



SG360

**PROPOSAL DOCUMENT FOR  
BID# SP-21-0027**

---

**DATE: January 26, 2021**  
**SC Realty Services, Inc**  
**dba SG360**  
14711 W 114th Terrace  
Lenexa, KS 66215

***BID RESPONSE PACKET***  
***SP-21-0027***

## BID CHECKLIST

Completed and Signed Bid Signature Page	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Exceptions Form, if applicable	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A
EO 98-04 Disclosure Form	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Equal Opportunity Policy	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Mandatory Site Verification Form	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Official Solicitation Price Sheet	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

# EXCEPTIONS FORM

Prospective Contractor should document all exceptions related to terms in the "Standard Contract" and "Solicitation Terms and Conditions."

ITEM #	REFERENCE (SECTION, PAGE, PARAGRAPH)	DESCRIPTION	PROPOSED LANGUAGE
1.		NONE	
2.			
3.			

PR

# BID SIGNATURE PAGE

Type or Print the following information.

PROSPECTIVE CONTRACTOR'S INFORMATION				
Company:	SC REALTY SERVICES, INC. DBA S4360			
Address:	14711 W 114TH TERRACE			
City:	LENEXA	State:	KS	Zip Code: 66215
Business Designation:	<input type="checkbox"/> Individual	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Public Service Corp	
	<input type="checkbox"/> Partnership	<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Nonprofit	
Minority and Women-Owned Designation*:	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> American Indian	<input type="checkbox"/> Service Disabled Veteran	
	<input type="checkbox"/> African American	<input type="checkbox"/> Hispanic American	<input type="checkbox"/> Women-Owned	
	<input type="checkbox"/> Asian American	<input type="checkbox"/> Pacific Islander American		
AR Certification #:		* See Minority and Women-Owned Business Policy in Solicitation Terms and Conditions		

PROSPECTIVE CONTRACTOR CONTACT INFORMATION			
Provide contact information to be used for bid solicitation-related matters.			
Contact Person:	Perry Patterson	Title:	SALES
Phone:	870-243-9142	Alternate Phone:	870-336-1220
Email:	Perry.Patterson@S4360Clean.com		

CONFIRMATION OF REDACTED COPY
<input type="checkbox"/> YES, a redacted copy of submission documents is enclosed. <input checked="" type="checkbox"/> NO, a redacted copy of submission documents is <u>not</u> enclosed. I understand a full copy of non-redacted submission documents will be released if requested.
Note: If a redacted copy of the submission documents is not provided with Prospective Contractor's response packet, and neither box is checked, a copy of the non-redacted documents, with the exception of financial data (other than pricing), will be released in response to any request made under the Arkansas Freedom of Information Act (FOIA). See Solicitation Terms and Conditions for additional information.

ILLEGAL IMMIGRANT CONFIRMATION
By signing and submitting a response to this <i>Bid Solicitation</i> , Prospective Contractor agrees and certifies that they do not employ or contract with illegal immigrants and shall not employ or contract with illegal immigrants during the term of a contract awarded as a result of this bid solicitation.

ISRAEL BOYCOTT RESTRICTION CONFIRMATION
By checking the box below, Prospective Contractor agrees and certifies that they do not boycott Israel and shall not during the aggregate term of a contract awarded as a result of this bid solicitation.
<input type="checkbox"/> Prospective Contractor does not and shall not boycott Israel.

**An official authorized to legally bind the Prospective Contractor must sign below.**

The signature below signifies agreement that any exception that conflicts with a Requirement of this *Bid Solicitation* may cause the Prospective Contractor's proposal to be rejected.

Authorized Signature: Perry Patterson Title: SALES

Use Ink Only.

Printed/Typed Name: Perry Patterson Date: 01/25/21

# OFFICIAL SOLICITATION PRICE SHEET

*See Excel Official Bid Price Sheet*

# OFFICIAL BID PRICE SHEET

P24

## SP-21-0027, JANITORIAL SERVICE - Attachment "E"

All charges must be included on the Official Bid Price Sheet and must include all associated cost for the service being bid.

