EXPENDITURE CONTRACT ROUTING COVER SHEET

SEE PAGE 2 FOR INSTRUCTIONS TO BE COMPLETED BY DEVELOPMENT PROGRAM MANAGER

VENDOR NAME (exactly as it is in D365): Inservice Training Network							
VENDOR ACCOUNT NO. 005113 CONTRACT COMPLIANCE END DATE: 10/18/2024							
CONTRACT TYPE Service Contract (see legislation and select from the drop down menu)							
FUND NAME [and Program Name	e, if grant funded]: Healthy Homes Program					
ORIGINAL AMOUNT: \$ 10,000.0	0						
MOD/RENEW 1 AMOUNT:		ORD. #:					
MOD/RENEW 2 AMOUNT:		ORD. #:					
MOD/RENEW 3 AMOUNT:		ORD. #:					
MOD/RENEW 4 AMOUNT:		ORD. #:					
*TOTAL CONTRACT AMOUNT: *(Original + Mod/Renewal = Total contract a	\$ 10,000.00 mount)						
SAM.gov UEI ZNHRE7PTKJ77 (Required for all federal funded agreements)	CONTR	ACT PERIOD: Date of PO thru 12/31/2023					
PROGRAM MANAGER: Patrici	a Chatman	TODAY'S DATE:04/13/2023					
Step 1 Program Manager Completes	TE INITIAL	THE FOLLOWING DOCUMENTS MUST BE ATTACHED, IN THIS ORDER WITH THE COVERSHEET ON TOP					
Date Ordinance Approved by		(put a √ next to the document attached)					
Council: NA		✓ SAM.gov printout ✓ Ohio Aud of State printout					
Ordinance Number:		Ohio Sec of State printout, if					
ACPO Number:		required					
		✓ Signed Contract with Exhibit					
Step 2. Program Manager		A, and others as required					
Completes		✓ Insurance, if required					
IDIS Number (CDBG, HOPWA, and HOME projects		✓ Workers' Comp, if required					
only)].	G442200					
Step 3. FISCAL Competes		_					
· · · / / /	114/2023						
Step 4. FISCAL Completes	11						
1 1/	1 <i>(</i>)						



INSERVICE TRAINING NETWORK INC., THE

Unique Entity ID

CAGE / NCAGE

Purpose of Registration

ZNHRE7PTKJ77

1LEP7

All Awards

Registration Status
Active Registration

Expiration Date

-- -- Registration

Aug 24, 2023

Physical Address

Mailing Address
6813 Flags Center DR

705 Lakeview Plaza BLVD STE D Worthington, Ohio 43085-4779

Columbus, Ohio 43229-1565

United States

United States

Additional Edition (Addition

Doing Business as

Division Name

Division Number

(blank)

(blank)

(blank)

Congressional District

State / Country of Incorporation

URL

Ohio 03

Ohio / United States

(blank)

Registration Dates

Activation Date
Aug 25, 2022

Submission Date

Initial Registration Date

Aug 24, 2022 May 17, 2006

Entity Dates

Entity Start Date

Fiscal Year End Close Date

Aug 8, 1996

Dec 31

Immediate Owner

CAGE (blank) Legal Business Name

(blank)

Highest Level Owner

CAGE (blank)

Legal Business Name

(blank)

Executive Compensation

Registrants in the System for Award Management (SAM) respond to the Executive Compensation questions in accordance with Section 6202 of P.L. 110-252, amending the Federal Funding Accountability and Transparency Act (P.L. 109-282). This information is not displayed in SAM. It is sent to USAspending.gov for display in association with an eligible award. Maintaining an active registration in SAM demonstrates the registrant responded to the questions.

Proceedings Questions

Registrants in the System for Award Management (SAM.gov) respond to proceedings questions in accordance with FAR 52.209-7, FAR 52.209-9, or 2. C.F.R. 200 Appendix XII. Their responses are displayed in the responsibility/qualification section of SAM.gov. Maintaining an active registration in SAM.gov demonstrates the registrant responded to the proceedings questions.

300043630 ± 0.039343

Active Exclusions Records?

No

PART PROPERTY AND INCIDENCE.

