

AGREEMENT FOR ARCHER COMPLEX REPAIR
between
LARAMIE COUNTY and SERVPRO OF CHEYENNE

THIS Agreement is made and entered into by and between Laramie County, Wyoming, P. O. Box 608, Cheyenne, Wyoming 82003-0608, ("COUNTY") and Servpro of Cheyenne, 3823 Cheyenne St., Cheyenne, WY 82001 ("SOC") (Hereinafter, individually referred to as "Party" and collectively referred to as "The Parties"). The parties agree as follows:

I. PURPOSE

The purpose of this Agreement is for SOC to furnish labor and material for restoration, service and remodeling of the Events Center located at 3801 Archer Pkwy, Cheyenne, WY 82009, pursuant to the Estimate dated July 14, 2025, attached and incorporated herein as "Attachment A" (hereinafter "Estimate").

II. TERM

This Agreement shall commence on the date last executed by the duly authorized representatives of the parties to this Agreement and shall remain in full force and effect until this Agreement is completely performed, is terminated by the parties in accordance with this Agreement, whichever occurs first.

III. RESPONSIBILITIES OF SOC

SOC agrees to inspect, repair and restore the Event Center in accordance with the plan outlined in the Estimate and the terms of this Agreement, including general demolition, hazardous material remediation and water extraction and remediation.

IV. RESPONSIBILITIES OF COUNTY

COUNTY agrees to pay eight thousand six-hundred seventy dollars and fifty cents (\$8,670.50) for the services provided by SOC herein.

V. GENERAL PROVISIONS

A. Entire Agreement: This entire agreement (consisting of fourteen (14) pages) consists of: 1) this Agreement (6 pages) and 2) the Estimate (8 pages) these pages represent the entire and integrated agreement and understanding between the parties in regard to the subject matter herein and supersedes all prior negotiations, statements, representations and agreements, whether written or oral. The Agreement and Proposal collectively, shall be referred to as the "Entire Agreement" for the remainder of the document.

B. Independent Contractor: The services to be performed by SOC are those of an independent contractor and not as an employee of COUNTY. SOC is not eligible for Laramie County Employee benefits and will be treated as an independent contractor for federal tax filing purposes. SOC assumes responsibility for its personnel who provide services pursuant to the Entire

Agreement and will make all deductions required of employers by state, federal and local laws and shall maintain liability insurance for each of them. SOC is free to perform the same or similar services for others.

C. Assignment: Neither the Entire Agreement, nor any rights or obligations hereunder shall be assigned or delegated by a party without the prior written consent of the other party.

D. Modification: The Entire Agreement shall be modified only by a written agreement, duly executed by all parties hereto.

E. Invalidity: If any provision of the Entire Agreement is held invalid or unenforceable by any court of competent jurisdiction, or if the COUNTY is advised of any such actual or potential invalidity or unenforceability, such holding or advice shall not invalidate or render unenforceable any other provision hereof. It is the express intent of the parties the provisions of the Entire Agreement are fully severable.

F. Applicable Law and Venue: The parties mutually understand and agree the Entire Agreement shall be governed by and interpreted pursuant to the laws of the State of Wyoming. If any dispute arises between the parties from or concerning the Entire Agreement or the subject matter hereof, any suit or proceeding at law or in equity shall be brought in the District Court of the State of Wyoming, First Judicial District, sitting at Cheyenne, Wyoming or the Federal District Court, District of Wyoming. This provision is not intended, nor shall it be construed to waive COUNTY's governmental immunity as provided in the Entire Agreement

G. Discrimination: All parties agree they will not discriminate against any person who performs work under the terms and conditions of the Entire Agreement because of race, color, gender, creed, handicapping condition, or national origin.

H. ADA Compliance: All parties agree they will not discriminate against a qualified individual with disability, pursuant to a law as set forth in the Americans with Disabilities Act, P.L. 101-336, 42 U.S.C. § 12101, *et seq.*, and/or any properly promulgated rules and regulations relating thereto.

I. Governmental/Sovereign Immunity: COUNTY does not waive its Governmental/Sovereign Immunity, as provided by any applicable law including W.S. § 1-39-101 *et seq.*, by entering into the Entire Agreement. Further, COUNTY fully retains all immunities and defenses provided by law with regard to any action, whether in tort, contract or any other theory of law, based on the Entire Agreement.