**Requirements and Instructions:**

- 1 **Award will be based on the Total Projected Annual Cost for All Services**
- 2 Responding Contractor must place their monthly cleaning cost and itemized requirements cost in column "D".
- 3 Column "E", "F", and "G" are protected columns and contain formulas that will automatically calculate the cost per square foot and total annual cost.
- 4 Janitorial Service cost per square foot is based on the daily cleaning rate.
- 5 Itemized Requirements cost per square foot is based on the one time cleaning rate.
- 6 Should Contractor not have access to a computer, place the hand-written monthly cost (in Ink) and itemized requirements in the space provided. All required spaces must contain a cost. (Zero dollars is acceptable)
- 7 Include completed Official Price Sheet in bid submission.
- 8 The OSP buyer will transfer hand-written figure into the excel spreadsheet for automatic calculation.
- 9 Any changes to the documented square footage (Column B) by the Contractor will result in an automatic disqualification.

**SEE EXAMPLE:**

Column A	Column B	Column C	Column D	Column E	Column F	Column G
<b>Description of Service</b>	<b>Daily Square Footage Cleaned</b>	<b>Unit of Measure</b>	<b>Monthly Cleaning Rate as Submitted by Vendor</b>	<b>Daily Cleaning Rate - Monthly Cleaning Rate divided by (21) Days</b>	<b>Cost per Square Foot based on Daily Cleaning Rate</b>	<b>Total Projected Annual Cost - Monthly Cleaning Rate multiplied by (12) Months</b>
<i>Example: Janitorial Service</i>	50,000	<i>Square Footage</i>	\$5,000.00	\$ 238.10	\$0.004762	\$60,000.00
<b>Itemized Requirements</b>	<b>Square Footage Cleaned</b>	<b>Unit of Measure</b>	<b>Cost Per (1) Cleaning Each</b>	<b>Cost Per Square Foot</b>	<b>Frequency Requirement</b>	<b>Total Projected Annual Cost for Itemized Requirements - Cost per (1) multiplied by Frequency Requirement</b>
<i>Example: Carpet Cleaning</i>	10,000	<i>Square Footage</i>	\$1,000.00	\$0.100000	2	\$2,000.00
<b>Total Annual Cost for All Services</b>						<b>\$62,000.00</b>

**ENTER YOUR BID BELOW:**

Column A	Column B	Column C	Column D	Column E	Column F	Column G
<b>Description of Service</b>	<b>Daily Square Footage Cleaned</b>	<b>Unit of Measure</b>	<b>Monthly Cleaning Rate as Submitted by Vendor</b>	<b>Daily Cleaning Rate - Monthly Cleaning Rate divided by (21) Days</b>	<b>Cost per Square Foot based on Daily Cleaning Rate</b>	<b>Total Projected Annual Cost - Monthly Cleaning Rate multiplied by (12) Months</b>
Janitorial Service	258,600	Square Footage	26,849.00	\$ 1,278.52	\$0.004944	\$322,188.00
<b>Total square footage</b>	258,600	Square Footage				<b>\$322,188.00</b>

