

# CBC POOL MANAGEMENT

120 Lyle Ave.  
Bala Cynwyd, PA, 19004  
Ph. 610.321.0299

PROPOSAL SUBMITTED	PHONE	DATE
TO Travis Poston	267-575-5062	11/13/25
STREET	CITY, STATE, ZIP CODE	JOB NAME
723 Wheatland Street	Phoenixville, PA	Lindy Communities (Owner)

## May 23rd thru September 7th

1. Begin opening the pool by May 1<sup>st</sup>, 2026, weather permitting. This will consist of removing the cover, folding, and storing in pump room/storage room. Cover storage location within 1000 ft of pool area free of obstruction, stairs, etc. otherwise fee of \$250 will be incurred. Begin pool refill with property's water and notify staff to monitor and shut off when it reaches proper level, assembling, reinstalling, priming, and turning on pump systems, chlorinator, and heater. Setting up ladders and rails. Installation cost assumes all anchors, infrastructure, etc. in proper working conditions, no necessary repairs. Additional labor costs if repairs needed.

Up to four hours of initial cleaning and debris removal included. Balance pool chemistry provided necessary chemicals are onsite or delivered by CBC for an additional cost. *Difficulties in opening due to pre-existing or Any intermittent damage are not covered, but will be repaired or tended to for a separate cost upon the property's approval. Property responsible for cost of water and any drainage /sewage fees or fines and will inform CBC when pool drained/filled.* First deposit must be received, and full access granted before 4/15 to ensure prompt opening.

2. Act as **PA Pesticide Applicator** for property **5/23-9/7**.

3. **Visit** the pool **1X's** weekly May 1st-May 22nd, **3X's** weekly May 23rd -September 7th for visits up to 45 minutes. Test the balance of the water, add chemicals to adjust to proper balance, skim, leaf rake and backwash as needed/ as time allows. Log all activity twice and make reports available to property representative upon request. Visits necessitating more than 45 minutes will be billed at \$95.00/hr. in 15-minute increments once onsite. Visits may be postponed/shortened due to heavy rain or wind with no abatement in contract price, *additional billed at \$95/hr. once onsite, \$105 otherwise. Visits requested outside of working hours 8AM-4PM or additional weekend maintenance visits requested during these dates (unless already part of the above maintenance schedule) will incur additional fees of 1.5x's contract rate and will require a minimum of one week's notice to arrange when possible.* All cleaning, testing equipment, reagents, logbooks provided by owner or will be delivered itemized and billed by CBC.

4. All necessary chemicals, reagents, cleaning equipment, safety equipment and supplies delivered / added to pool will be itemized and billed separately. CBC will do its best to mitigate spillage etc. and will store chemicals in pump room unless otherwise directed to a viable location by customer beforehand. *CBC will not be responsible for any leaks nor damage resultant from leaks from chemical vats, carboys/ etc. customer to provider any additional containment beyond this. CBC will not be responsible for any leaks or damage unless said leak is the direct proven result of incorrect positioning of properly labeled valves on CBC's part. \$29 fuel surcharge/hazmat fee per delivery applied for bulk chlorine deliveries under \$600*

Pool must have working liquid chlorine and acid feeders. *It is recommended that all feeding devices / systems operate in a way that prohibits feed when the pump is not operating/inadequate and/or flow not present or at minimum on the same power switch so chemicals/gases cannot accumulate to dangerous levels if pump is off/ no flow is present. CBC will not be held liable for any damages or injuries resulting from failure to do so.* Pools running on salt must have an automatic feeder as a supplemental measure.

*CBC assumes no liability for faulty equipment, electrical bonding, outlet covers, drain covers or any pre-existing equipment or structures in the pool area, pumproom, or elsewhere onsite. However, if/when these issues are made known to CBC, CBC will contact the property.*

Maintenance of furniture, removal of trash from the deck/ surrounding area is the sole responsibility of ownership as is unnaturally occurring debris in pool itself.

5. Have weekly water tests taken by a certified lab **5/23-9/7**. Copies will be emailed to property representative/ designated email address. In the event of two positive coliform tests, an additional lab test will be added at the cost of \$125 per. Every effort maintained to keep chemicals within Board of Health standards, however this may not always be possible as equipment can clog and during times of high heat and bather load, chlorine levels may climb higher than BOH allows.

