



# VCU

## Procurement Services

May 22, 2018

Procurement Services  
912 W. Grace Street, 5<sup>th</sup> Floor  
Richmond, VA 23284

804 828-1077  
Fax: 804 828-7837  
[www.vcu.edu/procurement](http://www.vcu.edu/procurement)

Alejandro Ardila  
MoldStoppers.  
2809 Chapelwood Ln  
Richmond, VA 23233

RE: Contract #: 7349188CP  
Renewal No.: One of Four available

Mr. Ardila,

Your firm's contract with Virginia Commonwealth University (VCU) for **Mold Remediation Services** expires on **5/31/2018**. VCU intends to exercise the renewal of this contract in accordance with the terms and conditions of contract 7349188CP.

Services shall be provided for renewal period: 6/1/2018 through 5/31/2019.

Your signature constitutes your firm's acceptance of this renewal, to include the optional-use language requirement provision below.

### **OPTIONAL USE CONTRACT:**

This contract is an optional use, requirements based contract. VCU is in no way required to make purchases from the Contractor and may, in its sole discretion, purchase the identical and/or similar goods/services from other sources. Any estimates/quantities on a purchase order issued against this contract do not represent a purchase commitment by VCU.

Pricing remains the same as the previous contract period.

Attached is the revised pricing in accordance with the contract terms.

By signing and submitting this contract renewal letter Contractor certifies that it will maintain the insurance coverages required at the time the contract was awarded. At renewal, Contractor shall have a new Certificate of Insurance listing VCU as the "Additional Insured", citing the contractor's name and contract number, mailed to VCU Risk Management, P.O. Box 843040, Richmond, VA.

Please return this document to me as soon as possible. Your response may be emailed to me at [thall2@vcu.edu](mailto:thall2@vcu.edu). If you have any questions, please contact me at (804) 828-3409.

Sincerely,  
Teresa L. Hall, VCA, VCO  
Senior Buyer

Contract #: 7349188CP Mold Remediation Services

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**RESPONSE:**

MOLDSTOPPERS

Name of Firm

---



Signature

---

DAVID CONNER

Name Printed

---

PRESIDENT

Title

---

5/23/18

Date

---



COMMONWEALTH OF VIRGINIA  
STANDARD CONTRACT

Contract Number: 7349188CP

This contract entered into on May 22, 2017 by Mold Stoppers hereinafter called the "Contractor" and Commonwealth of Virginia, Virginia Commonwealth University, called the "Purchasing Agency".

**WITNESSETH** that the Contractor and the Purchasing Agency, in consideration of the mutual covenants, promises and agreements herein contained, agree as follows:

**PERIOD OF THE PERFORMANCE:** From June 1, 2017 through May 31, 2018 with four (4) successive one (1) year renewal options, to be exercised upon written agreement of both parties.

**SCOPE OF CONTRACT:** The Contractor shall provide the goods/services to the Purchasing Agency as set forth in the Contract Documents.

Any conflict or inconsistency between the provisions of this document and any other documents that are attached hereto as part of this Agreement shall be resolved by giving precedence in the following order and shall consist of:

- (1) This signed form;
- (2) The Negotiated Modification dated May 8, 2017.
- (3) The Request for Proposals # 7349188CP dated February 17, 2017 including Addendum #1 dated March 3, 2017, Addendum #2 dated March 7, 2017 and Addendum #3 dated March 9, 2017;
- (4) The Contractor's Proposal dated March 17, 2017; and

All of which documents are incorporated herein by reference.

IN WITNESS WHEREOF, the parties have caused this Contract to be duly executed intending to be bound thereby.

**CONTRACTOR:**

Mold Stoppers

By: [Signature]

Name Printed: Mejando Ardisa

Date: 5/22/2017

Title: Owner/Partner

**PURCHASING AGENCY:**

Virginia Commonwealth University

Brenda Mowen  
Director of Procurement Services

By: Brenda Mowen  
Date: 5/23/17

Name Printed: Karol Kain Gray  
Title: Vice President for  
Finance and Budget



**VIRGINIA COMMONWEALTH UNIVERSITY  
NEGOTIATION MODIFICATION SUMMARY**

**RFP #7349188CP - Painting & Mold Remediation Services    DATE: May 8, 2017**

**BUYER Cheryl Price, Senior Buyer, Construction, A/E and Facilities**

ALL formal procurements involving negotiation will be summarized into a single document. This document shall specify the final outcome when negotiations have concluded and final agreements have been made.

All emails, records of phone calls, conference discussions and any other communication method used to conduct negotiations shall be saved as part of the supporting documentation for the formal procurement, but only the summary will be submitted with the contract documents being presented for signature.

**SUMMARY OF NEGOTIATIONS:**

**Offeror: Mold Stoppers**

- **1. Did your firm have any exceptions to the terms and Conditions of the RFP?**

**Response: No. Mold Stoppers does not have any exceptions to the terms and conditions of the RFP.**

- **2. Are the technician rates submitted in your RFP response your best and final offer?**

**Response: Our price submission is our best and final offer.**

- **3. VCU intends to award for services covering Residential Life & Housing buildings, Physical Plants (all other VCU properties other than Residential Life & Housing) and Mold remediation, to multiple suppliers. Your contract will be focused towards Mold Remediation. Please confirm you are in acceptance of VCU's approach in the manner by which requirements will be allocated.**

**Response: I am confirming we are in acceptance of VCU's approach in the manner by which requirements will be allocated.**



**VCU**

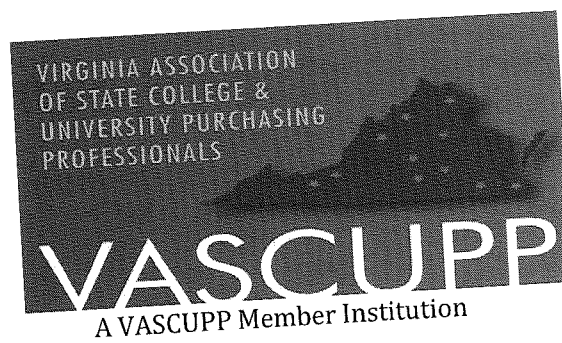
# Request for Proposals

RFP #: 7349188CP

RFP Title: Painting & Mold Remediation

Date: February 17, 2017

Due Date: March 10, 2017 at 2:00PM EST





# VCU

## Procurement Services

May 22, 2018

Procurement Services  
912 W. Grace Street, 5<sup>th</sup> Floor  
Richmond, VA 23284

804 828-1077  
Fax: 804 828-7837  
[www.vcu.edu/procurement](http://www.vcu.edu/procurement)

Alejandro Ardila  
MoldStoppers.  
2809 Chapelwood Ln  
Richmond, VA 23233

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Renewal No.: One of Four available

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Attached is the revised pricing in accordance with the contract terms.

By signing and submitting this contract renewal letter Contractor certifies that it will maintain the insurance coverages required at the time the contract was awarded. At renewal, Contractor shall have a new Certificate of Insurance listing VCU as the "Additional Insured", citing the contractor's name and contract number, mailed to VCU Risk Management, P.O. Box 843040, Richmond, VA.

Please return this document to me as soon as possible. Your response may be emailed to me at [thall2@vcu.edu](mailto:thall2@vcu.edu). If you have any questions, please contact me at (804) 828-3409.

Sincerely,  
Teresa L. Hall, VCA, VCO  
Senior Buyer

Contract #: 7349188CP Mold Remediation Services


---

**RESPONSE:**

MOLDSTOPPERS

Name of Firm

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Signature

---

DAVID CONNER

Name Printed

---

PRESIDENT

Title

---

5/23/18

Date

---



# REQUEST FOR PROPOSALS RFP# 7349188CP

February 17, 2017

Issue Date:

Painting and Mold Remediation Services

Title:

Virginia Commonwealth University

Issuing and Using Agency:

Attention: Cheryl Price  
912 West Grace Street, 5<sup>th</sup> Floor  
P.O. Box 980327  
Richmond, Virginia 23298-0327

Period of Contract: One (1) year with Four (4) successive one-year renewal options.

Proposals for furnishing the services described herein will be received until **2:00 p.m. EST on March 10, 2017.**

All inquiries for information should be sent via email to Cheryl Price, Senior Buyer for Construction, A/E and Facilities, at [caprice@vcu.edu](mailto:caprice@vcu.edu).

This solicitation and any addenda are posted on the eVa website at: <http://www.eva.virginia.gov>.

**HARD-COPY, ORIGINAL PROPOSALS MUST BE RECEIVED IN VIRGINIA COMMONWEALTH UNIVERSITY'S DEPARTMENT OF PROCUREMENT SERVICES ON OR BEFORE THE DATE AND TIME DESIGNATED ON THIS SOLICITATION. ELECTRONIC SUBMISSIONS AND FACSIMILE SUBMISSIONS WILL NOT BE ACCEPTED IN LIEU OF THE HARD-COPY, ORIGINAL PROPOSAL. VENDORS ARE RESPONSIBLE FOR THE DELIVERY OF THEIR PROPOSAL. PROPOSALS RECEIVED AFTER THE OFFICIAL DATE AND TIME WILL BE REJECTED. THE OFFICIAL DATE AND TIME USED IN RECEIPT OF RESPONSES IS THAT TIME ON THE CLOCK OR AUTOMATIC TIME STAMP IN THE DEPARTMENT OF PROCUREMENT SERVICES.**

**IF PROPOSALS ARE HAND-DELIVERED OR SENT BY FEDEX, UPS, OR ANY OTHER PRIVATE COURIER SERVICE, DELIVER TO: VIRGINIA COMMONWEALTH UNIVERSITY, DEPARTMENT OF PROCUREMENT SERVICES, 912 W GRACE ST., 5th FLOOR, RICHMOND, VA 23284. IF PROPOSALS ARE SENT VIA US MAIL (NOT RECOMMENDED), SEND DIRECTLY TO VIRGINIA COMMONWEALTH UNIVERSITY, PROPOSAL PROCESS DEPARTMENT, POB 980327, RICHMOND, VA 23298-0327. THE RFP NUMBER# 7349188CP, DATE AND TIME OF PROPOSAL SUBMISSION DEADLINE, AS REFLECTED ABOVE, MUST CLEARLY APPEAR ON THE FACE OF THE RETURNED PROPOSAL PACKAGE.**

In Compliance With This Request for Proposals And To All Conditions Imposed Therein and Hereby Incorporated By Reference, The Undersigned Offers And Agrees To Furnish The Goods/Services Described Herein In Accordance With The Attached Signed Proposal Or As Mutually Agreed Upon By Subsequent Negotiation. Furthermore, The Undersigned Agrees Not To Start Any Work Relative To This Particular Solicitation Until A Resulting Formal Signed Purchase Order Is Received By The Contractor From University Purchasing. Any Work Relative To This Solicitation Performed By The Contractor Prior To Receiving A Formal Signed Purchase Order Shall Be At The Contractor's Own Risk And Shall Not Be Subject To Reimbursement By The University. **Signature below constitutes acknowledgement of all information contained through links referenced herein.**

## NAME AND ADDRESS OF FIRM:

Mold Stoppers  
2809 Chapelwood Ln  
Richmond Va Zip Code 23233  
E-Mail Address: Alex.A@moldstoppersonline.com

Date: 3/17/2017

By (Signature in Ink): [Signature]

Name Typed: Alejandro Ardila

Title: Owner/Partner

Telephone: ( 804 ) 852-7656

Fax Number: ( )

Toll free, if available

Toll free, if available

DUNS NO.:

FEI/FIN NO.:

REGISTERED WITH eVA:  YES ( ) NO

SMALL BUSINESS:  YES ( ) NO

VIRGINIA DSBSD CERTIFIED: ( ) YES  NO

MINORITY-OWNED:  YES ( ) NO

DSBSD CERTIFICATION #:

WOMEN-OWNED: ( ) YES  NO

**A Pre-Proposal Conference will be held. See Section VI herein.**

**THIS SOLICITATION CONTAINS 47 PAGES.**

# Commonwealth of Virginia



## STATE CORPORATION COMMISSION

Richmond, April 4, 2016

This certificate of registration to transact business in Virginia is  
this day issued for

**Mold Stoppers of Richmond, LLC**

a limited liability company organized under the laws of NORTH  
CAROLINA and the said company is authorized to transact  
business in Virginia, subject to all Virginia laws applicable to the  
company and its business.

State Corporation Commission

Attest:



*Joel H. Beck*  
Clerk of the Commission



**RFP 7349188CP- Addendum #2**

ADDENDUM NO.1 TO ALL OFFERORS:

Date: March 7, 2017  
Reference - Request for Proposals: RFP# 7349188CP Rev 1  
Title: Painting & Mold Remediation Services  
Issue Date: February 17, 2017  
Proposal Due: **March 17, 2017 at 2:00 PM EST\*\* Revised Due Date**

The Addenda includes the following information:

Due to the scheduling of a Walk-through, the Proposal due date has been extended until **Friday, March 17, 2017 at 2:00 PM EST**

A Walk-through is scheduled for **Wednesday, March 8, 2017 @ 9:00AM**. All interested contractors should meet at the Brandt/Rhoads Building located at 710 W. Franklin Street, Richmond, VA 23220.

NOTE: A signed acknowledgment of this addendum must be received by this office either prior to the proposal due date and hour or attached to your proposal. Signature of this addendum does not constitute your signature on the original proposal document. The original proposal document must also be signed.

Very truly yours,

**Cheryl Price**

Cheryl Price, Senior Buyer  
Procurement Services

**I hereby acknowledge receipt of Addendum #2 for RFP# 7349188CP Rev 1 - Painting and Mold Remediation Services**

MoldStoppers  
Name of Firm

Alejandro J. Ardila Owner/Partner  
Signature/Title

03/16/2017  
Date



# THE NATIONAL ASSOCIATION OF MOLD PROFESSIONALS


*To all who may read these letters, Greetings.  
Hereby it is certified that upon recommendation of the  
Faculty of the School of Mold Inspection and Remediation  
The Board of Directors of the National Association of Mold Professionals have conferred upon*

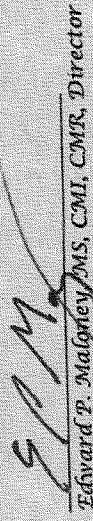
*Alejandro Ardila*

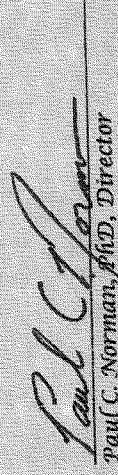
*In recognition of the satisfactory fulfillment of the prescribed requirements the designations of  
Certified Mold Inspector and Certified Mold Remediator*

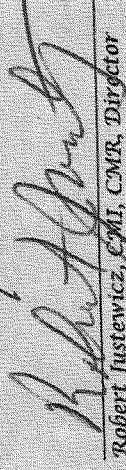
*With all rights, privileges, and honors thereto pertaining here and elsewhere*

*Commerce Township, Michigan this Fifth Day of August, Two-Thousand and Sixteen*

  
Seth M. Norman, J.D., Director

  
Edward P. Maloney, MS, CMI, CMR, Director

  
Paul C. Norman, PhD, Director

  
Robert Justewicz, CMI, CMR, Director



Vendor Name: MoldStoppers  
 Contact Person: Alejandro Ardila  
 Phone/Email: 804-852-7656/alex.a@moldstoppersonline.com

**PART B-INTERIOR - VCU PHYSICAL PLANT PAINTING PRICING SCHEDULE**

| ITEM #                                           | INTERIOR SURFACES                 | QUANTITY | UNIT MEASURE | UNIT PRICE | TOTAL  |
|--------------------------------------------------|-----------------------------------|----------|--------------|------------|--------|
| <b>1A - HEIGHT 0-12 FT</b>                       |                                   |          |              |            | \$0.00 |
| 1                                                | CEILINGS                          | 1,000    | SF           |            | \$0.00 |
| 2                                                | WALLS                             | 1,000    | SF           |            | \$0.00 |
| 3                                                | WINDOW TRIM                       | 1,000    | LF           |            | \$0.00 |
| <b>2A - HEIGHT 12 FT AND OVER</b>                |                                   |          |              |            | \$0.00 |
| 4                                                | CEILINGS                          | 1,000    | SF           |            | \$0.00 |
| 5                                                | WALLS                             | 1,000    | SF           |            | \$0.00 |
| 6                                                | WINDOW TRIM                       | 1,000    | LF           |            | \$0.00 |
| <b>3A - OTHER INTERIOR SURFACES (ANY HEIGHT)</b> |                                   |          |              |            | \$0.00 |
| 7                                                | FLOORS, CONCRETE                  | 1,000    | SF           |            | \$0.00 |
| 8                                                | METAL RADIATORS                   | 1,000    | SF           |            | \$0.00 |
| 9                                                | SHELVING                          | 1,000    | SF           |            | \$0.00 |
| 10                                               | CABINETS                          | 1,000    | SF           |            | \$0.00 |
| 11                                               | DOORS                             | 1,000    | EACH SIDE    |            | \$0.00 |
| 12                                               | DOOR FRAMES                       | 1,000    | EACH SIDE    |            | \$0.00 |
| 13                                               | ELEVATOR DOORS                    | 1,000    | EACH SIDE    |            | \$0.00 |
| 14                                               | ELEVATOR DOOR FRAMES              | 1,000    | EACH SIDE    |            | \$0.00 |
| 15                                               | FULL PRIMING                      | 1,000    | SF           |            | \$0.00 |
| <b>4A - TRIM (ANY HEIGHT)</b>                    |                                   |          |              |            | \$0.00 |
| 15                                               | BASEBOARD                         | 1,000    | LF           |            | \$0.00 |
| 16                                               | CHAIR RAIL                        | 1,000    | LF           |            | \$0.00 |
| <b>5A - PIPING (ANY HEIGHT)</b>                  |                                   |          |              |            | \$0.00 |
| 17                                               | DIAMETER 0" - 6"                  | 1,000    | LF           |            | \$0.00 |
| 18                                               | DIAMETER 6" - 12"                 | 1,000    | LF           |            | \$0.00 |
| 19                                               | DIAMETER 12" - 18"                | 1,000    | LF           |            | \$0.00 |
| <b>6A - REFINISHED / VARNISHED SURFACES</b>      |                                   |          |              |            | \$0.00 |
| 20                                               | DOORS / DOOR FRAMES IF APPLICABLE | 1,000    | EACH SIDE    |            | \$0.00 |
| 21                                               | CHAIR RAILS                       | 1,000    | LF           |            | \$0.00 |
| 22                                               | OTHER AREAS                       | 1,000    | SF           |            | \$0.00 |
| <b>7A - MOLD REMOVAL</b>                         |                                   |          |              |            | \$0.00 |
| 23                                               | MOLD REMOVAL                      | 1,000    | SF           |            | \$0.00 |
| <b>PART B: INTERIOR PAINTING TOTAL:</b>          |                                   |          |              |            | \$0.00 |

PRICES INCLUDES MATERIALS, LABOR, SUPERVISION, TRANSPORTATION, TOOLS & SMALL EQUIPMENT, NORMAL PREPARATION, SPOT PRIMING, AND ONE COAT OF CONTRACTOR SUPPLIED PAINT.