PDF

Itemized Requirements	Square Footage Cleaned	Unit of Measure	Cost Per (1) Cleaning Each	Cost Per Square Foot	Frequency Requirement	Total Projected Annual Cost for Itemized Requirements - Cost per (1) multiplied by Frequency Requirement
<b>Main Building</b>						
Carpet Shampooing and Dry Cleaning as required by the IFB.	153,800	Square Footage	12,304.00	\$0.080000	1	\$12,304.00
Vinyl Composite Tile (VCT) - as required by the IFB.	25,000	Square Footage	4,500.00	\$0.180000	1	\$4,500.00
Ceramic Tile - as required by the IFB.	1,500	Square Footage	90.00	\$0.060000	1	\$90.00
<b>Total square footage</b>	<b>180,300</b>	Square Footage				<b>\$16,894.00</b>
<b>PHL</b>						
Carpet Shampooing and Dry Cleaning	21,000	Square Footage	1,680.00	\$0.080000	1	\$1,680.00
Vinyl Composite Tile (VCT)	45,800	Square Footage	8,244.00	\$0.180000	1	\$8,244.00
Ceramic Tile	3,200	Square Footage	192.00	\$0.060000	1	\$192.00
<b>Total square footage</b>	<b>70,000</b>	Square Footage				<b>\$10,116.00</b>
<b>Warehouse</b>						
Carpet Shampooing and Dry Cleaning	355	Square Footage	28.40	\$0.080000	1	\$28.40
Vinyl Composite Tile (VCT)	3,445	Square Footage	620.10	\$0.180000	1	\$620.10
<b>Total square footage</b>	<b>3,800</b>	Square Footage				<b>\$648.50</b>
<b>BSL-3 Modular Lab Building</b>						
Vinyl Composite Tile (VCT)	100	Square Footage	18.00	\$0.180000	1	\$18.00
<b>Total square footage</b>	<b>100</b>	Square Footage				<b>\$18.00</b>



**Total Projected Annual Cost for All Services**

\$349,864.50

P&H

## CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM

Failure to complete all of the following information may result in a delay in obtaining a contract, lease, purchase agreement, or grant award with any Arkansas State Agency.

SUBCONTRACTOR: SUBCONTRACTOR NAME:  Yes  No

TAXPAYER ID NAME: SC Realty Services Inc dba SG360 IS THIS FOR:  Goods?  Services?  Both?

YOUR LAST NAME: Patterson FIRST NAME: Tammy M.I.:

ADDRESS: 805C Yukon Dr

CITY: Springdale STATE: AR ZIP CODE: 72762 COUNTRY: USA

**AS A CONDITION OF OBTAINING, EXTENDING, AMENDING, OR RENEWING A CONTRACT, LEASE, PURCHASE AGREEMENT, OR GRANT AWARD WITH ANY ARKANSAS STATE AGENCY, THE FOLLOWING INFORMATION MUST BE DISCLOSED:**

### FOR INDIVIDUALS \*

Indicate below if: you, your spouse or the brother, sister, parent, or child of you or your spouse is a current or former: member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee:

Position Held	Mark (√)		Name of Position of Job Held <small>[senator, representative, name of board/ commission, data entry, etc.]</small>	For How Long?		What is the person(s) name and how are they related to you? <small>[i.e., Jane Q. Public, spouse, John Q. Public, Jr., child, etc.]</small>	
	Current	Former		From MM/YY	To MM/YY	Person's Name(s)	Relation
General Assembly							
Constitutional Officer							
State Board or Commission Member							
State Employee							

None of the above applies

### FOR AN ENTITY (BUSINESS) \*

Indicate below if any of the following persons, current or former, hold any position of control or hold any ownership interest of 10% or greater in the entity: member of the General Assembly, Constitutional Officer, State Board or Commission Member, State Employee, or the spouse, brother, sister, parent, or child of a member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee. Position of control means the power to direct the purchasing policies or influence the management of the entity.

Position Held	Mark (√)		Name of Position of Job Held <small>[senator, representative, name of board/commission, data entry, etc.]</small>	For How Long?		What is the person(s) name and what is his/her % of ownership interest and/or what is his/her position of control?		
	Current	Former		From MM/YY	To MM/YY	Person's Name(s)	Ownership Interest (%)	Position of Control
General Assembly								
Constitutional Officer								
State Board or Commission Member								
State Employee								

None of the above applies

## Contract and Grant Disclosure and Certification Form

Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this contract. Any contractor, whether an individual or entity, who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the agency.