6. Insurance coverage as per Exhibit A. Any additional coverages, coverage amounts, waivers, and /or exclusions etc. requested beyond what is shown on this Exhibit , must be made known to CBC and any resultant surcharges will be added into contract price and billed back to customer. (Certificates furnished upon request.)

7. Close the pool after **September 7th**, draining it ten inches or more below tile line, according to property preference, blowing Compressed air through all available filtration lines, plugging skimmer lines and deck return lines, shutting off last water supply valve to pool in pump room if available and blowing out fill line. Remove cover from pump room Attach cover to existing, available/ freely spinning deck anchors, store ladders, rails, and equipment. *CBC will not be responsible for any damage or malfunctioning of equipment during normal operation nor winterization due to the failure of valves/related features/ lack of labeling and or mislabeling/ nor valves and plumbing not in plain view in the pump room and pointed out/ explained by owner to CBC beforehand.* CBC will make every effort to plug any submerged ports but will not take any responsibility for any ports proving not to be airtight after the fact. *All accounts must be current to ensure regular service as well as closure of pool, any accounts over 15 days overdue will face interruption of service. Any accounts overdue as of 8/25 will be required to prepay final deposit and bring account current before winterization can be scheduled and the last day for scheduling will be 9/30 after which point CBC will be released from responsibility to close pool as per the contract.*

8. All fees related to Third party compliance or processing companies will be invoiced to the customer separately. Delays in payments due to third party compliance will still incur resultant finance charges where such delays are the result of the compliance agency failing to examine the documents submitted correctly. There will be a \$150 administrative fee due for any properties that change ownership during the contract period if such change of ownership requires new insurance cert, w9's, contracts etc. Change and or addition of compliance services during the contract period will be itemized and billed back to the previous owner as well as a \$150 administrative fee. Customers will receive one invoice per month for management installments, additional service, small repairs and chemicals. Multiples separate invoices can be processed at customer request at an additional fee of \$50 per. Invoices requiring an estimate will receive no additional charge.

9. Notwithstanding anything in this Agreement to the contrary, CBC hereby covenants and agrees to indemnify, defend and hold harmless Managing Agent and Owner and each of their respective current and former general and limited partners, members, principals, affiliates, directors, officers, shareholders, beneficiaries, trustees, employees, agents, successors and assigns (collectively, the "**Indemnified Parties**") from and against: Any and all claims, costs, losses, expenses, liabilities, and damages (including reasonable attorneys' fees and disbursements) incurred by Owner in connection with or arising out of the negligence of CBC or breach of this Pool Management Agreement, Exhibits and any Amendments thereto entered into between the parties.

**We Propose:** hereby to maintain the pool as ordered - complete in accordance with the above specifications for the sum of:

**Eight thousand three hundred thirty-five dollars (\$8,335.00) \***

**Payment to be made as follows for 2026 season:**

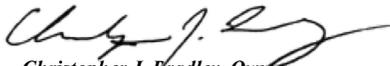
**\$1667.00 05/01/2026**

**\$1667.00 06/01/2026**

**\$1667.00 07/01/2026**  
**\$1667.00 08/01/2026**  
**\$833.50 09/01/2026**  
**\$833.50 10/01/2026**

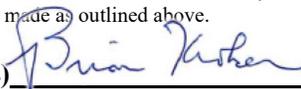
\$150 non-sufficient funds fee incurred for any returned checks. There will be an early termination fee equivalent to 30% of contract price if this termination is the result of anything but failure to perform on the part of the contractor before the end of the contract period. This fee will be remitted by signing entity within 15 days of termination along with any other balances due including remittance for an itemized list of chemicals onsite which were delivered not yet used.

All material is guaranteed to be as specified. All work to be completed in a workmanlike manner according to standard practices. Any alteration or deviation from the above specifications involving extra costs will be executed only upon written orders and will become an extra charge over and above the original cost. If the minimum wage is increased by law, the compensation due to CBC Pool Management will be increased by the exact amount of the wage increase per hour X man-hours plus 17% payroll taxes. This amount will be documented by CBC and will be due in addition to the regular monthly payment. The minimum wage is \$9.50 at the time of computation of this contract. Property to carry fire, flood, tornado, and all other necessary insurance. Property Management agrees not to attempt to hire any employee or subcontractor furnished by CBC for any pool-related work or services, within two years of acceptance of this contract. In the event of insolvency of either party, failure to perform duties respective to contract or a voluntary assignment for the benefit of creditors respective to either party, contract may be terminated upon 30 days notice, with all amounts for work performed still due, and appropriate deposits refunded, minus costs for work performed and services provided. All arrangements contingent upon accidents, strikes, weather, or delays beyond our control. Our employees are fully covered by Workman's Compensation Insurance. In the event that the work environment, whether due to residents or staff, is determined to be unsafe/ abusive, language is hostile/disrespectful/ abusive, CBC reserves the right to reduce employee exposure and or terminate service completely with any money received refund given for any service not executed as well as all payments for services executed and supplies delivered due. Depending on the severity of the offenses every reasonable effort will be made to ameliorate or aid in transition if unable to do so.

