

Westway Construction llc

Joshua West
7275 North 600 West
Fairland, IN, 46126
U.S

INVOICE

Bill To

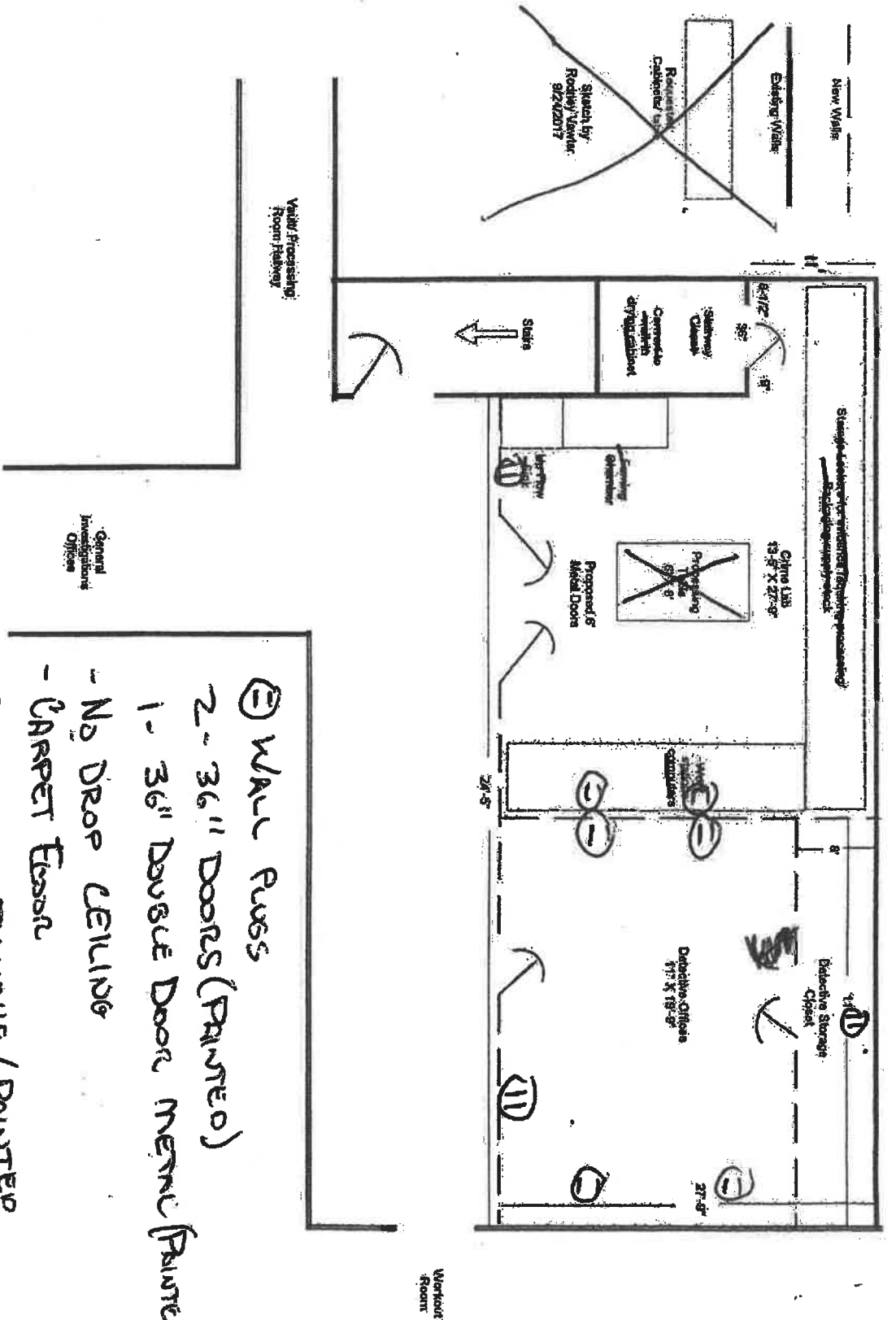
Greenfield Police Department
Greenfield

Invoice # 6-2019

Invoice Date 08.01.2019

Item Description	Qty	Rate	Amount
fame int 3 5/8 m/s walls	1	1200	1200.00
hang and finish walls	36	40	1440.00
paint drywall and exterior block walls	1	1400	1400.00
floor prep	1	300	300.00
install carpet tile and cove base	1	700	700.00
relocate hvac with material	1	400	400.00
install 2 36" steel door & 1 72" double door	1	1000	1000.00
materials	0	0	00.00
metal stud and track	1	450	450.00
5/8 drywall	1	400	400.00
steel doors see attached	1	2257	2257.00
fasteners/glue/ compound	1	300	300.00
		Subtotal	9847.00
		Total	\$9847.00

Notes



- ③ Wall Puss
- 2 - 36" Doors (Painted)
- 1 - 36" Double Door Metal (Painted)
- No Drop Ceiling
- Carpet Floor
- Dry Wall Finish / Painted
- No Door Knobs or Locks
- 2x4 Framing



