

PO Date: 09/01/20

Page 1

Delivery Date:

Supplier:

School Health Corporation 865 Muirfield Dr Hanover Park IL 60133-5461

CONFIRM RECEIPT OF PURCHASE ORDER AND ACCEPTANCE OF DELIVERY DATE BY EMAILING PURCHASE@SFASU.EDU.

ivancickn@sfasu.edu

Send Billing Invoice to:

Stephen F. Austin State University

P.O. Box 6085

Nacogdoches, TX 75962-6085 ATTN: Accounts Payable Ship to: Melissa Wolfe

Telecom and Networking Human Srv/Tel 107 2100 Raguet St N SFA Box 6095

Nacogdoches TX 75962

Terms: Net 30 PURCHASE ORDER NO. MUST APPEAR ON ALL SHIPPING DOCUMENTS AND INVOICES

Item	Description	Quantity	Unit Cost	Total Cost
Itelli	Description	Quantity	Unit Cost	Total Cost
	In accordance with iContracts #796044 for the			
	estimated period of 09/01/2020-08/31/2024			
	 Quote #3664812-00 dated 9/23/2019			
	REMIT PAYMENTS TO:			
	Marlin Business Bank			
	P.O. Box 367			
	Marlton, NJ 08053			
	Buyboard #610-20			
	This PO for the period:			
	Year 1 09/01/2020-08/31/2021			
	Year 2 09/01/2021-08/31/2022			

Purchaser: Kay Johnson (936) 4684472 ADDITIONAL CHARGE:
DISCOUNT/TRADE-IN:

TOTAL: CONTINUED

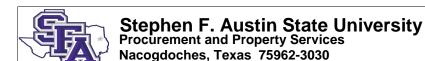
Stephen F. Austin State University is a tax exempt entity under Subtitle E, Chapter 151, Section 151.309 of the Tax Code, for purchases of tangible personal property herein purchased from contractor and/or shipper listed above, as this property is being secured for the exclusive use of the State of Texas.

The University reserves the right to cancel this order if delivery is not made by agreed-upon delivery date.

ADDITIONAL TERMS & CONDITIONS LISTED ON THE UNIVERSITY WEB SITE, http://www.sfasu.edu/purchasing/721.asp

TEPHEN E	ALICTIN	CTATE	CITY

Purchasing Officer	



Page 2

PO Number: **B2100773**

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Terms: Net 30 PURCHASE ORDER NO. MUST APPEAR ON ALL SHIPPING DOCUMENTS AND INVOICES

Item Quantity **Unit Cost Total Cost** Description Year 3 09/01/2022-08/31/2023 Year 4 09/01/2023-08/31/2024 RE: B2100773 / R0071674 10/22/20 UPDATE DOCUMENT TEXT 1 000P98112E RENTAL/LEASE, EQUIPMENT NOT OTHERWISE CLASSIFIED 4.00 YRS 28.946.2500 115,785.00 AED DEVICE G5 AUTO DUAL CS 83 AED units @ \$1395 each -Annual billing -Leasing equipment for 4 years with buyout option Each Powerheart G5 AED Dual Language Package

Purchaser: Kay Johnson(936) 4684472ADDITIONAL CHARGE:

DISCOUNT/TRADE-IN:

TOTAL: CONTINUED

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STEPHEN F.	AUSTIN ST	TATE UNIV	ERSITY
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Terms: Net 30 PURCHASE ORDER NO. MUST APPEAR ON ALL SHIPPING DOCUMENTS AND INVOICES

Item **Description** Quantity **Unit Cost Total Cost** Includes: •Powerheart G5 AED (English / Spanish) Dual language functionality and RescueCoach Voice/Text Prompts •Intellisense Battery with 5 Year Shelf Life and Year Performance Guarantee •1 Pair Adult Defibrillation Pads •1 Pair Pediatric Defibrillation Pads •English / Spanish User Manuals, Getting Started Guides and Steps To Rescue •AED Manager reporting software with USB Communication Cable •Rugged Carrying Case •Ready Kit Which Includes Nitrile Gloves, Razor, Scissors, Towel, 4" Gauze, Antiseptic Wipes, One-Purchaser: Kay Johnson (936) 4684472 ADDITIONAL CHARGE:

Purchaser: Kay Johnson (936) 4684472 ADDITIONAL CHARGE:

DISCOUNT/TRADE-IN:

TOTAL: CONTINUED

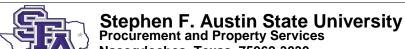
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School Health Corporation 865 Muirfield Dr Hanover Park IL 60133-5461 PO Number: **B2100773**

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Nacogdoches TX 75962

PURCHASE ORDER NO. MUST APPEAR ON ALL Terms: Net 30 SHIPPING DOCUMENTS AND INVOICES FOB: Destination Prepaid

Item	Description	Quantity	Unit Cost	Total Cost
	Way Mask, and D-ring Attachment •School Health AED Wall Decal			
2	000P94931A INTEREST, OTHER Financing Cost per Year	4.00 YRS	2,173.7500	8,695.00
3	000P96379B TAXES, ALL KINDS	4.00 SRV	2,411.2500	9,645.00
	Estimated Property Taxes Each Year			
4	000P94654A LEASE W/OPTION TO PURCHASE FINANCING	1.00 SRV	1.0000	1.00

Purchaser: Kay Johnson (936) 4684472 **ADDITIONAL CHARGE:** DISCOUNT/TRADE-IN:

> TOTAL: CONTINUED

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Terms: Net 30 PURCHASE ORDER NO. MUST APPEAR ON ALL SHIPPING DOCUMENTS AND INVOICES

Item **Description** Quantity **Unit Cost Total Cost** Purchase Option 5 000P96339A FEES (NOT OTHERWISE CLASS.) 1.00 SRV 119.0000 119.00 **Documentation Fees** All work is to be performed in a neat and workmanlike manner, site kept clean at all times, protection provided to avoid damage to landscaping and all adjoining property, including improvements, performed as quickly as possible consistent with best industry construction practices, and guaranteed for one (1) full year from date of completion against all defects.

Purchaser: Kay Johnson(936) 4684472ADDITIONAL CHARGE:DISCOUNT/TRADE-IN:

TOTAL: CONTINUED

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Item **Description** Quantity **Unit Cost Total Cost** Contractor shall comply with all local, state and federal orders, ordinances, laws, rules, and regulations of duly constituted authorities having jurisdiction over this work. All work is to be completed as mutually agreed by and between the University and the Contractor. Failure to complete work (including clean-up) by the mutually agreed date shall be deemed as a breach of contract. Liquidated damages in the amount of \$500.00 per calendar day will be assessed, not as a penalty, but as liquidated damages for such breach of contract. Safe working conditions must be maintained on and around work site at all times. Barricades and other protective devices are to be used as

Purchaser: Kay Johnson (936) 4684472 ADDITIONAL CHARGE: DISCOUNT/TRADE-IN:

TOTAL: CONTINUED

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STEPHEN F.	AUSTIN ST	TATE UNIV	ERSITY
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Purchasing Officer	



Stephen F. Austin State University Procurement and Property Services

Procurement and Property Services Nacogdoches, Texas 75962-3030 Phone (936) 468-2206 * Fax (936) 468-4282 PO Number: **B2100773**

PO Date: 09/01/20

Page 7

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Item **Description** Quantity **Unit Cost Total Cost** necessary to prevent injury to persons or property. All reasonable precautions are to be taken. Payment will be made lump-sum upon completion or as otherwise mutually agreed between Contractor and the University. The Contractor shall not commence work under this Contract until Contractor has obtained all the insurance required hereunder and certificates of such insurance have been filed with and reviewed by SFASU. Acceptance of the insurance certificates by SFASU shall not relieve or decrease the liability of the Contractor. If policies are not written for the amounts