As an additional condition of obtaining, extending, amending, or renewing a contract with a state agency I agree as follows:

1. Prior to entering into any agreement with any subcontractor, prior or subsequent to the contract date, I will require the subcontractor to complete a **CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM**. Subcontractor shall mean any person or entity with whom I enter an agreement whereby I assign or otherwise delegate to the person or entity, for consideration, all, or any part, of the performance required of me under the terms of my contract with the state agency.

2. I will include the following language as a part of any agreement with a subcontractor:

*Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this subcontract. The party who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the contractor.*

3. No later than ten (10) days after entering into any agreement with a subcontractor, whether prior or subsequent to the contract date, I will mail a copy of the **CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM** completed by the subcontractor and a statement containing the dollar amount of the subcontract to the state agency.

I certify under penalty of perjury, to the best of my knowledge and belief, all of the above information is true and correct and that I agree to the subcontractor disclosure conditions stated herein.

Signature Perry Patterson Title Market Manager Date 1/25/2021

Vendor Contact Person Perry Patterson Title Market Manager Phone No. 870-243-9142

Agency use only  
Agency Number \_\_\_\_\_ Agency Name \_\_\_\_\_ Agency Contact Person \_\_\_\_\_ Contact Phone No. \_\_\_\_\_ Contract or Grant No. \_\_\_\_\_

**MANDATORY SITE VISIT VERIFICATION FORM**

- Present this Mandatory Site Visit Verification Form to the AR Department of Health (ADH) representative for signature upon completion of the Mandatory Site Visit(s).
- Submit the original duly signed Mandatory Site Visit Verification Form with the Bid Response Packet at bid submission.

This duly signed Mandatory Site Visit Verification Form serves as verification that the Prospective Contractor's representative named below was present and participated in the Mandatory Site Visit(s) as required by the Invitation for Bid SP-21-0027, Janitorial Services for 4815 West Markham - Department of Health.

PROSPECTIVE CONTRACTOR'S REPRESENTATIVE INFORMATION	
Company Name:	SG360
Representative's Printed Name:	Anthony Frubling
Signature:	<i>Anthony Frubling</i>

ADH Duty Authorized Signature: *James Joiner*  
 Printed Name: James Joiner

MANDATORY SITE VISIT LOCATIONS						
Date	Time	Location	Address	Meeting location	Approx. Square Footage	Approx. employee count
January 13, 2021	9:00 AM CT	ADH - Main Building	4815 West Markham Street Little Rock, AR 72205	Inside building lobby	183,300	769
January 13, 2021	Following Main Building tour	ADH -- Warehouse Office	4815 West Markham Street Little Rock, AR 72205	Inside building lobby	3,800	12
January 13, 2021	Following Warehouse office tour	ADH - PHL	4815 West Markham Street Little Rock, AR 72205	Inside building lobby	70,000	147
January 13, 2021	Following ADH-PHL tour	ADH - BSL3 Modular Building	4815 West Markham Street Little Rock, AR 72205	Inside building lobby	1,500	6

Date of Mandatory Site Visit: January 13, 2021

Time: 9:00 a.m. CT

Location: 4815 West Markham, Little Rock, AR.

\*Vendor should allow a minimum of four (4) hours to complete the mandatory site visits.



**STATE OF ARKANSAS**  
DEPARTMENT OF TRANSFORMATION AND SHARED SERVICES  
OFFICE OF STATE PROCUREMENT  
501 Woodlane St., Ste. 220  
Little Rock, Arkansas 72201-1023

**ADDENDUM 1**

TO: Vendors Addressed  
FROM: Wendy Gossett  
DATE: January 12, 2021  
SUBJECT: SP-21-0027

The following change(s) to the above-referenced IFB have been made as designated below:

- Change of specification(s)
- Additional specification(s)
- Change of bid opening time and date
- Cancellation of bid
- Other

**BID OPENING DATE AND TIME**

**1.2 LIVE BID OPENING**

The Bid Opening Date and Time has been changed to *January 26, 2021 at 3:00pm CT.*

See instructions below to view the bid opening online.

