



Trash Fairies, LLC
 PO Box 222; Kenbridge, VA 23944
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 Web: www.trashfairies.com

SERVICE CONTRACT

Service Location	Chateaux de Bardmoor Condominiums 8300 Bardmoor Blvd, Seminole FL 33777
Management Co.	Resource Property Management
# of Units	173
Days of Service	5 days/week (Sunday – Thursday)
Pricing	\$10.25/unit/month * 173 units = \$1,773.25/month
Phase-in	First month of service is free of charge
Start Date	

1. **AGREEMENT.** This document (the “Agreement”) is a service contract by and between Trash Fairies, LLC, a Virginia limited liability company (“Contractor”), and the person, firm, owner, or legal entity entering into this contract with Contractor to provide front-door apartment trash pickup services to the above-mentioned Service Location (“Client”).
2. **AUTHORITY.** In signing Agreement, Client and Contractor separately represent to have full and complete authority to enter into Agreement and bind their respective companies and successors to the terms and conditions of Agreement.
3. **SERVICES PROVIDED.** Front-door apartment trash pickup services (and recycling, if applicable), will be provided five (5) days per week (as indicated above—see “Days of Service”) by Contractor during the time of 8PM – 10:30PM at the Service Location listed above. Contractor will collect non-hazardous solid waste that residents of the Service Location set outside their door in non-leaking, tied-up, tall kitchen-sized trash bags, placed in bins provided by Contractor (Note: the rules for residents are incorporated for reference). Recycling, if applicable, shall be tied up separately in clear/blue recycling bags. Contractor will not provide services on any of the following days: January 1, Easter, Memorial Day, July 4, Labor Day, Halloween, Thanksgiving Day, December 24 & 25, or December 31.
4. **COOPERATION.** Client will make best efforts to inform residents of proper procedures and rectify improper actions by its residents including, but not limited to, attempts to discard “excluded waste” (see #5 below). Client agrees to provide access to an on-site dumpster or trash compactor for Contractor and recycling dumpster to place waste and recycling in during the evening trash pickup times. If dumpster or trash compactor is inaccessible to Contractor or is full, Contractor will not provide front-door apartment trash pickup services until dumpster or compactor is accessible and/or emptied. Client agrees to make monthly payments for services provided as outlined above. Client will provide Contractor with access to Service Location and to secure storage room for trash collection service item(s). Client is responsible for any of its residents’ loss claims. Contractor will inform Client, or Client’s on-site representative, of any items not being picked up (e.g., “excluded waste” #5 below) or improper actions by Client or Client’s residents. Contractor will keep dumpster area relatively clean and clear of loose trash. Contractor will have exclusive right to provide front-door apartment trash pickup services at the Service Location.
5. **EXCLUDED WASTE.** Examples include, though are not limited to, untied bags, leaking bags, using non-conforming bags such as paper bags or plastic grocery bags, excessive amounts of trash not fitting within the confines of the bin provided, oversized trash items that not fitting into normal plastic kitchen-sized trash bags, loose trash, Christmas trees, excessively heavy trash bags,

broken glass or other dangerous objects protruding from a bag, trash not allowable by law such as radioactive, volatile, corrosive, highly flammable, explosive, biomedical, infectious, bio-hazardous, toxic or hazardous materials.

