



February 10, 2023.

**SEASON PLAN**

Weekly grass mowing (blowing/trimming of the grass along driveway and sidewalk). April-October

Spring mulch service : Includes double shredded brown mulch, deep edging (where possible), bush trimming and weeding. (March)

Monthly weeding removal from flower beds (from April to November)

Summer bush trimming

Fall Aeration & Seeding

Fall bush trimming and 2 leaf cleanups

Total : **\$2,600**

One-time payment (5% discount included) **\$2,470**

or

10 payments from March 2023 thru December 2023 of **\$260**

**MOWING SERVICE**

Weekly grass mowing single family home (blowing/trimming of the grass along driveway and sidewalk).

**\$38 per week \***

*\* billed monthly*

**All payments must be mailed to :**

Grasshopper Landscaping LLC

13600 Filly Ct.

Gainesville, VA 20155

**CLIENT INFORMATION FROM REGENCY COOPERATIVE**

NAME :

\_\_\_\_\_

ADDRESS :

\_\_\_\_\_

PHONE NUMBER :

\_\_\_\_\_

EMAIL ADDRESS :

\_\_\_\_\_

**PLAN OPTION :**

( ) Season Plan

Payment option :

( ) One time payment of \$2,470 (5% discount)

( ) Payment Plan from March 2023 thru December 2023 of \$260 monthly

-----

( ) Mowing Service

Billed monthly

-----

**Cancellation of Service** : A notice of 30 days is required. The balance of the account needs to be paid in full to terminate the service. The season plan is *No refundable*.

**Customer Signature :** \_\_\_\_\_ **Date :** \_\_\_\_\_

## Vendor Application

**Business Name** Grasshopper Landscaping LLC

**Contact Person** Fay Almeida

**Contact Phone Number** (703) 754-2457

**Contact E-mail Address** grasshopperland@ymail.com

**Business Address** 13600 Filly Ct. Gainesville - VA 20155

**Business Phone Number** (703) 754-2457

**Business E-mail Address** grasshopperland@ymail.com

**Business Website (if any)** www.ghoppergrass.com

**List All Services/Products You Provide, with the regular advertised price and the Regency Co-op discounted price or percentage, beyond any discount that may be offered on a website or mailer (use additional sheets if necessary):**

Weekly grass mowing - \$38 (co-op) / \$43 (non-member) 2023

Fall aeration and seeding \$240 (co-op) / \$265 (non-member) 2023

Season Plan : Attached

**Effective Date of above prices (all vendors must agree to a pricing agreement of one year's duration)**

February 10th 2023

**Mail completed form, along with a copy of your current liability insurance, to:  
regencycooperative@gmail.com, or US Mail to:**

**Regency Cooperative  
15536 Fassels Ct  
Haymarket, VA 20169**



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
03/02/2022

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> Day, Deadrick & Marshall, Inc. P.O. Box 1840 Beltsville, MD 20704-1840 Darrell C. Diehl	301-937-1500	<b>CONTACT NAME:</b> Darrell C. Diehl <b>PHONE (A/C, No, Ext):</b> 301-937-1500 <b>FAX (A/C, No):</b> 301-937-9120 <b>E-MAIL ADDRESS:</b>
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> Grasshopper Landscaping, LLC 13600 Filly Court Gainesville, VA 20155	<b>INSURER A:</b> Selective Insurance Company	NAIC # 12572
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

### 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"/> 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:			S 2273826	03/01/2022	03/01/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			S 2273826	03/01/2022	03/01/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			NOT COVERED			EACH OCCURRENCE \$ AGGREGATE \$
A	<input checked="" type="checkbox"/> 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		WC 9114895	03/01/2022	03/01/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
				NOT COVERED			

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

<b>CERTIFICATE HOLDER</b>  Regency Cooperative 15536 Fassels Court Haymarket, VA 20169	<b>CANCELLATION</b>  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 
--	--