J. Third Parties: The parties do not intend to create in any other individual or entity the status of third-party beneficiary, and the Entire Agreement shall not be construed so as to create such status. The rights, duties and obligations contained in the Entire Agreement shall operate only between the parties to the Entire Agreement and shall inure solely to the benefit of the parties to the Entire Agreement.

K. Indemnification: To the fullest extent permitted by law, SOC agrees to indemnify and hold harmless COUNTY, its elected and appointed officials, employees and volunteers from any and all liability for injuries, damages, claims, penalties, actions, demands or expenses arising from or in connection with work performed by or on behalf of SOC for COUNTY except to the extent liability is caused by the sole negligence or willful misconduct of COUNTY or its employees. SOC shall carry liability insurance sufficient to cover its obligations under this provision and provide COUNTY with proof of such insurance upon request.

L. Conflict of Interest: COUNTY and SOC affirm, to their knowledge, no SOC employee has any personal beneficial interest whatsoever in the Entire Agreement described herein. No staff member of SOC, compensated either partially or wholly with funds from the Entire Agreement, shall engage in any conduct or activity which would constitute a conflict of interest relative to the Entire Agreement

M. Insurance: SOC shall carry liability insurance sufficient to cover its obligations under the Entire Agreement, SOC shall furnish COUNTY with the entire policy, original certificates and amendatory endorsements or copies of the applicable policy language effecting coverage required by this clause. All certificates and endorsements are to be received and approved by COUNTY before work commences. However, failure to obtain the required documents prior to the work beginning shall not waive SOC'S obligation to provide them. COUNTY reserves the right to require complete, certified copies of all required insurance policies, including endorsements required by these specifications, at any time.

1. Minimum Limits of Coverage: Insurance shall be Commercial General Liability (CGL): Insurance Services Office Form CG 00 01 or equivalent covering CGL on an "occurrence" basis, including products and completed operations, property damage, bodily injury and personal and advertising injury with limits no less than \$1,000,000 per occurrence with a \$2,000,000 aggregate. If a general aggregate limit applies, either the general aggregate limit shall apply separately to this project/location or the general aggregate limit shall be twice the required occurrence limit. If SOC maintains higher limits than the minimums shown above, COUNTY requires and shall be entitled to coverage for the higher limits maintained by SOC.
2. Primary and Non-Contributory: For any claims related to this contract, SOC'S **insurance coverage shall be primary insurance** as respects COUNTY, its officers, officials, employees, and volunteers. Any insurance of self-insurance maintained by the Entity, its officers, officials, employees, or volunteers shall be excess of the SOC'S insurance and shall not contribute with it.
3. Waiver of Subrogation: SOC hereby grants to COUNTY a **waiver of any right to subrogation** which any insurer of said SOC may acquire against the Entity by virtue of the payment of any loss under such insurance. SOC agrees to obtain any endorsement that may be necessary to affect this waiver

of subrogation, but this provision applies regardless of whether or not the Entity has received a waiver of subrogation endorsement from the insurer.

4. Additional Named: COUNTY, its officers, officials, employees and volunteers are to be covered as additional insureds on the CGL policy with respect to liability arising out of work or operations performed by or on behalf of the Vendor including materials, parts, or equipment furnished in connection with such work or operations. General liability coverage can be provided in the form of an endorsement to the SOC'S insurance at least as broad as ISO Form CG 20 10 11 85 or if not available, through the addition of both CG 20 10 and CG 20 37 if a later edition is used. **Additional Named status shall be reflected on any certificate of insurance and/or SOC will provide COUNTY with a copy of the appropriate endorsement to the policy reflecting the additional named status.**

N. Force Majeure: Neither party shall be liable to perform under the Entire Agreement if such failure arises out of causes beyond control, and without the fault or the negligence of said party. Such causes may include, but are not restricted to, Act of God or the public enemy, fires, floods, epidemics, quarantine restrictions, freight embargoes, and unusually severe weather. In every case, however, a failure to perform must be beyond the control and without the fault or the negligence of said party.

O. Limitation on Payment: COUNTY's payment obligation is conditioned upon the availability of funds which are appropriated or allocated for the payment of this obligation. If funds are not allocated and available for the continuance of the services and equipment provided by SOC, the Agreement may be terminated by COUNTY at the end of the period for which funds are available. COUNTY shall notify SOC at the earliest possible time of the services which will or may be affected by a shortage of funds. At the earliest possible time means at least thirty (30) days before the shortage will affect payment of claims, if COUNTY knows of the shortage at least thirty (30) days in advance. No penalty shall accrue to COUNTY in the event this provision is exercised, and COUNTY shall not be obligated or liable for any future payments due or for any damages as a result of termination under this provision. This provision shall not be interpreted or construed to permit COUNTY to terminate the Entire Agreement in order to acquire similar services from another party.