6. TERMS. The terms of this contract are in effect for an initial term of twenty-four (24) months beginning at Start Date listed above (date of first Services Provided by Contractor becomes de jure Start Date if Start Date above is left blank). Contractor may terminate this contract immediately for non-payment if any payment by Client is more than thirty (30) days past due. This contract shall renew at the end of the initial term for successive twelve (12) month contract terms on the same terms and conditions (post phase-in), unless either party provides written notice of its intention not to renew the contract at least ninety (90) days prior to the current contract renewal date. Contractor will provide 1 bin for each resident for trash collection purposes. Any subsequent bins needed due to loss, damage, etc. are the responsibility of the Client. Please note that any Agreement termination by Client or Contractor requires a 30 day notice.
7. INDEMNIFICATION. The Contractor shall defend, indemnify and hold Client, its officers and employees harmless from any and all claims, liabilities, injuries, damages, losses or suits including attorney fees, arising out of or in connection with the performance of Agreement by Contractor, Contractor's employees or contractors, except for injuries and damages caused by the negligence of Client.
8. TERMS OF DEFAULT. If Contractor defaults in the performance of its obligations of Agreement or front-door apartment trash pickup services are not performed up to reasonable industry standards, Client agrees to provide Contractor default notice of default events by certified mail. Client agrees to give Contractor 10 days to cure the problem. If the problem is still not cured, Client may cancel this agreement by providing Contractor notice of default events and description of inability of Contractor to cure the problem. If Client defaults in the performance of its obligations of Agreement, including but not limited to non-payment, Contractor agrees to provide Client notice of default items by certified mail. Contractor agrees to give Client 10 days to cure the problem.
9. TERMINATION FEE. In the event that Client terminates Agreement during a current contract term--other than as a result of termination of Agreement prior to end of current contract term (outlined in "Terms" #6 above) or as a result of Terms of Default by Contractor (outlined in first 3 sentences of #8 Terms of Default above)--Client agrees to pay Contractor a fee equal to six (6) months of Pricing (as defined above) due immediately upon termination. Use of Equipment: Contractor will provide Client with collection containers equal to the number of units (see "# of Units" above) for use by Client's residents during the execution of Agreement. If Client terminates or terms out Agreement, Client will be charged by Contractor for any unreturned collection containers at the rate of \$25 per 13-gallon container.
10. PAYMENT. Client shall pay Contractor monthly for the Services Provided. The invoice will be mailed (or emailed, if applicable) by Contractor and dated to reflect the current billing period and provide the amount due. Should Client fail to pay Contractor the full amount specified within 60 days after the invoice date, a late fee of \$250.00 may be added to the invoice amount by Contractor and interest of 12% per annum shall accrue for every 30 day period following the invoice date.
11. ASSIGNMENT. Contractor may assign, sell, or transfer Agreement without Client's consent. If the Service Location is sold and/or if the management company of the Service Location is replaced, Agreement is to be assigned to and assumed by the new Service Location owners and/or new management company and/or the new assignees or successors of the Service Location. If Agreement is not assigned to the new owners, successors, assignees, and/or management company, Termination Fee will apply (see #9 Termination Fee above).
12. PRICING. Pricing will remain fixed for the first 12 months of the Agreement. Pricing may be increased once per year by Contractor up to a maximum of 3.00% above the previous year's Pricing rate starting with anniversary of Agreement's Start Date.
13. VENUE, CHOICE OF LAW, ATTORNEY'S FEES. This contract shall be governed by the laws and regulations of the Commonwealth of Virginia. Any disputes arising under or relating to Agreement shall be litigated in a state court in the Commonwealth of Virginia. In the event of a breach of Agreement, non-prevailing party agrees to pay all reasonable attorney's fees, collection fees, and any other costs resulting from enforcement of Agreement.

In witness of their agreement to the terms stated above parties or authorized agents hereby affix their signatures:

Client Name: CHATEAU DE BATHUR
HOWARD PILOTTE

Contractor: Trash Fairies LLC

Client Signature: Howard Pilote

Contractor Signature: Christian Rickers

Printed Name: HOWARD PILOTTE

Printed Name: Christian Rickers

Title: PRESIDENT Date: 7/24/25

Title: CSO/Owner-Partner Date: 7/17/2025

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Trash Fairies LLC	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input checked="" type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► P Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ►	
	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>	
	5 Address (number, street, and apt. or suite no.) See instructions. 642 Varick Chapel Rd (PO Box 222)	Requester's name and address (optional)
	6 City, state, and ZIP code Kenbridge VA 23944	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number								
				-				
or								
Employer identification number								
4	6		-	5	5	0	9	2 3 4

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ► 	Date ► 2/8/2024
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)
Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*, later.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

07/22/2025

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 Winters-Oliver Insurance Agency, Inc. 7231 Forest Ave. Suite 202 Richmond VA 23226	CONTACT NAME: Abby Parks PHONE (A/C, No, Ext): (804) 746-5178 E-MAIL ADDRESS: aparks@woinsure.com FAX (A/C, No): (804) 746-3933
INSURED Trash Fairies LLC PO Box 222 Kenbridge VA 23944	INSURER(S) AFFORDING COVERAGE INSURER A: Selective of South Carolina INSURER B: United Wisconsin Insurance Company INSURER C: INSURER D: INSURER E: INSURER F:
	NAIC # 19259 29157

COVERAGES**CERTIFICATE NUMBER:** CL255535084**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:			S 2646969 / S 2646971	05/09/2025	05/09/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			S 2646969 / S 2646967	05/09/2025	05/09/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Medical Payments \$ 5,000
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			S 2646969	05/09/2025	05/09/2026	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
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 <input checked="" type="checkbox"/> Y	N/A		AF WCP 100020579	05/09/2025	05/09/2026	<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

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

RE: Chateaux de Bardmoor Condominiums - 8300 Bardmoor Blvd, Seminole FL 33777

CERTIFICATE HOLDER**CANCELLATION**

Resource Property Management 7300 Park Street Seminole FL 33777	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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