**PART C-EXTERIOR - VCU PHYSICAL PAINTING PRICING SCHEDULE**

| ITEM #                                    | EXTERIOR SURFACES     | QUANTITY | UNIT MEASURE | UNIT PRICE | TOTAL  |
|-------------------------------------------|-----------------------|----------|--------------|------------|--------|
| <b>1B - HEIGHT 0-12 FT</b>                |                       |          |              |            | \$0.00 |
| 101                                       | POWER WASHING         | 1,000    | SF           |            | \$0.00 |
| <b>PAINTING: HEIGHT 0 - 12 FT</b>         |                       |          |              |            | \$0.00 |
| 102                                       | CONCRETE SURFACES     | 1,000    | SF           |            | \$0.00 |
| 103                                       | WOOD SURFACES         | 1,000    | SF           |            | \$0.00 |
| 104                                       | BRICK SURFACES        | 1,000    | SF           |            | \$0.00 |
| 105                                       | METAL SURFACES        | 1,000    | SF           |            | \$0.00 |
| 106                                       | DOORS / DOOR FRAMES   | 1,000    | EACH SIDE    |            | \$0.00 |
| 107                                       | WINDOWS / WINDOW TRIM | 1,000    | EACH         |            | \$0.00 |
| 108                                       | FULL PRIMING          | 1,000    | SF           |            | \$0.00 |
| 109                                       | MOLD REMOVAL          | 1,000    | SF           |            | \$0.00 |
| <b>2B - HEIGHT 12 FT &amp; ABOVE</b>      |                       |          |              |            | \$0.00 |
| 110                                       | POWER WASHING         | 1,000    | SF           |            | \$0.00 |
| <b>PAINTING: HEIGHT 12 FT &amp; ABOVE</b> |                       |          |              |            | \$0.00 |
| 111                                       | CONCRETE SURFACES     | 1,000    | SF           |            | \$0.00 |
| 112                                       | WOOD SURFACES         | 1,000    | SF           |            | \$0.00 |
| 113                                       | BRICK SURFACES        | 1,000    | SF           |            | \$0.00 |
| 114                                       | METAL SURFACES        | 1,000    | SF           |            | \$0.00 |
| 115                                       | DOORS / DOOR FRAMES   | 1,000    | EACH SIDE    |            | \$0.00 |
| 116                                       | WINDOWS / WINDOW TRIM | 1,000    | EACH         |            | \$0.00 |
| 117                                       | FULL PRIMING          | 1,000    | SF           |            | \$0.00 |
| 118                                       | GUTTERS               | 1,000    | LF           |            | \$0.00 |
| 119                                       | DOWN SPOUTS           | 1,000    | LF           |            | \$0.00 |
| 120                                       | ROOF SURFACES         | 1,000    | SF           |            | \$0.00 |
| 121                                       | MOLD REMOVAL          | 1,000    | SF           |            | \$0.00 |

|                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                      |       |       |        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------|--------|
| 122                                                                                                                                                 | FULLY BURDENED LABOR RATES TO INCLUDE WAGES, OVERHEAD, ADMINISTRATIVE COSTS, TRAVEL, AND ALL OTHER COSTS INCLUDING PROFIT -- FOR ITEMS NOT ON LINES OR FOR EXTRAORDINARY PREPARATION DUE TO EXTRA SCRAPING, CAULKING, GLAZING, SKIM COATING, OR EXTRA COAT(S) OF PAINT IF SPECIFIED, ETC. ITEMS LIKE STAIRWELLS TEXTURED AREAS OR ORNATE AREAS, ETC. | 1,000 | HOURS | \$0.00 |
| PRICES SHALL INCLUDE MATERIALS, LABOR, SUPERVISION, TRANSPORTATION, TOOLS & SMALL EQUIPMENT, NORMAL PREPARATION, SPOT PRIMING, AND A COAT OF PAINT. |                                                                                                                                                                                                                                                                                                                                                      |       |       | \$0.00 |
| <b>PART C: EXTERIOR PAINTING TOTAL:</b>                                                                                                             |                                                                                                                                                                                                                                                                                                                                                      |       |       |        |

| <b>PART D-MOLD REMOVAL/REMEDIAION SERVICES PRICING SCHEDULE</b>                                                                               |                                        |                                         |                |
|-----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|-----------------------------------------|----------------|
| Pricing Schedule: Fully Burdened Labor Rates to include wages, overhead, administrative costs, travel, and all other costs including profit): | Regular (7:30am to 4:30PM) Hourly Rate | Overtime (after 4:30PM)/Weekends/ Rates | Holiday Hourly |
|                                                                                                                                               |                                        |                                         |                |
| Mold Remediation Technician                                                                                                                   | \$ 70.00                               | \$                                      | 105.00         |
| Lead Mold Remediation Technician                                                                                                              | \$ 75.00                               | \$                                      | 112.50         |
| Helper/Apprentice                                                                                                                             | \$ 50.00                               | \$                                      | 75.00          |
| Supervisor                                                                                                                                    | \$ 60.00                               | \$                                      | 90.00          |
| Project Manager                                                                                                                               | \$ 70.00                               | \$                                      | 105.00         |

Pricing to be inclusive of all labor, materials, equipment, tools, travel, parts, permits. No additional charges allowed.

OFFERORS DO NOT FILL OUT THIS SECTION:

SCORING PROCEDURES FOR EVALUATING PRICE (OFFERORS DO NOT FIL IN THE BLANKS):

Pricing Scenario: Scores for price are based on the following method: (Note

SCORE= LOWEST PRICE X WEIGHT VALUE / OFFEROR'S PRICE

| Pricing Schedule: Fully Burdened Labor Rates to include wages, overhead, administrative costs, travel, and all other costs including profit): | Regular (7:30am to 4:30PM) Hourly Rate | Weighted Value (Lowest Price to receive full weight): | Scores |
|-----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|-------------------------------------------------------|--------|
| Mold Remediation Technician                                                                                                                   | \$ -                                   | 1.000                                                 |        |
| Lead Mold Remediation Technician                                                                                                              | \$ -                                   | 1.000                                                 |        |
| Helper/Apprentice                                                                                                                             | \$ -                                   | 1.000                                                 |        |
| Supervisor                                                                                                                                    | \$ -                                   | 0.500                                                 |        |
| Project Manager                                                                                                                               | \$ -                                   | 0.500                                                 |        |
| Part A:                                                                                                                                       |                                        | 4 points Possible                                     |        |
| <b>PART A: REGULAR RATE PRICING SCENARIO (SCORE WILL BE 4 out of 5 TOTAL SCORE)</b>                                                           |                                        |                                                       |        |

| Pricing Schedule: Fully Burdened Labor Rates to include wages, overhead, administrative costs, travel, and all other costs including profit): | Overtime (after 4:30PM)/Weekends/Holiday Hourly Rates | Weighted Value (Lowest Price to receive full weight): | Scores |
|-----------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------|--------|
| Mold Remediation Technician                                                                                                                   | \$ -                                                  | 0.300                                                 |        |
| Lead Mold Remediation Technician                                                                                                              | \$ -                                                  | 0.300                                                 |        |
| Helper/Apprentice                                                                                                                             | \$ -                                                  | 0.200                                                 |        |
| Supervisor                                                                                                                                    | \$ -                                                  | 0.100                                                 |        |
| Project Manager                                                                                                                               | \$ -                                                  | 0.100                                                 |        |
| Part B:                                                                                                                                       |                                                       | 1 point Possible                                      |        |
| <b>PART B: OT/WEEKEND/HOLIDAY RATE PRICING SCENARIO (SCORE WILL BE 1 out of 5 OF TOTAL SCORE)</b>                                             |                                                       |                                                       |        |
| <b>Total Score (5 points possible) (Part A + Part B):</b>                                                                                     |                                                       |                                                       |        |

|        |    |
|--------|----|
| Part A | 75 |
| Part B | 10 |
| Part C | 10 |
| Part D | 5  |



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
03/07/2017

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<br>Pioneer Insurance Agency, Inc.<br>P.O. Box 941<br>Southern Pines, NC 28388 | CONTACT NAME: Clayton Evans, Jr.                                |        |
|                                                                                        | PHONE (A/c. No. Ext): 800-547-1495 FAX (A/c. No.): 910-944-6088 |        |
|                                                                                        | E-MAIL ADDRESS: claytone@pioneerinsurance.com                   |        |
| INSURED<br>Moldstoppers LLC<br>P.O. Box 2268<br>Southern Pines, NC 28388               | INSURER(S) AFFORDING COVERAGE                                   | NAIC # |
|                                                                                        | INSURER A: Homeland Insurance Company of New York               |        |
|                                                                                        | INSURER B:                                                      |        |
|                                                                                        | INSURER C:                                                      |        |
|                                                                                        | INSURER D:                                                      |        |
|                                                                                        | INSURER E:                                                      |        |

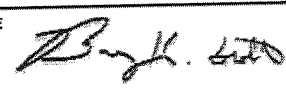
COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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 SUBR INSD WVD | POLICY NUMBER     | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                                                                                                                                                                                                                        |
|----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-------------------|-------------------------|-------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |                    | 793-00-17-78-0002 | 01/22/2017              | 01/22/2019              | EACH OCCURRENCE \$ 6,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000<br>MED EXP (Any one person) \$ 5,000<br>PERSONAL & ADV INJURY \$ 6,000,000<br>GENERAL AGGREGATE \$ 6,000,000<br>PRODUCTS - COMP/OP AGG \$ 6,000,000<br>\$ |
|          | AUTOMOBILE LIABILITY<br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input type="checkbox"/> HIRED AUTOS<br><input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS                                                                               |                    |                   |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$                                                                                         |
|          | <input type="checkbox"/> UMBRELLA LIAB<br><input type="checkbox"/> EXCESS LIAB<br><input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$<br><input type="checkbox"/> OCCUR<br><input type="checkbox"/> CLAIMS-MADE                                                                                      |                    |                   |                         |                         | EACH OCCURRENCE \$<br>AGGREGATE \$<br>\$                                                                                                                                                                                                      |
|          | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below                                                                                                                              | Y/N                | N/A               |                         |                         | <input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER<br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$                                                                              |
| A        | Contractors Environmental Liability                                                                                                                                                                                                                                                                                 |                    | 793-00-17-78-0002 | 01/22/2017              | 01/22/2019              | Cont. Poll. Occ/Agg \$2m/\$4m<br>Trans. Poll. Occ/Agg \$1m/\$2m                                                                                                                                                                               |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
CPL Ded \$5,000 Ea. Poll Cond. Retro Date 01-22-2008. TPL Ded \$10,000 Ea. Poll. Cond. Retro Date 01-22-2014. Professional Services Liability- Occ/Agg: \$2m/\$4m. PSL-Ded \$5,000 Ea. Claim. Fungi& Mold Agg: \$4m. Retro Date 01-22-2008.

Certificate Holder named as additional insured on the above general policy.

|                                                                                                   |                                                                                                                                                                                           |
|---------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>CERTIFICATE HOLDER</b><br><br>Commonwealth of Virginia<br>1000 DMV Drive<br>Richmond, VA 23220 | <b>CANCELLATION</b><br><br>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<br>                                                                        |

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/07/2017

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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<br>Pioneer Insurance Agency, Inc.<br>P.O. Box 941<br>Southern Pines, NC 28388 | CONTACT NAME: Clayton Evans, Jr.                  | FAX (A/C, No): 910-944-6088                   |        |
|                                                                                        | PHONE (A/C, No, Ext): 800-547-1495                | E-MAIL ADDRESS: claytone@pioneerinsurance.com |        |
| INSURED<br>Moldstoppers LLC<br>P.O. Box 2268<br>Southern Pines, NC 28388               | INSURER(S) AFFORDING COVERAGE                     |                                               | NAIC # |
|                                                                                        | INSURER A: Homeland Insurance Company of New York |                                               |        |
|                                                                                        | INSURER B:                                        |                                               |        |
|                                                                                        | INSURER C:                                        |                                               |        |
|                                                                                        | INSURER D:                                        |                                               |        |
|                                                                                        | INSURER E:                                        |                                               |        |
| INSURER F:                                                                             |                                                   |                                               |        |


COVERAGES      CERTIFICATE NUMBER:      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 COVERAGE 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 INSD WVD | POLICY NUMBER     | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                                                                                                                                                                                                                        |
|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-------------------|-------------------------|-------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC<br>OTHER: |                    | 793-00-17-78-0002 | 01/22/2017              | 01/22/2019              | EACH OCCURRENCE \$ 6,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000<br>MED EXP (Any one person) \$ 5,000<br>PERSONAL & ADV INJURY \$ 6,000,000<br>GENERAL AGGREGATE \$ 6,000,000<br>PRODUCTS - COMP/OP AGG \$ 6,000,000<br>\$ |
|          | AUTOMOBILE LIABILITY<br><br><input type="checkbox"/> ANY AUTO <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> NON-OWNED AUTOS<br><input type="checkbox"/> HIRED AUTOS                                                                                |                    |                   |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$                                                                                         |
|          | <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR<br><input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br><br><input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$                                                                                       |                    |                   |                         |                         | EACH OCCURRENCE \$<br>AGGREGATE \$<br>\$                                                                                                                                                                                                      |
|          | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below                                                                                                                             | Y/N                | N/A               |                         |                         | PER STATUTE    OTH-ER<br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$                                                                                                                             |
| A        | Contractors Environmental Liability                                                                                                                                                                                                                                                                                |                    | 793-00-17-78-0002 | 01/22/2017              | 01/22/2019              | Cont. Poll. Occ/Agg \$2m/\$4m<br>Trans. Poll. Occ/Agg \$1m/\$2m                                                                                                                                                                               |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 CPL Ded \$5,000 Ea. Poll Cond. Retro Date 01-22-2008. TPL Ded \$10,000 Ea. Poll. Cond. Retro Date 01-22-2014. Professional Services Liability- Occ/Agg: \$2m/\$4m. PSL-Ded \$5,000 Ea. Claim. Fungi& Mold Agg: \$4m. Retro Date 01-22-2008.

Certificate Holder named as additional insured on the above general policy.

|                                                                                                             |                                                                                                                                                                                           |
|-------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>CERTIFICATE HOLDER</b><br><br>Virginia Commonwealth University<br>907 Floyd Avenue<br>Richmond, VA 23284 | <b>CANCELLATION</b><br><br>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<br>                                                                        |

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# CERTIFICATE OF LIABILITY INSURANCE

MOLDSTO OP ID: TS

DATE (MM/DD/YYYY)  
03/08/2017

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.

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|                                                                                                                                                |                                                                                                        |               |
|------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|---------------|
| <b>PRODUCER</b><br>First Pioneer Insurance Agency<br>Aberdeen Office<br>409 Johnson St<br>Aberdeen, NC 28315<br>E. Clayton Evans, Jr. CIC CBIA | <b>CONTACT NAME:</b> E. Clayton Evans, Jr. CIC CBIA                                                    |               |
|                                                                                                                                                | <b>PHONE (A/C, No, Ext):</b> 910-944-2848 <b>FAX (A/C, No):</b> 910-944-6088<br><b>E-MAIL ADDRESS:</b> |               |
| <b>INSURED</b><br>Moldstoppers LLC<br>David Conner<br>PO Box 2268<br>Southern Pines, NC 28388                                                  | <b>INSURER(S) AFFORDING COVERAGE</b>                                                                   | <b>NAIC #</b> |
|                                                                                                                                                | INSURER A : Granite State Insurance Co.                                                                |               |
|                                                                                                                                                | INSURER B : State Auto Property & Casualty                                                             |               |
|                                                                                                                                                | INSURER C :                                                                                            |               |
|                                                                                                                                                | INSURER D :                                                                                            |               |
|                                                                                                                                                | INSURER E :                                                                                            |               |

**COVERAGES**      **CERTIFICATE NUMBER:**      **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 SUBR INSD WVD  | POLICY NUMBER          | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                                                                                                                                                                                                         |
|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|------------------------|-------------------------|-------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|          | <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |                     |                        |                         |                         | EACH OCCURRENCE \$<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$<br>MED EXP (Any one person) \$<br>PERSONAL & ADV INJURY \$<br>GENERAL AGGREGATE \$<br>PRODUCTS - COMP/OP AGG \$<br>\$                                       |
| B        | <b>AUTOMOBILE LIABILITY</b><br><input checked="" type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS                |                     | BAP2388289, BAP2387674 | 09/13/2016              | 09/13/2017              | COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b><br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$                                                         |
|          | <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR<br><b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br>DED    RETENTION \$                                                                                                                            |                     |                        |                         |                         | EACH OCCURRENCE \$<br>AGGREGATE \$<br>\$                                                                                                                                                                                       |
| A        | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below                                                                    | Y/N<br><b>N</b> N/A | WC001613372            | 01/01/2017              | 01/01/2018              | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER<br>E.L. EACH ACCIDENT \$ <b>1,000,000</b><br>E.L. DISEASE - EA EMPLOYEE \$ <b>1,000,000</b><br>E.L. DISEASE - POLICY LIMIT \$ <b>1,000,000</b> |

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

|                                                                                                                  |                                                                                                                                                                                                                                |
|------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>CERTIFICATE HOLDER</b><br><br>VIRG001<br><br>Commonwealth of Virginia<br>1000 DMV Drive<br>Richmond, VA 23220 | <b>CANCELLATION</b><br><br>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br>AUTHORIZED REPRESENTATIVE<br> |
|------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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# CERTIFICATE OF LIABILITY INSURANCE

MOLDSTO OP ID: TS  
DATE (MM/DD/YYYY)  
03/08/2017

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|                                                                                                                                         |                                              |                             |        |
|-----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-----------------------------|--------|
| PRODUCER<br>First Pioneer Insurance Agency<br>Aberdeen Office<br>109 Johnson St<br>Aberdeen, NC 28315<br>E. Clayton Evans, Jr. CIC CBIA | CONTACT NAME: E. Clayton Evans, Jr. CIC CBIA | FAX (A/C, No): 910-944-6088 |        |
|                                                                                                                                         | PHONE (A/C, No, Ext): 910-944-2848           | E-MAIL ADDRESS:             |        |
| INSURED<br>Moldstoppers LLC<br>David Conner<br>PO Box 2268<br>Southern Pines, NC 28388                                                  | INSURER(S) AFFORDING COVERAGE                |                             | NAIC # |
|                                                                                                                                         | INSURER A: Granite State Insurance Co.       |                             |        |
|                                                                                                                                         | INSURER B: State Auto Property & Casualty    |                             |        |
|                                                                                                                                         | INSURER C:                                   |                             |        |
|                                                                                                                                         | INSURER D:                                   |                             |        |
|                                                                                                                                         | INSURER E:                                   |                             |        |
| INSURER F:                                                                                                                              |                                              |                             |        |

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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| INSR LTR | TYPE OF INSURANCE                                                                                                                                                                                                                                                | ADDL INSD | SUBR WVD | POLICY NUMBER          | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                                                                                                                                                                                    |
|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|------------------------|-------------------------|-------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|          | <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |           |          |                        |                         |                         | EACH OCCURRENCE \$<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$<br>MED EXP (Any one person) \$<br>PERSONAL & ADV INJURY \$<br>GENERAL AGGREGATE \$<br>PRODUCTS - COMP/OP AGG \$                        |
| B        | <b>AUTOMOBILE LIABILITY</b><br><input checked="" type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input type="checkbox"/> HIRED AUTOS<br><input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS          |           |          | BAP2388289, BAP2387674 | 09/13/2016              | 09/13/2017              | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$                                                 |
|          | <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR<br><b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br>DED RETENTION \$                                                                                                                               |           |          |                        |                         |                         | EACH OCCURRENCE \$<br>AGGREGATE \$                                                                                                                                                                        |
| A        | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below                                                                    | Y/N       | N/A      | WC001613372            | 01/01/2017              | 01/01/2018              | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER<br>E.L. EACH ACCIDENT \$ 1,000,000<br>E.L. DISEASE - EA EMPLOYEE \$ 1,000,000<br>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

VACOMUN

Virginia Commonwealth University  
907 Floyd Avenue  
Richmond, VA 23284

CANCELLATION

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

*E. Clayton Evans, Jr.*

## Request for Taxpayer Identification Number and Certification

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

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

**Mold Stoppers**

**2** Business name/disregarded entity name, if different from above

**3** Check appropriate box for federal tax classification; check only **one** of the following seven boxes:

Individual/sole proprietor or single-member LLC  
 Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ \_\_\_\_\_  
**Note.** For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.  
 Other (see instructions) ▶ \_\_\_\_\_

C Corporation     S Corporation     Partnership     Trust/estate

**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) \_\_\_\_\_  
*(Applies to accounts maintained outside the U.S.)*

**5** Address (number, street, and apt. or suite no.)

**PO BOX 2268**

**6** City, state, and ZIP code

**Southern Pines, NC 28387**

**7** List account number(s) here (optional)

Requester's name and address (optional)

Print or type  
See Specific Instructions on page 2.

### 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 Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

|                                       |   |  |   |   |   |   |   |   |   |
|---------------------------------------|---|--|---|---|---|---|---|---|---|
| <b>Social security number</b>         |   |  |   |   |   |   |   |   |   |
|                                       |   |  |   |   |   |   |   |   |   |
| or                                    |   |  |   |   |   |   |   |   |   |
| <b>Employer identification number</b> |   |  |   |   |   |   |   |   |   |
| 2                                     | 6 |  | - | 1 | 9 | 3 | 5 | 5 | 3 |

### 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 on page 3.

**Sign Here**

Signature of U.S. person ▶

*Fred J. Kleen*

Date ▶

*3/3/2017*

### General Instructions

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

**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

### 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? on page 2.*

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.



**Note.** If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States:

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

**Foreign person.** If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

**Nonresident alien who becomes a resident alien.** Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

**Example.** Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

## Backup Withholding

**What is backup withholding?** Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

**Payments you receive will be subject to backup withholding if:**

1. You do not furnish your TIN to the requester.
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details).

3. The IRS tells the requester that you furnished an incorrect TIN.
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code* on page 3 and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships* above.