  
 Christopher J. Bradley, Owner

**Note: This proposal may be withdrawn by us if not accepted within: 30 days.**

**Acceptance of Proposal** - The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined above.

**Date of Acceptance:** 1.23.26 **Signature(s)** 

## Exhibit A: Insurance Requirements for Vendors and Contractors

Vendor/Contractor shall procure and maintain for the duration of the contract insurance against claims for injuries to persons or damages to property which may arise from or in connection with the performance of the work hereunder and the results of that work by the Contractor, his agents, representatives, employees or subcontractors.

### MINIMUM SCOPE AND LIMIT OF INSURANCE

Coverage shall be at least as broad as:

#### A. Worker's Compensation and Occupational Disease Insurance

Workers Compensation Coverage: Statutory requirements of the state in which the services are to be rendered.

#### Employers Liability minimum limits.

Employers Liability – Per Accident Per Employee	\$1,000,000
Employers Liability Disease – Each Employee	\$1,000,000
Employers Liability Disease – Aggregate	\$1,000,000

Include Waiver of Right to Recover from Others Endorsement (WC 00 0310) where permitted by state law, naming Lindy Communities

#### B. Commercial General Liability (Occurrence Form)

Coverage must include the following perils and minimum limits:

Each Occurrence	\$1,000,000
General Aggregate (other than Prod/Comp Ops Liability)	\$2,000,000
Products/Completed Operations Aggregate	\$2,000,000
Personal & Advertising Injury Liability	\$1,000,000
Fire Damage	\$ 300,000
Medical Expense	\$ 5,000

1. The aggregate must be applicable on a per project basis.
2. Broad Form Blanket Contractual Liability for liability assumed under this Contract and all other Contracts relative to the project.

3. Broad Form Property Damage
4. Additional Insured endorsement to the Vendor's/Contractor's insurance at least as broad as ISO form CG 20 10 04 13 and CG 20 37 04 13.
5. If Vendor/Contractor sublets to another, all or any portion of the work, those subcontractors must also comply with the minimum limits outlined in this Exhibit "C."

**C. Commercial Automobile Liability Insurance**

Coverage must include the use of all Owned, Non-Owned, and Hired Vehicles. Minimum limits:

Bodily Injury and Property Damage	\$1,000,000
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**D. Umbrella / Excess Liability Insurance**

Coverage must include the following minimum limits:

Each Occurrence	\$2,000,000
General Aggregate	\$2,000,000

**If the Vendor/Contractor maintains higher limits than the minimums shown on the previous page and this page, Lindy Communities requires and shall be entitled to coverage for the higher limits maintained by the Vendor/Contractor. Any available insurance proceeds in excess of the specified minimum limits of insurance and coverage shall be available to Lindy Communities.**

***Additional Insured Status***

Lindy Communities, its officers, officials, employees, and volunteers are to be covered as additional insureds on the CGL policy with respect to liability arising out of work or operations performed by or on behalf of the Vendor/ Contractor including materials, parts, or equipment furnished in connection with such work or operations. General liability coverage can be provided in the form of an endorsement to the Vendor's/Contractor's insurance at least as broad as ISO form CG 20 10 04 13 and CG 20 37 04 13.

***Primary Coverage***

For any claims related to this contract, the Vendor's/Contractor's insurance coverage shall be primary insurance as respects the Entity, its officers, officials, employees, and volunteers. Any insurance or self-insurance maintained by the Entity, its officers, officials, employees, or volunteers shall be excess of the Contractor's insurance and shall not contribute with it.

***Notice of Cancellation***

Each insurance policy required above shall provide that coverage shall not be canceled, except with notice to Lindy Communities.