Purchaser: Kay Johnson (936) 4684472 ADDITIONAL CHARGE:
DISCOUNT/TRADE-IN:

TOTAL: CONTINUED

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Item **Description** Quantity **Unit Cost Total Cost** specified below (except Workers' Compensation and Employer's Liability), Contractor shall carry Excess Liability insurance for any difference in amounts specified. If Excess Liability insurance is provided, it shall follow the form of the primary policy. This insurance shall not be canceled, limited in scope of coverage, or non-renewed until after thirty (30) days prior written notice, or ten (10) days for non-payment of premium, has been given to the University. Contractor's insurance shall be deemed primary with respect to any insurance carried by Stephén F. Austin State University for liability arising out of operations under this Contract.

Purchaser: Kay Johnson(936) 4684472ADDITIONAL CHARGE:DISCOUNT/TRADE-IN:

TOTAL: CONTINUED

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Purchasing Officer	



Stephen F. Austin State University Procurement and Property Services

Nacogdoches, Texas 75962-3030

Phone (936) 468-2206 * Fax (936) 468-4282

Supplier:

School Health Corporation 865 Muirfield Dr Hanover Park IL 60133-5461 PO Number: **B2100773**

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	<u> </u>				
Item	Descriptio	n	Quantity	Unit Cost	Total Cost
	Stephen F. Austin State Universiticals, directors, employees, repand volunteers shall be named as insured. This is not applicable to Compensation policy. The Workers' Compensation and Liability policy will provide a waive subrogation in favor of the Universe The Workers' Compensation insure must include the responsibility of to provide coverage for every worthe Contractor's policy or under the provided by a subcontractor. The policy shall provide that, in the every subcontractor's policy fails to provide the provided by a subcontractor fails to provide the provided that in the every subcontractor's policy fails to provide the provided by a subcontractor fails to provide the provided by a subcontractor.	oresentatives additional the Workers' Employer's r of sity. rance coverage the Contractor ker either under e policy Contractor's ent that a			
Purc	haser: Kay Johnson	(936) 4684472	ADDIT	ONAL CHARGE:	1

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This purchase order may be funded wholly or partially with federal funds subject to the American Recovery and Reinvestment Act of 2009 (ARRA). The vendor shall comply with all applicable provisions of ARRA, which may include, but are not limited to the provisions in Division A, Titles XV and XVI (e.g., audit provisions, whistleblower protection, and preferences for American products).

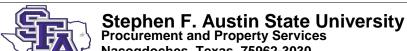
STEF	PHEN	F.	AUSTIN	STATE	UNIVERSITY
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DISCOUNT/TRADE-IN:

TOTAL:

CONTINUED

Purchasing Officer	



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School Health Corporation 865 Muirfield Dr Hanover Park IL 60133-5461 PO Number: **B2100773**

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Item **Description** Quantity **Unit Cost Total Cost** compensation coverage of a worker, that such insurance coverage is provided by the Contractor's policy. Unless otherwise provided for herein, the Contractor shall provide and maintain, until the Work covered in this Contract is completed and accepted by SFASU, the minimum insurance coverage as follows: TYPE OF COVERAGE / LIMITS OF LIABILITY Workers' Compensation Coverage OR Employer's Liability - \$1,000,000 occur/aggregate Comprehensive General Liability -\$1,000,000 each occurrence -\$2,000,000 general aggregate

Purchaser: Kay Johnson (936) 4684472 ADDITIONAL CHARGE: DISCOUNT/TRADE-IN:

> TOTAL: CONTINUED

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Page 11
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Item	Description		Quantity	Unit Cost	Total Cost
			Quantity	Unit Cost	Total Cost
	Description 0,000 products/completed of the complete of the co	operations aggr ed Single Limit	Quantity	Unit Cost	Total Cost
Purchaser: Ka	v Johnson	(936) 4684472	ADDIT	IONAL CHARGE:	00