I authorize my entity's non-sensitive information to be displayed in SAM public search results:

Yes

garden segra

Business Types

Entity Structure

Entity Type

Business or Organization

Organization Factors
Subchapter S Corporation

Profit Structure

For Profit Organization

Corporate Entity (Not Tax Exempt)

Socio-Economic Types

Check the registrant's Reps & Certs, if present, under FAR 52.212-3 or FAR 52.219-1 to determine if the entity is an SBA-certified HUBZone small business concern. Additional small business information may be found in the SBA's Dynamic Small Business Search if the entity completed the SBA supplemental pages during registration.

Carlo		
Accepts Credit Card Payments Yes	Debt Subject To Offset No	
EFT Indicator 0000	CAGE Code 1LEP7	
31 3 - 3 - 3 F - 1 -		
Electronic Business		
ጹ KURT VARGA	6813 Flags Center DR Columbus, Ohio 43229 United States	
Government Business		
있 KURT VARGA	6813 Flags Center DR Columbus, Ohio 43229 United States	
Past Performance		
% KURT VARGA	6813 Flags Center DR Columbus, Ohio 43229	

United States

NAICS Codes

Primary

Yes

NAICS Codes

624310

NAICS Title

Vocational Rehabilitation Services

Yes, this entity appears in the disaster response registry.

No, this entity does not require bonding to bid on contracts.

Bonding Levels	Dollars
	(blank)

States Counties Ohio (blank)

Metropolitan Statistical Areas (blank)

Certified Search for Unresolved Findings for Recovery



Office of Auditor of State 88 East Broad Street Post Office Box 1140 Columbus, OH 43216-1140

> (614) 466-4514 (800) 282-0370

Auditor of State - Unresolved Findings for Recovery Certified Search

I have searched The Auditor of State's unresolved findings for recovery database using the following criteria:

Contractor's Information:

Name: ,

Organization: inservice training network

Date: 4/13/2023 8:36:35 AM

This search produced the following list of 37 possible matches:

Name/Organization	Address
Dawkins, Henry	7521 Ross Ave.
Educational Institute of Learning and Innovation	2935 Lafeuille Avenue
Feakins, Randy	107 Wall Street
Gaskins, Francis	P.O. Box 88
Hopkins, Rebecca	1958 Indian Woods Lane
Hopkins, Karlá	28012 Gardenview Drive
Institute of Charter School Management and Resources	368 South Patterson Boulevard
Institute of Management and Resources	368 South Patterson Blvd.
Institute of Management and Resources	368 South Patterson Boulevard
Institute of Management and Resources, Inc.	118 W. 1st Street, Suite 620
Institute of Management and Resources, Inc.	368 South Patterson Blvd.
Institute of Management and Resources, Inc.	368 South Patterson Boulevard
Institute of Management and Resources, Inc.	368 South Patteson Blvd.
Markins, Edward	502 Patricia Drive
Perkins, Martha	163 S. High St.
Perkins, Sandra	1419 13th Street
Robinson , Terri	2414 North 2nd Street
Robinson, Roberta	100 East Siebenthaler Avenue
Robinson, Mary Sue	2414 North 2nd Street
Robinson, Melissa	26241 Lakeshore Boulevard
Robinson, Michael	3741 Huntington Rd.
Robinson, Michael	3897 E. 155th Street
Robinson, Kimberly Marie	
Robinson, Markisha	3897 E. 155th Street
Robinson, James C.	316 School Street
Robinson, James R.	1645 Davids Drive
Robinson, James R.	1945 Davids Drive

Name/Organization ⊭ _	Address
Robinson, Carl	9207 Great Lakes Circle
Robinson, Carole	316 School Street
Robinson, Jacqueline	1370 Garcia Dr
Robinson, James	316 School Street
Rollins, James	8933 Trinity Circle
Village of Higginsport	P.O. Box 121
Vintage Coins and Cards AKA Vintage Coins and Collectibles	
Watkins-Tyree, Bobbie	2030 Harvard Boulevard
Watkins-Tyree, Bobbie	2030 Harvard Boulevard
Wiggins, Wendy	4022 Klepinger Road

The above list represents possible matches for the search criteria you entered. Please note that pursuant to ORC 9.24, only the person (which includes an organization) actually named in the finding for recovery is prohibited from being awarded a contract.