Zoom Meeting Link: <https://arkansas-gov.zoom.us/j/82794843921?pwd=aXdEdldNbzVXM3ExbnlwQWdYRlRlKQ09>

Meeting ID: 827 9484 3921

Meeting Password: 232888

Dial-In Information: 877 853 5257 US Toll-free

888 475 4499 US Toll-free

The specifications by virtue of this addendum become a permanent addition to the above referenced IFB. Failure to return this signed addendum may result in rejection of your bid response.

If you have any questions, please contact Wendy Gossett at [wendy.gossett@dfa.arkansas.gov](mailto:wendy.gossett@dfa.arkansas.gov) or (501) 371-6070.

Company: SG 360

Signature: Penny Patterson

Date: 01/18/21



STATE OF ARKANSAS  
DEPARTMENT OF TRANSFORMATION AND SHARED SERVICES  
OFFICE OF STATE PROCUREMENT  
501 Woodlane St., Ste. 220  
Little Rock, Arkansas 72201-1023

ADDENDUM 2

TO: Vendors Addressed  
FROM: Wendy Gossett  
DATE: January 21, 2021  
SUBJECT: SP-21-0027

The following change(s) to the above-referenced IFB have been made as designated below:

- Change of specification(s)
- Additional specification(s)
- Change of bid opening time and date
- Cancellation of bid
- Other

CHANGE OF SPECIFICATIONS

Delete **Section 1.4 DEFINITION OF TERMS**, "Day Person" and replace with:

"Day Person" means hours are from 6:00 A.M. to 4:30 P.M., Central Time. This allows for the stated cleaning Requirements twice per day, once between 6:00 A.M. to 8:00 A.M. and again after 4:30 P.M., Central Time.

ADDITIONAL SPECIFICATIONS

Add **Section 2.9 ASSIGNMENT/SUBCONTRACTING**

Contractor **shall not** assign, sell, transfer, subcontract or sublet rights, or delegate responsibilities under the Contract, in whole or in part, without the prior written approval of the Department.

The specifications by virtue of this addendum become a permanent addition to the above referenced IFB. Failure to return this signed addendum may result in rejection of your bid response.

If you have any questions, please contact Wendy Gossett at [wendy.gossett@dfa.arkansas.gov](mailto:wendy.gossett@dfa.arkansas.gov) or (501) 371-6070.

Company: SG 360

Signature: Penny Patten

Date: 01/25/21

**WRITTEN QUESTIONS AND ANSWERS****SP-21-0027 Janitorial Services ADH****ANSWERS ARE IN BLUE**

1. Did the State of Arkansas OSP supply the consumable supplies such as toilet tissue, paper towels, liquid soap, hand sanitizer, seat covers, etc., during this current Contract or is the current Contractor supplying the Consumables?

**Answer:** This question is not relevant to a Prospective Contractor submitting a bid response.

2. Who is the current Janitorial Services company and how long have they held the contract?

**Answer:** This question is not relevant to a Prospective Contractor submitting a bid response.

3. How much is State of Arkansas OSP paying the current contractor monthly/ yearly?

**Answer:** This question is not relevant to a Prospective Contractor submitting a bid response.

4. Are there any changes in the current contract in comparison to the new contract (any additions or deletions)?

**Answer:** This question is not relevant to a Prospective Contractor submitting a bid response.

5. I read on page 3 of the Solicitation Document that "Day Person" means a person who is at the janitorial service location between the hours of 8:00 a.m. to 4:30 p.m. CT and Business Days means Monday through Friday. It states on page 8 line D that the Contractor shall provide the necessary janitorial staff coverage on Business Days, from 4:30 p.m. to 9:00 p.m., CT to perform the janitorial services required by this IFB., but on page 16 under Section 1.9 (Daily Service Schedule) under line (D) 1. it states Restrooms cleaning is between the hours of 6:00 am and 8:00 am daily. Then on page 17 line# 4 states Contractor janitorial staff shall wash and sanitize all ADH building location restrooms toilet seats and urinals between the hours of 6:00 a.m. and 8:00 a.m. daily. Also, page 17 line# 5 states that restroom washbasins must be cleaned on the exterior and interior twice daily between the hours of 6:00 a.m. and 8:00 a.m. My question is, how will the selected Contractors Day Personnel and night crew be able to perform these tasks during these hours of 6:00 a.m. and 08:00 a.m. when these are hours before the Day Persons come in and hours past the time that the evening crew work? Are you all basically saying that these restrooms should be showing evidence of being cleaned at least by these particular hours 6 am- 8 am, which basically means that the evening crew have already taken care of completing the cleaning task of these restrooms before the start of Business hours?

