

May 18, 2025
To: Miguel Ramos
36999 Cook Street
Palm Desert, CA 92211



Dear Homewood Suites by Hilton,

We appreciate the opportunity to serve you. At Reinmanpro, we take pride in providing high-quality, eco-friendly services with a high level of satisfaction and a seamless transaction across California.

We are DIR-certified (DIR #2000008858), OSHA-certified, state-licensed, and fully insured (General Liability Insurance, Workers' Compensation, and Commercial Auto Insurance).

We value the trust businesses place in us. As a token of our appreciation, we offer you an exclusive 3-year guarantee lock in price and a 15% discount on any additional services you may need in the future.
We're committed to getting the job done right, on time, and with care.

Window Cleaning	Window Cleaning Next year pricing
Exterior window cleaning for courtyard and parking lot views	Exterior window cleaning for courtyard and parking lot views
Exterior window frame cleaning	Exterior window frame cleaning
Hotel lobby interior window cleaning	Hotel lobby interior window cleaning
Boom lift cost is included	Boom lift cost is included
Before and after pictures	Before and after pictures
Final walk through	Final walk through
3rd & 2 nd Floor Courtyard – Pole Water Purification Setup	3rd Floor Courtyard – Pole Water Purification Setup
	Next year pricing
Package A \$3880	Package B \$4545

Your support for this cleaning project will directly benefit the cities in Southern California. By backing this initiative, you're helping to fund our second-quarter civic works in the very city where we recently closed an account. Your investment enables us to reinvest in Southern California using the proceeds from that project, fueling our revolutionary solar cleaning efforts. Please feel free to call me at 951-260-2561 if you have any questions. Thank you.


Sincerely,
Bill Amangca
Company Manager
Reinmanpro Inc

WINDOW CLEANING Terms & Conditions



ReinmanPro Inc. – Window Cleaning Terms & Conditions
Effective Date: 05/21/2025

1. Scope of Work

ReinmanPro Inc. ("Contractor") agrees to provide window cleaning services as outlined in the approved service estimate. Services may include exterior and/or interior cleaning using water-fed poles, ladders, boom lifts, or traditional methods depending on the accessibility and safety requirements of the property.

2. Walk-Through & Job Approval

A pre-job walk-through will be conducted with the Client or their representative. Once the walk-through is completed and approval is given to proceed, the work will begin. After final cleaning, the Contractor will not return for additional touch-ups unless it involves a documented service deficiency. All concerns must be raised before the cleaning crew departs.

3. Screens & Accessibility

The Client is responsible for removing all window screens before the scheduled cleaning date. Windows with screens left in place will not be cleaned from the exterior side. ReinmanPro Inc. is not liable for missed areas due to screen obstruction or inaccessible windows.

4. Hard Water Stains & Add-On Services

Standard window cleaning does not include hard water stain removal. This service is available as an add-on and must be requested in advance or during the initial walk-through. An additional fee will apply.

5. Privacy Notification for Hotels or Occupied Buildings

It is the Client's responsibility to notify guests, tenants, or occupants in advance of the scheduled window cleaning. This is to ensure privacy, reduce disruptions, and maintain safety during the cleaning process.

6. Spot-Free Results Disclaimer

For high or hard-to-reach areas cleaned using water-fed poles with a purification system, ReinmanPro Inc. cannot guarantee a spot-free finish. This may occur due to limited access, boom lift restrictions, or environmental factors like wind and water runoff.

7. Site Access & Safety

Clear and safe access to the work areas must be provided by the Client. Obstructed or unsafe conditions may result in rescheduling and additional charges. For multi-story buildings or hotels, public and tenant access to work areas must be restricted during service.

8. Payment Terms

Unless otherwise agreed in writing, full payment is due within thirty (30) days of the invoice date. A late fee of 1.5% per month will apply to overdue balances beyond forty-five (45) days and will compound monthly.