 Purchaser:
 Kay Johnson
 (936) 4684472
 ADDITIONAL CHARGE:
 .00

 DISCOUNT/TRADE-IN:
 .00

 TOTAL:
 134,245.00

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Purchasing Officer	



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School Health Corporation 865 Muirfield Dr Hanover Park IL 60133-5461 PO Number: **B2100773**

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Terms: Net 30

FOB: Destination Prepaid

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Item	Description	Quantity	Unit Cost	Total Cost
	In accordance with iContracts #796044 for the estimated period of 09/01/2020-08/31/2024 Quote #3664812-00 dated 9/23/2019 REMIT PAYMENTS TO: Marlin Capital Solutions Marlin Business Bank P.O. Box 367 Marlton, NJ 08053 Buyboard #610-20 This PO for the period: Year 1 09/01/2020-08/31/2021			

Purchaser:Nicole Ivancic(936) 4684472ADDITIONAL CHARGE:Vendor ID:20004489Collegiate Licensed:DISCOUNT/TRADE-IN:

Req No:
Blanket Order: **B2100773**Employee/Employee Relationship:

TOTAL: CONTINUED

HUB Status: Purchase Class: Coop - Buyboard



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School Health Corporation 865 Muirfield Dr Hanover Park IL 60133-5461 PO Number: **B2100773**

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	Year 2 09/01/2021-08/31/2022 Year 3 09/01/2022-08/31/2023 Year 4 09/01/2023-08/31/2024 RE: B2100773 / R0071674			
1	000P98112E RENTAL/LEASE, EQUIPMENT NOT OTHERWISE (AED DEVICE G5 AUTO DUAL CS 83 AED units @ \$1395 each -Annual billing -Leasing equipment for 4 years with buyout option Each Powerheart G5 AED Dual Language Package Includes:	CLASSIFIED 4.00 Y	RS 28,946.2500	115,785.00

Purchaser: Nicole Ivancic (936) 4684472 **ADDITIONAL CHARGE:** Collegiate Licensed: **DISCOUNT/TRADE-IN:** Vendor ID: 20004489

Req No: TOTAL: CONTINUED Employee/Employee Relationship:

Blanket Order: **B2100773 HUB Status:** Purchase Class: Coop - Buyboard



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Terms: Net 30

FOB: Destination Prepaid

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Item	Description	Outo	atitus	Unit Coot	Total Coat
Item	Description	Quai	itity	Unit Cost	Total Cost
	•Powerheart G5 AED (English / Spanish) Dual language functionality and RescueCoach Voice/Text Prompts •Intellisense Battery with 5 Year Shelf Life and Year Performance Guarantee •1 Pair Adult Defibrillation Pads •1 Pair Pediatric Defibrillation Pads •English / Spanish User Manuals, Getting Started Guides and Steps To Rescue •AED Manager reporting software with USB Communication Cable •Rugged Carrying Case •Ready Kit Which Includes Nitrile Gloves, Razor, Scissors, Towel, 4" Gauze, Antiseptic Wipes, One-Way Mask, and D-ring Attachment				

Purchaser: Nicole Ivancic (936) 4684472 **ADDITIONAL CHARGE:** Collegiate Licensed: **DISCOUNT/TRADE-IN:** Vendor ID: 20004489

Req No: TOTAL: CONTINUED Employee/Employee Relationship: Blanket Order: **B2100773**

HUB Status: Purchase Class: Coop - Buyboard





Stephen F. Austin State University Procurement and Property Services

Procurement and Property Services Nacogdoches, Texas 75962-3030 Phone (936) 468-2206 * Fax (936) 468-4282 PO Number: B2100773

PO Date: 09/01/20

Supplier:

School Health Corporation 865 Muirfield Dr Hanover Park IL 60133-5461

CONFIRM RECEIPT OF PURCHASE ORDER AND ACCEPTANCE OF DELIVERY DATE BY EMAILING PURCHASE@SFASU.EDU.