**Answer:** See Addendum 2.

6. On page 6 Line E. of the Solicitation Document it states that when requested by OSP and/or ADH, Prospective Contractor shall submit, within three (3) Business Days of request, a minimum of three (3) account references. So, does this mean that when submitting our Bids, we don't include Reference information at all until it is requested?

**Answer:** As stated in Section 1.6.E. the references shall be submitted upon request by OSP/DAH only.

7. Does the State of Arkansas OSP supply the Trash liners or is it the responsibility of the selected Janitorial services Contractor?

**Answer:** See Section 1.7.A Contractor Requirements and Section 1.7.D.7 Cleaning Supplies and Products

8. Does the minimum of 90 man-hours per night also include the number of man hours worked during the day? (i.e.; 2-day porters 16 total man-hours hours per day, plus nighttime crew 74 total man-hours per night = 90 total man-hours)

Answer: No, Day Porter hours are in addition to the 90 manhours-per-night requirement.

9. Several if not all of the dispensers for soap and hand sanitizer have the name of the current janitorial company on them. Are these dispenser the property of ADH or the current janitorial provider? And can these dispensers be replaced?

Answer: Hand soap and hand sanitizer dispensers are currently supplied by the product vendor to the janitorial service company and installed by ADH Physical Plant staff. The dispensers are ADH property since they're affixed to ADH facilities. They can be replaced at the janitorial service contractor's expense, if desired.

10. Can we get a description of the toilet paper, paper towels and soap that is being used in the buildings since we didn't get to look into all the restrooms and break rooms throughout the campus?

Answer: This question is not relevant to a Prospective Contractor submitting a bid response.

11. We see no verbiage in regard to sub-contracting, is that allowed in this particular bid?

Answer: See Addendum 2

12. In section 1.7 item D #4 d. i. page 8 of 32, it states that a minimum of 450 hours a wk. or 90 hrs. per night shall be used. Is that a requirement or merely a suggestion? And if it is a requirement, will/can our floor hrs. count towards that?

Answer: 90 manhours per night (450 manhours per week) is the required minimum and does include floor-cleaning-hours. Floor cleaning work performed outside of the regular contract work times (such as weekends) can be documented and applied to the 450 manhours-per-week requirement.



## REFERENCE PAGE



1. **LISA Academy Public Charter Schools - since 2019**  
Angela Ward 501-916-9450  
[angela@lisaacademy.org](mailto:angela@lisaacademy.org)
2. **ARcare Primary Health – since 2012**  
Alex Collier 870-347-7270  
[alex.collier@arcare.net](mailto:alex.collier@arcare.net)
3. **Cutter Morning Star – since 2015**  
Nancy Anderson  
[nancy.anderson@cmseagles.net](mailto:nancy.anderson@cmseagles.net)



## Search Incorporations, Cooperatives, Banks and Insurance Companies

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LLC Member information is now confidential per Act 865 of 2007

Use your browser's back button to return to the Search Results

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For service of process contact the [Secretary of State's office](#).