Vendor/Contractor's insurance carrier to notify Lindy Communities of any policy cancellations. Notice of cancellation must be provided to Lindy Communities within 10 days for non-payment of premium and 30 days for any other reason.

***Waiver of Subrogation***

Vendor/Contractor hereby grants to Entity a waiver of any right to subrogation which any insurer of said Vendor/Contractor may acquire against Lindy Communities by virtue of the payment of any loss under such insurance. Vendor/ Contractor agrees to obtain any endorsement that may be necessary to affect this waiver of subrogation, but this provision applies regardless of whether or not Lindy Communities has received a waiver of subrogation endorsement from the insurer.

***Deductibles and Self-Insured Retentions***

Any deductibles or self-insured retentions must be declared to and approved by Lindy Communities. Lindy Communities may require the Contractor to purchase coverage with a lower deductible or retention or provide proof of ability to pay losses and related investigations, claim administration, and defense expenses within the retention

***Acceptability of Insurers***

Insurance is to be placed with insurers with a current A.M. Best rating ([www.ambest.com](http://www.ambest.com)) of no less than A: VI, unless otherwise acceptable to Lindy Communities.

***Verification of Coverage***

Vendor/ Contractor shall furnish Lindy Communities with original certificates and amendatory endorsements or copies of the applicable policy language effecting coverage required by this Exhibit C. All certificates and endorsements are to be received and approved by Lindy Communities before work commences. Failure to provide the required documents prior to the work beginning is not construed as a waiver of the requirements to provide them.

In the event of any change in insurance coverage throughout the duration of the contract, Vendor/Contractor shall notify Lindy Communities contemporaneously with any such change and such change will be indicated in a revised certificate of Insurance to be delivered to Lindy Communities within five (5) days of the change(s).

Lindy Communities reserves the right to require complete, certified copies of all required insurance policies, including endorsements required by these specifications, at any time. Lindy Communities has the right to postpone the commencement if required proof of insurance is not provided.

***Off Site Property Exposure***

Where an Off Project Site Property exposure exists, Vendor/Contractor at its sole expense shall furnish to Lindy Communities Certificates of Insurance and other required documentation evidencing the minimum requirements of coverage. Lindy Communities is to be named as Loss Payees and shall contain a provision requiring the insurance carriers to waive their rights of subrogation against all indemnitees named in the contract.

“All Risk” Property Insurance on all materials, equipment and supplies intended to become a permanent part of the construction stored on premises away from the project site and while in transit, until actually delivered to the project site. Coverage is to be provided on a replacement cost basis.

***Special Risks or Circumstances***

Lindy Communities reserves the right to modify these requirements, including limits, based on the nature of the risk, prior experience, insurer, coverage, or other special circumstances.

***Subcontractors***

Vendor/Contractor shall require and verify that all Subcontractors and Subcontractors Personnel maintain insurance meeting all of the minimum requirements stated herein, and Vendor/Contractor and Lindy Communities, its officers, officials, employees, and volunteers are to be covered as additional insureds on the Subcontractor’s CGL policy with respect to liability arising out of work or operations performed by or on behalf of the Vendor/ Contractor including materials, parts, or equipment furnished in connection with such work or operations. General liability coverage can be provided in the form of an endorsement to the Subcontractor’s insurance at least as broad as ISO Form CG 20 38 04 13.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/18/2024

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 SAMPLE CERTIFICATE	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
E-MAIL ADDRESS:		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: SAMPLE ONLY		
INSURED  CBC Pool Management, LLC 120 Lyle Ave  Bala Cynwyd PA 19004	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 25-26 SAMPLE ONLY

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 type="checkbox"/> PRO-   <input type="checkbox"/> LOC <input type="checkbox"/> JEC1   <input type="checkbox"/> OTHER:	Y	Y	SAMPLE ONLY	04/01/2025	04/01/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 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"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY   <input type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	SAMPLE ONLY	04/01/2025	04/01/2026	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ 1,000,000 BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB   <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB   <input type="checkbox"/> CLAIMS-MADE DED   RETENTION \$	Y	Y	SAMPLE ONLY	04/01/2025	04/01/2026	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 \$
A	<input type="checkbox"/> 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	N/A	Y	04/01/2025	04/01/2026	<input checked="" type="checkbox"/> PER STATUTE   <input type="checkbox"/> OTHER 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)

CERTIFICATE HOLDER

CANCELLATION

SAMPLE ONLY	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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