P. Retention of Records. SOC agrees to retain all required records for three (3) years after the COUNTY makes final payment and all other matters relating to this Agreement are concluded. SOC agrees to permit access by COUNTY or any of its duly authorized representatives to any books, documents, papers and records of SOC which are directly pertinent to this Agreement for purposes including but not limited to audit, examination, excerpts, and transcriptions. It is agreed that finished or unfinished documents, data or reports, prepared by SOC under this contract shall be considered the property of COUNTY and upon completion of the services to be performed, or upon termination of this Agreement for cause, or for convenience of COUNTY, will be turned over to COUNTY.

Q. Termination: The Entire Agreement may be terminated (a) by either party at any time for failure of the other party to comply with the terms and conditions of the Entire Agreement; (b) by either party, with thirty (30) days' prior written notice to the other party; or (c) upon mutual written agreement by both parties.

R. Notices: All notices required and permitted under the Entire Agreement shall be deemed to have been given, if and when deposited in the U.S. Mail, properly stamped and addressed to the party for whom intended at such parties' address listed herein, or when personally delivered personally to such party. A party may change its address for notice hereunder by giving written notice to the other party.

S. Agreement Controls: Where a conflict exists or arises between any provision or condition of this Agreement and the Proposal, the provisions and conditions set forth in this Agreement shall control.

T. Compliance with Law: The parties agree that they shall comply with all applicable laws, regulations and ordinances, whether Federal, State or Local.

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AGREEMENT FOR ARCHER COMPLEX REPAIR
between
LARAMIE COUNTY and SERVPRO OF CHEYENNE

Signature Page

LARAMIE COUNTY

By: _____ Date _____
Chairman, Laramie County Board of Commissioners

ATTEST:

By: _____ Date _____
Debra Lee, Laramie County Clerk

SERVPRO OF CHEYENNE

By:  _____ Date 07/22/2025
Ricardo Hernandez, Owner

This Agreement is effective the date of the last signature affixed to this page.

REVIEWED AND APPROVED AS TO FORM ONLY:

By:  _____ Date 7/25/25
Laramie County Attorney's Office

ATTACHMENT A



Servpro of Cheyenne

P.O Box 20632
Cheyenne, WY 82003
Office: (307) 514-9011
Fax: (307) 514-9012
Email: office@servprocheyenne.com
Tax ID: 47-2570603

Client: Jason Smallwood
Property: 3801 Archer Pkwy
Cheyenne, WY 82009

Home: (307) 630-8180

Operator: CSNIV

Estimator: Chance Snively
Position: Mitigation Estimator
Business: 3823 Cheyenne st Unit D
Cheyenne, WY 82001

Business: (307) 514-9011
E-mail: csnively@servprocheyenne.com

Type of Estimate: Cat 3

Date Entered: 7/14/2025

Date Assigned:

Price List: WYCH8X_JUL25
Labor Efficiency: Restoration/Service/Remodel
Estimate: JASON_SMALLWOOD
File Number: Self-Pay

This estimate is the property of SERVPRO of Cheyenne and has been prepared for the exclusive use of our customer, the insurance agent, the insurance adjuster and insurance company. This estimate may not be distributed or copied without the expressed written permission of SERVPRO of Cheyenne.

PLEASE BE ADVISED:

This is a preliminary estimate for Mold Remediation only. All hourly and square footage rates are subject to change. After the project completion the line items will reflect the actual work done and the actual time spent on the job, which could be higher or lower than the preliminary estimate.

Unforeseen Circumstances:

During work on your property, we may discover additional mold contamination or water damage. We will promptly notify you of changes in the scope of work that impact the timeframe or cost of the remediation process.

I hereby acknowledge and agree to hold harmless the Provider and its affiliates, agents, officers, employees, consultants, franchisor, successors, heirs, administrators, and all other related persons, firms, corporations, associations, or partnerships associated with the project located at the address stated above of and from any and all unforeseen damages or losses which might be sustained by any form of adhesive, tape, and all other materials and products that may be utilized and are deemed necessary to perform any and all remediation services.

An IEP (Indoor Environmental Professional) should conduct post-remediation verification that the property has been restored to levels of mold which are normal for indoor environments. Provider cannot verify or be responsible for the results of remediation if you decline indoor environmental testing. (SERVPRO of Cheyenne does not offer indoor environmental testing services).

