

WAIVER OF LIEN

Partial

STATE OF: ILLINOIS
COUNTY OF: Jackson

To Whom It May Concern:

Whereas the undersigned has been employed by Franklin County Board to furnish material and or labor for the premises known as, ~~Franklin County Jail HVAC Upgrades of which Franklin County Board is the~~ owner.


The undersigned, for and in consideration of:

Fifty-Seven Thousand Fifty-Nine and 65/100 Dollars

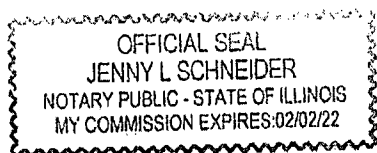
(\$ 57,059.65) Dollars

and other good and valuable considerations, the receipt whereof is hereby acknowledged, do(es) hereby waive and release any and all lien or claim of, or right to, lien, under the statutes of the State of Illinois, relating to mechanics' liens, on the above described premises and improvements thereon, and on the monies or other consideration due or to become due from owner, on account of labor or services, material, fixtures, or apparatus heretofore furnished or which may be furnished at any time hereafter by the undersigned for the above described premises.

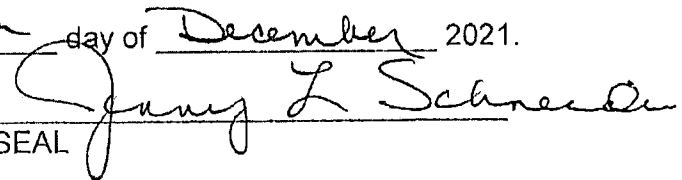
Signed: Southern Illinois Piping Contractors, Inc.

By: 

Given under my hand and seal this 10th day of December 2021.



SEAL



Note: All waivers must be for the full amount paid. If waiver is for a corporation, corporate name should be used, corporate seal affixed and title of officer signing waiver should be set forth; if waiver is for partnership, the partnership name should be used, partner should sign and designate himself as partner.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/14/2021

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 Bob White Insurance Agency, LLC 1305 Salem Road MI Vernon IL 62864		CONTACT NAME: Kristina White PHONE (A/C, No, Ext): (618) 241-9080 FAX (A/C, No): (618) 241-9081 E-MAIL ADDRESS: csr@bobwhiteinsuranceagency.com	
INSURED SOUTHERN ILLINOIS PIPING CONTRACTORS INC PO BOX 3130 CARBONDALE IL 62902-3130		INSURER(S) AFFORDING COVERAGE INSURER A: Erie Exchange NAIC # 26271 INSURER B: Erie Insurance Co Of New York 16233 INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES CERTIFICATE NUMBER: CL2162902320 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"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			Q43-0156143	07/01/2021	07/01/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 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
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			Q07-0140896	07/01/2021	07/01/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			Q31-0173116	07/01/2021	07/01/2022	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
B	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	N/A	Q91-5102639	07/01/2021	07/01/2022	<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
A	Contractors Rented/Leased Equipment			Q43-0156143	07/01/2021	07/01/2022	Limit of Coverage \$50,000

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

RE: Franklin County Jail - HVAC Upgrades, Benton, IL Project Number MH2111 Installation Coverage \$44,570

CERTIFICATE HOLDER

CANCELLATION

Quality Sheet Metal LLC PO Box 3272 Carbondale IL 62902	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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CONTINUATION SHEET

AIA DOCUMENT G703

PAGE 2 OF 2 PAGES

AIA Document G702, APPLICATION AND CERTIFICATE FOR PAYMENT, containing Contractor's signed Certification is attached.
 In tabulations below, amounts are stated to the nearest dollar.
 Use Column I on Contracts where variable retainage for line items may apply.

APPLICATION NUMBER: 1
 APPLICATION DATE: 12/10/2021
 PERIOD TO: 12/10/2021
 PROJECT NO: MH 2111

A ITEM NO.	B DESCRIPTION OF WORK	C SCHEDULED VALUE	D WORK COMPLETED		F MATERIALS PRESENTLY STORED (NOT IN D OR E)	G		H BALANCE TO FINISH (C-G)	I RETAINAGE
			FROM PREVIOUS APPLICATION (D + E)	THIS PERIOD		TOTAL COMPLETED AND STORED TO DATE (D + E +F)	% (G/C)		
1	Mobilization	2,500.00						2,500.00	
2	Bond	2,984.00		2,984.00		2,984.00	100.00%		298.40
3	Builders Risk								
4	Overhead & Profit	29,283.00		6,221.61		6,221.61	21.25%	23,061.39	622.16
	<u>Subcontractors</u>								
	Controls Honeywell	118,724.00		9,624.00		9,624.00	8.11%	109,100.00	962.40
	Insulation Triangle	7,293.00						7,293.00	
	Electric Burke	5,500.00						5,500.00	
	Balancing Gsquare	4,800.00						4,800.00	
	Sheet Metal Quality	43,000.00						43,000.00	
	<u>Equipment/Material</u>								
	Air Handling Units TMI/Daikin	49,014.00		0.00	44,570.00	44,570.00	90.93%	4,444.00	4,457.00
	Pipe/Valves/Fittings	7,722.00						7,722.00	
	Refrigerant	500.00						500.00	
	Misc.	1,500.00						1,500.00	
	<u>Labor</u>								
	Demolition	6,260.00						6,260.00	
	Air Handling Units	5,340.00						5,340.00	
	Hot/Chilled Water Piping	11,200.00						11,200.00	
	Charging/Startup	1,280.00						1,280.00	
	Condensate Drains	1,500.00						1,500.00	
	Total	298,400.00		18,829.61	44,570.00	63,399.61	21.25%	235,000.39	6,339.96

