

**JANITORIAL SERVICES AGREEMENT FOR EUREKA COUNTY  
ADMINISTRATION BUILDING**

THIS AGREEMENT is entered into this 20<sup>th</sup> day of March, 2003, by and between EUREKA COUNTY, a political subdivision of the State of Nevada, through its Board of County Commissioners, P.O. Box 77, Eureka, Nevada, 89316, hereinafter referred to as "County", and Cleaning By Chae, P.O. Box 652, Eureka, Nevada, 89316 hereinafter referred to as "Contractor", in which County agrees to purchase from Contractor, and Contractor agrees to provide to County, the services described in the Agreement according to the terms herein set forth.

Services to be Performed: Contractor shall provide janitorial services for the Eureka County Administration Building. The services to be performed include, without limitation, the following:

- A. Five times weekly Contractor will perform the following services:
1. Empty wastebaskets and trash receptacles.
  2. Wet wipe wastebaskets and replace liner.
  3. Vacuum all carpeted floor space, taking care to get under furniture and into corners.
  4. Dust mop all vinyl, linoleum, or wood floor space, taking care to get under furniture and into corners. Wax and polish areas that have spills or show excessive wear. Do whatever is necessary to maintain clean and glossy floor and provide a wax cover at all times.
  5. Thoroughly dust all flat surfaces, including such items as desk tops, file cabinets, under sills, chairs, tables, phones, wall hang ups, doors, computer screens, etc. (unless hooded, covered or not cleared).
  6. Remove spots and fingerprints from desktops.
  7. Clean and polish and sanitize top pan of drinking fountains.
  8. Clean glass in all entrance doors, use spray glass cleaner which will not damage any lettering on doors.
  9. Remove all trash from buildings and place in designated containers.
- B. Five times weekly Contractor will perform the following services inside each restroom:
1. Empty wastebaskets and trash receptacles. Wet wipe wastebaskets and trash receptacles and wash inside cans and sanitize.
  2. Clean and polish mirrors.
  3. Clean and disinfect toilets and urinals inside and outside and polish all bright work. Toilet seats to be cleaned on both sides.
  4. Dust partition tops, ledges, tops of mirrors and vanity lights.

5. Scond disinfect all basins, polish bright work.
  6. Reme splash marks from walls around basins.
  7. Wet pe all towel cabinets, polish bright work.
  8. As reired, remove finger prints and other marks from toilet partitions and door
  9. Wet up all floors using a disinfectant.
  10. Fill sp dispensers as needed.
- C. Five times eekly Contractor will perform the following services in the service areas/ breakreas:
1. Empall wastebaskets and trash receptacles.
  2. Dustop floor; as required, wet mop and wax to remove spillage and scuff mark
  3. Wet pe all tables, etc.
  4. Dust chairs and tables.
  5. Vacu or shampoo rugs as needed.
- D. Five times eekly Contractor will perform the following miscellaneous services:
1. Reme fingerprints from all doors, door frames, panel box covers, light swites, etc. in the building.
  2. Spot an building walls and partitions to remove smudges and spots. These spotsually are not more than waist high. To be done at least once weekly.
  3. Spot an stains or marks on carpets, using a product that will not affect the colorf the rug.
  4. As nted, completely shampoo rugs.
- E. At least eacquarter of the year Contractor shall:
1. Wasil desks in building (may be done on a rotating schedule).
  2. Striped thoroughly rinse all floor areas that are not carpeted and apply two (2) ces of finish.
  3. Was windows, inside and outside.

Excluded items:

1. Higheaning is excluded. High cleaning is anything above 8 feet from the floor./indows are not high cleaning.

Supplies and Equipment: Contractor will supply without limitation the following equipment and expendable supplies, and such other equipment and supplies as may be necessary to perform the services required by this Agreement:

1. Toilet tissue, hand towels; to fit existing holders;
2. Sanitary pads/ tampons to fit existing holders;
3. Liquid hand soap;
4. Glass cleaner;
5. Aero room deodorizer;
6. Disinfecting product;
7. Floor cleaning products;
8. Floor wax/cover;
9. Floor wax stripper;
10. Rug mat remover;
11. Dusting product;
12. Urinal pads;
13. Vacuum cleaners;
14. Dust mops;
15. Wet mops;
16. Wet/dry wipes;
17. Furniture polish;
18. High reach window washing equipment; and
19. Rug shampooing machine.

Contractor will furnish all provision, labor, tools and equipment needed to maintain the building in a clean and sanitary condition. Contractor will furnish all cleaning supplies and liners for all wastebaskets and trash receptacles. Floor finish used on non carpeted areas will be non staining and of a high grade and shall contain sufficient solids to insure a hard, glossy, non slip finish, neutral type. Cleaning materials will be used for all normal cleaning purposes and shall not be harmful to any surfaces to which they are applied. Only non-oily dust mop treatment materials will be used.