## What is FATCA reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code* on page 3 and the Instructions for the Requester of Form W-9 for more information.

## Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

## Penalties

**Failure to furnish TIN.** If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

**Civil penalty for false information with respect to withholding.** If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

**Criminal penalty for falsifying information.** Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**Misuse of TINs.** If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

## Specific Instructions

### Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account, list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9.

a. **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

**Note. ITIN applicant:** Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. **Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.

c. **Partnership, LLC that is not a single-member LLC, C Corporation, or S Corporation.** Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

d. **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(ii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.



**Line 2**

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

**Line 3**

Check the appropriate box in line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box in line 3.

**Limited Liability Company (LLC).** If the name on line 1 is an LLC treated as a partnership for U.S. federal tax purposes, check the "Limited Liability Company" box and enter "P" in the space provided. If the LLC has filed Form 8832 or 2553 to be taxed as a corporation, check the "Limited Liability Company" box and in the space provided enter "C" for C corporation or "S" for S corporation. If it is a single-member LLC that is a disregarded entity, do not check the "Limited Liability Company" box; instead check the first box in line 3 "Individual/sole proprietor or single-member LLC."

**Line 4, Exemptions**

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space in line 4 any code(s) that may apply to you.

**Exempt payee code.**

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

- 1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2—The United States or any of its agencies or instrumentalities
- 3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5—A corporation
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission
- 8—A real estate investment trust
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10—A common trust fund operated by a bank under section 584(a)
- 11—A financial institution
- 12—A middleman known in the investment community as a nominee or custodian
- 13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

| IF the payment is for . . .                                                            | THEN the payment is exempt for . . .                                                                                                                                                                          |
|----------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Interest and dividend payments                                                         | All exempt payees except for 7                                                                                                                                                                                |
| Broker transactions                                                                    | Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012. |
| Barter exchange transactions and patronage dividends                                   | Exempt payees 1 through 4                                                                                                                                                                                     |
| Payments over \$600 required to be reported and direct sales over \$5,000 <sup>1</sup> | Generally, exempt payees 1 through 5 <sup>2</sup>                                                                                                                                                             |
| Payments made in settlement of payment card or third party network transactions        | Exempt payees 1 through 4                                                                                                                                                                                     |

<sup>1</sup> See Form 1099-MISC, Miscellaneous Income, and its instructions.

<sup>2</sup> However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

**Exemption from FATCA reporting code.** The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

- A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)
- B—The United States or any of its agencies or instrumentalities
- C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)
- E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)
- F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state
- G—A real estate investment trust
- H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940
- I—A common trust fund as defined in section 584(a)
- J—A bank as defined in section 581
- K—A broker
- L—A trust exempt from tax under section 664 or described in section 4947(a)(1)
- M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

**Note.** You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

**Line 5**

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns.

**Line 6**

Enter your city, state, and ZIP code.

**Part I. Taxpayer Identification Number (TIN)**

**Enter your TIN in the appropriate box.** If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited Liability Company (LLC)* on this page), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

**Note.** See the chart on page 4 for further clarification of name and TIN combinations.

**How to get a TIN.** If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at [www.ssa.gov](http://www.ssa.gov). You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at [www.irs.gov/businesses](http://www.irs.gov/businesses) and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting [IRS.gov](http://IRS.gov) or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

**Note.** Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

**Caution:** A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

## Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, or 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code* earlier.

**Signature requirements.** Complete the certification as indicated in items 1 through 5 below.

- Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.** You must give your correct TIN, but you do not have to sign the certification.
- Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.** You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.
- Real estate transactions.** You must sign the certification. You may cross out item 2 of the certification.
- Other payments.** You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).
- Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions.** You must give your correct TIN, but you do not have to sign the certification.

## What Name and Number To Give the Requester

| For this type of account:                                                                                                                                                                   | Give name and SSN of:                                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| 1. Individual                                                                                                                                                                               | The individual                                                                                          |
| 2. Two or more individuals (joint account)                                                                                                                                                  | The actual owner of the account or, if combined funds, the first individual on the account <sup>1</sup> |
| 3. Custodian account of a minor (Uniform Gift to Minors Act)                                                                                                                                | The minor <sup>2</sup>                                                                                  |
| 4. a. The usual revocable savings trust (grantor is also trustee)<br>b. So-called trust account that is not a legal or valid trust under state law                                          | The grantor-trustee <sup>1</sup><br>The actual owner <sup>2</sup>                                       |
| 5. Sole proprietorship or disregarded entity owned by an individual                                                                                                                         | The owner <sup>2</sup>                                                                                  |
| 6. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i) (A))                                                                             | The grantor <sup>2</sup>                                                                                |
| For this type of account:                                                                                                                                                                   | Give name and EIN of:                                                                                   |
| 7. Disregarded entity not owned by an individual                                                                                                                                            | The owner                                                                                               |
| 8. A valid trust, estate, or pension trust                                                                                                                                                  | Legal entity <sup>4</sup>                                                                               |
| 9. Corporation or LLC electing corporate status on Form 8832 or Form 2553                                                                                                                   | The corporation                                                                                         |
| 10. Association, club, religious, charitable, educational, or other tax-exempt organization                                                                                                 | The organization                                                                                        |
| 11. Partnership or multi-member LLC                                                                                                                                                         | The partnership                                                                                         |
| 12. A broker or registered nominee                                                                                                                                                          | The broker or nominee                                                                                   |
| 13. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments | The public entity                                                                                       |
| 14. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(f) (B))                                         | The trust                                                                                               |

<sup>1</sup> List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

<sup>2</sup> Circle the minor's name and furnish the minor's SSN.

<sup>3</sup> You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

<sup>4</sup> List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships* on page 2.

\*Note. Grantor also must provide a Form W-9 to trustee of trust.

Note. If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

## Secure Your Tax Records from Identity Theft

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Publication 4535, Identity Theft Prevention and Victim Assistance.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

**Protect yourself from suspicious emails or phishing schemes.** Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to [phishing@irs.gov](mailto:phishing@irs.gov). You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: [spam@uce.gov](mailto:spam@uce.gov) or contact them at [www.ftc.gov/idtheft](http://www.ftc.gov/idtheft) or 1-877-IDTHEFT (1-877-438-4338).

Visit [IRS.gov](http://IRS.gov) to learn more about identity theft and how to reduce your risk.

## Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.



**City of Portsmouth**  
**Franklin D. Edmondson, MCR**

Commissioner of the Revenue  
801 Crawford Street, Portsmouth, Virginia 23704  
(757) 393-8714

**PLEASE POST  
FOR PUBLIC  
VIEW**

**BUSINESS LICENSE**

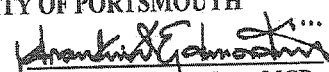
WAYNE ENTERPRISES LLC  
WAYNE ENTERPRISES  
3915 RACE ST  
PORTSMOUTH, VA 23707

(757) 618-3891  
(757) 618-3891  
3915 RACE ST

| PERIOD BEGINNING | PERIOD ENDING                                              | DATE BUSINESS BEGAN | LICENSE NUMBER |
|------------------|------------------------------------------------------------|---------------------|----------------|
| 01/01/2017       | 12/31/2017                                                 | 04/04/2014          | 41418          |
| CATEGORY         | DESCRIPTION                                                |                     |                |
| 68015            | BUILDING/GENERAL \$50 less than \$100,000/\$0.16 per \$100 |                     |                |

**FINAL PAID**

**IMPORTANT: LICENSE NOT VALID UNTIL STAMPED PAID BY TREASURER OF THE CITY OF PORTSMOUTH**  
I do find the foregoing application in due form. Therefore, Licenses are this day severally granted the applicant named in the application to prosecute the businesses, employments or professions covered by the application as indicated hereon, at the definite house or place in my city described in the application.

  
Franklin D. Edmondson, MCR  
Commissioner of the Revenue



COMMONWEALTH of VIRGINIA  
Department of Professional and Occupational Regulation

CLASS A BOARD FOR CONTRACTORS  
CONTRACTOR

\*CLASSIFICATIONS\* CBC RBC  
NUMBER: 2705085911 EXPIRES: 06-30-2016

THOMAS WAYNE WILKINSON  
WAYNE ENTERPRISES  
10241 RAINBOW ROAD  
CARROLLTON, VA 23314



Status can be verified at <http://www.dpor.virginia.gov>



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/18/2016

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).

|                                                                                                         |                                                                                                                                  |                                    |
|---------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| <b>PRODUCER</b><br>Anchor Insurance<br>6802 Paragon Pl, Suite 370<br>Richmond, Va. 23230                | <b>CONTACT NAME:</b> Steve Spott<br><b>PHONE (A/C, No, Ext):</b> 804-673-9075<br><b>E-MAIL ADDRESS:</b> sspott@anchorinsures.com | <b>FAX (A/C, No):</b> 804-447-7677 |
|                                                                                                         | <b>INSURER(S) AFFORDING COVERAGE</b>                                                                                             |                                    |
| <b>INSURED</b><br>Coastal Contracting of Virginia, Inc<br>13300 Herringbone Place<br>Henrico, Va. 23233 | <b>INSURER A:</b> Seneca Specialty Insurance                                                                                     |                                    |
|                                                                                                         | <b>INSURER B:</b> Riverport Insurance Company                                                                                    |                                    |
|                                                                                                         | <b>INSURER C:</b>                                                                                                                |                                    |
|                                                                                                         | <b>INSURER D:</b>                                                                                                                |                                    |
|                                                                                                         | <b>INSURER E:</b>                                                                                                                |                                    |
| <b>INSURER F:</b>                                                                                       |                                                                                                                                  | <b>NAIC #</b>                      |

**COVERAGES****CERTIFICATE NUMBER:****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 WVR | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                               |
|----------|-----------------------------------------------------------------------------------------------|-----------|----------|---------------|-------------------------|-------------------------|------------------------------------------------------|
| A        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY                              |           |          | BAG10281142   | 03/04/2016              | 03/04/2017              | EACH OCCURRENCE \$ 1,000,000                         |
|          | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR                |           |          |               |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 |
|          |                                                                                               |           |          |               |                         |                         | 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 type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC |           |          |               |                         |                         | PRODUCTS - COM/POP AGG \$ 2,000,000                  |
|          | OTHER:                                                                                        |           |          |               |                         |                         |                                                      |
|          | <b>AUTOMOBILE LIABILITY</b>                                                                   |           |          |               |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$               |
|          | <input type="checkbox"/> ANY AUTO                                                             |           |          |               |                         |                         | BODILY INJURY (Per person) \$                        |
|          | <input type="checkbox"/> ALL OWNED AUTOS                                                      |           |          |               |                         |                         | BODILY INJURY (Per accident) \$                      |
|          | <input type="checkbox"/> HIRED AUTOS                                                          |           |          |               |                         |                         | PROPERTY DAMAGE (Per accident) \$                    |
|          |                                                                                               |           |          |               |                         |                         | \$                                                   |
|          | <input type="checkbox"/> UMBRELLA LIAB                                                        |           |          |               |                         |                         | EACH OCCURRENCE \$                                   |
|          | <input type="checkbox"/> EXCESS LIAB                                                          |           |          |               |                         |                         | AGGREGATE \$                                         |
|          |                                                                                               |           |          |               |                         |                         | \$                                                   |
|          | DED                                                                                           |           |          |               |                         |                         | RETENTION \$                                         |
| B        | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>                                          |           |          | VAARP303575   | 09/30/2016              | 09/30/2017              | PER STATUTE OTH-ER \$                                |
|          | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)                   | Y/N       |          |               |                         |                         | E.L. EACH ACCIDENT \$ 100,000                        |
|          | If yes, describe under DESCRIPTION OF OPERATIONS below                                        | Y         | N/A      |               |                         |                         | E.L. DISEASE - EA EMPLOYEE \$ 100,000                |
|          |                                                                                               |           |          |               |                         |                         | E.L. DISEASE - POLICY LIMIT \$ 500,000               |

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

**CERTIFICATE HOLDER****CANCELLATION**

|                                                            |                                                                                                                                                                                                                   |
|------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Mold Stopper<br>2809 Chapelwood Lane<br>Henrico, Va. 23233 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br>AUTHORIZED REPRESENTATIVE<br>R Steven Spott |
|------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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DEPARTMENT OF FINANCE  
 LOCKBOX 4732  
 PO BOX 90790  
 HENRICO, VIRGINIA 23228-0790

County of Henrico, Virginia  
 BUSINESS SECTION  
 2016



Instructions -  
 Return with Check payable to "COUNTY OF HENRICO, VIRGINIA."  
 A license will be issued upon full payment.  
 For Assistance call (804) 501-4310 or visit our website @ www.henrico.us/finance

ACCOUNT NUMBER: 002-00545532  
 INTERNAL NO. C14545532  
 bea301

TRADE NAME COASTAL CONTRACTING OF VIRGINIA INC

LICENSEE COASTAL CONTRACTING OF VIRGINIA INC  
 13300 HERRINGBONE PL  
 HENRICO VA 23233-7531

LOCATION ADDRESS  
 13300 HERRINGBONE PL  
 HENRICO, VA 23233-7531

| INDIVIDUAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | PARTNERSHIP                | CORPORATION  | OTHER                                                                                      | A BUSINESS LICENSE CANNOT BE ISSUED UNTIL PROOF OF REGISTRATION OR EXEMPTION FROM STATE BOARD OF CONTRACTORS REGULATIONS IS PROVIDED |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--------------|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|--|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                            | X            |                                                                                            |                                                                                                                                      |  |
| BILLING DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | START DATE                 | PRINT DATE   |                                                                                            |                                                                                                                                      |  |
| 03/29/2016                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 01/31/2014                 | 03/29/2016   |                                                                                            |                                                                                                                                      |  |
| FINAL NOTICE !!! PAY IMMEDIATELY TO AVOID COURT SUMMONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                            |              |                                                                                            |                                                                                                                                      |  |
| CLASSIFICATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | DESCRIPTION                | TAX BASE     | TAX AMOUNT                                                                                 |                                                                                                                                      |  |
| 005501                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | BL - CONTR HENRICO GENERAL | 182,100.00 A | 123.15                                                                                     |                                                                                                                                      |  |
| MEMORANDUM BILL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                            |              | TAX DUE                                                                                    | 123.15                                                                                                                               |  |
| <p><b>NEW BUSINESS</b> - License applications must be received prior to beginning business. The tax shall be paid with the application for licenses <u>not</u> based on gross receipts. The tax on licenses measured by gross receipts shall be paid within 30 days.</p> <p><b>BUSINESS RENEWAL</b> - All applications must be filed by March 1 of each license year in order to avoid a 10% filing penalty. For assessments under \$200.00 and peddlers, payments must be received on or before March 1 to avoid a 10% payment penalty and interest at the rate of 10% per annum on the outstanding amount due from March 2 until paid. Assessments \$200.00 and over may be paid without penalty, one-half on or before March 1 and one-half on or before June 15th. If one-half is not paid on or before March 1, the full assessment becomes due subject to a 10% payment penalty and interest at the rate of 10% per annum from March 2 until paid. Second half payments received after June 15 shall be subject to a 10% payment penalty and interest at the rate of 10% per annum from the first day such amounts were due.</p> <p><b>ADJUSTMENTS</b> - Payments are due within thirty days: subject to a 10% payment penalty plus 10% additional interest thereafter.</p> <p><b>OMITTED</b> - Payable on date of assessment; a 10% filing penalty and interest has been calculated from the original due date until paid.</p> |                            |              | LATE FILING PENALTY                                                                        | 12.32                                                                                                                                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                            |              | PAYMENT PENALTY DUE                                                                        | 13.55                                                                                                                                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                            |              | INTEREST DUE                                                                               | 0.00                                                                                                                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                            |              | TOTAL TAX, PENALTY AND INTEREST DUE                                                        | 149.02                                                                                                                               |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                            |              | PAYMENT YEAR-TO-DATE                                                                       | 0.00                                                                                                                                 |  |
| AMOUNT DUE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 149.02                     |              |                                                                                            |                                                                                                                                      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                            |              | <b>DELINQUENT BILLING<br/>         PAY IMMEDIATELY<br/>         002-00545532 - 6121416</b> |                                                                                                                                      |  |

# DPOR License Lookup License Number

## 2705159617

### License Details

|                                   |                                            |
|-----------------------------------|--------------------------------------------|
| <b>Name</b>                       | COASTAL CONTRACTING OF VIRGINIA INC        |
| <b>License Number</b>             | 2705159617                                 |
| <b>License Description</b>        | Contractor                                 |
| <b>Firm Type</b>                  | Corporation                                |
| <b>Rank <sup>1</sup></b>          | Class A                                    |
| <b>Address</b>                    | 13300 HERRINGBONE PL, HENRICO, VA<br>23233 |
| <b>Specialties<sup>2</sup></b>    | Residential Building (RBC)                 |
| <b>Initial Certification Date</b> | 2016-03-29                                 |
| <b>Expiration Date</b>            | 2018-03-31                                 |

- 
- 1 Refer to the Statutory Definitions (<http://law.lis.virginia.gov/vacode/title54.1/chapter11/section54.1-1100/>) for descriptions of the rank or class of license (A, B, or C) that determines the monetary limits on contracts/projects.
  - 2 Refer to the Classification Definitions (<http://lis.virginia.gov/cgi-bin/legp604.exe?000+reg+18VAC50-22-20>) and Specialty Definitions (<http://lis.virginia.gov/cgi-bin/legp604.exe?000+reg+18VAC50-22-30>) for detailed definitions of these classifications and specialties.

The data located on this website are not the public records of the Department of Professional and Occupational Regulation (DPOR). All public records are physically located at DPOR's Public Records Section: 9960 Mayland Drive, Suite 400, Richmond, VA 23233. While DPOR works to ensure the accuracy of the data provided online, the data available on these pages are updated routinely but may not be up to date at all times (due to document processing delays, technical maintenance, etc.).

DPOR assumes no liability for any errors, omissions, or inaccuracies in the information provided or for any reliance on data provided online. While DPOR has attempted to ensure that the data contained herein are accurate and reflect the status of its regulants, DPOR makes no warranties, expressed or implied, concerning the accuracy, completeness, reliability, or suitability of this data. If discrepancies or errors are discovered, please inform DPOR so that appropriate action may be taken.

DPOR License Lookup build 1,187 (built 2016-03-22 04:20:22).

