

LE STUDIO
17300 madison ave
lakewood ohio, 44107
USA

studio CHARTREUSE

RING
216.221.9710
INSTAGRAM
studio_chartreuse

CLIENT : City of Lakewood, Katelyn Milius
PROJECT : One Lakewood Place : Phase 1

STATEMENT OF WORK CONTRACT

This Statement of Work (SOW) is by Charity D'Amato and between studio Chartreuse, 17300 Madison Ave, Lakewood OH 44107 and The City of Lakewood; 12650 Detroit Ave. Lakewood, OH 44107. This SOW is effective March 20, 2018.

SCOPE OF WORK & DELIVERY DATES

- Discussion/brainstorm about the project messaging highlights with the city/development team (March 20th, 2018)
- Initial messaging directions, 10-15 main messaging key points; including supportive sub-messages (March 28th, 2018)
- Revisions to the messaging, final tweaking (April 4th, 2018)
- Initial PowerPoint slide layouts & coordinating postcard/handout for review (April 4th, 2018)
- Revisions to the slides & postcard layouts for review (TBD*)
- Provide initial social media content/strategy/guide; (TBD*)
- Make adjustments to final social content and provide all files to client (TBD*)

* Items marked TBD will be delivered on or before June 1, 2018 as agreed upon by the City of Lakewood and Studio Chartreuse.


PAYMENT

\$3750

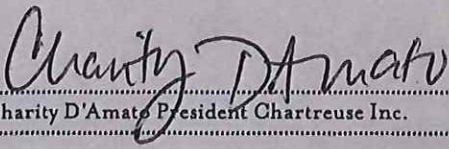
Terms : half (\$1875) at the beginning of the project and the remainder (\$1875) at the completion of the project.

Domestic payments may be paid via check or Paypal.

Payments should be payed/mailed to studio Chartreuse; 17300 Madison Ave, Lakewood OH 44107


Client Approval : *Now the fun part starts!*

4-4-2018
Date


Charity D'Amato President Chartreuse Inc.

4.5.2018
Date

Approved As To Legal Form:


Director of Law, City of Lakewood



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/28/2018

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 KING INS AND FIN SVCS INC 1893 EAST AURORA ROAD TWINSBURG OH 44087	CONTACT NAME: PHONE (A/C, No, Ext): 440-439-9990	FAX (A/C, No): 855-835-2611	
	INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED CHARTREUSE INC & 17300 MANAGEMENT LLC 17300 MADISON AVE LAKEWOOD OH 44107	INSURER A: State Farm Mutual Automobile Insurance Company		25178
	INSURER B: State Farm Fire and Casualty Company		25143
	INSURER C:		
	INSURER D:		
	INSURER E:		

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
B	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:		Y	95-PW-0575-9	01/04/2018	01/04/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPI/OP AGG \$ \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY		Y	113 9300-E01-35G	11/01/2017	05/01/2018	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ 250,000 BODILY INJURY (Per accident) \$ 500,000 PROPERTY DAMAGE (Per accident) \$ 100,000 \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	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			PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER**CANCELLATION**

ADDITIONAL INSURED: CITY OF LAKEWOOD 12650 DETROIT AVENUE LAKEWOOD OH 44107	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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**Bureau of Workers'
Compensation**

30 W. Spring St.
Columbus, OH 43215

Certificate of Ohio Workers' Compensation

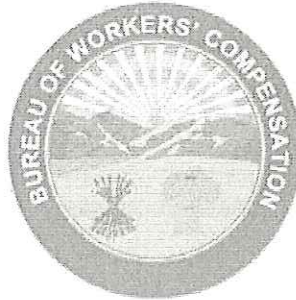
This certifies that the employer listed below participates in the Ohio State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. This certificate is only valid if premiums and assessments, including installments, are paid by the applicable due date. To verify coverage, visit www.bwc.ohio.gov, or call 1-800-644-6292.

This certificate must be conspicuously posted.

Policy number and employer
01395112

Period Specified Below
07/01/2017 to 07/01/2018

CHARTREUSE INC
17300 MADISON
LAKEWOOD, OH 44107-5701



www.bwc.ohio.gov
Issued by: WC


Administrator/CEO

You can reproduce this certificate as needed.

Ohio Bureau of Workers' Compensation

Required Posting

Effective Oct. 13, 2004, Section 4123.54 of the Ohio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means an employee may dispute or prove untrue the presumption (or belief) that alcohol or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.

The burden of proof is on the employee to prove the presence of alcohol or a controlled substance was not the proximate cause of the work-related injury. An employee who tests positive or refuses to submit to chemical testing may be disqualified for compensation and benefits under the Workers' Compensation Act.



**Bureau of Workers'
Compensation**

You must post this language with the Certificate of Ohio Workers' Compensation.