If the person you are searching for appears on this list, it means that the person has one or more findings for recovery and is prohibited from being awarded a contract described in ORC 9.24, unless one of the exceptions in that section apply.

If the person you are searching for does not appear on this list, an initialed copy of this page can serve as documentation of your compliance with ORC 9.24(E).

Please note that pursuant to ORC 9.24, it is the responsibility of the public office to verify that a person to whom it plans to award a contract does not appear in the Auditor of State's database. The Auditor of State's office is not responsible for inaccurate search results caused by user error or other circumstances beyond the Auditor of State's control.

CONTRACT FOR SERVICES UNDER \$50,000

This Contract for training services is entered into by and between The InService Training Network (herein referred to as "Contractor"), and the City of Columbus, Department of Development (herein referred to as "City").

WITNESSETH

WHEREAS, the City has a need for lead abatement training services; and

WHEREAS, the Contractor has the necessary experience and expertise to provide said service; and

NOW, THEREFORE, in consideration of the mutual promises as hereinafter set forth, the parties agree as follows:

This Contract sets forth the entire agreement between the parties with respect to the subject matter hereof. Understandings, agreements, representations, or warranties not contained in this Contract, or as written amendment hereto, shall not be binding on either party. Except as provided herein, no alteration of any terms, conditions, delivery, price, quality, or specifications of this Contract shall be binding on either party without the written consent of both parties. This Contract is subject to the Ohio Public Records Act.

1. Contract Term

The term of this Contract shall be from the date the Purchase Order is approved by the City to December 31, 2023. This Contract shall not automatically renew. Based upon mutual agreement of the Parties, this Contract may be renewed annually for the duration of the federal grant funding this Contract. Annual renewals shall require Columbus City Council approval.

2. Maximum Obligation

The maximum amount to be paid under any purchase order associated with this Contract shall not exceed \$10,000.00 unless additional funds are appropriated and authorized.

3. Pricing and Scope of Services

The Contractor agrees to perform and invoice the Scope of Services as set forth **ON ATTACHED EXHIBIT A*** and as contained in the bid specifications, which are expressly incorporated herein.

*Contract is NOT valid if the Scope of Services is NOT attached.

No other costs, rates, or fees shall be payable to the Contractor for services performed hereunder. The terms and conditions specified in this Contract constitute the entire contract governing the purchase of services by the City from the Contractor, and shall supersede any terms and conditions which may

accompany Contractor's invoice/bid/estimate. Any and all verbal representations are superseded by this Contract. The terms of this Contract shall prevail over any conflicting or deficient terms or conditions listed in any attachments from Contractor.

4. Equal Opportunity Clause

Contractor agrees to abide by all of the terms, conditions and requirements set forth in Columbus City Code Section 3906.02, Equal Opportunity Clause. Failure or refusal of a Contractor or Subcontractor to comply with the provisions of Title 39 may result in cancellation of this Contract.

5. Taxes

Federal or State taxes are not to be included on invoices for the described services. Contractor will be provided an exemption certificate, if needed.

6. City's Contract Administrator/Contract Administration

Patti Chatman will manage the Contract on behalf of the City and will be the principal point of contact for the City concerning the Contractor's performance under this Contract.

Any notice or demand or other communication required or permitted to be given under this Contract or applicable law shall only be effective if it is in writing, properly addressed, and either delivered in person, or by a recognized courier service, or deposited with the United States Postal Services as first-class certified mail, postage prepaid and return receipt requested, to the parties at the following addresses:

City of Columbus
Department of Development
Division of Housing
111 N. Front Street, 3rd Fl
Columbus, Ohio 43215
Attn: Patti Chatman
pfchatman@columbus.gov
614-645-3048

The Inservice Training Network 705 Lakeview Plaza Blvd., Suite D Worthington, Ohio 43085 Kurt Varga itn6813@att.net 614-436-0980

7. Contractor as an Independent Contractor

The Contractor shall be and shall remain an Independent Contractor with respect to all services performed hereunder and neither Contractor nor its employees shall

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be considered "public employees" for purposes of OPERS membership. Contractor agrees to and does hereby accept full and exclusive liability for the payment of any and all contributions or taxes for Social Security, unemployment insurance or old age retirement benefits, pensions or annuities now or hereafter imposed under any state or federal law which are measured by the wages, salaries or other remunerations paid to the Contractor or persons employed by the Contractor for work performed under the terms of this Contract and further agrees to obey all lawful rules and regulations and to meet all lawful requirements which are now, or hereafter may be, issued or promulgated under said respective laws.