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/26/2018

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 CoverWallet, Inc. 100 Ave. of the Americas, Floor 16 New York, NY. 10013	CONTACT NAME: Jessica Hauss PHONE (A/C. No. Ext): (646) 844-9933 FAX (A/C. No): E-MAIL ADDRESS: customer.service@coverwallet.com												
INSURER(S) AFFORDING COVERAGE													
INSURED Westway Construction, LLC 7275 North 600 West Fairland, IN, 46126	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>INSURER A : Starr Indemnity & Liability Company</td> <td style="text-align: right;">NAIC # 38318</td> </tr> <tr><td>INSURER B :</td><td></td></tr> <tr><td>INSURER C :</td><td></td></tr> <tr><td>INSURER D :</td><td></td></tr> <tr><td>INSURER E :</td><td></td></tr> <tr><td>INSURER F :</td><td></td></tr> </table>	INSURER A : Starr Indemnity & Liability Company	NAIC # 38318	INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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INSURER E :													
INSURER F :													

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			1000600920	04/20/2018	04/20/2019	EACH OCCURRENCE	\$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE	<input checked="" type="checkbox"/> OCCUR	DAMAGE TO RENTED PREMISES (Ea occurrence)				\$ 100,000	
			MED EXP (Any one person)				\$ 5,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:		PERSONAL & ADV INJURY				\$ 1,000,000	
	<input checked="" type="checkbox"/> POLICY	<input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	GENERAL AGGREGATE				\$ 2,000,000	
	<input type="checkbox"/> OTHER:		PRODUCTS - COM/PROP AGG				\$ 2,000,000	
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS ONLY	<input type="checkbox"/> NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/> UMBRELLA LIAB		<input type="checkbox"/> OCCUR					\$
	<input type="checkbox"/> EXCESS LIAB		<input type="checkbox"/> CLAIMS-MADE				EACH OCCURRENCE	\$
	<input type="checkbox"/> DED	<input type="checkbox"/> RETENTION \$					AGGREGATE	\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		<input type="checkbox"/> Y/N				PER STATUTE	OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> N/A					E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						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**

David Hazen Group 4861 West 106th Street Zionsville, IN, 46077	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



Foundation Building Materials

RETURN SERVICE REQUESTED

Founded on Principle • Built with Purpose

BRANCH 0020
4333 W 71ST ST
INDIANAPOLIS IN 46268-2260
(317) 545-1059 PH
(317) 543-5721 FX

QUOTATION



QUOTATION #	CUSTOMER PO #	PAGE
20159238-00	WESTWAY CONST	1
QUOTE DATE	JOB # / NAME	
01/07/19		
PROMISED DATE	SHIP VIA	ORDER TAKEN BY
01/10/19	Cust Pick Up	Reed, Mark
TERMS	ORDERED BY	SALES REP
	JOSH	Indy Doors Ho

SHIP TO: WESTWAY CONSTRUCTION
4333 W 71ST ST
JOSH 317-903-0565
INDIANAPOLIS, IN 46268-2260
(317)545-1059

CUST #:
220

BILL TO: CASH CUST-IND SPCL TERMS
4333 W 71ST ST
INDIANAPOLIS, IN 46268-2260
(317)545-1059

QUOTATION EXPIRES 30 DAYS FROM QUOTE DATE

Line No.	QTY Ord	Sell Unit	Product Code Product Description	Weight	UOM Qty	UOM	Price Unit (\$)	Sub Total (\$)
1	1	EA	DS478X3068L SINGLE 4-7/8" 3068 KD DRYWALL FRAME LH	0.00	1.000	EA	130.00	130.00
2	1	EA	EC3068FN83 ENVOY HM DOOR 3068 18GA GL4 LC1 DBP010012 LH DOOR	0.00	1.000	EA	350.00	350.00
3	1	EA	DS478X3068R SINGLE 4-7/8" 3068 KD DRYWALL FRAME RH	0.00	1.000	EA	130.00	130.00
4	1	EA	EC3068FN83 ENVOY HM DOOR 3068 18GA GL4 LC1 DBP010012 RH DOOR	0.00	1.000	EA	350.00	350.00
5	1	EA	DS478X6068P DOUBLE 4-7/8" 6068 KD DRYWALL FRAME DOUBLE FLUSH BOLT PREP LH DOOR INSWING	0.00	1.000	EA	200.00	200.00
6	1	EA	EC3068FN83 ENVOY HM DOOR 3068 18GA GL4 LC1 DBP010012 RH DOOR	0.00	1.000	EA	350.00	350.00
7	1	EA	EB3068FN83 ENVOY HM DOOR 3068 18GA GL4 LM0 DBP010014 PREP FOR ASTRAGAL AND FLUSH BOLTS LH DOOR	0.00	1.000	EA	350.00	350.00
8	1	EA	AF4471X68L CECO STEEL ASTRAGAL FB PREP 6'8" LH	0.00	1.000	EA	90.00	90.00
9	2	EA	282DX26D HAGER HM DOOR FLUSHBOLT US26D FINISH	0.00	2.000	EA	20.00	40.00
10	12	EA	TA2714X26D BALL BEARING HINGE 4.5"X4.5" US26D	0.00	12.000	EA	10.00	120.00

Total Weight of this order: 0
Qty Shipped Total: 22

Total 2110.00
Taxes 147.70
Order Total 2257.70

Last Page

A signed purchase order is due within 30 days of the order date that appears on this quotation. Otherwise, we reserve the right to terminate this quotation and / or issue a replacement quote. A transportation surcharge will be applied for each delivered order.