

THIS LICENSE
EXPIRES

12/31/2020

NOTICE

License issued subject to
compliance with all city
codes.

THIS LICENSE MUST BE PUBLICLY DISPLAYED

City of Northport

P.O Box 569
Northport, AL 35476

LICENSE



No. 16064

Mailing Name and Address

MAIDS IN AMERICA LLC
SUSAN L ELLIS
PO BOX 959
NORTHPORT AL 35476

Local Trade Name and Physical Location

MAIDS IN AMERICA LLC
SUSAN L ELLIS

12490 UPPER COLUMBUS RD
COKER, AL 35452

THE FIRM, CORPORATION, ORGANIZATION, BUSINESS OR PERSON, WHOSE NAME APPEARS ABOVE, HAS PAID THE
REQUIRED LICENSE FEES AND IS AUTHORIZED TO ENGAGE IN BUSINESS IN THIS CITY AS INDICATED BELOW.

<u>Code</u>	<u>Description</u>
ISSUE	ISSUE FEE
561720	JANITORIAL/CLEANING SERVICES

**LICENSE VALID ONLY AT LOCATION INDICATED.
NON-TRANSFERABLE**

Date Issued: 2/05/2020

City Administrator: _____

[Signature]

Authorized By: _____

Whitney Bostick



CITY OF TUSCALOOSA

BUSINESS LICENSE

EXPIRES DECEMBER 31, 2020



THIS LICENSE IS NOT TRANSFERABLE
OWNERSHIP CHANGE REQUIRES NEW LICENSE
LOCATION CHANGE REQUIRES APPROVAL

ACCOUNT ID: 106608
ISSUE NO: 2232
ISSUE DATE: 02/05/2020

2020

NAICS: 561720
CATEGORY: SERVICES
TYPE: JANITORIAL & CLEANING

LICENSED LOCATION:
3714 HARGROVE ROAD EAST
TUSCALOOSA, AL 35405

ELLIS, SUSAN
DBA: MAIDS IN AMERICA EAST
3714 HARGROVE ROAD EAST
TUSCALOOSA, AL 35405

SUSAN F. SNOWDEN
CHIEF FINANCIAL OFFICER

WALTER MADDOX
MAYOR

****RENEW BEFORE FEBRUARY 15th, 2021 TO AVOID PENALTIES****

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12/31/2019

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City of Northport

P.O Box 569
Northport, AL 35173

LICENSE



No. 16064

Mailing Name and Address

MAIDS IN AMERICA LLC
SUSAN L ELLIS
PO BOX 959
NORTHPORT AL 35476

Local Trade Name and Physical Location

MAIDS IN AMERICA LLC
SUSAN L ELLIS
12490 UPPER COLUMBUS RD
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Code

ISSUE
561720

Description

ISSUE FEE
JANITORIAL/CLEANING SERVICES

**LICENSE VALID ONLY AT LOCATION INDICATED.
NON-TRANSFERABLE**

Date Issued: 1/15/2019

City Administrator:

Authorized By:



CERTIFICATE OF LIABILITY INSURANCE

1/1/2019-1/1/2020

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 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 The Insurance Center 2105 Jack Warner Parkway Tuscaloosa AL 35401		CONTACT NAME: Terri Cox PHONE (A/C, No, Ext): (205) 752-0486 E-MAIL ADDRESS: terri@insctr.org FAX (A/C, No): (205) 759-4505															
INSURED Maids in America LLC 902 MAIN AVENUE Northport AL 35476		<table border="1"><thead><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A: Owners Insurance Company</td><td>32700</td></tr><tr><td>INSURER B: Essex Insurance Company</td><td></td></tr><tr><td>INSURER C: Sheffield Fund</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></tbody></table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Owners Insurance Company	32700	INSURER B: Essex Insurance Company		INSURER C: Sheffield Fund		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #																
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INSURER D:																	
INSURER E:																	
INSURER F:																	

COVERAGES **CERTIFICATE NUMBER: 16-17** **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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			38030526-16	1/1/2019	1/1/2020	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	
							Employee Benefits \$
	AUTOMOBILE LIABILITY <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						COMBINED SINGLE LIMIT (Ea accident) \$
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED \$ RETENTION \$						EACH OCCURRENCE \$
							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	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	N/A	3DY3133	1/1/2019	1/1/2021	<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				
C				600-2015-30316-00	1/1/2019	1/1/2021	1,000,000

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

CERTIFICATE HOLDER Montgomery Martin Contractors LLC	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 Blake Burns/KNLE
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