Individuals utilizing a personal social security number for tax identification purposes and business entities with four (4) or fewer employees must complete and submit, as Exhibit D, the OPERS independent contractor acknowledgment form. THIS FORM CAN BE FOUND AT WWW.OPERS.ORG

8. <u>Applicable Law, Remedies</u>

This Contract shall be governed in accordance with the laws of the State of Ohio and the ordinances, statutes and provisions of the Columbus City Code and Charter; specifically including, but not limited to Charter Sections 159 and 161. All claims, counterclaims, disputes and other matters in question between the City, its agents and employees, and the Contractor arising out of or relating to this Contract or its breach will be decided in a court of competent jurisdiction within the County of Franklin, State of Ohio.

Chapter 377 of the Columbus City Codes is hereby incorporated into the contract and Contractor is required to comply with said chapter. This includes, but is not limited to reporting requirements and the obligation to review the commission list of contractors and subcontractors that received an adverse determination. Penalties for failure to comply with the wage theft prevention code included suspension for three years, up to permanent disbarment.

9. Payment/Invoice Submittal

Fees shall be paid for services rendered following: (1) the City's receipt of a correct invoice, which designates the specific applicable charges, and (2) issuance of a certified purchase order. The City will not be subject to any late payment charges. Rates shall be firm during the term of this Contract. The City will process correctly documented invoices for payment and Contractor should receive payment for such invoice within thirty (30) days from receipt and approval by the City.

Invoices: All invoices shall be submitted to the Patti Chatman via email to <u>pfchatman@columbus.gov</u>.

10. Modifications

No modification, amendment, alteration, addition or waiver of any section or condition of this Contract shall be effective or binding unless it is in writing and

09/07/2021 3

signed by an authorized representative of the City and the Contractor and approved by the appropriate City authorities.

11. Contract Termination

If either the City or the Contractor violates any material term or condition of this Contract or fails to fulfill in a timely and proper manner its obligations under this Contract, then the aggrieved party shall give the other party (the "responsible party") written notice of such failure or violation. The responsible party will correct the violation or failure within thirty (30) calendar days or as otherwise mutually agreed. If the failure or violation is not corrected, this Contract may be terminated immediately by written notice from the aggrieved party. The option to terminate shall be at the sole discretion of the aggrieved party.

When it is in the best interest of the City, the City may terminate this Contract, in whole or in part by providing seven (7) calendar days written notice to the Contractor prior to the effective date of termination. If this Contract is so terminated, the City is liable only for payments required by the terms of this Contract for services received and accepted by the City.

12. Nonexclusive Remedies

The remedies provided for in this Contract shall not be exclusive but are in addition to all other remedies available under the law.

13. Survivorship

All services executed pursuant to the authority of this Contract shall be bound by all of the terms, conditions, prices discounts and rates set forth herein, notwithstanding the expiration of the initial term of this Contract, or any extension thereof. Further, the terms, conditions, and warranties contained in this Contract that by their sense in context are intended to survive this completion of the performance, cancellation or termination of this Contract, shall so survive.

14. Save Harmless/Indemnification

Contractor shall protect, indemnify and save the City harmless from and against any damage, cost, or liability, including reasonable attorneys' fees, resulting from claims for any or all injuries to persons or damage to property arising from intentional, willful or negligent acts or omissions of Contractor, its officers, employees, agents, or Subcontractors. The City will not indemnify the contractor and is prohibited from doing so.

15. <u>Severability</u>

If any term or condition of this Contract or the application thereof to any person(s) or circumstances is held invalid, such invalidity shall not affect other terms, conditions, or applications which can be given effect without the invalid term, condition, or application; to this end the terms and conditions for the Contract are declared severable.