Delivery Date:

ivancickn@sfasu.edu

Send Billing Invoice to:

Stephen F. Austin State University

P.O. Box 6085

Nacogdoches, TX 75962-6085 ATTN: Accounts Payable Ship to: Telecom and Networking

Human Srv/Tel 107 2100 Raguet St N SFA Box 6095

Nacogdoches TX 75962

Terms: Net 30

FOB: Destination Prepaid

PURCHASE ORDER NO. MUST APPEAR ON ALL SHIPPING DOCUMENTS AND INVOICES

Item	Description	Quantity	Unit Cost	Total Cost
	•School Health AED Wall Decal			
2	000P94931A INTEREST, OTHER Financing Cost per Year	4.00 YRS	2,173.7500	8,695.00
3	000P96379B TAXES, ALL KINDS	4.00 SRV	2,411.2500	9,645.00
	Estimated Property Taxes Each Year			
4	000P94654A LEASE W/OPTION TO PURCHASE FINANCING	1.00 SRV	1.0000	1.00
	Purchase Option			

Purchaser:Nicole Ivancic(936) 4684472ADDITIONAL CHARGE:Vendor ID:20004489Collegiate Licensed:DISCOUNT/TRADE-IN:

Req No:
Blanket Order: **B2100773**Employee/Employee Relationship:

TOTAL: CONTINUED

HUB Status: Purchase Class: Coop - Buyboard



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Item	Description	Quantity	y Unit Co	st Total Cost
s 5	Description O00P96339A FEES (NOT OTHERWISE CLASS.) Documentation Fees All work is to be performed in a neat and workmanlike manner, site kept clean at all times, protection provided to avoid damage to landscaping and all adjoining property, including improvements, performed as quickly as possible consistent with best industry construction practices, and guaranteed for one (1) full year from date of completion against all defects. Contractor shall comply with all local, state			9.0000 119.00

Purchaser: Nicole Ivancic

(936) 4684472

ADDITIONAL CHARGE:

Vendor ID: 20004489

Collegiate Licensed:

DISCOUNT/TRADE-IN:

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Employee/Employee Relationship:

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Item	Description	Quantity	Unit Cost	Total Cost
	and federal orders, ordinances, laws, rules, and regulations of duly constituted authorities having jurisdiction over this work. All work is to be completed as mutually agreed by and between the University and the Contractor. Failure to complete work (including clean-up) by the mutually agreed date shall be deemed as a breach of contract. Liquidated damages in the amount of \$500.00 per calendar day will be assessed, not as a penalty, but as liquidated damages for such breach of contract. Safe working conditions must be maintained on and around work site at all times. Barricades and other protective devices are to be used as necessary to prevent injury to persons or	Quantity		

Purchaser: Nicole Ivancic (936) 4684472 **ADDITIONAL CHARGE:** Collegiate Licensed: **DISCOUNT/TRADE-IN:** Vendor ID: 20004489

Req No: TOTAL: CONTINUED Employee/Employee Relationship: Blanket Order: **B2100773**

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Stephen F. Austin State University Procurement and Property Services

Nacogdoches, Texas 75962-3030

Phone (936) 468-2206 * Fax (936) 468-4282

Supplier:

School Health Corporation 865 Muirfield Dr Hanover Park IL 60133-5461 PO Number: **B2100773**

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Item	Description	Quantity	Unit Cost	Total Cost
	property. All reasonable precautions are to be taken. Payment will be made lump-sum upon completion or as otherwise mutually agreed between Contractor and the University. The Contractor shall not commence work under this Contract until Contractor has obtained all the insurance required hereunder and certificates of such insurance have been filed with and reviewed by SFASU. Acceptance of the insurance certificates by SFASU shall not relieve or decrease the liability of the Contractor. If policies are not written for the amounts specified below (except Workers' Compensation and			
D	chaser: Nicola Ivancia (026) 469447	ZO ADDI	TIONAL CHARGE:	