DEPARTMENT OF FINANCE  
 LOCKBOX 4732  
 PO BOX 90790  
 HENRICO, VIRGINIA 23228-0790

County of Henrico, Virginia  
 BUSINESS SECTION  
 2016



Instructions -  
 Return with Check payable to "COUNTY OF HENRICO, VIRGINIA."  
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ACCOUNT NUMBER: 002-00545532  
 INTERNAL NO. C14545532  
 bea301

TRADE NAME COASTAL CONTRACTING OF VIRGINIA INC

LICENSEE COASTAL CONTRACTING OF VIRGINIA INC  
 13300 HERRINGBONE PL  
 HENRICO VA 23233-7531

LOCATION ADDRESS  
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 HENRICO, VA 23233-7531

| INDIVIDUAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | PARTNERSHIP                | CORPORATION | OTHER        | A BUSINESS LICENSE CANNOT BE ISSUED UNTIL PROOF OF REGISTRATION OR EXEMPTION FROM STATE BOARD OF CONTRACTORS REGULATIONS IS PROVIDED |            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-------------|--------------|--------------------------------------------------------------------------------------------------------------------------------------|------------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                            | X           |              |                                                                                                                                      |            |
| BILLING DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | START DATE                 | PRINT DATE  |              |                                                                                                                                      |            |
| 03/29/2016                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 01/31/2014                 | 03/29/2016  |              |                                                                                                                                      |            |
| FINAL NOTICE !!! PAY IMMEDIATELY TO AVOID COURT SUMMONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                            |             |              | TAX BASE                                                                                                                             | TAX AMOUNT |
| CLASSIFICATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | DESCRIPTION                |             |              |                                                                                                                                      |            |
| 005501                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | BL - CONTR HENRICO GENERAL |             | 182,100.00 A |                                                                                                                                      | 123.15     |
| MEMORANDUM BILL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                            |             |              | TAX DUE                                                                                                                              | 123.15     |
| <p><b>NEW BUSINESS</b> - License applications must be received prior to beginning business. The tax shall be paid with the application for licenses <u>not</u> based on gross receipts. The tax on licenses measured by gross receipts shall be paid within 30 days.</p> <p><b>BUSINESS RENEWAL</b> - All applications must be filed by March 1 of each license year in order to avoid a 10% filing penalty. For assessments under \$200.00 and peddlers, payments must be received on or before March 1 to avoid a 10% payment penalty and interest at the rate of 10% per annum on the outstanding amount due from March 2 until paid. Assessments \$200.00 and over may be paid without penalty, one-half on or before March 1 and one-half on or before June 15th. If one-half is not paid on or before March 1, the full assessment becomes due subject to a 10% payment penalty and interest at the rate of 10% per annum from March 2 until paid. Second half payments received after June 15 shall be subject to a 10% payment penalty and interest at the rate of 10% per annum from the first day such amounts were due.</p> <p><b>ADJUSTMENTS</b> - Payments are due within thirty days: subject to a 10% payment penalty plus 10% additional interest thereafter.</p> <p><b>OMITTED</b> - Payable on date of assessment; a 10% filing penalty and interest has been calculated from the original due date until paid.</p> |                            |             |              | LATE FILING PENALTY                                                                                                                  | 12.32      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                            |             |              | PAYMENT PENALTY DUE                                                                                                                  | 13.55      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                            |             |              | INTEREST DUE                                                                                                                         | 0.00       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                            |             |              | TOTAL TAX, PENALTY AND INTEREST DUE                                                                                                  | 149.02     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                            |             |              | PAYMENT YEAR-TO-DATE                                                                                                                 | 0.00       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                            |             |              | AMOUNT DUE                                                                                                                           | 149.02     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                            |             |              | <b>DELINQUENT BILLING<br/>         PAY IMMEDIATELY<br/>         002-00545532 - 6121416</b>                                           |            |





SUBCONTRACTOR INFORMATION

Store Location: \_\_\_\_\_ Type of Work Performed: Roofing

Date: 3/30/16

Business Name (Must match W9): Coastal Contracting of VA

Street Address: 13300 Herringbone Pl City Henrico State VA Zip 23233

DL#: T63-60-6085 State: VA Expiration Date: 11/7/19

Business Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Builder/Specialty Number: 2705159617 Expiration Date: 3/31/18

# Of Crews Available: \_\_\_\_ (This company required all persons working our jobs have legal status to work in USA) Have you ever been refused insurance coverage? No

If yes, why? \_\_\_\_\_

Have you ever been convicted of a felony? No  If yes, why? \_\_\_\_\_

References – Please list 2 contractors whom you have done work for recently:

| Name:                           | Telephone Number: | Subdivision / Area Worked: |
|---------------------------------|-------------------|----------------------------|
| <u>J King Deshazo Roofing</u>   | <u>798-7663</u>   | <u>Roofing</u>             |
| <u>Exterior Pros of America</u> | <u>426-4915</u>   | <u>Roofing</u>             |

I certify that all information contained herein to be true to the best of my knowledge.

Signed [Signature] Date 3/30/16

## Request for Taxpayer Identification Number and Certification

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

|                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                              |
|----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|
| Print or type<br>See Specific<br>Instructions on page 2. | Name (as shown on your income tax return)<br><b>Coastal Contracting of VA</b>                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                              |
|                                                          | Business name/disregarded entity name, if different from above                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                              |
|                                                          | Check appropriate box for federal tax classification:<br><input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input checked="" type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate<br><br><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____<br><br><input type="checkbox"/> Other (see instructions) ▶ _____ | Exemptions (see instructions):<br><br>Exempt payee code (if any) _____<br>Exemption from FATCA reporting code (if any) _____ |
|                                                          | Address (number, street, and apt. or suite no.)<br><b>13300 Herringbone Pl</b>                                                                                                                                                                                                                                                                                                                                                                                                                      | Requester's name and address (optional)                                                                                      |
| City, state, and ZIP code<br><b>Henrico, VA 23233</b>    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                              |
| 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 the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

|                                |  |
|--------------------------------|--|
| Social security number         |  |
| [ ][ ] - [ ][ ] - [ ][ ][ ][ ] |  |

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

|                                |  |
|--------------------------------|--|
| Employer identification number |  |
| 46 - 4686830                   |  |

### 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 on page 3.

|           |                            |                       |
|-----------|----------------------------|-----------------------|
| Sign Here | Signature of U.S. person ▶ | Date ▶ <b>3/30/16</b> |
|-----------|----------------------------|-----------------------|

### General Instructions

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

Future developments. The IRS has created a page on [www.irs.gov/w9](http://www.irs.gov/w9) for information about Form W-9, at [www.irs.gov/w9](http://www.irs.gov/w9). Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

#### Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the

withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

Note. If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

# WARRANTY

10838

Issued: 01/14/2013

**Account:**  
Sample Company, USA  
888 Boardwalk Avenue  
Valhala, NC 54321

**Project:**  
Parker Estate  
777 Park Place  
Paradise, NC 12345

**Certified Installer:**  
Coati T. Green  
P.O. Box 2268  
Southern Pines, NC 28388

**Branch:**  
MoldStoppers of Central NC, LLC  
P.O. Box 2268  
Southern Pines, NC 28388  
**INVOICE: 11413CNC001**

## A. Limited Warranty

1. MoldStoppers™ warrants installation\*\* and product for a period of 20 years.
2. This 20-year period starts from the date of substantial completion of the job.
3. MoldStoppers™ warranty is transferable.
4. Neglect or abuse of the home/building or failure to correct the original water source void the warranty. Act of God (Natural Disasters) void the warranty.
5. MoldStoppers™ warranties only the surfaces\* treated with moldBLOCK® during our installation and as noted on our invoice.

## B. Claims

1. To file a claim, please contact MoldStoppers™ at 1.866.448.1508.
2. MoldStoppers™ will have a inspection done by a independent, NAMP certified inspector. All inspection costs will be covered by MoldStoppers™.
3. Results
  - a. No mold is found. The report is given to the homeowner/building owner.
  - b. Mold is found. MoldStoppers™ will determine what caused the mold (i.e. leaking window, roof, etc.). It will be the homeowner's/ building owner's responsibility to make those repairs. If mold is growing on an area treated with moldBLOCK®, MoldStoppers™ will incur 100% of the labor and materials costs required to remediate the problem.
  - c. If mold is growing on a surface or in an area NOT treated with moldBLOCK®, MoldStoppers™ will remediate at home owners expense, at Moldstoppers'™ cost for materials and labor. (All inspections will be done by an independent, NAMP certified inspector).
4. All claims will be inspected within 48 hours of notification and all remedial work, if needed, will commence within one week.

\*Note: We have no disclaimers when using our product on > Painted surfaces > Surfaces previously treated by termite companys > Dirty or dusty surfaces

\*\*Note: We warranty the installation as well as the product.



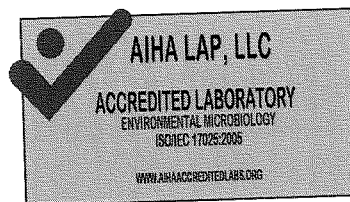
3130 Old Farm Lane, Suite 1  
Commerce Twp., MI 48390

877-665-3373  
[ims@imslaboratory.com](mailto:ims@imslaboratory.com)

# Laboratory Report

## Prepared Exclusively For:

Moldstoppers  
Douglas Schweinhart  
P.O. Box 2268  
South Pines, NC 28388  
301-606-4201  
[doug.schweinhart@myactv.net](mailto:doug.schweinhart@myactv.net)



LAB # 172958

Project: Sample Company, USA

Report Date: 12/15/2012

Sampled: 12/13/2012

Received: 12/14/2012

Project # CNC1321 Lab # EX38974

Analyzed: 12/15/2012



Report Prepared For: Moldstoppers  
Project Name: Sample Company, USA  
Project Number: CNC1321  
Report Date: 12/15/2012  
Lab Number: EX38974

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## 1 - IMS Laboratory, LLC

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IMS Laboratory, LLC ("IMS") operates a state-of-the-art microbiological analysis laboratory, specializing in full service environmental microbial analyses. IMS maintains the highest levels of quality and personalized service in the industry. IMS's analytical staff includes only Certified Indoor Air Quality Professionals, Ph.D. Microbiologists, Mycologists, Microbiologists, and Biochemists. The IMS LABORATORY team's extensive experience in indoor air quality sampling techniques, microbial identification, and analytical interpretation allows us to offer our clients expert personalized service and has made IMS an industry leader.

IMS is accredited through the American Industrial Hygiene Association (AIHA) and participates in Environmental Microbiology Proficiency Testing (EMPAT). Our EMPAT number is 172958. To maintain quality control and quality assurance, IMS uses standardized procedures approved under strict AIHA guidelines. Client data information is compiled and stored in a specially designed computer management system for secure, redundant data and the ability to comply with AIHA quality system requirements. A portion of this quality system includes inter-analyst comparisons and statistical quality control using blind duplicate analyses and process blanks. Laboratory data is provided in compliance with AIHA policy modules and ISO 17025 guidelines. This data is intended for use by professionals having the necessary knowledge of the testing methods to interpret them accurately.



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## 2 - Laboratory Results

### Location: Master Bedroom

| Sample # EX38974 - 1                | Sample Identification | Raw Count  | Spores/cu. m  | Percent(%)     |
|-------------------------------------|-----------------------|------------|---------------|----------------|
| Medium Type: Spore Trap             | Pen/Asp group         | 321        | 12,800        | 60.04%         |
| Serial # 4568792                    | Stachybotrys          | 98         | 3,920         | 18.39%         |
| Exposure: 5.00 l/min. for 5.00 min. | Cladosporium          | 72         | 2,880         | 13.51%         |
| Reporting Limit: 40 Spores/cu. m    | Epicoccum nigrum      | 24         | 960           | 4.50%          |
|                                     | Basidiospores         | 14         | 560           | 2.63%          |
|                                     | Ascospores            | 5          | 200           | 0.94%          |
|                                     | <b>TOTALS:</b>        | <b>534</b> | <b>21,300</b> | <b>100.00%</b> |

| Background Item  | Level  |
|------------------|--------|
| Dust / Debris    | Low    |
| Hyphal Fragments | Medium |
| Opaque Particles | Low    |

### Location: Kitchen

| Sample # EX38974 - 2                | Sample Identification | Raw Count    | Spores/cu. m  | Percent(%)     |
|-------------------------------------|-----------------------|--------------|---------------|----------------|
| Medium Type: Spore Trap             | Pen/Asp group         | 710          | 28,400        | 70.09%         |
| Serial # 4568793                    | Stachybotrys          | 169          | 6,760         | 16.68%         |
| Exposure: 5.00 l/min. for 5.00 min. | Cladosporium          | 125          | 5,000         | 12.34%         |
| Reporting Limit: 40 Spores/cu. m    | Epicoccum nigrum      | 7            | 280           | 0.69%          |
|                                     | Ascospores            | 2            | 80            | 0.20%          |
|                                     | <b>TOTALS:</b>        | <b>1,013</b> | <b>40,500</b> | <b>100.00%</b> |

NOTE: Estimated raw count on Pen/Asp group.

| Background Item  | Level  |
|------------------|--------|
| Dust / Debris    | Low    |
| Hyphal Fragments | Medium |
| Opaque Particles | Low    |

### Location: Outside

| Sample # EX38974 - 3                | Sample Identification | Raw Count  | Spores/cu. m | Percent(%)     |
|-------------------------------------|-----------------------|------------|--------------|----------------|
| Medium Type: Spore Trap             | Basidiospores         | 31         | 1,240        | 29.81%         |
| Serial # 4568794                    | Pen/Asp group         | 31         | 1,240        | 29.81%         |
| Exposure: 5.00 l/min. for 5.00 min. | Ascospores            | 26         | 1,040        | 25.00%         |
| Reporting Limit: 40 Spores/cu. m    | Cladosporium          | 14         | 560          | 13.46%         |
|                                     | Epicoccum nigrum      | 2          | 80           | 1.92%          |
|                                     | <b>TOTALS:</b>        | <b>104</b> | <b>4,160</b> | <b>100.00%</b> |

- Sample data continued on next page -



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| Background Item  | Level    |
|------------------|----------|
| Dust / Debris    | Very Low |
| Hyphal Fragments | Low      |
| Opaque Particles | Medium   |

**Location: Crawlspace**

Sample # EX38974 - 4  
Medium Type: Tape Lift  
Serial # 687021

| Sample Identification | Raw Count                                       |
|-----------------------|-------------------------------------------------|
| Pen/Asp group         | organism is present on 51 - 75% of sample area. |
| Stachybotrys          | organism is present on 51 - 75% of sample area. |
| Cladosporium          | organism is present on 5 - 25% of sample area.  |

| Background Item  | Level    |
|------------------|----------|
| Dust / Debris    | Medium   |
| Hyphal Fragments | High     |
| Opaque Particles | Very Low |

**Analytic Methods and Formulas:**

IMS Analytical Method: 2.6 (method for analyzing abundant organisms tape lift)  
IMS Laboratory Analytical Method: 2.3 (method for analyzing spore trap)  
Results are rounded to 3 significant figures per AIHA policy module 2A.5.10.6  
Spores per cubic meter is determined by: Total Spore Count x (1000/(sampling rate)x(sampling time))

IMS Laboratory, LLC is accredited through the American Industrial Hygiene Association (AIHA) and participates in Environmental Microbiology Proficiency Testing, EMPAT #172958. Data is provided in compliance with AIHA policy modules and ISO 17025 guidelines.

Analyst

*Edward P. Maloney* 12/15/2012  
Edward Maloney, Lab Analyst



Reviewer

*Seth M. Norman* 12/15/2012  
Seth M. Norman, Lab Reviewer



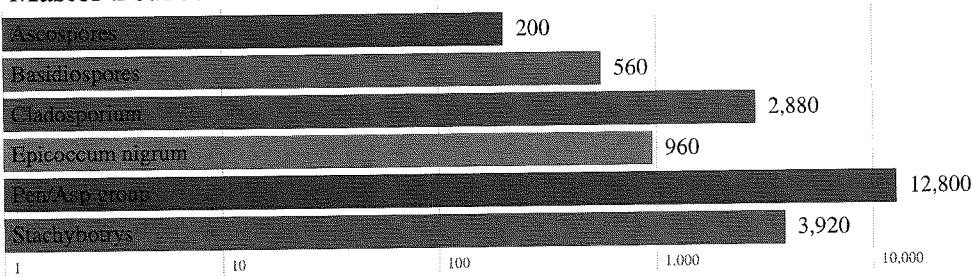


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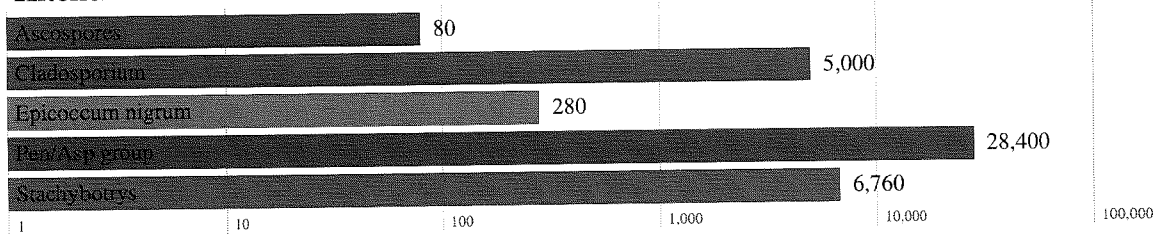
### 3 - Sample Comparison Graph

#### Spore Trap Samples - Spores per Cubic Meter

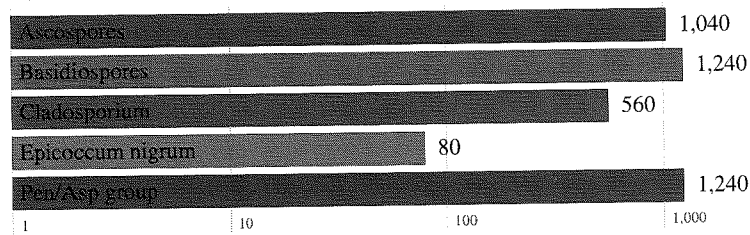
##### Master Bedroom



##### Kitchen



##### Outside



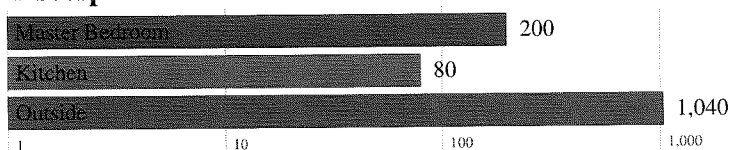


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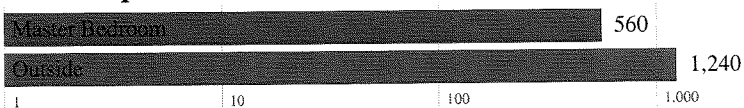
## 4 - Background Comparison Graph

### Spore Trap Samples - Spores per Cubic Meter

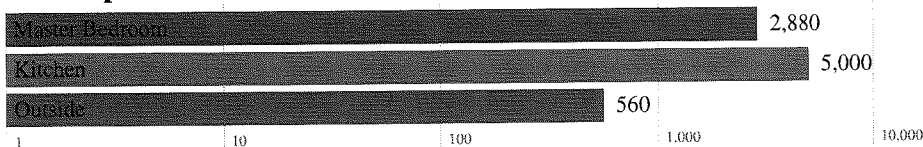
#### Ascospores



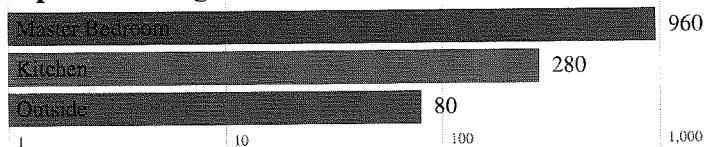
#### Basidiospores



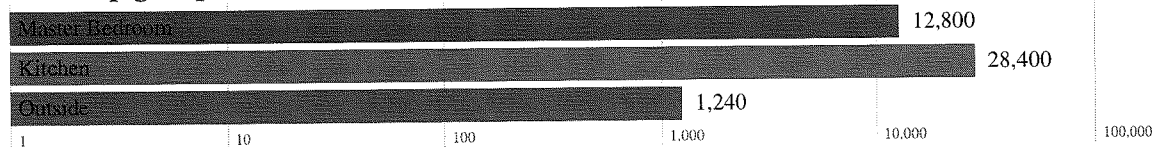
#### Cladosporium



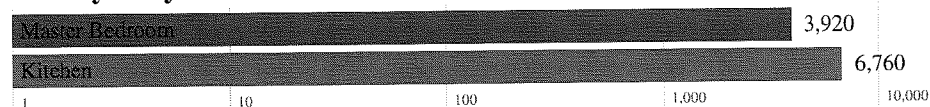
#### Epicoccum nigrum



#### Pen/Asp group



#### Stachybotrys





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## 5 - Understanding Laboratory Results

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Laboratory findings must only be considered as part of an overall mold investigation. The interpretation of the findings must only be made by a qualified individual after reviewing all relevant data. Visual information and environmental conditions measured during the site assessment are crucial to any final interpretation of the results. A very good reference book which covers sampling and data interpretation has been published by The American Conference of Governmental and Industrial Hygienists and is entitled *Bioaerosols: Assessment and Control*, 1999.

Numerical guidelines cannot be used as the primary determinant as to whether a mold problem may exist. Concentrations of mold in the air will vary depending on weather conditions, building air flow, time of day and time of year. Comparisons between indoor and outdoor mold levels, types of mold found, visual information and environmental conditions are more important in interpreting results than reliance on specific numeric thresholds.

In *Indoor Air Quality in Office Buildings: A Technical Guide*, Health Canada, Revised 1995 (Pages 49-50), Health Canada set forth guidelines which can be used to better understand air testing results. The guidelines included these general principles. Significant numbers of certain pathogenic fungi should not be present in indoor air (e.g. *Aspergillus fumigatus*, *Histoplasma*, and *Cryptococcus*). Bird or bat droppings in air intakes, ducts or rooms should be assumed to contain these pathogens. The persistent presence of significant numbers of toxigenic fungi (e.g. *Stachybotrys atra*, toxigenic *Aspergillus*, *Penicillium* and *Fusarium* species) indicate that further investigation and action should be taken. The confirmed presence of one or more fungal species occurring as a significant percentage of a sample in indoor air samples and not similarly present in concurrent outdoor samples is evidence of a fungal amplifier. The "normal" air mycoflora is qualitatively similar and quantitatively lower than that of outdoor air. The significant presence of fungi in humidifiers and diffuser ducts and on moldy ceiling tiles and other surfaces requires investigation and remedial action regardless of the airborne mold concentrations.

