

**ALLSTAR CLEANING  
DBA JUST RIGHT  
JANITORIAL**

*Cleaning Proposal*

Mark Smarsh

FOR \_\_\_\_\_

Durling Middle School

LOCATION \_\_\_\_\_

CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_

SERVICES REQUIRED		FREQUENCY				SERVICES REQUIRED		FREQUENCY			
AREA / ITEMS	WORK DESCRIPTION	DAILY	WEEKLY	MONTHLY	OTHER	AREA / ITEMS	WORK DESCRIPTION	DAILY	WEEKLY	MONTHLY	OTHER
<b>RESTROOMS</b>						<b>DOORS • WALLS • PARTITIONS</b>					
TOILETS • SINKS • URINALS	CLEAN • SANITIZE • POLISH					ENTRANCE GLASS DOORS	CLEAN				
TRASH CONTAINERS	EMPTY • LIN • CLEAN • SANITIZE					INTERIOR GLASS	CLEAN				
DISPENSERS, SOAP, TOWEL, TISSUE, NAPKIN	FILL • CLEAN • SANITIZE					LEDGES • WINDOW SILLS	DUST				
GLASS • MIRRORS • CHROME HARDWARE	CLEAN • POLISH					DOORS • FRAMES • WALLS	SPOT CLEAN				
FLOORS	SWEEP • DAMP MOP • SANITIZE					BASEBOARDS	DUST				
PARTITIONS • DOORS	DUST • DAMP MOP • SPOT CLEAN										
WALLS BY SINKS / URINALS	DAMP WIPE										
FLOOR DRAINS	SEAL • CLEAN										
						<b>MISCELLANEOUS</b>					
						WASTE CANS	EMPTY				
						ASH TRAYS • URNS	EMPTY • DAMP WIPE				
						VENDING MACHINES	DAMP WIPE				
<b>FLOORS</b>						LIGHTS	REPLACE • DUST				
RESILIENT	SWEEP					CHAIRS • CLOCKS • PICTURES	DUST • DAMP WIPE				
RESILIENT	DAMP MOP					VENTS • LOUVERS • FANS • BLINDS	CLEAN • VACUUM				
RESILIENT	WAX					UPHOLSTERED FURNITURE • DRAPES	VACUUM • SHAMPOO				
RESILIENT	BUFF					GLASS WINDOWS / DOORS	CLEAN				
CEMENT • TERRAZZO • TILE • OTHER	SWEEP • DAMP MOP					MATS	VACUUM • PICK UP / TURN				
RUGS • CARPETS	VACUUM • SHAMPOO					DRINKING FOUNTAINS	CLEAN • POLISH • SANITIZE				
						KICKPLATES • THRESHOLDS	CLEAN • POLISH				
<b>EXTERIOR</b>						LIGHT SWITCHES • HOOKS • PUSH PLATES	CLEAN • POLISH				
ENTRANCE	SWEEP					DESKS • TABLES • PHONES	DUST • DAMP WIPE • SANITIZE				
PAPER • DEBRIS	PICK UP					JANITOR'S STORAGE AREAS	CLEAN • ORGANIZE • RESTOCK				
SEAWALKS	SWEEP										
PARKING LOTS	SWEEP										

**SPECIAL INSTRUCTIONS / NOTES** I included the pricing of power washing of Mats & also sanitization of rooms, offices, & bathrooms with hospital grade sanitizer.

*Terms and Conditions*

- Cleaning supplies to perform this service will be supplied by \_\_\_\_\_  
Contractor will provide everything except cleaning solution & floor finish \_\_\_\_\_
- In the event that this Agreement proves unsatisfactory it may be terminated by a 30 day written notice by either party
- Total costs of services will be \$ 22,500 Date \_\_\_\_\_
- Date services begin \_\_\_\_\_
- This offer or agreement expires on \_\_\_\_\_

Quoted by \_\_\_\_\_

*Acceptance of Proposal*

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
6/9/2023

**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).**

<b>PRODUCER</b> Insureon, Division of Specialty Program Group LLC / DBA SPG Insurance Solutions LLC in CA 203 N. LaSalle St., 20th Floor, Chicago, IL 60601	<b>CONTACT NAME:</b> PHONE (A/C No. Ext): (800) 688-1984      FAX (A/C No): 312-690-4123 E-MAIL ADDRESS:  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 80%;">INSURER(S) AFFORDING COVERAGE</th> <th style="width: 20%;">NAIC #</th> </tr> <tr> <td>INSURER A: Nationwide Mutual Insurance Company</td> <td>23787</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</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: Nationwide Mutual Insurance Company	23787	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A: Nationwide Mutual Insurance Company	23787														
INSURER B:															
INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															
<b>INSURED</b> Just Right Janitorial 3327 Wilson, Lorain, OH, 44052															