9. Limitation of Liability

ReinmanPro Inc. shall not be held liable for:

- Pre-existing damage or deteriorated conditions of windows or frames.
- Inaccessible or obstructed windows.
- Water spotting in areas cleaned using water-fed poles under limited access.
- Any damage resulting from failure to remove screens or notify occupants.

10. *Agreement

By accepting the estimate, scheduling the service, or submitting payment, the Client agrees to all terms outlined herein. These terms may be updated with written notice and shall apply to all current and future window cleaning services performed by ReinmanPro Inc.



DATE (MM/DD/YYYY)

3/14/2025

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 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	CONTACT NAME: Customer Service Department	FAX (A/C, No): (800) 991-7453
Pike Insurance Services Inc	PHONE (A/C, No, Ext): (800) 411-7453	
3910 Vista Way	E-MAIL ADDRESS: certificates@pikeinsure.com	
Suite 107	INSURER(S) AFFORDING COVERAGE	NAIC #
Oceanside CA 92056	INSURER A : Obsidian Specialty Insurance Company	16871
INSURED	INSURER B :	
Reinmanpro LLC	INSURER C :	
6295 Umbra Road	INSURER D :	
	INSURER E :	
Banning CA 92220	INSURER F :	

COVERAGES

CERTIFICATE NUMBER: 25-26 GL MASTER

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						SCB-GI-000082243	4/13/2025	4/13/2026	EACH OCCURRENCE	\$ 1,000,000
		<input checked="" type="checkbox"/>	CLAIMS-MADE	<input type="checkbox"/>	OCCUR	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000					
						MED EXP (Any one person)	\$ 5,000					
						PERSONAL & ADV INJURY	\$ 1,000,000					
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 2,000,000					
	<input checked="" type="checkbox"/>	POLICY	<input type="checkbox"/>	PRO-	<input type="checkbox"/>	LOC	PRODUCTS - COMP/OP AGG				\$ 2,000,000	
		OTHER:					\$					
	AUTOMOBILE LIABILITY									COMBINED SINGLE LIMIT (Ea accident)	\$	
	<input type="checkbox"/>	ANY AUTO								BODILY INJURY (Per person)	\$	
	<input type="checkbox"/>	ALL OWNED AUTOS			<input type="checkbox"/>	SCHEDULED AUTOS				BODILY INJURY (Per accident)	\$	
	<input type="checkbox"/>	HIRED AUTOS			<input type="checkbox"/>	AUTOS				PROPERTY DAMAGE (Per accident)	\$	
	<input type="checkbox"/>				<input type="checkbox"/>	NON-OWNED AUTOS					\$	
		UMBRELLA LIAB			<input type="checkbox"/>	OCCUR				EACH OCCURRENCE	\$	
		EXCESS LIAB			<input type="checkbox"/>	CLAIMS-MADE				AGGREGATE	\$	
		DED		RETENTION \$							\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below					N / A					<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
											E.L. EACH ACCIDENT	\$
											E.L. DISEASE - EA EMPLOYEE	\$
											E.L. DISEASE - POLICY LIMIT	\$

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

Verification of Coverage

Subject to all policy terms, exclusions and conditions

CERTIFICATE HOLDER

CANCELLATION

Verification Of Coverage	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 David Pike/ABDIA

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ACORD 25 (2014/01)
INS025 (201401)

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Policy Number:BA040000090121
Effective Date: 04/02/2025



Amended Declarations: Add Driver(s)
This policy change has resulted in an additional premium of \$0.00
This declarations supersedes any previous declarations bearing the same number for this policy period

BUSINESS AUTO DECLARATIONS

For resolving issues or other information you can contact your agent or Mercury using the below phone numbers:

Issued By: California Automobile Insurance Company P.O. BOX 10730 SANTA ANA, CA 92711-0730 Billing: (888) 637-2176 Claims: (800) 503-3724	Agent: Auto Ins Specialists-CA PO BOX 10160 SANTA ANA, CA 927110160 Agent Number: 042792 Agent Phone: (800) 493-7879
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ITEM ONE	GENERAL INFORMATION
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Named Insured:REINMANPRO, INC.