Other responsibility: Contractor will be held responsible for satisfactory work in accord with the intent of this Agreement, which is to keep the building in a clean and sanitary condition. Contractor shall be responsible for any breakage, damage or loss through the carelessness of himself or employees. Contractor will screen his agents and employees for honesty and will be responsible for any thefts committed by his employees. It is understood persons previously convicted of a felony in this or any other state are not eligible for employment. Contractor will be given numbered keys and they shall be returned upon completion of the contract. Contractor will be responsible for keeping doors and windows locked and turning off all lights.

County inspections: County Maintenance Department Head, Jerry White, will do inspections and insure compliance with this Agreement. Whenever a complaint of non-performance is made by

the County the Contractor ll have 24 hours to correct the complaint. A reasonable cash deduction may be made by the Countn each instance that the Contractor fails to correct a justified complaint. Such determinations will made by Jerry White, County Department Head of Maintenance.

Insurance: Contrar and any employees of contractor will be fully insured to include the following:

- A. \$1,0000 liability insurance naming Eureka County as additional insured.
- B. \$5,00Performance (i.e. completed operations, labor bond).
- C. Proof employee health coverage (i.e. SIIS).

Proof of satisfactorinsurance will be provided before this Agreement is signed.

Place of Performee: The Contractor will perform the work at the Eureka County Administration Building, 7 South Main Street, Eureka, Nevada 89316.

Access: Due to eveig meetings, some early morning cleaning will be necessary. Work will normally be performed fi (5) nights per week when the building is closed. Work shall not start earlier than 5:00 P.M. on ekdays. The building will be available during holidays and weekends for cleaning.

Duration of Agreement: This agreement runs from April 1, 2003 through March 15, 2004, and may be renewed at the unty's discretion. County may terminate this Agreement with ten (10) days written notice at its oon for any reason or no reason at all. Contractor may terminate this Agreement upon sixty (60)ays notice in writing to the County.

Notice: Any formabttice required hereunder may be given by either party to the other party at the addresses herein abe set forth.

Mutual Obligation:ounty and Contractor are mutually obliged not to interfere with the performance required by tbtter under this Agreement, and to provide reasonable accommodation for such performance.

Indemnification: Ctractor agrees to indemnify and hold County harmless for any and all damages, including but numited to property damage, personal injury or death, arising out of or in the course of the performce by Contractor and his agents or employees of the services described by this Agreement. This lemnification and hold harmless provision does not extend to the Contractor's action against County for payment on services rendered.

04/03/2003

16:14

775 7 5708

EUREKA COUNTY PUBLIC WORKS → 92376015

NO. 112 D01

NO. 879 D01

NO. 838 D02

04/03/2003

13:37

INS CO → INS ELY

**ACORD CERTIFICATE OF LIABILITY INSURANCE**DATE (MM/DD/YYYY)  
04/03/2003

PRODUCER (775) 289-8888

FAX (505) 289-8880

Insurance Management Services

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

705 Aultman Street, Suite #1

Ely, NV 89301

MADELINE LIEBSACK

**INSURERS AFFORDING COVERAGE**

INSURED Clean by Chae

INSURER 1 Colony Insurance Company

DBA: Chae Ensley

INSURER 2 Star Insurance Co.

P. O. Box 652

INSURER 3 CNA Surety

Eureka, NV 89316

INSURED 4

INSURED 5

**COVERAGES**

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE 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 POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> COMBINED <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER POLICY <input type="checkbox"/> PDC <input type="checkbox"/> PCC	T80	03/28/2003	03/28/2004	BODILY INJURY \$ 1,000,000 PROPERTY DAMAGE \$ 5,000 MEDICAL EXPENSE \$ 100,000 PERSONAL & ADJ INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS-COMPLX AGG \$ 1,000,000
<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> NONOWNED AUTOS <input type="checkbox"/> HIRED AUTO <input type="checkbox"/> NONOWNED AUTO				COMBINED SINGLE LIMIT \$ BODILY INJURY \$ PROPERTY DAMAGE \$ MEDICAL EXPENSE \$ PERSONAL & ADJ INJURY \$ GENERAL AGGREGATE \$ PRODUCTS-COMPLX AGG \$
<b>EXCESS LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> PRODUCTIBLE <input type="checkbox"/> RETENTION \$				BODILY INJURY \$ PROPERTY DAMAGE \$ MEDICAL EXPENSE \$ PERSONAL & ADJ INJURY \$ GENERAL AGGREGATE \$ PRODUCTS-COMPLX AGG \$
<b>WORKERS COMPENSATION AND EMPLOYERS LIABILITY</b>	WC01786	03/28/2003	03/28/2004	<input checked="" type="checkbox"/> ACCIDENT & SICKNESS <input type="checkbox"/> DISABILITY <input type="checkbox"/> MEDICAL EXPENSE <input type="checkbox"/> DEATH BENEFIT <input type="checkbox"/> RETURN TO WORK <input type="checkbox"/> EMPLOYER'S LIABILITY <input type="checkbox"/> EMPLOYER'S LIABILITY <input type="checkbox"/> EMPLOYER'S LIABILITY
<b>OTHER</b> Janitorial Employee Dishonesty Bond	TEN	04/01/2003	04/01/2004	\$5,000 \$100 Ded.