Corporation Name	SC REALTY SERVICES, INC.
Fictitious Names	
Filing #	811144312
Filing Type	Foreign For Profit Corporation
Filed under Act	Dom Bus Corp; 958 of 1987
Status	Good Standing
Principal Address	14711 W 114TH TERRACE LENEXA, KS 66215
Reg. Agent	CORPORATION SERVICE COMPANY
Agent Address	300 SPRING BUILDING, SUITE 900 300 S. SPRING ST. LITTLE ROCK, AR 72201
Date Filed	09/12/2017
Officers	DAVID HARVEY , Incorporator/Organizer CBIZ, Tax Preparer DAVID HARVEY , President DAVID HARVEY , Secretary DAVID HARVEY , Vice-President DAVID HARVEY , Treasurer DAVID HARVEY , Controller
Foreign Name	SC REALTY SERVICES, INC.
Foreign Address	14711 W 114TH TERRACE LENEXA, KS 66215
Slate of Origin	KS

[Purchase a Certificate of Good Standing for this Entity](#)



# CERTIFICATE OF LIABILITY INSURANCE

1/1/2022

DATE (MM/DD/YYYY)

12/22/2020

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> Lockton Companies 444 W. 47th Street, Suite 900 Kansas City MO 64112-1906 (816) 960-9000	<b>CONTACT NAME:</b> _____ <b>PHONE (A/C, No, Ext):</b> _____ <b>E-MAIL ADDRESS:</b> _____ <b>FAX (A/C, No):</b> _____													
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: The Travelers Indemnity Company</td> <td>25658</td> </tr> <tr> <td>INSURER B: The Charter Oak Fire Insurance Company</td> <td>25615</td> </tr> <tr> <td>INSURER C: Travelers Property Casualty Co of America</td> <td>25674</td> </tr> <tr> <td>INSURER D: Twin City Fire Insurance Company</td> <td>29459</td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: The Travelers Indemnity Company	25658	INSURER B: The Charter Oak Fire Insurance Company	25615	INSURER C: Travelers Property Casualty Co of America	25674	INSURER D: Twin City Fire Insurance Company	29459	INSURER E:		INSURER F:
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INSURER D: Twin City Fire Insurance Company	29459													
INSURER E:														
INSURER F:														
<b>INSURED</b> 1336037 SC REALTY SERVICES, INC DBA SG360 14711 W 114TH TERRACE LENEXA KS 66215														

**COVERAGES**                      **CERTIFICATE NUMBER:** 16553988                      **REVISION NUMBER:** XXXXXXX

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"/> PROJECT <input type="checkbox"/> LOC OTHER: _____	N	N	P6600J50017AIND21	1/1/2021	1/1/2022	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000 \$				
	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input 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	N	N	8102L6489352143G	1/1/2021	1/1/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX \$ XXXXXXXX				
C	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$	N	N	CUP8M8019902143	1/1/2021	1/1/2022	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$ XXXXXXXX				
C	<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 <table style="float: right;"> <tr> <td>Y/N</td> <td></td> </tr> <tr> <td>Y</td> <td>N/A</td> </tr> </table>	Y/N		Y	N/A		N	UB0J5855772143G	1/1/2021	1/1/2022	<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
Y/N											
Y	N/A										
A	BLANKET BPP LIMIT	N	N	P6600J50017AIND21	1/1/2021	1/1/2022	\$190,000 BLANKET PROP/				
D	BUSINESS INCOME			37KB034465121	1/1/2021	1/1/2022	\$120,000 BI				
	THEFT OF CUST						\$250,000 LIMIT \$5,000 DEDUCTIBLE				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

**CERTIFICATE HOLDER**

CANCELLATION See Attachment

16553988  
PROOF OF INSURANCE

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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**SC Realty Services, Inc. Named Insured Schedule:**

SC Realty Services Inc. dba SG360

SC Realty Services, Inc. dba SG360 dba AFS Janitorial

SC Realty Services, Inc. dba SG360 dba ASCS (All Star Cleaning Service)

SC Realty Services, Inc. dba SG360 dba RCBM of Virginia (River City Maintenance)

SC Special Services, LLC dba SG360 dba EBS, LLC dba SG 360 EBS, LLC

XCI Building Services

XCI Building Services

X-TRA Clean