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16. Assignment

This Contract may not be assigned or otherwise transferred to others by the Contractor without the prior written consent of the City. If this Contract is so assigned, it shall inure to the benefit of and be binding upon any respective successors and assigns (including successive, as well as immediate, successors and assignees) of the Contractor.

17. Authority to Bind

The signatories to this Contract represent that they have the authority to bind themselves and their respective organizations to this Contract.

18. Worker's Compensation

The Contractor shall comply with all Workers' Compensation laws of the State of Ohio. Proof of coverage shall be attached to this Contract AS EXHIBIT B.

19. Campaign Contributions

Contractor hereby certifies the following: that it is familiar with Ohio Revised Code ("O.R.C.") Section 3517.13; that it is in full compliance with Divisions (I) and (J) of that Section; that it is eligible for this contract under the law and will remain in compliance with O.R.C. Section 3517.13 for the duration of this contract and for one year thereafter.

20. City Income Taxes

Contractor hereby further agrees to withhold and pay all city income taxes due or payable under the provisions of Chapter 362, Columbus City Codes, for wages, salaries and commissions paid to its employees and further agrees that any of its subcontractors shall be required to agree to withhold and pay any such city income taxes due under said chapter for services performed under this Contract. If it has been determined by the Columbus Income Tax Division that Contractor, or any of its subcontractors, owes city income taxes, the Contractor agrees that the City may withhold the amount due to the City from any amount due to the Contractor for services performed under this Contract notwithstanding paragraph 9 hereinabove.

[signatures on following page]

IN WITNESS WHEREOF, the parties have executed this Contract as of the day and year written below.

EXHIBITS A, B AND C MUST BE ATTACHED HERETO.

ANY ALTERATIONS OF CONTRACT LANGUAGE WILL RESULT IN REVOCATION OF CITY ATTORNEY APPROVAL.

CITY OF COLUMBUS
dich H. Frum 4/17/23
Michael H. Stevens, Director Date
Department of Development
CONTRACTOR
1 L Van 3/22/23
1-Van - 122/23
Signature Date
KURT VARGA

Print Name
RESIDENT
Title
311341502
FID Number
961539012
DUNS Number (required for CDBG, HOME, LHRD, ESG, ERA and ARP contracts)

CONTRACT SIGNATURE AFFIDAVIT

(Must be completed when the individual signing the Contract is NOT an officer or Member of the Company.)

STATE OF:	 			
COUNTY OF:				
		, being	duly sworn, depo	ses and says that
(Affiant **)	-			•
he/she is(Title)	of(Company	, a Corpo Name)	ration, LLC, or LL	.P organized and
existing under and by				ng its principal
office at				
	City,	, State, Zip Code		
Affiant** further says t				nd by-laws of
	(Con	npany Name)		
A ##: # frontle				
Affiant further says tha	^{हा} .(Name of Person S	Signing Contract)	_IS	(Title)
Of the Company and i				
For said Company by	virtue of			
(State whether the properties of the properties		or a resolution o	of the Board of D	Directors. If
Signature of Affiant**				
** A FFIANT MUST BE A		ER AND SOMEONE (IE CONTRACT**	OTHER THAN THE I	NDIVIDUAL SIGNING
Sworn to before me ar	nd subscribed in my	presence this	day of	
	Notary Public			
	INOLATY FUDIIG			
My Commission Expire	es:			

09/07/2021 7

EXHIBIT A - SCOPE OF SERVICES

SECTION 1: PURPOSE

1. The Contractor shall provide training services to recipients (and the subrecipients and vendors) of the U.S. Department of Housing and Urban Development Lead Hazard Control and Health Homes grant.

SECTION 2: STANDARDS AND APPLICABLE PUBLICATIONS

1. Training facility and instructors must meet all requirements under the Ohio Administrative Code Chapter 3701-82 Lead Training Programs.

SECTION 3: SCOPE OF SERVICES

1. Conduct training: initial and refresher training for Inspector/Risk Assessor, Lead Contractor/Supervisor, Lead Worker, and Lead-Safe RRP upon request for the quarterly scheduled dates by Contractor.