Generally, mold spores are present everywhere. As a general rule, "normal" air mycoflora is qualitatively similar and quantitatively lower than that of outdoor air. When the converse is true, it is likely that an indoor source of mold may exist. However, even this most basic rule may produce misleading results. Airborne mold spore levels vary widely due to factors such as weather conditions and activity levels. For example, in a "normal" home, indoor mold spore levels may be elevated above outdoor spore levels after vacuuming (when airborne indoor levels could be unusually high) or after a heavy snow (when outdoor levels could be unusually low).



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Surface Sampling primarily identifies the types and relative proportions of mold on a surface. Viable surface sampling will identify living mold, while nonviable surface sampling will identify all mold (but cannot distinguish between living or dead mold). Surface sampling may confirm that a substance is mold or identify the types of mold present on the surface. Because mold is everywhere, there is a high probability that a surface sample from a "clean" surface will still identify mold on that surface.

There are currently no state or federal standards or guidelines regarding results of fungal samples. There are no levels, which are typical or permissible. There are no recommended exposure limits, no permissible exposure limits, no threshold limit values and no short term exposure limits.

These guidelines are not intended, nor should they be used, for health evaluation purposes or to evaluate the safety of an occupied space. A physician should be consulted regarding health and/or safety questions.



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## 6 - Sample Identification Definitions

### Ascospores

A large group of spores that are very ubiquitous in nature. They are frequently found in the air after a rain. Most ascospores are plant pathogens; a small portion have been known to cause infection in humans but are identified separately.

*Found in these Sample Locations: (1) Master Bedroom (2) Kitchen (3) Outside*

### Basidiospores

A large group of spores that are very ubiquitous in nature. They are released from mushrooms, shelf fungi, puffballs, and a variety of other macro fungi. Basidiospores may be allergenic to those with seasonal allergies.

*Found in these Sample Locations: (1) Master Bedroom (3) Outside*

### Cladosporium

One of the most commonly identified outdoor fungi. It is often found indoors in numbers less than outdoors. Cladosporium is also found on decaying plants and food, straw, paint, and textiles. It is generally regarded to be allergenic and can be a cause of extrinsic asthma (immediate type hypersensitivity: Type I). Cladosporium has been reported in cases of skin lesions, keratitis, onychomycosis, sinusitis, and pulmonary infections.

*Found in these Sample Locations: (1) Master Bedroom (2) Kitchen (3) Outside (4) Crawlspace*

### Epicoccum nigrum

*Epicoccum nigrum* (also known as *Epicoccum purpurascens*) is the only species in the genus *Epicoccum*. It is very commonly isolated from plants, air, animals, foodstuffs, and textiles. *Epicoccum nigrum* is a known plant pathogen, but is not pathogenic to humans.

*Found in these Sample Locations: (1) Master Bedroom (2) Kitchen (3) Outside*

### Pen/Asp group

The spores of the genera *Penicillium*, *Aspergillus*, *Gliocladium*, and *Trichoderma* are quite similar when viewed under a microscope and are grouped together under the heading Pen/Asp. *Penicillium* species are among the most common fungi found in indoor environments, particularly basements. Certain species may cause infections of the eye, external ear, respiratory system, and urinary tract. Some species of *Aspergillus* are parasitic on insects, plants, and animals including humans. All *Aspergillus* species are allergenic. Various species can cause



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extrinsic asthma, pulmonary emphysema, opportunistic infections of the ears and eyes, and severe pulmonary infections. Many species of *Penicillium* and *Aspergillus* produce mycotoxins which may be associated with diseases in humans and animals. Several toxins are considered potential human carcinogens. The genus *Gliocladium* has not been reported to cause disease in man or animals. The genus *Trichoderma* has been reported to cause infections in immunocompromised individuals, patients undergoing dialysis, and individuals with chronic kidney failure or chronic lung disease.

*Found in these Sample Locations: (1) Master Bedroom (2) Kitchen (3) Outside (4) Crawlspace*

### **Stachybotrys**

A fungus naturally found on decaying plant and tree material. In the indoor environment, it grows on building material with a high cellulose and water content and a low nitrogen content (e.g. wet drywall). There are over 20 documented species of *Stachybotrys*, and at least two are reported to be toxigenic; if not speciated, the genus *Stachybotrys* should be assumed to be toxigenic. Specifically, it can produce the mycotoxin trichothecene (Satratoxin H), which is poisonous upon inhalation. Individuals with chronic exposure to the toxin produced by this fungus reported cold and flu symptoms, sore throats, diarrhea, headaches, fatigue, dermatitis, intermittent local hair loss, and general malaise. The toxin may suppress the immune system, affecting the lymphoid tissue and the bone marrow. It is also reported to be a liver and kidney carcinogen. Effects by absorption of the toxin in the human lung are known as pneumomycosis. Areas with relative humidity above 55% are subject to temperature fluctuations and are ideal for toxin production. *Stachybotrys* is rarely found in outdoor samples. It is usually difficult to find in indoor air samples unless it is physically disturbed.

*Found in these Sample Locations: (1) Master Bedroom (2) Kitchen (4) Crawlspace*



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## 7 - Glossary of Terms

### **Agar ~**

A gelatinous medium used for growing microorganisms (e.g. mold, yeast, and bacteria).

### **Ascospore ~**

A sexually produced fungal spore formed within an ascus (sac). Most types are associated with plant fungi, and generally have little relevance to human health problems.

### **Basidiospore ~**

A sexually produced fungal spore produced within the group of fungi known as Basidiomycetes. These spores are produced externally on a structure called a basidium, which is common among mushrooms. Some types can be allergenic to humans.

### **Colony ~**

A group of hyphae (filaments) of the same type of microorganism growing together. A colony can be seen with the naked eye.

### **Colony Forming Unit (CFU) ~**

A unit of measure describing the number of colonies present in or on a surface of a sample.

### **Detection Limit ~**

Detection Limit is the smallest amount or concentration of a particular substance / particle that can be reliably detected in a given type of sample or medium by a specific measurement process.

### **Fungus (fungi, pl) ~**

Fungi are a form of life (eukaryotic) which can range from unicellular to filamentous. Fungi lack chlorophyll and absorb nutrients. Fungi can reproduce by sexual, asexual, or both means. Mold is a type of fungi.

### **Hypha (hyphae, pl) / hyphal fragment ~**

Hypha is the tubular filament which is the vegetative, nutrient absorbing portion of the fungus.

### **Minimum Reporting Limit (MRL) ~**

MRL is the smallest measured concentration of an analyte that can be reliably reported by using a given analytical method. MRL is the "less-than" value reported when an analyte is not detected or is detected at a concentration less than the MRL. MRL is dependent on the time and volume of sampling.



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### **Mitospore ~**

Spore types falling within either the deuteromyces or Fungi Imperfecti.

### **Mold ~**

A very large group of microscopic fungi. Most are filamentous organisms and produce spores that can be air-, water-, or insect-borne. Mold can be a common trigger for allergies. For people who are sensitive to mold, exposure can cause symptoms such as nasal stuffiness, eye irritation, or wheezing. People with serious allergies to mold may have more severe reactions. Severe reactions may occur among workers exposed to large amounts of molds in occupational settings. People with chronic illnesses, such as obstructive lung disease, may develop mold infections in their lungs. Mold growth in the home can be slowed by keeping humidity levels below 50% and ventilating showers and cooking areas.

### **Mycology ~**

Mycology is a general term for the study of fungi.

### **Mycotoxin ~**

A substance produced by fungi which can be toxic to man and/or animals.

### **Mycelium ~**

A mass of hyphae.

### **Negative for Stachybotrys ~**

When IMS Laboratory is requested to only look for Stachybotrys in a sample and no Stachybotrys is detected during analysis of that sample, IMS Laboratory reports the results as "Negative for Stachybotrys."

### **Opaque particle ~**

Opaque particles are dark, non-biological, debris through which light will not pass.

### **Petri Dish ~**

A dish containing agar for the culturing of microorganisms (e.g. fungi or bacteria).

### **Potato Dextrose Agar (PDA) ~**

PDA is a solid growth medium consisting of extract of potato and dextrose (sugar). PDA is used to culture commonly occurring fungi.

### **Pollen ~**

Pollen are coarse to fine particles produced by plants (can be allergenic).





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**Raw Count ~**

The number of particles counted by an analyst during the examination of specimen.

**Sample Medium ~**

The sample medium refers to the type of test conducted (e.g. swab, spore trap air test, tape lift, etc.).

**Sample Rate ~**

The sample rate refers to the quantity of a sample collected for laboratory analysis. With reference to air tests, the sample rate is determined by multiplying the flow rate of the collection device by the time the device was operating. With reference to swab samples, the sample rate is the total area swabbed.

**Serial Number ~**

A manufacturer's specific identification code on a test medium (e.g. spore trap or tape lift).

**Spore ~**

A propagule/structure produced by fungi as a means of reproduction, survival, and dissemination. Spores can be single cellular or multicellular.

**Spore Trap ~**

A Spore trap is a collection device (or media) used to capture airborne spores and other airborne particulates. Spore traps are analyzed by microscopic means and do not distinguish between viable and non-viable cells.

**Too Numerous To Count (TNTC) ~**

TNTC is used to denote specimens in which a type of organism is present at an extremely high level or has grown together so that individual colonies cannot be distinguished.

**Total Spore Count ~**

The total spore count is the sum total of all spore types found in a laboratory sample.

**Toxigenic fungi ~**

Toxigenic fungi are fungi capable of producing toxic substances.

**Yeast ~**

Yeast are a group of single celled fungi.



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## 8 - Texts and Electronic References

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1. De Hoog, G. S., J. Guarro, J. Gene, & M. J. Figueras. *Atlas of Clinical Fungi 2nd.* Centraalbureau voor Schimmel cultures, 2000.
2. Finegold, Sydney M. and Ellen Jo Baron. *Baily and Scott's Diagnostic Microbiology 7th edition.* C. V. Mosby Co.; St. Louis, MO 1986
3. Ellis, M.B. *Dematiaceous Hyphomyces.* CABI Publishing; Cambridge, MA. 1971.
4. Ellis, M.B. *More Dematiaceous Hyphomyces.* CABI Publishing; Cambridge, MA. 2001.
5. Helbling, A., G. Federica, and K.A. Brander. Respiratory allergy to mushroom spores: not well recognized, but relevant. *Ann. Allergy, Asthma, and Immunology.* 1999, Vol 83, no. 1, pp. 178-19.
6. Hurst, Christon J. et al. *Manual of Environmental Microbiology 2nd edition.* ASM Press; Washington, D.C. 2002.
7. *Indoor Air Quality: Identification of Fungal Spores and House Dust.* McCrone Research Institute. Chicago, IL 2003.
8. Kendrick, Bryce. *The Fifth Kingdom 2nd edition.* Focus Texts, Newburyport, MA 1992.
9. Klich, Maren. *Identification of Common Aspergillus Species.* Centraalbureau v. Schimmelcultures, Utrecht, the Netherlands. 2002.
10. Koneman EW et al. *Color atlas & Textbook of Diagnostic Microbiology 4th edition.* JB Lippincott Co.; Philadelphia, PA 1992
11. Larone, Davise H. *Medically Important Fungi a Guide to Identification 4th edition.* ASM Press; Washington, D.C. 2002.
12. Lstiburek, Joseph & John Carmody. *Moisture Control Handbook.* John Wiley & Sons Inc. June 1996.
13. Marta, E., MD and Kathleen S. Kern PhD. *Medical Mycology: A self Instructional Text 2nd edition.* FA Davis Co. 1997.
14. Macher, Janet et al. *Bioaerosols: Assessment and Control.* ACGIH; Cincinnati, OH.



Report Prepared For: Moldstoppers  
Project Name: Sample Company, USA  
Project Number: CNC1321  
Report Date: 12/15/2012  
Lab Number: EX38974

15. May, Jeffery C. *My House is Killing Me*. The Johns Hopkins Univ. Press, Baltimore, MD 2001.
16. *Mold Remediation in Schools and Commercial Buildings*. United States Environmental Protection Agency. EPA 402-K-01-001. March 2001.
17. Pitt, John L. *A Laboratory Guide to Common Penicillium Spores-3rd Edition*. Food Science Australia, CSIRO, Australia 2000.
18. Smith, E. Grant. *Sampling and Identifying Allergenic Pollens and Molds An Illustrated Identification Manual for Air Samples*. Blewstone Press, San Antonio, TX. 1990.
19. Sugar, Alan M. and Caron A. Lyman. *A Practical Guide to Medically Important Fungi and Diseases They Cause*. Lippincott Raven Publishers; Philadelphia, PA 1997.
20. Ulloa, Miguel and Richard T. Hanlin. *Illustrated Dictionary of Mycology*. Amer. Phytopathological Society; 2000.
21. [www.dehs.umn.edu/iaq/fungus/penicillium/](http://www.dehs.umn.edu/iaq/fungus/penicillium/)
22. [www.doctorfungus.com](http://www.doctorfungus.com)
23. [www.epa.gov](http://www.epa.gov)
24. [www.moldhelp.org](http://www.moldhelp.org)
25. [www.cdc.gov/niosh/homepage.html](http://www.cdc.gov/niosh/homepage.html)



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## 9 - Warranties, Legal Disclaimers, and Limitations

IMS's scope of accreditation through the AIHA is for the following FoT(s)/Method(s): Fungal Air - Culturable (SOP 2.4 Cultured Air Sample Reporting); Fungal Bulk - Culturable (SOP 2.5); Fungal Surface - Culturable (SOP 2.5); Fungal Air - Direct Examination (SOP 2.2 and 2.3); Fungal Bulk - Direct Examination (SOP 2.6); and Fungal Surface - Direct Examination (SOP 2.1).

The study and understanding of molds is a progressing science. Because different methods of sampling, collection and analysis exist within the indoor air quality industry, different inspectors or analysts may not always agree on the mold concentrations present in a given environment. Additionally, the airborne levels of mold change frequently and by large amounts due to many factors including activity levels, weather, air exchange rates (indoors), and disturbance of growth sites. It is possible for report interpretations and ranges of accuracy to vary since comprehensive, generally accepted industry standards do not currently exist for indoor air quality inspections of mold in residential indoor environments. This report is intended to provide an analysis based upon samples taken at the site at the time of the inspection. Mold levels can and do change rapidly, especially if home building materials or contents remain wet for more than 24 hours, or if they are wet frequently. This report is not intended to provide medical or healthcare advice. All allergy or medical-related questions and concerns, including health concerns relating to possible mold exposure, should be directed to a qualified physician. If this report indicates indoor mold levels that are higher than in typical indoor living spaces relative to the outdoor environment, or indicates any findings that are of concern to you, further evaluation by a trained mold professional or a Certified Industrial Hygienist (CIH) may be advisable.

Results pertain only to the items tested. Unless otherwise noted in the body of this report, the condition of samples upon receipt was acceptable. Blank samples are reported in the same manner as all other samples. The results are not corrected for contamination.

This report is generated by IMS at the request of, and for the exclusive use of, the IMS client named on this report. The analysis of the test samples is performed by IMS. This report applies only to the samples taken at the time, place and location referenced in the report and received by IMS, and to the property and weather conditions existing at that time only. Please be aware, however, that property conditions, inspection findings and laboratory results can and do change over time relative to the original sampling due to changing conditions, the normal fluctuation of airborne mold, and many other factors. IMS does not furnish, and has no responsibility for, the inspector or inspection service that performs the inspection or collects the test samples. It is the responsibility of the end-user of this report to select a properly trained professional to conduct the inspection and collect appropriate samples for analysis and interpretation. Neither IMS, nor its



Report Prepared For: Moldstoppers  
Project Name: Sample Company, USA  
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affiliates, subsidiaries, suppliers, employees, agents, contractors and attorneys ("IMS related party") are able to make and do not make any determinations as to the safety or health condition of a property in this report. The client and client's customer are solely responsible for the use of, and any determinations made from, this report, and no IMS related party shall have any liability with respect to decisions or recommendations made or actions taken by either the client or the client's customer based on the report.

Samples analyzed by IMS are disposed the day that they are analyzed. Storage may be available for a fee with written request at the time the samples are submitted for analysis.

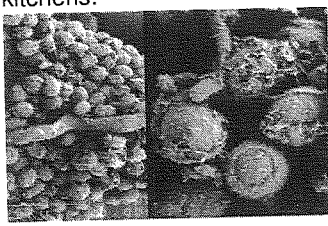
**IMS hereby expressly disclaims any and all representations and warranties of any kind or nature, whether express, implied or statutory, related to the testing services or this report including, but not limited to, damages for loss of profit or goodwill regardless of the negligence (either sole or concurrent) of IMS and whether IMS has been informed of the possibility of such damages, arising out of or in connection with IMS's services or the delivery, use, reliance upon or interpretation of test results by client or any third party. In no event will IMS be liable for any special, indirect, incidental, punitive, or consequential damages of any kind regardless of the form of action whether in contract, tort (including negligence), strict product liability or otherwise, arising from or related to the testing services or this report.**

IMS accepts no legal responsibility for the purposes for which the client uses the test results. IMS will not be held responsible for the improper selection of sampling devices even if we supply the device to the user. The user of the sampling device has the sole responsibility to select the proper sampler and sampling conditions to insure that a valid sample is taken for analysis. Additionally, neither this report nor IMS makes any express or implied warranty or guarantee regarding the inspection or sampling done by the inspector, the qualifications, training or sampling methodology used by the inspector performing the sampling and inspection reported herein, or the accuracy of any information provided to IMS serving as a basis for this report. The total liability of IMS related to or arising from this report to a client or any third party, whether under contract law, tort law, warranty or otherwise, shall be limited to direct damages not to exceed the fees actually received by IMS from the client for the report. The invalidity or unenforceability, in whole or in part, of any provision, term or condition herein shall not invalidate or otherwise affect the enforceability of the remainder of these provisions, terms and conditions. Client shall indemnify IMS and its officers, directors and employees and hold each of them harmless for any liability, expense or cost, including reasonable attorney's fees, incurred by reason of any third party claim in connection with IMS's services, the test result data or its use by client.

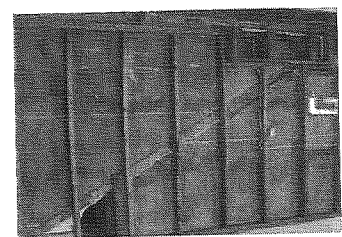
- End of Lab Report Number EX38974 -



MoldStoppers™ is the manufacturer of moldBlock™. moldBlock™ is an environmentally friendly mold inhibitor, that can easily be applied to new construction or can be part of an effective remediation. moldBlock™ is a patented EPA Exempt, FDA GRAS, non toxic aqueous potassium sorbate that prevents the growth of mold by eliminating the food source. Our certified installers apply moldBlock™ on the interior of the exterior walls as well as the floor, fireplaces and interior wet areas, i.e. bathrooms and kitchens.