Based on the year the structure was built, lead and or asbestos testing may be required to be performed by an IEP (Indoor Environmental Professional). Additional charges may be applied by the IEP, which are not included in SERVPRO of Cheyenne's estimate. (SERVPRO of Cheyenne does not offer indoor environmental testing services).



Servpro of Cheyenne

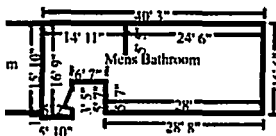
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 Tax ID: 47-2570603

JASON_SMALLWOOD

Main Level

Main Level

DESCRIPTION	QTY	REMOVE	REPLACE	TAX	TOTAL
1. Equipment setup, take down, and monitoring (hourly charge)	2.00 HR	0.00	89.20	0.00	178.40
This is for setup and take down of equipment for two days.					
2. Negative air fan/Air scrubber (24 hr period) - No monit.	14.00 DA	0.00	74.03	0.00	1,036.42
This is for two air scrubbers for seven days each.					
3. Add for HEPA filter (for negative air exhaust fan)	0.25 EA	0.00	215.93	2.94	56.92
4. Add for personal protective equipment (hazardous cleanup)	16.00 EA	0.00	12.24	11.75	207.59
This is for 4 technicians with two suits a day for two days.					
5. Respirator - Half face - multi-purpose resp. (per day)	4.00 DA	0.00	1.67	0.00	6.68
6. Respirator cartridge - HEPA only (per pair)	4.00 EA	0.00	18.44	4.43	78.19
7. Personal protective gloves - Disposable (per pair)	35.00 EA	0.00	0.41	0.86	15.21
8. Containment Barrier/Airlock/Decon. Chamber	220.63 SF	0.00	1.36	2.25	302.31
9. Peel & seal zipper	4.00 EA	0.00	15.94	2.40	66.16
10. Containment Barrier - tension post (per day)	28.00 DA	0.00	3.35	0.00	93.80
This is for four tension poles for seven days each.					
11. Tandem axle dump trailer - per load - including dump fees	1.00 EA	294.74	0.00	0.00	294.74
Total: Main Level				24.63	2,336.42



Mens Bathroom

Height: 8' 11"

1,180.97 SF Walls	595.62 SF Ceiling
1,776.59 SF Walls & Ceiling	595.62 SF Floor
66.18 SY Flooring	131.58 LF Floor Perimeter
135.00 LF Ceil. Perimeter	

Door

3' 5" X 6' 8"

Opens into Exterior

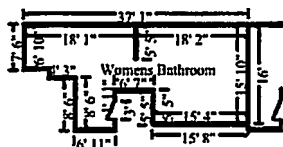


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CONTINUED - Mens Bathroom

DESCRIPTION	QTY	REMOVE	REPLACE	TAX	TOTAL
12. Tear out wet drywall, cleanup, bag - Cat 3 This is a estimated amount of drywall demolition on the affected ceiling and wall.	111.08 SF	1.84	0.00	0.93	205.32
13. Tear out and bag wet insulation - Category 3 water This is for removing affected insulation in the exposed framing.	111.08 SF	1.41	0.00	0.33	156.95
14. HEPA Vacuuming - Detailed - (PER SF) This is for HEPA vacuuming the walls, ceiling and floor inside the containment.	890.15 SF	0.00	1.12	0.00	996.97
15. Clean floor or roof joist system This is for cleaning the exposed framing and ceiling joist.	59.81 SF	0.00	2.06	0.07	123.28
16. Clean stud wall This is for cleaning exposed framing.	51.27 SF	0.00	1.65	0.06	84.66
17. Disinfect building - fog / spray - per SF	175.15 SF	0.00	0.58	0.42	102.01
18. Apply anti-microbial agent to the surface area	890.15 SF	0.00	0.42	2.67	376.53
19. HEPA Vacuuming - Light - (PER SF) This is for HEPA vacuuming the walls, ceiling nd floor inside the containment.	890.15 SF	0.00	0.58	0.00	516.29
20. Dehumidifier (per 24 hr period) - 70-109 ppd - No monitor. This is for one dehumidifier for three days.	3.00 EA	0.00	77.27	0.00	231.81
Totals: Mens Bathroom				4.48	2,793.82



Womens Bathroom

Height: 8' 11"