2. Process

- a. The Contractor shall receive an email from the City (Patti Chatman) requesting individuals attend training.
- b. The Contractor shall respond to the City (Patti Chatman) within 24 hours of the email being sent confirming or rejecting the request.
- c. Upon confirmation, the City or City's client shall call and register for training.
- d. The invoice is emailed or mailed to the City.

SECTION 4: PRICES AND INVOICING

1. Prices

1)	Inspector/Risk Assessor	\$995 per person
2)	Lead Contractor/Supervisor	\$750 per person
3)	Lead Worker	\$575 per person
4)	Lead-Safe RRP	\$250 per person

b. Lead Refresher

1) Risk Assessor \$250 per person

2)	Lead Contractor/Supervisor	\$250 per person
3)	Lead Worker	\$200 per person
4)	Lead-Safe RRP Refresher	\$225 per person

c. Group Pricing

- 1. Initial Lead Contractor/Supervisor, 8 to 10 participants, lump sum fee of \$5,250, plus \$195 per participant in addition to 10.
- 2. Initial Lead Worker, 8 to 10 participants, for a lump sum fee of \$3,950, plus \$145 per participant in addition to 10.

2. Invoicing

- a. The invoice, on the Contractor's letterhead, shall include the following:
 - 1) Contractor's Name
 - 2) Remit to address as listed in the Contractor's Vendor Services account
 - 3) Date of the invoice
 - 4) Date, topic, location of the training
 - 5) Name(s) of attendees
 - 6) Cost per attendee
 - 7) Total amount due
- b. The invoice shall be paid after the attendee attends the training.

SECTION 5: WARRANTY

N/A

SECTION 6: NOTES

1. Written Purchase Order

Written Purchase Order(s) will represent a maximum obligation for the City of Columbus over a particular time period. The City may spend all, part or none of the funding noted on the Purchase Order. This Purchase Order shall not be construed as an actual order to manufacture ship or provide any items or services.

Rather, written Purchase Order(s) enable properly authorized City agency personnel to make purchases on an "as needed" basis per this contract. Any number of written purchase orders may be issued at the discretion of the City to increase or decrease available funds during the term of the contract. At no time shall the maximum obligation of the City agency exceed the cumulative dollar amount of associated purchase orders. Any available funds balance not obligated by the City for accounts payable on items/work ordered on or prior to that date shall be cancelled after that date.

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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 01098161

THE INSERVICE TRAINING NETWORK INC 705 LAKEVIEW PLAZA BLVD STE D WORTHINGTON OH 43085-4779

www.bwc.ohio.gov Issued by: BWC



Period Specified Below 07/01/2022 to 07/01/2023

Stephanie McCloud

Administrator/CEO

You can reproduce this certificate as needed.

Ohio Bureau of Workers' Compensation

Required Posting

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, marihuana 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, marihuana 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'

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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/27/2023

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(les) 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).