**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"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			ACP CG013201417000	6/9/2023	6/9/2024	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td style="text-align: right;">\$ 100,000</td></tr> <tr><td>MED EXP (Any one person)</td><td style="text-align: right;">\$ 5,000</td></tr> <tr><td>PERSONAL &amp; ADV INJURY</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>GENERAL AGGREGATE</td><td style="text-align: right;">\$ 2,000,000</td></tr> <tr><td>PRODUCTS - COMP/OP AGG</td><td style="text-align: right;">\$ 2,000,000</td></tr> <tr><td></td><td style="text-align: right;">\$</td></tr> </table>	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		\$						
	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																										
	\$																										
<b>AUTOMOBILE LIABILITY</b> <input 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							<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td style="text-align: right;">\$</td></tr> <tr><td>BODILY INJURY (Per person)</td><td style="text-align: right;">\$</td></tr> <tr><td>BODILY INJURY (Per accident)</td><td style="text-align: right;">\$</td></tr> <tr><td>PROPERTY DAMAGE (Per accident)</td><td style="text-align: right;">\$</td></tr> <tr><td></td><td style="text-align: right;">\$</td></tr> </table>	COMBINED SINGLE LIMIT (Ea accident)	\$	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$		\$										
COMBINED SINGLE LIMIT (Ea accident)	\$																										
BODILY INJURY (Per person)	\$																										
BODILY INJURY (Per accident)	\$																										
PROPERTY DAMAGE (Per accident)	\$																										
	\$																										
<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> <b>EXCESS LIAB</b> DED    RETENTION \$	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE						<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td style="text-align: right;">\$</td></tr> <tr><td>AGGREGATE</td><td style="text-align: right;">\$</td></tr> <tr><td></td><td style="text-align: right;">\$</td></tr> </table>	EACH OCCURRENCE	\$	AGGREGATE	\$		\$														
EACH OCCURRENCE	\$																										
AGGREGATE	\$																										
	\$																										
<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 type="checkbox"/> N/A						<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;"></td> <td style="width: 10%;">PER STATUTE</td> <td style="width: 10%;">OTH-ER</td> <td style="width: 15%;"></td> <td style="width: 10%;"></td> </tr> <tr><td>E.L. EACH ACCIDENT</td><td></td><td></td><td></td><td style="text-align: right;">\$</td></tr> <tr><td>E.L. DISEASE - EA EMPLOYEE</td><td></td><td></td><td></td><td style="text-align: right;">\$</td></tr> <tr><td>E.L. DISEASE - POLICY LIMIT</td><td></td><td></td><td></td><td style="text-align: right;">\$</td></tr> </table>		PER STATUTE	OTH-ER			E.L. EACH ACCIDENT				\$	E.L. DISEASE - EA EMPLOYEE				\$	E.L. DISEASE - POLICY LIMIT				\$
	PER STATUTE	OTH-ER																									
E.L. EACH ACCIDENT				\$																							
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**

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



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
09/27/2021	202126900188	LIMITED LIABILITY PARTNERSHIP REGISTRATION (PLL)	99.00	0.00	0.00	0.00

**Receipt**

This is not a bill. Please do not remit payment.

BR LASHAY OG  
PO BOX 314  
16 REVERE LANE  
EL . OH 44035

**STATE OF OHIO  
CERTIFICATE**

**Ohio Secretary of State, Frank LaRose  
4750089**

It is hereby certified that the Secretary of State of Ohio has custody of the business records for  
**JUST RIGHT JANITORIAL LLP**

and, that said business records show the filing and recording of:

Document(s)  
**LIMITED LIABILITY PARTNERSHIP REGISTRATION**  
Effective Date: 10/01/2021

Document No(s):  
**202126900188**



United States of America  
State of Ohio  
Office of the Secretary of State

Witness my hand and the seal of the  
Secretary of State at Columbus, Ohio this  
27th day of September, A.D. 2021.

**Ohio Secretary of State**

Form 536 Prescribed by:

Date Electronically Filed: 9/26/2021



Toll Free: 877.767.3453 | Central Ohio: 614.466.3910

[OhioSoS.gov](http://OhioSoS.gov) | [business@OhioSoS.gov](mailto:business@OhioSoS.gov)

File online or for more information: [OhioBusinessCentral.gov](http://OhioBusinessCentral.gov)

### Statement of Domestic Qualification (Limited Liability Partnership)

**Filing Fee: \$99**

(105-PLL)

**Form Must Be Typed**

**Complete this section only if an existing partnership or limited partnership, previously registered in our office is filing this form to become a limited liability partnership.**

If a pre-existing limited partnership registered with the secretary of state elects to become a limited liability partnership, provide the registration number of the pre-existing limited partnership.

Registration Number

If a partnership that has previously filed a statement under Chapter 1776 of the Ohio Revised Code elects to become a limited liability partnership, provide the registration number.

Registration Number

**All registrants must complete the remainder of the form to create a new LLP, or if you have provided a registration number above and you wish to have your pre-existing partnership or limited partnership become a LLP.**

Name of Partnership

Just right janitorial llp

Name must include one of the following phrases or abbreviations: "registered limited liability partnership," "registered partnership having limited liability," "limited liability partnership," "R.L.L.P.," "P.L.L.," "L.L.P.," "RLLP," "PLL," or "LLP."

Effective Date  
(Optional)

10/1/2021

Date

(The status of the partnership or limited partnership as a limited liability partnership begins upon the filing of the statement or on a later date specified.)

Address of the partnership's chief executive office

16 REVERE LANE

Mailing Address

ELYRIA

City

OH

State

44035

ZIP Code

If the chief executive office is not in Ohio, the address of any office of the partnership in Ohio, if one exists

Mailing Address

City

State

ZIP Code

If the partnership **does not** have an office in Ohio, provide the name and address of the partnership's agent for service of process

Name of Agent

Mailing Address

City

State

ZIP Code

**By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.**

**Required**

Must be signed by an authorized representative.

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name