DESCRIPTION OF OPERATING LOCATION (VEHICLE LICENSES ADDED BY ENDORSEMENT SPECIAL PROVISIONS)

CERTIFICATE HOLDER

ADDRESS AND INSURER LETTER

CANCELLATION

EUREKA COUNTY  
P. O. BOX 677  
EUREKA, NV 89316

IF ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT. BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

*Madeline Liebsack*

ACORD 25-S (7/97)

BOOK 3606157

EACORD CORPORATION 1988



**ACORD CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

04/03/2003

PRODUCER (775)289-8888 FAX (775)289-8880

Insurance Management Services

705 Aultman Street, Suite #1

Ely, NV 89301

MADELINE LIEBSACK

INSURED Clean by Chae

DBA: Chae Ensley

P. O. Box 652

Eureka, NV 89316

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**INSURERS AFFORDING COVERAGE**

INSURER 1 Colony Insurance Company

INSURER 2 Star Insurance Co.

INSURER 3 CNA Surety

INSURER 4

INSURER 5

**COVERAGES**

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 CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY BE REDUCED BY PAID CLAIMS.

INSR LITE	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY	TBD	03/28/2003	03/28/2004	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PER DAMAGE (Any one loss) \$ 5,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> DESIGN				PER PERSON (Any one person) \$ 100,000
	<input type="checkbox"/> PERSONAL & AUTO INJURY				\$ 1,000,000
	GENERAL AGGREGATE LIMIT APPLIES PER				GENERAL AGGREGATE \$ 1,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PER-SON <input type="checkbox"/> LOSS				PRODUCTS - COMP/OP AGG \$ 1,000,000
	AUTOMOBILE LIABILITY				UNOWNED SINGLE UNIT (Any one unit) \$
	<input type="checkbox"/> ANY AUTO				PERSONAL INJURY (Any one person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Any one person) \$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Any one loss) \$
	<input type="checkbox"/> HIRED AUTOS				ANY AUTO - EA ACCIDENT \$
	<input type="checkbox"/> NON-OWNED AUTOS				OTHER THAN AUTO ONLY - EA ACC \$
	GARAGE LIABILITY				AUTO ONLY - AGG \$
	<input type="checkbox"/> ANY AUTO				EACH OCCURRENCE \$
	EXCESS LIABILITY				AGGREGATE \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				\$
	<input type="checkbox"/> DEDUCTIBLE				\$
	<input type="checkbox"/> RETENTION \$				\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WC01741	03/28/2003	03/28/2004	<input checked="" type="checkbox"/> WORKERS COMP <input checked="" type="checkbox"/> EXCESS LIMITS <input type="checkbox"/> PER-SON EA EACH ACCIDENT \$ 100,000 EA DISEASE - EA EMPLOYEE \$ 100,000 EA DISEASE - POLICY LIMIT \$ 500,000
C	OTHER Janitorial Employee Dishonesty Bond	TED	04/01/2003	04/01/2004	\$5,000 \$100 Ded.

DESCRIPTION OF OPERATIONS/LOCATION/VEHICLE SEASONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

**CERTIFICATE HOLDER**

ADDRESS (LINE 1) INSURER LETTER

**CANCELLATION**EUREKA COUNTY  
P. O. BOX 677  
EUREKA, NV 89316

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT. FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY

OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.  
AUTHORIZED REPRESENTATIVE*Madeline Liebsack*

Compensation: In turn for the services and supplies herein set forth County agrees to pay Contractor the sum of One thousand Three Hundred Dollars(\$1,300.00) per month payable semi monthly by County. County makes no deductions and Contractor is responsible for all employment matters.

Time of the Esser: Time is of the essence of this Agreement and all duties required hereunder shall be promptly performed by the parties.

This agreement is executed effective March 20, 2003, and is in effect from April 1, 2003, until and including March 15, 2004 and may be renewed for additional years if both parties agree.

County of Eureka

Cleaning By Chae

Wayne Robinson

Wayne Robinson, Chairman  
Eureka County Board of Commissioners

Chae Ensley

By: Chae Ensley, Owner  
P.O. Box 652  
Eureka, Nevada 89316

Attest:

Attest: Frances Gale, Clerk

Frances Gale

Frances Gale, County Clerk

BOOK 360 PAGE 153  
OFFICIAL RECORDS  
RECORDED AT THE REQUEST OF  
Eureka County  
2003 APR 10 AM 8:20

EUREKA COUNTY NEVADA  
M.N. REBALEATI, RECORDER  
FILE NO. FEES no fee

**181538**