1,125.79 SF Walls	478.59 SF Ceiling
1,604.38 SF Walls & Ceiling	478.59 SF Floor
53.18 SY Flooring	125.50 LF Floor Perimeter
128.50 LF Ceil. Perimeter	

Door	3' X 6' 8"	Opens into Exterior			
DESCRIPTION	QTY	REMOVE	REPLACE	TAX	TOTAL
21. Tear out wet drywall, cleanup, bag - Cat 3	141.44 SF	1.84	0.00	1.19	261.44



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CONTINUED - Womens Bathroom

DESCRIPTION	QTY	REMOVE	REPLACE	TAX	TOTAL
This is a estimated amount of drywall demolition needed on the ceiling and wall.					
22. Tear out and bag wet insulation - Category 3 water	117.94 SF	1.41	0.00	0.35	166.65
This is for removing exposed insulation.					
23. HEPA Vacuuming - Detailed - (PER SF)	587.00 SF	0.00	1.12	0.00	657.44
This is for HEPA vacuuming the walls, ceiling and floor inside the containment.					
24. Clean floor or roof joist system	87.94 SF	0.00	2.06	0.11	181.27
This is for cleaning the exposed ceiling joist.					
25. Clean stud wall	53.50 SF	0.00	1.65	0.06	88.34
This is for cleaning the exposed wall framing.					
26. Disinfect building - fog / spray - per SF	110.83 SF	0.00	0.58	0.27	64.55
27. Apply anti-microbial agent to the surface area	587.00 SF	0.00	0.42	1.76	248.30
28. HEPA Vacuuming - Light - (PER SF)	587.00 SF	0.00	0.58	0.00	340.46
This is for HEPA vacuuming the walls, ceiling and floor inside the containment.					
29. Dehumidifier (per 24 hr period) - 70-109 ppd - No monitor.	3.00 EA	0.00	77.27	0.00	231.81
This is for one dehumidifier for three days.					
Totals: Womens Bathroom				3.74	2,240.26
Total: Main Level				32.85	7,370.50

General

DESCRIPTION	QTY	REMOVE	REPLACE	TAX	TOTAL
30. Asbestos test fee - full service survey - base fee	1.00 EA	0.00	650.00	0.00	650.00
This is a estimated cost for a pre-demolition asbestos test. This test is performed by a third party.					
31. test fee - mold air clearance- base fee	1.00 EA	0.00	650.00	0.00	650.00
This is a estimated cost for a post mold clearance test. This test is performed by a third party.					
Totals: General				0.00	1,300.00



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Line Item Totals: JASON_SMALLWOOD

32.85

8,670.50

Grand Total Areas:

2,306.76 SF Walls	1,074.21 SF Ceiling	3,380.97 SF Walls and Ceiling
1,074.21 SF Floor	119.36 SY Flooring	257.08 LF Floor Perimeter
0.00 SF Long Wall	0.00 SF Short Wall	263.50 LF Ceil. Perimeter
1,074.21 Floor Area	1,153.93 Total Area	2,505.90 Interior Wall Area
2,074.43 Exterior Wall Area	213.50 Exterior Perimeter of Walls	
0.00 Surface Area	0.00 Number of Squares	0.00 Total Perimeter Length
0.00 Total Ridge Length	0.00 Total Hip Length	



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Summary for Dwelling

Line Item Total	8,637.65
Material Sales Tax	32.85
Replacement Cost Value	\$8,670.50
Net Claim	\$8,670.50