th	is certificate does not confer rights t	o the	cert	ificate holder in lieu of si	uch en	dorsement(s).			
PRODUCER					CONTACT Jenna Lawrie					
W.E. Davis Insurance Agency 29 Frederick St. Columbus, OH 43206					PHONE (A/C, No, Ext): 614-443-0533 FAX (A/C, No):					
					E-MAIL ADDRE	1	wedavis.com	l		
						INS	URER(S) AFFOR	IDING COVERAGE		NAIC#
					INSURE	RA: Cincinn	ati Insurance	Company		10677
INSU	IRED The Inservice Training Network, I	nc.			INSURER B:					
	705 Lakeview Plaza Blvd. Ste D				INSURE	RC:		· · · · · · · · · · · · · · · · · · ·		
	Worthington, OH 43085				INSURE	RD:	·			
					INSURE	RE:				
					INSURE	RF:				
				NUMBER:				REVISION NUMBER:		
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NSR LTR		ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	✓ COMMERCIAL GENERAL LIABILITY	Y		ENP 0243997		04/08/2023	04/08/2026	EACH OCCURRENCE	\$	1,000,000
•	CLAIMS-MADE ✓ OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	500,000
								MED EXP (Any one person)	\$	10,000
	2007093							PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:	1						GENERAL AGGREGATE	\$	2,000,000
	POLICY PRO- LOC	Ì						PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:								\$	
Α	AUTOMOBILE LIABILITY			EBA 0243997		04/08/2023	04/08/2024	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
-	ANY AUTO							BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS ONLY	ł						BODILY INJURY (Per accident)	\$	
	I HIRED AUTOS ONLY AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
	AU OU OILL								\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTIONS								\$	
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			ENP 0243997		04/08/2023	04/08/2026	PER OTH- STATUTE ER		
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A				•		E.L. EACH ACCIDENT	\$	1,000,000
	(Mandatory in NH)	'''					,	E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below	1						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
			ļ							
		1	لــــــــــــــــــــــــــــــــــــــ	101 1100 100 1 01		1415415		-4)		
DES(Wh	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC IEN required by written contract and subj	LES (/ lect to	ACORD o polic	101, Additional Remarks Schedu ev terms and conditions Cit	v of Co	e attached it mor lumbus and H	e space is require lealthy Home	ea) es Program are added as :	an addit	tional insured
	h respects to operations of the named in			•	•		•			
	•									
CE	RTIFICATE HOLDER				CANO	ELLATION				
<u>v=</u> 1	KIII IOATE HOEDEK									
City of Columbus					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
Department of Development 111 N Front St., 3rd Fl				ACC	OKDANCE WI	IN INCPULI	T T NO VIOLONO.			
	Columbus, OH 43215				AUTHO	RIZED REPRESE	NTATIVE			~
	·						1	LA LALLA	Air.	, l
					denna (awni					



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/27/2023

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 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 endorsements.

COVER	AGES	CERTIFICATE NUMBER:	REVISION NUMBER:					
			INSURER F:					
			INSURER E :					
	Transmigrati, Gri 15000		INSURER D:					
	Worthington, OH 43085	Ste D	INSURER C:					
INSURED	The Inservice Training Network, Inc. 705 Lakeview Plaza Blvd. Ste D		INSURER B:					
		·	INSURER A: Cincinnati Insurance Company 10					
			INSURER(S) AFFORDING COVERAGE	NAIC#				
	Columbus, OH 43206		E-MAIL ADDRESS: jenna@wedavis.com					
29 Frederick St.		ency	PHONE (A/C, No, Ext): 614-443-0533 (A/C, No):					
PRODUCE	iR W.E. Davis Insurance Ag	onev	CONTACT NAME: Jenna Lawrie					
this c	ertificate does not confer	rights to the certificate holder in lieu	of such endorsement(s).					

COVERAGES

CERTIFICATE 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	SUBR		POLICY EFF (MM/DD/YYYY)	POLICY EXP			
Α	✓ COMMERCIAL GENERAL LIABILITY	Y	WVD	ENP 0243997	04/08/2020	04/08/2023	EACH OCCURRENCE	s	1,000,000
	CLAIMS-MADE OCCUR		1]				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	500,000
	Y						MED EXP (Any one person)	\$	10,000
			ĺ				PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:	ļ			· I		GENERAL AGGREGATE	\$	2,000,000
	POLICY PRO-				Ī		PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:	<u> </u>						\$	
Α	AUTOMOBILE LIABILITY			EBA 0243997	04/08/2022	04/08/2023	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	ANY AUTO	i .			1		BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS				Į,	:	BODILY INJURY (Per accident)	\$	
	AUTOS ONLY NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
								\$	
	UMBRELLA LIAB OCCUR					Ì	EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE		- [AGGREGATE	\$	
	DED RETENTION\$							\$	•
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N		ı	ENP 0243997	04/08/2020	04/08/2023	PER OTH- STATUTE ER		
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$	1,000,000
	(Mandatory In NH) If yes, describe under						E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
ļ						}			
ļ									
	DIRTION OF OPERATIONS (LOCATIONS (MEMO	i			1				

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

When required by written contract and subject to policy terms and conditions City of Columbus and Healthy Homes Program are added as an additional insured with respects to operations of the named insured.

CERTIFICATE HOLDER	CANCELLATION				
City of Columbus Department of Development 111 N Front St., 3rd Fl	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
Columbus, OH 43215	AUTHORIZED REPRESENTATIVE				

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ACORD 25 (2016/03)

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