**Bottom Line.... moldBlock™ is a patented product that prevents mold growth.**



**Features and Benefits**

| FEATURES                                                             | BENEFITS                                                                                                                                                                                                |
|----------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| - MoldStoppers™ features the most complete warranty in the industry. | Not only is the treated surface warranted, but our <b>20 year warranty</b> covers the replacement of insulation and drywall that must be removed to remediate an effected area.                         |
| - Factory Trained installers                                         | The job gets done right every time. Every house is registered and the install is signed off on by our install managers.                                                                                 |
| - Jobsite installation by our professional crews                     | Installation can be done before or after the windows and doors are installed. moldBlock™ will not harm any surface.                                                                                     |
| - No waste; nothing to send to the dump.                             | Because MoldStoppers™ treats after framing, there is no waste. No treated product to be hauled to dumps.                                                                                                |
| - No special inventories                                             | Because we treat on the job, there are no special inventories of lumber required by you or your lumber yard. This keeps costs way down.                                                                 |
| - No delays                                                          | Our crews can treat a 2,000 sq. ft. house in less than 2 hours. Our product is dry in 1 hour or so.                                                                                                     |
| - moldBlock™ is FDA GRAS.                                            | moldBlock™ is 100% safe. It requires no special handling and is safe for you, your family and the environment.                                                                                          |
| - MoldStoppers™ registers every project we treat.                    | Each homeowner can receive a copy of their registration form in their warranty package. For future reference there will be no question whether or not their home was treated.                           |
| - moldBlock™ is ASTM tested.                                         | ASTM 3273: Rating of 10<br>ASTM 3274: Passed 9/06                                                                                                                                                       |
| MoldStoppers™ has on-staff an NAMP representative.                   | NAMP is National Association of Mold Professionals ( <a href="http://www.moldpro.org">www.moldpro.org</a> ). Our NAMP professional attends yearly meetings; is updated and educated on all mold issues. |
| - moldBlock™ can be used on almost any surface.                      | Including wood, concrete, block & drywall. You do not have to use different products with different warranties.                                                                                         |
| - Low cost                                                           | MoldStoppers™ professional install with no waste, allows us to be one of the most competitive products on the market. Let us give you a quote!                                                          |

# MATERIAL SAFETY DATA SHEET

## SECTION I – PRODUCT IDENTIFICATION

**Product Name:** Benefect® Botanical Disinfectant  
**Product Use:** Disinfectant  
**Regulatory Class:** Registered Product – EPA # 84683-1-74771  
**D.O.T. Classification:** Not Regulated  
**TDG Classification:** Not Regulated  
**Manufacturer:** Sensible Life Products  
**Address:** 555 Bay St. North Ontario CA L8L 1H1  
**Telephone:** (905) 528-7474  
**Emergency Phone:** (905) 528-7474

|              |   |
|--------------|---|
| HEALTH       | 0 |
| FLAMMABILITY | 0 |
| REACTIVITY   | 0 |

## SECTION II – ACTIVE INGREDIENTS

| Ingredients | CAS#      | WT%     | ACGIH-TLV        | LD <sub>50</sub>     |
|-------------|-----------|---------|------------------|----------------------|
| Oils, thyme | 8007-46-3 | 0.3 – 1 | None established | 4700 mg/kg oral, rat |

SARA – Section 313 (Toxic Chemical Release Reporting) 40 CFR 372 – No ingredients above reportable quantities.  
Toxic Substances Control Act (TSCA) – All the ingredients are listed or exempt from listing on the Chemical Substance Inventory.  
California Proposition 65 – No ingredients listed.

## SECTION III – PHYSICAL AND CHEMICAL DATA

**Boiling Point (°C):** As for water  
**Vapor Pressure (mm Hg):** Not applicable  
**Vapor Density (Air = 1):** Not applicable  
**Solubility in Water:** Some separation occurs, agitation not required, efficacy is guaranteed  
**Physical State:** Liquid  
**Appearance:** Light Tan  
**Freeze-Thaw Stable:** Yes

**Specific Gravity (H<sub>2</sub>O=1):** 1.00-1.02  
**% Volatile (Wt%):** Not applicable  
**Evaporation Rate:** As per water  
**pH (100%):** 4.0 - 5.0  
**Viscosity:** As per water  
**Odor:** Lemon - Spice

## SECTION IV – FIRE AND EXPLOSION DATA

**Flammability:** Not flammable  
**Flash Point (°C, TCC):** Not Applicable  
**Hazardous Combustion Products:** None  
**Auto-ignition Temperature:** Non-combustible  
**LEL:** Not applicable  
**UEL:** Not applicable

## SECTION V – REACTIVITY DATA

**Conditions for Chemical Instability:** Stable  
**Incompatible Materials:** None known  
**Reactivity, and Under What Conditions:** As for water  
**Hazardous Decomposition Products:** None

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## SECTION VI – TOXICOLOGICAL PROPERTIES

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**Route of Entry:** Inhalation most likely

### ACUTE TOXICITY PROFILE:

| Route of Exposure    | Result                              | Reference/Verification                  |
|----------------------|-------------------------------------|-----------------------------------------|
| Ingestion            | EPA Category IV (>5000 mg/kg)       | EPA Toxicity Profile Review for 84683-1 |
| Dermal Toxicity      | EPA Category IV (>5000 mg/kg)       | EPA Toxicity Profile Review for 84683-1 |
| Inhalation           | EPA Category IV (>2 mg/L)           | EPA Toxicity Profile Review for 84683-1 |
| Eye Irritation       | EPA Category IV ("minimal effects") | EPA Toxicity Profile Review for 84683-1 |
| Skin Irritation      | EPA Category IV ("no irritation")   | EPA Toxicity Profile Review for 84683-1 |
| Dermal Sensitization | Non-Sensitizer                      | EPA Toxicity Profile Review for 84683-1 |

**SUMMARY** (as per EPA Toxicity Profile Review for 84683-1):

**Signal Word** (e.g. DANGER, WARNING or CAUTION): None required on product label, as all routes of exposure are Category IV.

**Precautionary Statements:** None are required on product label.

**First Aid Statements:** None are required on product label.

### EFFECTS OF CHRONIC EXPOSURE:

Does not contain any recognized carcinogens, mutagens or reproductive toxicants.

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## SECTION VII – ECOLOGICAL DATA

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**Environmental Fate:** "Readily biodegradable" (85% in 28 days, OECD 301D Method)  
**Aquatic toxicity:** "Not toxic to aquatic life" (IC50 >100 mg/L, Protocol EPS 1/RM/24)

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## SECTION VIII – PREVENTATIVE MEASURES

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**Gloves:** None required

**Eye Protection:** None required

**Respiratory Protection:** None required

**Other Protective Equipment:** None required by OSHA or NIOSH

**Engineering Controls:** General ventilation adequate

**Leak and Spill Procedure:** Dispose of down drain or absorb and place in trash.

**Waste Disposal:** No special disposal requirements. Dispose of down drain or absorb and place in trash. Comply with local government regulations, if any. Offer empty container for recycling.

**Storage and Handling Requirements:** Store airtight at room temperature. Keep out of the reach of children. No special handling requirements.

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## SECTION IX – FIRST AID

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If irritation occurs, rinse affected area thoroughly with cool water. If swallowed, drink plenty of water.

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## SECTION X – PREPARATION INFORMATION

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**Date:** 06/06/2012

**MSDS Prepared by:** Sensible Life Products

**Telephone:** (905) 528-7474

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## DISCLAIMER

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The information contained herein is believed to be accurate and also represents the best information obtained by the manufacturer and recognized technical sources. Health and safety precautions in this data sheet may not be adequate for all individuals and product uses. It is the user's obligation to evaluate the information contained in this sheet along with the safe uses of the product. Good personal hygienic practices should be followed. Sensible Life Products assumes no responsibility for injury or damage from the use of Benefect Botanical Disinfectant that in any way differs from what is provided in the label directions.





## Preservor™

Safety Data Sheet  
according to Federal Register/Vol. 77, No. 58  
Revision Date: 07/06/2015      Supercedes: 12/15/2010

### **SECTION 1: Identification of the substance/mixture and the company/undertaking**

#### **Product Identifier**

Product form: Mixture

Mixture name: Preservor™

CAS No.: 24634-61-5

Formula:  $C_6H_7KO_2$

Synonyms: Stabilized solution of potassium sorbate

#### **Intended Use of the Product**

Use of the mixture: Anti-microbial

#### **Name, Address, and Telephone of the Responsible Party**

Bendiner Technologies, LLC  
100 Lakewood Drive  
Pinehurst, NC 28374

#### **Emergency Telephone Number**

Emergency number: 1-910-974-6650 (Monday-Friday 9 am – 5 pm, GMT - 5)

### **SECTION 2: Hazards Identification**

#### **Classification of the substance or mixture**

##### **GHS-US classification**

Eye irritant 2B H320

##### **Label elements**

##### **GHS-US labeling**

Hazard pictogram (GHS-US) : None

Signal word (GHS-US) : Warning

Hazard statements (GHS-US) : H320 – Causes eye irritation.

Precautionary statements (GHS-US) : P305+351+338 – IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses if present and easy to do – continue rinsing.

P501 – Dispose of contents/container according to local, regional, national, and international regulations.

##### **Other hazards**

No additional known hazards

##### **Unknown acute toxicity (GHS-US)**

No known acute toxicity

### **SECTION 3: Composition/information on ingredients**

#### **Substances**

| <b>Name</b>       | <b>CAS Number</b> | <b>%</b>  | <b>GHS-US classification</b> |
|-------------------|-------------------|-----------|------------------------------|
| Potassium sorbate | 24634-61-5        | 2.7 – 9.9 | Eye irritant                 |

### **SECTION 4: First aid measures**

#### **Description of first aid measures**

**First aid measures general:** Never give anything by mouth to an unconscious person. If you feel unwell, seek medical advice.

**First aid measures after inhalation:** Substance is a non-volatile solution.

**First aid measures after skin contact:** Rinse with water.

**First aid measures after eye contact:** Rinse with water.

**First aid measures after ingestion:** Rinse mouth.

#### **Most important symptoms and effects, both acute and delayed**

**Symptoms/injuries:** Eye irritation.

**Symptoms/injuries after inhalation:** None.

**Symptoms/injuries after eye contact:** Causes eye irritation.

**Symptoms/injuries after ingestion:** None.

#### **Indication of any immediate medical attention and special treatment needed**

If medical advice is needed, have product container or label at hand.

### **Section 5: Firefighting measures**

**Suitable extinguishing media:** Any.

**Unsuitable extinguishing media:** None.

#### **Special hazards arising from the substance or mixture**

**Fire hazard:** None.

**Explosion hazard:** None.

**Reactivity:** None.

#### **Advice for firefighters**

**Firefighting instructions:** Use standard caution.

**Protection during firefighting:** Use standard firefighting protection.

### **SECTION 6: Accidental release measures**

#### **Personal precautions, protective equipment, and emergency procedures**

**General measures:** Handle according to good industrial hygiene and safety practices.

#### **For non-emergency personnel**

**Protective equipment:** Use appropriate personal protective equipment (PPE).

**Emergency procedures:** Rinse spills with water.

#### **For emergency responders**

**Protective equipment:** Use appropriate personal protective equipment (PPE).

**Emergency procedures:** Rinse spills with water.

#### **Environmental precautions**

Substance biodegrades. Spills can be rinsed into public sewers and waters.

## Methods and material for containment and cleaning up

**For containment:** Use standard procedures for containing non-hazardous spills.

**For cleanup:** Rinse spills with water.

## SECTION 7: Handling and storage

### Precautions for safe handling

**Additional hazards when processed:** None.

**Precautions for safe handling:** Wear recommended personal protective equipment (PPE).

**Hygiene measures:** Handle in accordance with good hygiene and safety procedures.

### Conditions for safe storage, including any incompatibilities

**Technical measures:** No specific measures required.

**Storage conditions:** Store at room temperature. Keep container closed when not in use.

**Incompatible products:** None.

**Incompatible materials:** None.

**Storage area:** Store at room temperature.

**Special rules on packaging:** None.

### Specific end use(s)

Anti-microbial

## SECTION 8: Exposure controls/personal protection

### Control parameters

| Potassium sorbate CAS 24634-61-5 |             |
|----------------------------------|-------------|
| NTP Status                       | Not listed. |
| OSHA List                        | Not listed. |
| IARC Status                      | Not listed. |
| ACGIH                            | Not listed. |

### Exposure controls

**Appropriate engineering controls:** No specific controls required.

**Personal protective equipment:** No specific equipment required.

**Hand protection:** No specific equipment required.

**Eye protection:** Wear eye protection in the event of splashes.

**Skin and body protection:** No specific protection required.

**Respiratory protection:** No specific protection required.

**Thermal hazard protection:** No specific protection required.

**Other information:** Use good hygiene and safety practices.

## SECTION 9: Physical and chemical hazards

### Information on basic physical and chemical properties

|                           |                               |
|---------------------------|-------------------------------|
| Physical state            | : Liquid                      |
| Appearance                | : Clear, non-volatile liquid. |
| Color                     | : Colorless to pale yellow.   |
| Odor                      | : Odorless.                   |
| Odor threshold            | : No data available.          |
| pH                        | : 5.7 – 6.5.                  |
| Relative evaporation rate | : No data available.          |

|                           |                                    |
|---------------------------|------------------------------------|
| Melting point             | : Not applicable.                  |
| Freezing point            | : 0°C.                             |
| Boiling point             | : 100°C.                           |
| Flash point               | : Not applicable.                  |
| Auto-ignition temperature | : Not applicable.                  |
| Decomposition temperature | : Not applicable.                  |
| Flammability              | : Non-flammable.                   |
| Vapor pressure            | : 2.34 kPa at 20°C.                |
| Relative vapor density    | : No data available.               |
| Specific gravity          | : 1.135 -1.1375.                   |
| Solubility                | : Miscible with aqueous solutions. |
| Viscosity                 | : No data available.               |
| Explosive properties      | : Non-explosive.                   |
| Oxidizing properties      | : Non-oxidizing.                   |
| Explosive limits          | : Not applicable.                  |

### **SECTION 10: Stability and reactivity**

**Reactivity:** Non-reactive.

**Chemical stability:** Stable.

**Possibility of hazardous reactions:** Substance is non-reactive.

**Conditions to avoid:** Use good safety practices.

**Incompatible materials:** None known.

**Hazardous decomposition products:** Decomposes to CO<sub>2</sub> and H<sub>2</sub>O. No known hazardous decomposition products.

### **SECTION 11: Toxicological information**

#### **Information on toxicological effects**

**Acute toxicity:** Not toxic.

**Skin corrosion/irritation:** Not skin corrosive or irritating.

**Serious eye damage/irritation:** Does not cause serious eye damage or irritation.

**Respiratory or skin sensitization:** Does not cause respiratory or skin sensitization.

**Germ cell mutagenicity:** Does not cause mutagenicity.

**Carcinogenicity:** Is not carcinogenic.

**Reproductive toxicity:** Is not a reproductive toxin.

**Aspiration hazard:** Not hazardous.

**Symptoms/injuries after eye contact:** Causes eye irritation.

### **SECTION 12: Ecological information**

#### **Toxicity**

|                                         |                                                         |
|-----------------------------------------|---------------------------------------------------------|
| <b>Potassium sorbate CAS 24634-61-5</b> |                                                         |
| LC <sub>50</sub> fish                   | >1000mg/l (Static 96 hrs – <i>Oncorhynchus mykiss</i> ) |
| EC <sub>50</sub> Daphnia                | = 982 mg/l (Static 48 hrs – <i>Daphnia magna</i> )      |

**Persistence and degradability:** Readily biodegradable in water.

**Bioaccumulation potential:** Not established.

**Mobility in soil:** Not established.

**Other adverse effects:** None established.

### **SECTION 13: Disposal considerations**

#### **Waste treatment methods**

**Regional legislation (waste):** Refer to local waste treatment regulations.

**Waste disposal recommendations:** To be disposed of as food waste. Dispose of container in accordance with local regulations.

**Additional information:** Substance is Generally Recognized As Safe (GRAS) food substance.

### **SECTION 14: Transport information:**

**Department of Transportation (DOT):** Not a DOT controlled substance.

### **SECTION 15: Regulatory information:**

#### **US Federal regulations**

**EPA TSCA:** Listed on the US Toxic Substances Control Act (TSCA) inventory as "chemical in commerce".

**EPA FIFRA:** Listed on the Federal Insecticide, Fungicide, and Rodenticide Act (FIFRA) as "inert".

#### **State and local regulations**

Follow local/regional/state regulations regarding Right To Know (RTK).

### **SECTION 16: Other information**

**Date updated:** May 21, 2015.

**Other information:** This document was prepared in accordance with the SDS requirements of the OSHA Hazard Communication Standard 29 CFR 1910.1200.

*This information is based on our current knowledge of the substance and is intended to describe the product for the purpose of health, safety, and environmental requirements only. It is not and should not be considered as guaranteeing any specific property of the product.*

**SECTION 1: Identification of the substance/mixture and the company/undertaking**

**Product Identifier**

Product form: Mixture

Mixture name: Preservor™

CAS No.: 24634-61-5

Formula: C<sub>6</sub>H<sub>7</sub>KO<sub>2</sub>

Synonyms: Stabilized solution of potassium sorbate

**Intended Use of the Product**

Use of the mixture: Anti-microbial

**Name, Address, and Telephone of the Responsible Party**

Bendiner Technologies, LLC  
100 Lakewood Drive  
Pinehurst, NC 28374

**Emergency Telephone Number**

Emergency number: 1-910-635-6650 (9 am – 5 pm, GMT - 5)

**SECTION 2: Hazards Identification**

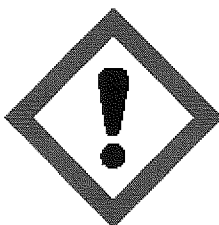
**Classification of the substance or mixture**

**GHS-US classification**

Eye irritant 2A H319

**Label elements**

**GHS-US labeling**



Hazard pictogram (GHS-US) :

Signal word (GHS-US)

: Warning

Hazard statements (GHS-US)

: H319 – Causes serious eye irritation.

Precautionary statements (GHS-US)

: P305+351+338 – IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses if present and easy to do – continue rinsing.

P501 – Dispose of contents/container according to local, regional, national, and international regulations.

**Other hazards**

No additional known hazards

**Unknown acute toxicity (GHS-US)**

No known acute toxicity

### **SECTION 3: Composition/information on ingredients**

#### **Substances**

| <b>Name</b>       | <b>CAS Number</b> | <b>%</b>    | <b>GHS-US classification</b> |
|-------------------|-------------------|-------------|------------------------------|
| Potassium sorbate | 24634-61-5        | 10.0 – 42.0 | Eye irritant                 |

### **SECTION 4: First aid measures**

#### **Description of first aid measures**

**First aid measures general:** Never give anything by mouth to an unconscious person. If you feel unwell, seek medical advice.

**First aid measures after inhalation:** Substance is a non-volatile solution.

**First aid measures after skin contact:** Rinse with water.

**First aid measures after eye contact:** Rinse with water.

**First aid measures after ingestion:** Rinse mouth.

#### **Most important symptoms and effects, both acute and delayed**

**Symptoms/injuries:** Serious eye irritation.

**Symptoms/injuries after inhalation:** None.

**Symptoms/injuries after eye contact:** Causes serious eye irritation.

**Symptoms/injuries after ingestion:** None.

#### **Indication of any immediate medical attention and special treatment needed**

If medical advice is needed, have product container or label at hand.

### **Section 5: Firefighting measures**

**Suitable extinguishing media:** Any.

**Unsuitable extinguishing media:** None.

#### **Special hazards arising from the substance or mixture**

**Fire hazard:** None.

**Explosion hazard:** None.

**Reactivity:** None.

#### **Advice for firefighters**

**Firefighting instructions:** Use standard caution.

**Protection during firefighting:** Use standard firefighting protection.

### **SECTION 6: Accidental release measures**

#### **Personal precautions, protective equipment, and emergency procedures**

**General measures:** Handle according to good industrial hygiene and safety practices.

#### **For non-emergency personnel**

**Protective equipment:** Use appropriate personal protective equipment (PPE).

**Emergency procedures:** Rinse spills with water.

#### **For emergency responders**

**Protective equipment:** Use appropriate personal protective equipment (PPE).

**Emergency procedures:** Rinse spills with water.

#### **Environmental precautions**

Substance biodegrades. Spills can be rinsed into public sewers and waters.