APPLICATION AND CERTIFICATE FOR PAYMENT AIA DOCUMENT G702 PAGE ONE OF 2 PAGES

TO OWNER: Franklin County Board Campbell Building, 901 Public Square Benton, IL 62812	PROJECT: HVAC Upgrades Franklin County Jail	APPLICATION NUMBER: 1 PERIOD TO: 12/10/2021 PROJECT NO.: MH 2111	Distribution To: OWNER ARCHITECT CONTRACTOR
FROM CONTRACTOR: Southern Illinois Piping Contractors, Inc. 1100 Reed Station Road; PO Box 3130 Carbondale, IL 62902	VIA ARCHITECT: McCoy and Howard Consulting Engineers, Inc. PO Box 581, 413 Main St. Mt. Vernon IL 62864	CONTRACT DATE: 8/16/2021 CONTRACT FOR: HVAC	

CONTRACTOR'S APPLICATION FOR PAYMENT

Application is made for payment, as shown below, in connection with the Contract. Continuation Sheet AIA Document G703, is attached.

1. ORIGINAL CONTRACT SUM.....	\$ 298,400.00
2. Net change by Change Orders.....	\$ -
3. CONTRACT SUM TO DATE (Line 1 +/- 2).....	\$ 298,400.00
4. TOTAL COMPLETED & STORED TO DATE..... (Column G on G703)	\$ 63,399.61
5. RETAINAGE:	
a. 10% of Completed Work (Columns D + E on G703)	\$ 1,882.96
b. 10% of Stored Material (Column F on G703)	\$ 4,457.00
Total Retainage (Line 5a + 5b or Total in Column I of G703).....	\$ 6,339.96
6. TOTAL EARNED LESS RETAINAGE..... (Line 4 less Line 5 Total)	\$ 57,059.65
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT..... (Line 6 from prior Certificate)	\$ -
8. CURRENT PAYMENT DUE.....	\$ 57,059.65
9. BALANCE TO FINISH, INCLUDING RETAINAGE (Line 3 less Line 6)	\$ 241,340.35

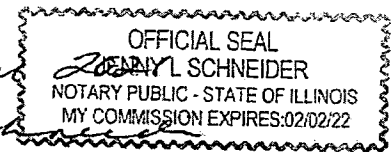
CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS
Total changes approved in previous months by Owner	\$ -	\$ -
Total approved this Month	\$ -	\$ -
TOTALS	\$ -	\$ -
NET CHANGES by Change Order	\$ -	\$ -

The Undersigned Contractor certifies that to the best of the Contractor's knowledge, information and belief the Work covered by this Application for Payment has been completed in accordance with the Contract Documents, that all amounts have been paid by the Contractor for Work for which previous Certificates for Payment were issued and payments received from the Owner, and that current payment shown herein is now due.

CONTRACTOR: Southern Illinois Piping Contractors, Inc.

By: [Signature] Date: December 10, 2021

State of: Illinois
 County of: Jackson
 Subscribed and sworn to before me this 10th day of December
 Notary Public: Jenny L. Schneider
 My Commission expires: 2-2-22



ARCHITECT'S CERTIFICATE FOR PAYMENT

In accordance with the Contract Documents, based on on-site observations and the data comprising this application, the Architect certifies to the Owner that to the best of the Architect's knowledge, information and belief the Work has progressed as indicated, the quality of the Work is in accordance with the Contract Documents, and the Contractor is entitled to payment of the AMOUNT CERTIFIED.

AMOUNT CERTIFIED..... \$ 57,059.65

(Attach explanation if amount certified differs from the amount applied for. Initial all figures on this Application and on the Continuation Sheet that are changed to conform to the amount certified.)

ARCHITECT: McCoy and Howard Consulting Engineers, Inc.

By: [Signature] Date: 17 DEC 2021

This Certificate is not negotiable. The AMOUNT CERTIFIED is payable only to the Contractor named herein. Issuance, payment and acceptance of payment are without prejudice to any rights of the Owner or Contractor under this Contract.