Mailing Address:12 S SAN GORGONIO AVE, #203 FLOOR 2
BANNING, CA 92220-6015

Policy Period:From 07/17/2024to 07/17/2025at 12:01 AM Standard Time at your mailing address

Business Type:Pressure Washing

Business Category: Services

Form of Business:Corporation

Total Policy Premium:\$19,979.28

This policy may be subject to final audit. In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.

ENDORSEMENTS ATTACHED TO THIS POLICY	
IL 00 17 11 98 - Common Policy Conditions IL 00 21 09 08 - Nuclear Energy Liability Exclusion IL 00 03 09 08 - Calculation of Premium CA 00 01 10 13 - Business Auto Coverage Form CA 01 21 10 13 - Limited Mexico Coverage CA 01 43 05 17 - California Changes MIL 02 70 04 19 - California Changes - Cancellation and CA 23 94 10 13 - Silica or Silica Related Dust Exclusion IL N 119 10 15 - California Auto Body Repair Consumer Bill of MCA85100817-CA - Mercury Broadening Endorsement CA 04 44 10 13 - Waiver of Subrogation (Specified) CA 20 48 10 13 - Designated Insured	MCA 23 45 06 19 - Public or Livery Passenger Conveyance MCA 99 28 03 19 - Stated Amount Insurance MCANONFAC0516 - Permanently Attached Non-Factory MCA20760112 - Exclusion of Named Driver MCA 21 54 04 19 - California Uninsured Motorists - Bodily CA 21 55 10 13 - California Uninsured Motorists Coverage - CA 03 05 10 13 - California Changes - Waiver of Collision CA 04 24 10 13 - California Auto Medical Payments Coverage CA 99 23 10 13 - Rental Reimbursement Coverage MCA86100617 - Roadside Assistance Coverage CA 99 44 10 13 - Loss Payable Clause MCA AM END 04 19 - Amendatory Endorsement



California Secretary of State

Business Programs Division
1500 11th Street, Sacramento, CA 95814

Reinmanpro Inc.
12 SOUTH SAN GORGONIO AVENUE
#203 FLOOR 2
BANNING, CA 92220

Business Amendment Filing Approved

October 10, 2024

Entity Name: Reinmanpro Inc.
Entity Type: Stock Corporation - CA - General
Entity No.: 202251110442
Document Type: Statement of Information
Document No.: BA20241808020
File Date: 10/10/2024

The above referenced document has been approved and filed with the California Secretary of State. To access free copies of filed documents, go to bizfileOnline.sos.ca.gov and enter the entity name or entity number in the Search module.

What's Next?

The most up to date records may be obtained by searching for the Entity Name or Entity Number in the Search module at bizfileOnline.sos.ca.gov.

For further assistance, contact us at (916) 657-5448 or visit bizfileOnline.sos.ca.gov.



Thank you for using [bizfile California](https://bizfileOnline.sos.ca.gov), the California Secretary of State's business portal for online filings, searches, business records, and additional resources.

See Specific Instructions on page 3.
Print or type.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
REINMANPRO INC

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.

☐ Individual/sole proprietor or single-member LLC

☐ C Corporation

☐ S Corporation

☐ Partnership

☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) a

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 disregardedT ef rxotm 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 code is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) a

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any)

Exemption from FATCA reporting (if any)

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.
12 S San Gorgonio Ave 203 Floor 2

6 City, state, and ZIP code
Banning CA 92220

7 List account number(s) here (optional)

Requester's name and address (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

99

-

39

1

4

2

8

8

Part II Certification

Under penalties of perjury, I certify that:

1. 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

2. 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


3. I am a U.S. citizen or other U.S. person (defined below); and

4. 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 a



Date a

04-07-2025

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-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.

Cat. No. 10231X

Form W-9 (Rev. 10-2018)