## Methods and material for containment and cleaning up

**For containment:** Use standard procedures for containing non-hazardous spills.

**For cleanup:** Rinse spills with water.

## **SECTION 7: Handling and storage**

### **Precautions for safe handling**

**Additional hazards when processed:** None.

**Precautions for safe handling:** Wear recommended personal protective equipment (PPE).

**Hygiene measures:** Handle in accordance with good hygiene and safety procedures.

### **Conditions for safe storage, including any incompatibilities**

**Technical measures:** No specific measures required.

**Storage conditions:** Store at room temperature. Keep container closed when not in use.

**Incompatible products:** None.

**Incompatible materials:** None.

**Storage area:** Store at room temperature.

**Special rules on packaging:** None.

### **Specific end use(s)**

Anti-microbial

## **SECTION 8: Exposure controls/personal protection**

### **Control parameters**

| <b>Potassium sorbate CAS 24634-61-5</b> |             |
|-----------------------------------------|-------------|
| NTP Status                              | Not listed. |
| OSHA List                               | Not listed. |
| IARC Status                             | Not listed. |
| ACGIH                                   | Not listed. |

### **Exposure controls**

**Appropriate engineering controls:** No specific controls required.

**Personal protective equipment:** No specific equipment required.

**Hand protection:** No specific equipment required.

**Eye protection:** Wear eye protection in the event of splashes.

**Skin and body protection:** No specific protection required.

**Respiratory protection:** No specific protection required.

**Thermal hazard protection:** No specific protection required.

**Other information:** Use good hygiene and safety practices.

## **SECTION 9: Physical and chemical hazards**

### **Information on basic physical and chemical properties**

|                                  |                               |
|----------------------------------|-------------------------------|
| <b>Physical state</b>            | : Liquid                      |
| <b>Appearance</b>                | : Clear, non-volatile liquid. |
| <b>Color</b>                     | : Colorless to pale yellow.   |
| <b>Odor</b>                      | : Odorless.                   |
| <b>Odor threshold</b>            | : No data available.          |
| <b>pH</b>                        | : 9.5 – 10.5.                 |
| <b>Relative evaporation rate</b> | : No data available.          |



|                                  |                                    |
|----------------------------------|------------------------------------|
| <b>Melting point</b>             | : Not applicable.                  |
| <b>Freezing point</b>            | : 0°C.                             |
| <b>Boiling point</b>             | : 100°C.                           |
| <b>Flash point</b>               | : Not applicable.                  |
| <b>Auto-ignition temperature</b> | : Not applicable.                  |
| <b>Decomposition temperature</b> | : Not applicable.                  |
| <b>Flammability</b>              | : Non-flammable.                   |
| <b>Vapor pressure</b>            | : 2.34 kPa at 20°C.                |
| <b>Relative vapor density</b>    | : No data available.               |
| <b>Specific gravity</b>          | : 1.135 -1.1375.                   |
| <b>Solubility</b>                | : Miscible with aqueous solutions. |
| <b>Viscosity</b>                 | : No data available.               |
| <b>Explosive properties</b>      | : Non-explosive.                   |
| <b>Oxidizing properties</b>      | : Non-oxidizing.                   |
| <b>Explosive limits</b>          | : Not applicable.                  |

### **SECTION 10: Stability and reactivity**

**Reactivity:** Non-reactive.

**Chemical stability:** Stable.

**Possibility of hazardous reactions:** Substance is non-reactive.

**Conditions to avoid:** Use good safety practices.

**Incompatible materials:** None known.

**Hazardous decomposition products:** Decomposes to CO<sub>2</sub> and H<sub>2</sub>O. No known hazardous decomposition products.

### **SECTION 11: Toxicological information**

#### **Information on toxicological effects**

**Acute toxicity:** Not toxic.

**Skin corrosion/irritation:** Not skin corrosive or irritating.

**Serious eye damage/irritation:** Does not cause serious eye damage. May cause serious eye irritation.

**Respiratory or skin sensitization:** Does not cause respiratory or skin sensitization.

**Germ cell mutagenicity:** Does not cause mutagenicity.

**Carcinogenicity:** Is not carcinogenic.

**Reproductive toxicity:** Is not a reproductive toxin.

**Aspiration hazard:** Not hazardous.

**Symptoms/injuries after eye contact:** Causes eye irritation.

### **SECTION 12: Ecological information**

#### **Toxicity**

|                                         |                                                         |
|-----------------------------------------|---------------------------------------------------------|
| <b>Potassium sorbate CAS 24634-61-5</b> |                                                         |
| LC <sub>50</sub> fish                   | >1000mg/l (Static 96 hrs – <i>Oncorhynchus mykiss</i> ) |
| EC <sub>50</sub> Daphnia                | = 982 mg/l (Static 48 hrs – <i>Daphnia magna</i> )      |

**Persistence and degradability:** Readily biodegradable in water.

**Bioaccumulation potential:** Not established.

**Mobility in soil:** Not established.

**Other adverse effects:** None established.

### **SECTION 13: Disposal considerations**

#### **Waste treatment methods**

**Regional legislation (waste):** Refer to local waste treatment regulations.

**Waste disposal recommendations:** To be disposed of as food waste. Dispose of container in accordance with local regulations.

**Additional information:** Substance is Generally Recognized As Safe (GRAS) food substance.

### **SECTION 14: Transport information:**

**Department of Transportation (DOT):** Not a DOT controlled substance.

### **SECTION 15: Regulatory information:**

#### **US Federal regulations**

**EPA TSCA:** Listed on the US Toxic Substances Control Act (TSCA) inventory as "chemical in commerce".

**EPA FIFRA:** Listed on the Federal Insecticide, Fungicide, and Rodenticide Act (FIFRA) as "inert".

#### **State and local regulations**

Follow local/regional/state regulations regarding Right To Know (RTK).

### **SECTION 16: Other information**


**Date updated:** July 6, 2015.

**Other information:** This document was prepared in accordance with the SDS requirements of the OSHA Hazard Communication Standard 29 CFR 1910.1200.

*This information is based on our current knowledge of the substance and is intended to describe the product for the purpose of health, safety, and environmental requirements only. It is not and should not be considered as guaranteeing any specific property of the product.*



# Material Safety Data Sheet

|                                                                                   |                   |
|-----------------------------------------------------------------------------------|-------------------|
|  | DOT Not regulated |
|-----------------------------------------------------------------------------------|-------------------|

### HMIS Graphic

|               |   |
|---------------|---|
| Health Hazard | 0 |
| Fire Hazard   | 1 |
| Reactivity    | 0 |

Revision Date 20-Jun-2011

Revision Number 0

## 1. PRODUCT AND COMPANY IDENTIFICATION

**Product Name** GREEN SHADE  
**Product Code** 06519  
**Recommended Use** Color Additive

**Contact Manufacturer**  
Sensient Colors LLC  
2526 Baldwin Street  
St. Louis, MO 63106-1949  
Telephone: 314 889-7600  
Fax: 314 286-7160

**Emergency Telephone Number** Chemtrec 1-800-424-9300 Emergency Phone Number (24 hours)  
Outside US: 1-703-527-3887  
Chemtrec Administrative Office Telephone Number 1-800-262-8200

## 2. HAZARDS IDENTIFICATION

### Emergency Overview

The product contains no substances which at their given concentration, are considered to be hazardous to health

**Appearance** Not available

**Physical State** Powder

**Odor** Not available

**OSHA Regulatory Status**

This material is not considered hazardous by the OSHA Hazard Communication Standard (29 CFR 1910.1200)

**Potential Health Effects**

**Principle Routes of Exposure**

Not available

**Acute Effects**

**Eyes**

May cause irritation

**Skin**

Substance may cause slight skin irritation in sensitive individuals

**Inhalation**

None reported or known to exist for the product

**Ingestion**

May be harmful if swallowed

**Chronic Effects**

Repeated contact may cause allergic reactions in very susceptible persons

**Aggravated Medical Conditions**

Not available

**Interactions with Other Chemicals**

No information available

**Potential Environmental Effects**

There is no known ecological information for this product

## 3. COMPOSITION/INFORMATION ON INGREDIENTS

**Hazardous Components**

**Non-Hazardous Components**

| Chemical Name      | CAS-No    | Weight %    |
|--------------------|-----------|-------------|
| TARTRAZINE         | 1934-21-0 | PROPRIETARY |
| BRILLIANT BLUE FCF | 3844-45-9 | PROPRIETARY |

## 4. FIRST AID MEASURES

**Eye Contact**

Rinse thoroughly with plenty of water for at least 15 minutes and consult a physician if continued irritation is noted

**Skin Contact**

To reduce coloration of the skin, wash off immediately with soap and plenty of water removing all contaminated clothes and shoes to avoid coloration of the skin

**Inhalation**

Move to fresh air. If breathing is difficult provide oxygen

**Ingestion**

If the individual is conscious, clean mouth with water and afterwards drink plenty of water

**Notes to Physician**

Treat symptomatically

## 5. FIRE-FIGHTING MEASURES

|                                                              |                                                                                                                                                                                                                               |
|--------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Flammability</b>                                          | Non-Flammable                                                                                                                                                                                                                 |
| <b>Suitable Extinguishing Media</b>                          | Use extinguishing measures that are appropriate to local circumstances and the surrounding environment                                                                                                                        |
| <b>Unsuitable extinguishing media</b>                        | Not available                                                                                                                                                                                                                 |
| <b>Hazardous Combustion Products</b>                         | The combustion of this product may emit obnoxious and toxic fumes.                                                                                                                                                            |
| <b>Explosion Data</b>                                        |                                                                                                                                                                                                                               |
| Sensitivity to static discharge                              | Material is not sensitive to static discharge                                                                                                                                                                                 |
| Sensitivity to mechanical impact                             | Material is not sensitive to mechanical impact                                                                                                                                                                                |
| Specific Hazards Arising from the Chemical                   | No specific hazards arise in the event of a fire                                                                                                                                                                              |
| <b>Protective Equipment and Precautions for Firefighters</b> | A fire involving this material does not present new or unusual hazards to firefighters. As in any fire, wear self-contained breathing apparatus pressure-demand, MSHA/NIOSH (approved or equivalent) and full protective gear |

## 6. ACCIDENTAL RELEASE MEASURES

|                                  |                                                                                                                                                                   |
|----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Personal Precautions</b>      | Ensure adequate ventilation. Avoid contact with the eyes to prevent irritation. Barriers and protective equipment for the skin may be used to avoid discoloration |
| <b>Environmental Precautions</b> | Prevent further leakage or spillage if safe to do so                                                                                                              |
| <b>Methods for Containment</b>   | No information available                                                                                                                                          |
| <b>Methods for Clean-up</b>      | Take up mechanically and collect in suitable container for disposal                                                                                               |
| <b>Other Information</b>         | Not applicable                                                                                                                                                    |

## 7. HANDLING AND STORAGE

|                 |                                                                                      |
|-----------------|--------------------------------------------------------------------------------------|
| <b>Handling</b> | Ensure adequate ventilation. Do not alter product so that excessive dust is created. |
| <b>Storage</b>  | Keep containers tightly closed in a dry, cool and well-ventilated place              |

## 8. EXPOSURE CONTROLS / PERSONAL PROTECTION

|                                       |                                                                                          |
|---------------------------------------|------------------------------------------------------------------------------------------|
| <b>Exposure Guidelines</b>            |                                                                                          |
| <b>Engineering Measures</b>           | Minimize the creation of dust. Ensure adequate ventilation, especially in confined areas |
| <b>Personal Protective Equipment</b>  |                                                                                          |
| Eye/face Protection                   | Safety glasses with side-shields                                                         |
| Skin Protection                       | Long sleeved clothing                                                                    |
| Respiratory Protection                | No special protective equipment required under conditions of normal use                  |
| <b>General Hygiene Considerations</b> | Handle in accordance with good industrial hygiene and safety practice                    |

**9. PHYSICAL AND CHEMICAL PROPERTIES**

Physical State Powder

**10. STABILITY AND REACTIVITY**

|                                    |                                                                                                                      |
|------------------------------------|----------------------------------------------------------------------------------------------------------------------|
| Chemical Stability                 | Stable under normal conditions                                                                                       |
| Conditions to Avoid                | Heat, flames and sparks                                                                                              |
| Incompatible Materials             | No materials to be especially mentioned                                                                              |
| Hazardous Decomposition Products   | None under normal use. Material is non-combustible                                                                   |
| Possibility of Hazardous Reactions | None under normal processing. Dust should not be dispersed in such a fashion that it is at explosive concentrations. |

**11. TOXICOLOGICAL INFORMATION**Acute Toxicity

## Component Information

Chronic Toxicity

Carcinogenicity There are no known carcinogenic chemicals in this product

Subchronic Toxicity

|                       |               |
|-----------------------|---------------|
| Irritation            | Not available |
| Corrosivity           | Not available |
| Sensitization         | Not available |
| Neurological Effects  | Not available |
| Mutagenic Effects     | Not available |
| Reproductive Effects  | Not available |
| Developmental Effects | Not available |
| Target Organ Effects  | Not available |

**12. ECOLOGICAL INFORMATION****Ecotoxicity**

No information available

**Persistence/Degradability** Not available**Bioaccumulation/ Accumulation** Not available**Mobility in Environmental Media** Not available**13. DISPOSAL CONSIDERATIONS****Waste Disposal Method** Dispose of in accordance with local regulations**Contaminated Packaging** Empty containers should be taken for local recycling, recovery or waste disposal**US EPA Waste Number** Not available**14. TRANSPORT INFORMATION****DOT** Not regulated**IATA** Not regulated**IMDG/IMO** Not regulated



## 15. REGULATORY INFORMATION

### International Inventories

#### Hazardous Components

#### Non-Hazardous Components

| Chemical Name      | TSCA | DSL | NDSL | EINECS | ELINCS | ENCS | CHINA | KECL | PICCS | AICS |
|--------------------|------|-----|------|--------|--------|------|-------|------|-------|------|
| TARTRAZINE         | X    | X   | -    | X      | -      | X    | X     | X    | X     | X    |
| BRILLIANT BLUE FCF | X    | X   | -    | X      | -      | X    | X     | X    | X     | X    |

### USA

#### Federal Regulations

#### SARA 311/312 Hazardous Categorization

|                                   |    |
|-----------------------------------|----|
| Acute Health Hazard               | No |
| Chronic Health Hazard             | No |
| Fire Hazard                       | No |
| Sudden Release of Pressure Hazard | No |
| Reactive Hazard                   | No |

Clean Air Act, Section 112 Hazardous Air Pollutants (HAPs) (see 40 CFR 61)

#### State Regulations

#### California Proposition 65

This product does not contain any Proposition 65 chemicals.

#### State Right-to-Know

#### Canada

This product has been classified in accordance with the hazard criteria of the Controlled Products Regulations (CPR) and the MSDS contains all the information required by the CPR.

## 16. OTHER INFORMATION

Revision Date 20-Jun-2011

Revision Summary Not available

#### **Disclaimer**

The information provided on this MSDS is correct to the best of our knowledge, information and belief at the date of its publication. The information given is designed only as a guide for safe handling, use, processing, storage, transportation, disposal and release and is not to be considered as a warranty or quality specification. The information relates only to the specific material designated and may not be valid for such material used in combination with any other material or in any process, unless specified in the text.

End of MSDS

## SECTION 1: PRODUCT AND COMPANY IDENTIFICATION

---

PRODUCT NAME: MMR: Mold and Mildew Stain Remover  
SYNONYMS: None

MANUFACTURER: Mold Solutions International  
ADDRESS: 966 Lambrecht Rd  
Frankfort, IL 60423

EMERGENCY TELEPHONE NUMBER (CHEMTREC): 1-800-424-9300  
NON-EMERGENCY TELEPHONE NUMBER: 1-708-441-7982  
FAX PHONE: 1-815-277-5217

## SECTION 2: CHEMICAL FAMILY

---

CHEMICAL FAMILY: Sodium Hypochlorite

### COMPOSITION/INFORMATION ON INGREDIENTS

| <u>PRIMARY INGREDIENTS:</u> | <u>CAS NO.</u> | <u>% VOL</u> | <u>OSHA (PEL)</u> | <u>ACGIH (TLV)</u> |
|-----------------------------|----------------|--------------|-------------------|--------------------|
| Sodium Hypochlorite         | 7681-52-9      | <7.0 %       | N/A               | N/A                |
| Surfactants                 | mixture        | <9.0 %       | N/A               | N/A                |
| Inert Ingredients           | N/A            | <10.0%       | N/A               | N/A                |

## SECTION 3: HAZARDS IDENTIFICATION

---

EMERGENCY OVERVIEW: HARMFUL IF SWALLOWED. CAUSES IRRITATION TO SKIN AND EYES.

ROUTES OF ENTRY: Skin contact, ingestion, and eye contact.

### POTENTIAL HEALTH EFFECTS

EYES: Irritating to the eyes

SKIN: Irritating to the skin

INGESTION: Harmful if swallowed

MEDICAL CONDITIONS GENERALLY AGGRAVATED BY EXPOSURE: Not known

CARCINOGENS: OSHA: No NTP: No IARC: No

## SECTION 4: FIRST AID MEASURES

---

EYES: Immediately rinse eyes with water for 15 minutes. Seek medical attention if irritation occurs.

SKIN: Wash affected areas using soap and water.

INGESTION: Drink a glass of water. Seek medical attention.

## SECTION 5: FIRE-FIGHTING MEASURES

---

FLASH POINT: F: None C: None

METHOD USED: Not applicable

EXTINGUISHING MEDIA: None required

SPECIAL FIRE FIGHTING PROCEDURES: None required

UNUSUAL FIRE AND EXPLOSION HAZARDS: None (non-flammable)

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#### SECTION 6: ACCIDENTAL RELEASE MEASURES

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ACCIDENTAL RELEASE MEASURES: Small quantities of less than 1 gallon may be flushed down drain. For larger quantities wipe up with absorbent material, mop and dispose of in accordance with local, state and Federal regulations.

SECTION 6 NOTES: This material will be slippery if spilled.

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#### SECTION 7: HANDLING AND STORAGE

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HANDLING AND STORAGE: Store in a cool, dry place. Do not reuse empty container; rinse container and put in trash container.

SECTION 7 NOTES: Keep out of reach of children. Do not get in eyes/on skin. Wash thoroughly with soap & water after handling. Do not mix w/other household chemicals.

---

#### SECTION 8: EXPOSURE CONTROLS/PERSONAL PROTECTION

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RESPIRATORY PROTECTION: Wear NIOSH/MSHA approved respirator appropriate for exposure of concern.

EYE PROTECTION: To avoid eye contact, wear NIOSH/MSHA approved goggles.

SKIN PROTECTION: Rubber/Latex gloves, chemical suit.

OTHER PROTECTIVE CLOTHING OR EQUIPMENT: None.

SECTION 8 NOTES: Exposure to vapor/mist may irritate nose, throat & lungs. Under normal use conditions, the likelihood of any adverse health effects is low

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#### SECTION 9: PHYSICAL AND CHEMICAL PROPERTIES

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APPEARANCE: Clear, hazy liquid

ODOR: Chlorine-like

PHYSICAL STATE: Liquid

pH: 8.0-9.0

BOILING POINT: F: Not available C: Not available

MELTING POINT: F: Not applicable C: Not applicable

FREEZING POINT: F: Not available C: Not available

VAPOR PRESSURE (mmHg): F: Not available C: Not available

VAPOR DENSITY: Not available

SPECIFIC GRAVITY: Not available

SOLUBILITY IN WATER: 100%

% SOLIDS BY WEIGHT: Not available

% VOLATILE BY VOLUME: Not available

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#### SECTION 10: STABILITY AND REACTIVITY

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STABILITY: Stable

CONDITIONS TO AVOID (STABILITY): Reacts with household chemicals such as toilet bowl cleaners, rust removers, vinegar, acids or ammonia products

HAZARDOUS DECOMPOSITION OR BY-PRODUCTS: Will not occur

HAZARDOUS POLYMERIZATION: Will not occur

CONDITIONS TO AVOID: Possibly corrosive to duct work, metals, etc.

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SECTION 11: TOXICOLOGICAL INFORMATION

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Not available

---

SECTION 12: ECOLOGICAL INFORMATION

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Not available

---

SECTION 13: DISPOSAL CONSIDERATIONS

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WASTE DISPOSAL METHOD: Small quantities of less than 1 gallon may be flushed down drain. For larger quantities wipe up with absorbent material, mop and dispose of in accordance with local, state and Federal regulations.

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SECTION 14: TRANSPORT INFORMATION

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DOT PSN Code: HNV DOT

Proper Shipping Name: HYPOCHLORITE SOLUTIONS

DOT Class: 8

DOT Pack Group: III DOT

Label: CORROSIVE IMO PSN

Code: NTF IMO

Proper Shipping Name: SODIUM HYPOCHLORITE, SOLUTION

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SECTION 15: REGULATORY INFORMATION

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Not applicable

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SECTION 16: OTHER INFORMATION

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OTHER INFORMATION: None

PREPARATION INFORMATION: Mold Solutions

DISCLAIMER: This information is offered in good faith as typical values and not as a product specification. No warranty, expressed or implied is hereby made. The recommended industrial hygiene and safe handling procedures are believed to be generally applicable. However, each user should review these recommendations in the specific context of the intended use and determine whether they are appropriate.