Purchaser: Nicole Ivancic **ADDITIONAL CHARGE:** (936) 4684472 Vendor ID: 20004489 **DISCOUNT/TRADE-IN:** Collegiate Licensed:

Req No: TOTAL: CONTINUED Employee/Employee Relationship: Blanket Order: **B2100773**

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Page 8

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Item	Deposition	Quantity	Unit Cont	Total Coat
rtom	Description Employer's Liability), Contractor shall carry	Quantity	Unit Cost	Total Cost
	Employer's Liability), Contractor shall carry Excess Liability insurance for any difference in amounts specified. If Excess Liability insurance is provided, it shall follow the form of the primary policy. This insurance shall not be canceled, limited in scope of coverage, or non-renewed until after thirty (30) days prior written notice, or ten (10) days for non-payment of premium, has been given to the University. Contractor's insurance shall be deemed primary with respect to any insurance carried by Stephen F. Austin State University for liability arising out of operations under this Contract. Stephen F. Austin State University, its			

Purchaser:Nicole Ivancic(936) 4684472ADDITIONAL CHARGE:Vendor ID:20004489Collegiate Licensed:DISCOUNT/TRADE-IN:

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Item	Description	Quantity	Unit Cost	Total Cost
	officials, directors, employees, representatives and volunteers shall be named as additional insured. This is not applicable to the Workers' Compensation policy. The Workers' Compensation and Employer's Liability policy will provide a waiver of subrogation in favor of the University. The Workers' Compensation insurance coverage must include the responsibility of the Contractor to provide coverage for every worker either under the Contractor's policy or under the policy provided by a subcontractor. The Contractor's policy shall provide that, in the event that a subcontractor's policy fails to provide workers' compensation coverage of a worker, that such			
Dure	chaser: Nicolo Ivancio (026) 469/	ADDI	TIONAL CHARGE:	

Purchaser:Nicole Ivancic(936) 4684472ADDITIONAL CHARGE:Vendor ID:20004489Collegiate Licensed:DISCOUNT/TRADE-IN:

Blanket Order: **B2100773**HUB Status: Purchase Class: **Coop - Buyboard**



Page 10

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Supplier:

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Ship to: Telecom and Networking

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Nacogdoches TX 75962

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Nacogdoches, TX 75962-6085 ATTN: Accounts Payable

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Item	Description	Quantity	Unit Cost	Total Cost
	insurance coverage is provided by the Contractor's policy. Unless otherwise provided for herein, the Contractor shall provide and maintain, until the Work covered in this Contract is completed and accepted by SFASU, the minimum insurance coverage as follows: TYPE OF COVERAGE / LIMITS OF LIABILITY Workers' Compensation Coverage OR Employer's Liability - \$1,000,000 occur/aggregate Comprehensive General Liability -\$1,000,000 each occurrence -\$2,000,000 general aggregate -\$2,000,000 products/completed operations aggr			
Dure	haser: Nicolo Ivancia (026) 4694	470 AD	DITIONAL CHARGE:	<u> </u>

Purchaser: Nicole Ivancic **ADDITIONAL CHARGE:** (936) 4684472 Vendor ID: 20004489 **DISCOUNT/TRADE-IN:** Collegiate Licensed:

Req No: TOTAL: CONTINUED Employee/Employee Relationship: Blanket Order: **B2100773**

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Item	Descript	tion	Quantity	Unit Cost	Total Cost
	Comprehensive Automobile Lial -\$1,000,000 ea accident- Cor				
	chaser: Nicolo lyancia	(026) 4694472		IONAL CHARGE:	00

Purchaser:Nicole Ivancic(936) 4684472ADDITIONAL CHARGE:.00Vendor ID:20004489Collegiate Licensed:DISCOUNT/TRADE-IN:.00Req No:
Blanket Order:Employee/Employee Relationship:TOTAL:134,245.00

HUB Status: Purchase Class: Coop - Buyboard