Chance Snively
Mitigation Estimator



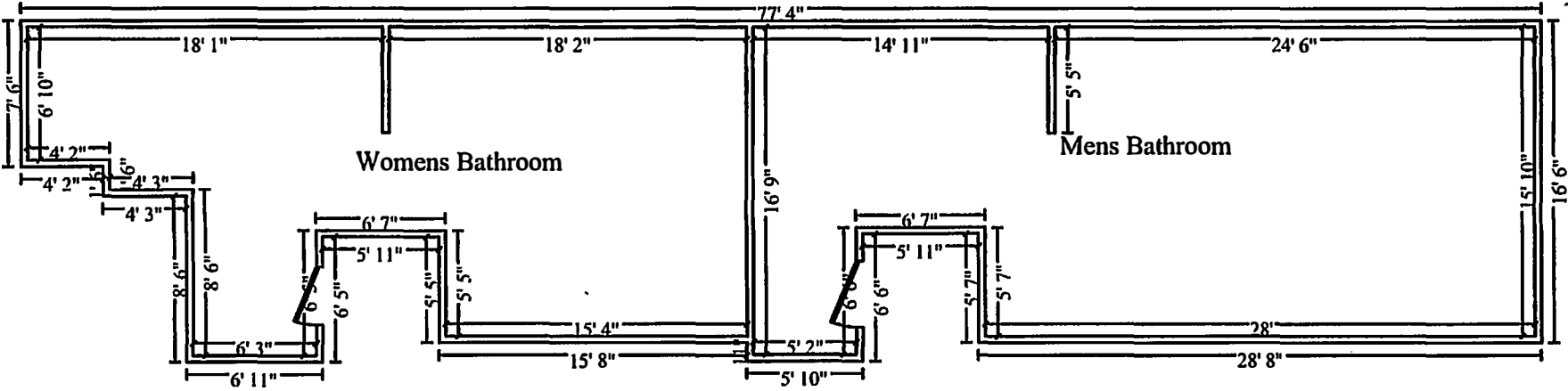
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Recap by Category

Items	Total	%
GENERAL DEMOLITION	1,082.30	12.48%
HAZARDOUS MATERIAL REMEDIATION	7,091.73	81.79%
WATER EXTRACTION & REMEDIATION	463.62	5.35%
Subtotal	8,637.65	99.62%
Material Sales Tax	32.85	0.38%
Total	8,670.50	100.00%

SERVPRO of Cheyenne is pleased to provide our customers the finest professional mitigation and restoration services. The estimate and the scope of services provided are according to the professional guidelines as stated in the IICRC Standard and Reference Guide for Professional Mold Remediation published by the Institute of Inspection Cleaning and Restoration Certification (IICRC), 4043 S Eastern Ave, Las Vegas, Nevada 89119 USA



Main Level



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/18/2025

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
Marsh Affinity
a division of Marsh USA LLC.
PO BOX 14404
Des Moines IA 50306-9686

CONTACT NAME: Marsh Program & Franchise

PHONE (A/C, No, Ext): 855-459-9164

FAX (A/C, No):

E-MAIL ADDRESS: servprofranchiseinsurance@marsh.com

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A : Restoration Risk Retention Group

12209

INSURER B : Artisan and Truckers Casualty Company

10194

INSURER C : Nationwide Mutual Insurance Co

23787

INSURER D :

INSURER E :

INSURER F :

INSURED
Chico, LLC
PO Box 20632
Cheyenne WY 82003

Customer Number: 3334443

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 INSN	SUBR WRN	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 <input checked="" type="checkbox"/> \$1,000 Deductible GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			RGL151921	04/02/2025	04/02/2026	EACH OCCURRENCE \$ 3,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 3,000,000 GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COM/OP AGG \$ 5,000,000 \$
B	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> Owned PPV <input type="checkbox"/> Owned other than PPV <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$			987801004	04/07/2025	10/07/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$ EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	RGL151921 Stop Gap - WY	04/02/2025	04/02/2026	PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	CPL (\$1,500 Deductible)			RPU151452	04/02/2025	04/02/2026	PER OC: \$3,000,000 AGG: \$5,000,000
A	Limited Service and Repair			RLS151715	04/02/2025	04/02/2026	PER OC: \$500,000 AGG: \$500,000
A	Cyber(\$ 1,000 deductible)			RCY707801	10/26/2024	10/26/2025	PER OC: \$250,000 AGG: \$250,000
C	Bailees Liability (\$1000 Deductible)			ACPCI013097399361	09/24/2024	09/24/2025	POLICY LIMIT: \$250,000

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

County, its officers, officials, employees, and volunteers are listed as additional insured on the General Liability where required by written contract.

CERTIFICATE HOLDER

CANCELLATION

Laramie County
P.O. Box 608,
Cheyenne, WY 82003

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:

No Phillips

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AGENCY CUSTOMER ID: 3334443
LOC #: _____



ADDITIONAL REMARKS SCHEDULE

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AGENCY Marsh USA, Inc		NAMED INSURED Chico, LLC PO Box 20632 Cheyenne WY 82003	
POLICY NUMBER RLS151715		EFFECTIVE DATE: 04/02/2025	
CARRIER Restoration Risk Retention Group	NAIC CODE 12209		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Miscellaneous Limited Professional Liability Coverage of \$ 250,000 per claim / \$ 250,000 General Aggregate applies to the policy RPU151452

Additional Named Insured:

10399 Chico, LLC dba Servpro of Cheyenne