



## JANITORIAL SERVICES CONTRACT

This agreement, made between Ace Cleaning Systems Inc. (hereinafter referred to as "Ace") and Intracoastal Tower Condo is subject to the following provisions: Ace will provide janitorial services to Intracoastal Tower Condo at the following location(s) 1505 North Riverside Drive, Pompano Beach, FL33062.

1. **Term of Agreement.** This agreement shall be in effect on **TBD** through **TBD**.
2. **Termination of Agreement.** In the event that this Agreement proves unsatisfactory, a 30-day written notice by either party may terminate the Agreement. If Intracoastal Tower Condo cancels without 30-day notice, client will be billed a pro-rated amount for services rendered at the time of cancellation. Ace may terminate the Agreement at any time without notice for nonpayment of services.
3. **Payment Terms.**
  - a. Invoices for cleaning services are sent on the 1st day of each month with terms of Net 15 days.
  - b. Invoices not paid within 30 days of the invoice date will be assessed a finance charge of 2%.
  - c. Accounts delinquent after 45 days will be put on a cash basis for any future purchases.
  - d. If Intracoastal Tower Condo is referred to a collection agency or attorney for collection, the attorney's fees and costs of collection shall be recoverable Ace.
4. **Price for Porter/Janitorial Services - 2 days per week (T/F - 8 hours weekly/4 hours per site visit)** Client agrees to pay **\$980.00** per month.
5. **Price Adjustments.** There will be no price adjustments for services for the period of **TBD - TBD**. If the contract is extended at the end of the contract period, the price may be adjusted at that time.
6. **Cleaning Chemicals Equipment and Consumable Supplies.** All cleaning chemicals and equipment to perform contracted janitorial services will be supplied by Ace and are included in the monthly janitorial service fee. Trash can liners will be provided by Ace and will be reimbursed for usage by Intracoastal Tower Condo. Trash can liners will be added to the monthly janitorial service invoice as an additional line item.
7. **Indemnification.** Ace shall indemnify and hold harmless Intracoastal Tower Condo from claims for injury, death and/or property damage due to the result of negligent



acts and omission of Ace, its agents and employees which are out of the work being performed under the Scope of this Agreement.

8. **Insurance.** Ace will carry appropriate insurance and bond and will provide a Certificate of Insurance to the Client.
9. **Independent Contractor.** Ace is an independent contractor and all persons employed to furnish services are employees of Ace.
10. **Entire Agreement.** This Agreement and the attached cleaning schedule are the entire Agreement between both parties. All prior negotiations between the parties are merged into this Agreement. The Agreement may not be modified except by the written approval of both parties.
11. **Effective Date.** This agreement commences on **TBD**.
12. **Acceptance.** By signing below both parties accept the terms and conditions of this agreement.

  
 SIGNATURE  
Margarita Crane

 SIGNATURE  
Zachary Shor

**Request for Taxpayer  
Identification Number and Certification**

Give Form to the requester. Do not send to the IRS.

Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

1 Name (as shown on your income tax return). Name is required on this line, do not leave this line blank.  
**ACE Cleaning Systems, Inc**

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.  
 Individual/sole proprietor or single-member LLC  
 C Corporation  
 S Corporation  
 Partnership  
 Trust/estate  
 Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ \_\_\_\_\_  
 Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.  
 Other (see instructions) ▶ \_\_\_\_\_

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  
 Exempt payee code (if any) \_\_\_\_\_  
 Exemption from FATCA reporting code (if any) \_\_\_\_\_  
 (Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.  
**6574 North State Road 7 #322**

6 City, state, and ZIP code  
**Coconut Creek FL 33073**

7 List account number(s) here (optional)

8 Requester's name and address (optional)

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number  

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 or  
 Employer identification number  

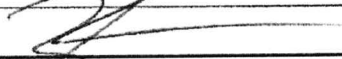
3	7	-	1	6	2	1	3	9	0
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**Part II Certification**

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here Signature of U.S. person ▶  Date ▶ 1/2/2024

**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

**Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.



ACECLEA-01

BCUNDY

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
2/29/2024

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> <b>TCC Associates, Inc.</b> 2691 E Oakland Park Blvd Suite 202 Fort Lauderdale, FL 33306	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): <b>(954) 565-1117</b>		FAX (A/C, No): <b>(954) 565-1131</b>
	<b>E-MAIL ADDRESS:</b> office@tccassociates.com		
<b>INSURED</b> <b>Ace Cleaning Systems, Inc.</b> <b>Zach Shor</b> <b>21290 Purple Sage Lane</b> <b>Boca Raton, FL 33428</b>	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	<b>INSURER A : Ategrity Specialty Ins Co</b>		<b>16427</b>
	<b>INSURER B : RetailFirst Insurance Company</b>		<b>10700</b>
	<b>INSURER C : Western Surety</b>		
	<b>INSURER D :</b>		
	<b>INSURER E :</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 SUBR WSD 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"/> PER-SUBJECT <input type="checkbox"/> LOC  OTHER:		01-C-PK-P20074155-1	3/1/2024	3/1/2025	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"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident)	\$
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
							\$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE  DED    RETENTION \$					EACH OCCURRENCE	\$
						AGGREGATE	\$
							\$
B	<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	0520-50115	2/19/2024	2/19/2025	PER STATUTE    OTH-ER	
						E.L. EACH ACCIDENT	\$ 500,000
						E.L. DISEASE - EA EMPLOYEE	\$ 500,000
						E.L. DISEASE - POLICY LIMIT	\$ 500,000
C	<b>Janitorial Bond</b>		61880377	11/20/2023	11/20/2024	<b>Bond Limit</b>	100,000

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

FOR INFORMATIONAL PURPOSES ONLY

<b>CERTIFICATE HOLDER</b>  <b>Ace Cleaning Systems, Inc.</b> 21290 Purple Sage Lane Boca Raton, FL 33428	<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 