicals and insure operation of feeders and chemical controller

Spray Pad Maintenance

- Test splash pad water and adjust chemistry when necessary
- Maintain pumps and filtration systems, cleaning hair/lint strainer basket, and backwashing sand filter when necessary
- Maintain chemical feed pump and pulsar feeder
- Calibrate and adjust chemical controller to insure proper operation
- Check operation of automatic water leveler and level of surge tank
- Adjust valves for proper feature height
- Insure system is operating properly and recommend any additional repairs
- Calibrate and adjust UV system as necessary and check for proper operation

Spray Pad Winterizing/Closing

- Drain all pumps, filter, pool plumbing, surge tank
- Disconnect chemical feeders and controller
- Store probes in proper caps

Service and Maintenance Schedule

- Service splash pad once weekly during open season

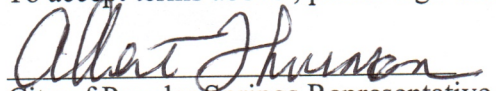
Total for Splash Pad Services

- \$150.00 per visit x 23 visits = \$3450.00
- Spray Pad Start up = \$500.00
- Spray Pad Winterizing/Closing = \$500.00
- Total for all services = \$4450.00

Payment Schedule

An invoice will be sent once monthly for any service during the previous month.

To accept terms above , please sign below:


City of Powder Springs Representative

DC Pool Representative

Approved as to form:


City Attorney



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/02/2023

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 Partners Risk Services, LLC 10692 Medlock Bridge Road Suite 200 Johns Creek GA 30097		CONTACT NAME: Michele Shuja PHONE (A/C, No, Ext): (770) 609-2700 E-MAIL ADDRESS: mshuja@partnersrs.com FAX (A/C, No): (770) 609-2749	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A : Tri-State Insurance Company of Minnesota	
		INSURER B : Fireman's Insurance Company of Washington D.C.	
		INSURER C :	
		INSURER D :	
		INSURER E :	
		INSURER F :	
INSURED DC Pool Service, LLC 1359 Lochstone Drive Powder Springs GA 30127		NAIC # 31003	

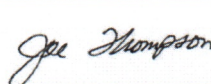
COVERAGES **CERTIFICATE NUMBER:** 23-24 Master **REVISION NUMBER:**

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 <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		ADV4541178	01/24/2023	01/24/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY	Y		ADV4541178	01/24/2023	01/24/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0	Y		ADV4541178	01/24/2023	01/24/2024	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 \$
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	N/A	WCA4541179	01/24/2023	01/24/2024	<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)

Certificate Holder Continued: The City of Powder Springs, Owner and all others required by written contract.

CERTIFICATE HOLDER		CANCELLATION	
The City of Powder Springs 4488 Pineview Dr PO Box 46 Powder Springs GA 30127		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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