Last printed: 04/18/2012 1:00 PM

# SAFETY DATA SHEET

Date Entered: 2/1/06 Revised: 7/27/15**1**

## PRODUCT AND COMPANY IDENTIFICATION


English

- (1.) Trade Name: **SERUM 1000**
- (2.) Chemical Name: 20% Hydrogen Peroxide Formulated (3.) Product Number: 5-215-55
- (4) Chemical Family: Organic Cleaner for mold stain and odor removal, water damage clean up, crime and trauma scene cleanup, smoke odor eliminator in fire damaged structures and organic stain remover.
- (5.) Chemical Formula: Proprietary
- Manufacturer: Serum Products, LLC  
1355 West Oak Commons Lane  
Suite B  
Marietta GA 30062 U.S.A.  
+1 (678)-290-1880
- 
- (7.) Preparers Name: Bill Lyon Phone: (866) 477-6078 U.S.A.
- (8.) **Emergency Phone Number:** Medical: (866)-477-6078 Transportation: **(800)-535-5053**

**2**

## HAZARDS IDENTIFICATION

- (1.) Hazardous Classification:  
Liquid Oxidizer
- (2.) Signal Word: Danger
- (3.) Hazardous Statement: Oxidizer, harmful by inhalation, when in contact with combustible materials may cause fire. Could cause burns and severe eye damage
- (4.) Precautionary Labeling:  
Harmful or fatal if swallowed. Causes severe eye injury. Avoid contact with skin causes skin whitening and tingling. Do not ingest. Keep out of reach of children. Keep container tightly closed with original vented bungs or caps when not in use. Store container in cool dry areas. Store at temperatures below 100° F. Do not dispose of the unused portions into water ways, streams, rivers, estuaries and oceans. Do not reuse empty containers. Do not return unused amounts to original container.
- (5.) Description Other Hazards: not applicable
- (6.) Unknown Toxicity: not applicable



HAZARD CLASS  
**5.1**

UN NUMBER  
**UN-2984**

EMERGENCY PHONE  
**(800)-535-5053**

**3**

## COMPOSITION/INFORMATION ON INGREDIENTS

Note: the list of all hazardous substances or CERCLA greater 1% and carcinogens at 0.1% or greater.

| (1.) Ingredient:  | (2.) SARA<br>Nota 313 | (3.)<br>CAS #: | (4.)<br>CAS #: | (5.)<br>% range: | (6.)<br>PEL: | (7.)<br>LD50: | (7.)<br>TLV: |
|-------------------|-----------------------|----------------|----------------|------------------|--------------|---------------|--------------|
| Hydrogen Peroxide | No                    | 7722-84-1      |                | 20.0%            | n/d          | 2000mg/kg     | n/d          |
| Water             | 1                     | 7732-18-5      |                | 78.95%           | N/A          | N/A           | N/A          |
|                   |                       |                |                |                  |              |               |              |
|                   |                       |                |                |                  |              |               |              |
|                   |                       |                |                |                  |              |               |              |
|                   |                       |                |                |                  |              |               |              |

# SAFETY DATA SHEET

## SERUM 1000

Balance Nonhazardous

**Note:** 1.) Demineralized, DE-chemicalized FILTERED AND POLISHED H2O

### 4

### FIRST AID MEASURES

English

- (1.) Main entry routes into the body(s): (2.) Eyes: X (3.) Skin: X (4.) Inhalation: X (5.) Ingestion:
- (6.) Acute Effects:
- (7.) Eyes: Rinse immediately with water for at least 15 minutes, lifting upper and lower eyelids intermittently while seeking immediate medical attention. Go immediately to the emergency room to receive treatment currently recommended.
- (8.) Skin: Mix a teaspoon of baking soda in 8 ounces of water and apply this solution to the affected area. Get medical attention if irritation occurs and/or persists.
- (9.) Inhalation: Remove to fresh air. If breathing difficulty or discomfort occurs and/or persists, contact a physician. If breathing has stopped, administer artificial respiration.
- (10.) Ingestion: DO NOT induce vomiting. Loosen tight clothing. Give victim plenty of water to dilute stomach contents. Seek immediate medical attention.
- (11.) Acute Symptoms: Risk of permanent corneal injury and possible blindness if splashed in the eyes
- (12.) Note to Physician:  
Hydrogen peroxide concentrations in this product is a strong oxidant. Direct contact with eyes may cause corneal damage especially if not washed immediately. Careful ophthalmologic assessment and the possibility of local corticosteroid therapy is recommended to be considered. Because the likelihood of corrosive effects on the GI tract after ingestion and the unlikelihood of systemic effects, attempts to pass the stomach through the induction of emesis or gastric lavage should be avoided. There is a remote possibility, however, that a nasogastric or orogastric tube may be necessary to reduce the severe distension due to gas formation.

### 5

### FIRE FIGHTING MEASURES

- (1.) Flammable Properties: THIS PRODUCT IS NOT flammable or combustible. It is a strong oxidant. Mixtures with combustible or flammable materials can ignite easily, burn fiercely or explode in closed containers.

#### **Extinguishing media**

- (2.) Suitable Extinguishing Media:

**SMALL FIRE:** Use water only. Use large amounts of water and spray to cool containers. Evacuate the area. **LARGE FIRE:** Use water only. Evacuate immediately and close off surrounding area. Use self-contained breathing apparatus, pressure demand, MSHA / NIOSH and full protective gear. **TRANSPORTATION:** Do not move cargo or vehicle if cargo has been exposed to heat. Move containers from fire area if you can safely. ALWAYS stay away from the ends of tanks. Flood fire area with water from a distance. Cool containers with flooding quantities of water until well after the fire is out. For massive fire, fight fire from maximum distance or use remote hoses and/or monitors. If this is not possible, withdraw from area and let it burn.

- (3.) Unsuitable extinguishing media:

Do not use dry chemicals, CO<sub>2</sub>, Halon, foam or fire blanket

#### **Protection of Fire Fighters**

- (4.) Protective Equipment:

A self contained / breathing full protective gear should be worn in fire conditions

- (5.) Specific Hazards:

Oxidizer - Keep away from flammable and combustible materials. Residual hydrogen peroxide that is allowed to dry on organic materials such as paper, cotton fabrics, leather or other combustible materials may cause the material to ignite and cause fire. Runoff may create a risk of fire or explosion. Hydrogen peroxide decomposes on heating to produce oxygen gas, steam and heat.

# SAFETY DATA SHEET

SERUM 1000

6

## ACCIDENTAL RELEASE MEASURES

English

- (1.) Personal Precautions: In case of large spills, follow all procedures in emergency response guide
- (2.) Environmental Precautions: **SMALL SPILL:** Do not use combustible absorbents . Contain spill with non-combustible material like vermiculite, sand or earth. If material is spilled on the floor of wood or other combustible material , flush with plenty of water. If material is spilled on the floor or ground not fuel , allow the material to break down.  
**LARGE SPILL:** Stop leak immediately and plug floor drains. Turn off all power in the area of the spill. Turn on fans if available. Put on appropriate personal protective equipment to protect all those involved in the cleanup. Use a water- resistant suit with hood and booties, gloves and chemical resistant boots , full face respirators with appropriate filters. Do not use combustible absorbents . Avoid contact with combustible materials such as paper, oil and clothing. Dike far ahead of the solution to contain for disposal . If inside: Evacuate immediately close surroundings . Contact your local fire department and notify the appropriate authorities.
- (3.) Waste Disposal Method: This product may be diluted with water and held until degraded. The use of sodium bicarbonate accelerate the decontamination process. Solution should be neutralized to pH 7.0. Follow local, state and federal regulations for disposal.

7

## HANDLING AND STORAGE

- (1.) Storage: Store containers in a cool place out of direct sunlight and away from combustible materials. Store at temperatures below 37.7°C or 100°F. Store in original vented container. Do not mix with other chemicals.
- (2.) Handling: Use full face shield, impervious clothing, such as PVC, etc, and neoprene gloves and shoes. Avoid cotton, wool and leather. Avoid excessive heat and pollution. Contamination may cause decomposition and generation of oxygen gas which could lead to high pressures and possible rupture of the container. Hydrogen peroxide should be stored only in vented containers and transferred in the prescribed manner. Never return unused product to original container, empty drums should be triple rinsed with water before discarding. Utensils used for handling this product should only be made of glass, stainless steel, aluminum or plastic.
- (3.) Precautionary Labeling: Harmful or fatal if swallowed. Causes severe eye injury. Avoid contact with skin causes skin whitening and tingling. Do not ingest. Keep out of reach of children. Keep container tightly closed with original vented bungs or caps when not in use. Store container in cool dry areas. Store at temperatures below 100° F. Do not dispose of the unused portions into water ways, streams, rivers, estuaries and oceans. Do not reuse empty containers. Do not return unused amounts to original container.

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## Exposure Controls/Personal Protection

- (1.) **Ventilation:** (2.) Local Exhaust:  (3.) General Exhaust:  (4.) None Required:
- (5.) **Personal Protection Equipment:**  
(6.) **Respirator Type:** (7.) Full Face Respirator:  (8.) Half Face Respirator:  (9.) Dust Particle Filter:
- Note: **Spraying In Confined Areas:** use 3M full face respirator with 60926 or equivalent cartridges (Organic Vapor / Acid Gas/P100 filter, 3MR600923). **Spraying 100 sq.ft. or less:** use half face respirator with above filters and chemical splash goggles. **While HEPA vacuuming:** use full face respirator with above filters because of residual peroxide evaporating could irritate eyes until hydrogen peroxide component is completely dry.
- (10.) **Gloves:** (11.) Natural rubber:  (12.) Plastic:  (13.) Nitril:  (14.) Neoprene:  (15.) Butyl:   
(16.) Other:
- (17.) **Eye Protection:** (18.) Glasses With Side Shields:  (19.) Full Face Shield:  (20.) Chemical Splash Goggles:   
(21.) Other: Full-face respirator when product is sprayed in confined areas

(22.) **Symbols Of PPE Required:**



| CHEMICAL NAME:    | ACGIH       | OSHA                         |
|-------------------|-------------|------------------------------|
| Hydrogen Peroxide | 1 ppm (TWA) | 1 ppm (PEL), 1.4 mg/m3 (PEL) |

(23.) **Engineering Controls:**

Area to be treated should be isolated and contained from any other part of the structure with negative air ventilation employed to minimize the build up of vapors and mists of hydrogen peroxide in the contained area. Negative air ventilation should run through out the spraying of this product and during the HEPA vacuuming step. Turn negative air ventilation off for surface testing. Turn on HEPA air scrubbers to prepare for air testing. The number of scrubbers and length of time to run them should be obtained from the

# SAFETY DATA SHEET

SERUM 1000

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## PHYSICAL & CHEMICAL PROPERTIES

English

- (1.) Physical State: Liquid
- (2.) Appearance: Clear
- (3.) Odor: Characteristic Hydrogen Peroxide
- (4.) Boiling Point: 212 °F 100 °C
- (5.) Freeze Point: 32 °F 0 °C
- (6.) Flash Point: No inflamable °F
- (7.) Specific Gravity: 1.06
- (8.) Density: 8.82 lbs./Gal.
- (9.) pH Neat: 2.5
- (10.) pH 1%: 3.5
- (11.) % Solids: 0.5%
- (12.) % Volatiles: 99.5%
- (13.) Solubility In Water: Complete
- (14.) Vapor Pressure: n/d
- (15.) Vapor Density: n/d
- (16.) Evaporation Rate: > 1 (butyl acetate = 1)
- (17.) VOC Less Exempt: 0.0
- (18.) VOC As Packaged: <1 mg. / L by the EPA 8260 method volatile organic purge and trap GC / MS
- (19.) Viscosity: 1.05

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## CHEMICAL STABILITY & REACTIVITY INFORMATION

- (1.) Thermal Stability: Stable
- (2.) Chemical Stability: Stable
- (3.) Condition To Avoid: Heat over 100 degrees F or 37.8 degrees C, non-ventilated containers
- (4.) Hazardous Decomposition Products: Oxygen, steam and heat
- (5.) Hazardous Polymerization: (A) May Occur:      (B) Will not occur: X
- (6.) Materials To Avoid: Materials with high pH, iron, salts, organic compounds, reducing agents, dust and debris, combustible materials
- (7.) Corrosive Action On Materials: oxidizes iron
- (8.) Avoid: DANGER, when cold fogging. Remove or turn off all ignition sources such as pilot lights, stop electric motors, while fogging, electric heaters, gas heaters and anything else that could ignite the oxygen generated by aerosolization of this product.

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## TOXICOLOGICAL INFORMATION

- (1.) Routs(s) of entry into the body: (2.) Eyes: X (3.) Skin: X (4.) Inhalation: X (5.) Ingestion:
- (2.) Eyes: Contact with the eyes from this product could result into severe damage and possibly blindness.
- (3.) Inhalation: Short term: difficulty in breathing with nausea. Long term: Asphyxiation could occur.
- (4.) Skin: **Incidental contact:** will cause skin to turn white and tingle. The white condition will last 30 to 60 minutes. **Long Term Contact:** may cause blistering and skin damage.
- (5.) Ingestion: Harmful if swallowed. Large exposure could be fatal.
- (6.) Toxicity Data: Toxicity depends on length of time exposed, concentration of exposure and PPE controls in place at the time of exposure.



# SAFETY DATA SHEET

## SERUM 1000

### (7.) Summary Of Health Effects:

**SKIN:** Immediate burning and tingling of the skin rarely possible blistering, skin turns white when in contact with the liquid. No long-term damage to the epidermis or dermis expected. The symptoms disappear within 30 to 60 minutes. No expected long-term damage.

**EYES:** hydrogen peroxide can cause permanent corneal damage resulting in severe damage and possibly blindness.

## 12

### ECOLOGICAL INFORMATION

English

#### (1.) Environment:

This product is harmless to the environment. It breaks down into water and oxygen. In fact, this product would be good for most of the vegetation as it releases oxygen into the soil as it degrades. When used indoors, it degrades rapidly into water and oxygen, leaving behind nothing toxic to humans. The non-active (less than .005% by weight of the product) is surfactant and is classified as GRAS (generally regarded as safe) by the U.S. Environmental Protection Agency (EPA).

## 13

### DISPOSAL CONSIDERATIONS

#### (1.) Waste Disposal:

This product can be neutralized with small amounts of baking soda or soda ash. Dispose of following federal, state and local laws.

#### (2.) Legislation:

N/D

## 14

### TRANSPORTATION INFORMATION

(1.) Indicate country agency/regulator that specifies requirements: U.S.A.-DOT

#### (2.) Proper Shipping Description:

UN-2984, Hydrogen peroxide, aqueous solution with not less than 8%, but less than 20%, (stabilized as necessary), 5.1, PG III, ERG#60, Item Name: Serum 1000, Item Number: 5-215-05, Container:Pail, NMFC:48580-03

(3.) Hazard Class: 5.1, (4.) Hazard Number: UN-2984, (5.) HazChem Code Number: 15.5.1, 15.19.6

(6.) Packaging Group: PG III, (7.) Emergency Response Code: ERG#60,

(8.) Labels Required: Oxidizer

(9.) Other Requirements: This product must be in containers that have vented closures or container may swell and rupture violently

(10.) Note: Product heated to or above 180°F (82.2°C) will produce large amounts of pure oxygen to possibly create an explosive condition. DO NOT SEND THIS PRODUCT BY AIR. - SHIP GROUND ONLY

# SAFETY DATA SHEET

## SERUM 1000

# 15

## REGULATORY INFORMATION

English

### (1.) Poison Schedule:

A poison schedule number has not been allocated to this product using the criteria in the Standard for the Uniform Scheduling of Drugs and Poisons (SUSDP)

# 16

## OTHER INFORMATION

### (1.) Additional Information:

#### ACRONYMS :

ADB - Air Dry Basis

BEI - Biological Exposure Index ( s )

CAS # - Chemical Abstract Service number - used to uniquely identify chemical compounds

CNS - Central Nervous System

IARC - International Agency for Research on Cancer

M - moles per liter concentration unit

mg/m<sup>3</sup> - Milligrams per cubic meter

NOS - Not specified

pH - relates to hydrogen ion concentration using a scale of 0 ( high acidic) to 14 (very alkaline)

ppm = parts per million

TWA / ES - Time Weighted Average or Exposure Standard .

IBC Code - International Bulk Chemical Code

IMDG - International Maritime Dangerous Goods Code

#### HEALTH EFFECTS OF EXPOSURE :

Note that the effects of exposure to this product will depend on several factors including : the frequency and duration of use ; amount used ; effectiveness of control measures ; protective equipment used and method of application . Since it is impractical to prepare a Chem Alert report which would encompass all possible scenarios , it is anticipated that users assess the risks and apply control methods where appropriate .

### (2) Recommendations:

The recommendation for protective equipment contained within this Chem Alert report is provided as a guide only . Factors such as method of application, working environment , quantity used , product concentration and the availability of engineering controls should be considered before making the final selection of personal protective equipment .

**COLOR RATING SYSTEM :** All Chem Alert reports are rated green, amber or red for the sole purpose of providing users with a quick and easy way to determine the dangerousness of a product. Safe handling recommendations are provided in the Chem Alert reports so as to clearly identify how users can control the hazards and hence reduce the risk ( or likelihood ) of adverse effects. As a general guideline , rated Green indicates a low risk , a rating of amber indicates a moderate degree of risk and red indicates a high risk.

While all due care has been taken in when products in the preparation of the Colour Rating System , intended as a guide only and serum makes no warranty regarding the accuracy of the color classification system . Serum accepts no responsibility or liability for acts of omissions for any person in reliance on the color classification system .

### (3) Report Status:

This document has been prepared by the product's manufacturer and serves as the manufacturer's safety data sheet (SDS) .

It is based on information which has been provided by or obtained from other third party sources and is believed to represent the current state of knowledge about the safety measures and appropriate management for the product at the time of issue. Further clarification regarding any aspect of the product should be obtained directly from Serum Products .

While Serum Products has taken due care to include up-to-date information in this SDS it makes no warranty as to the accuracy or completeness. Serum Products will accept no responsibility for any loss , injury or damage ( including consequential loss ) suffered or incurred by any person as a result of their reliance on the information contained in this SDS

Chemical Alert Color: **GREEN**

Manufacturer:

**Serum Products, LLC**

1355 West Oak Commons Lane

Suite B

Marietta, GA 30062

USA

+1 678 290-1880 Phone

+1 678 290-1769 Fax

E-mail: info@serumsystem.com

Web: www.serumsystem.com

## SERUM 1000

Reorder Number:

SDS Date: 7/27/15 End Report

## moldBLOCK™ vs Competitors

|                                       | moldBLOCK                    | FORTICELL        | BLUEWOOD          | FOSTERS         | MICROBAN         | MOLDGUARD          | MOLD-RAM       | MICROBE-GUARD   | ANABEC           |
|---------------------------------------|------------------------------|------------------|-------------------|-----------------|------------------|--------------------|----------------|-----------------|------------------|
| <b>WARRANTY</b>                       | 20 YEAR WARRANTY             | 25 YEAR WARRANTY | LIFE TIME LIMITED | 10 YEAR LIMITED | 20 YEAR WARRANTY | VARIOUS - BY STATE | N/A            | 25 YEAR LIMITED | 50 YEAR WARRANTY |
| <b>CORROSION INHIBITOR</b>            | PREVENTS RUST & CORROSION    | NON CORROSIVE    | NON CORROSIVE     | CORROSIVE       | NON CORROSIVE    | NON CORROSIVE      | CORROSIVE      | CORROSIVE       | CORROSIVE        |
| <b>EFFECTS ON DOORS &amp; WINDOWS</b> | WASHES OFF WITH SOAP & WATER | N/A              | N/A               | N/A             | N/A              | N/A                | N/A            | N/A             | N/A              |
| <b>EPA REG.</b>                       | EXEMPT FROM EPA REGISTRATION | EPA REGISTERED   | N/A               | EPA REGISTERED  | EPA REGISTERED   | EPA REGISTERED     | EPA REGISTERED | EPA REGISTERED  | EPA REGISTERED   |
| <b>PASS ASTM TESTING</b>              | PASSED                       | PASSED           | PASSED            | PASSED          | PASSED           | PASSED             | N/A            | PASSED          | PASSED           |
| <b>TOXICITY</b>                       | NON-TOXIC                    | NON-TOXIC        | NON-TOXIC         | TOXIC           | N/A              | NON TOXIC          | TOXIC          | NON-TOXIC       | N/A              |



July 14, 2010

Dear Mr. Dyer,

You requested an opinion as to the potential for interaction between engineered lumber used for construction purposes and Moldblock™. Engineered lumber consists of a mix of hard- and soft-wood pieces (may be fibers, wood scraps, solid veneers, etc.) which have been bound together with an adhesive to make a solid composite material. Moldblock is an alkaline aqueous solution of potassium sorbate. It acts as a mold inhibitor and an anti-oxidant. Wood products and cellulosic materials are known to have no negative interaction with Moldblock or its ingredients (see, for example, numerous publications by the USDA Forest Products Lab). Moldblock can be used safely and effectively with wood products.

The adhesive used in engineered lumber varies by material grade but is typically a polymerized formaldehyde- or urethane-based product. These adhesives are highly cross-linked carbon-based materials that are not soluble in water or susceptible to chemical attack by any of the ingredients in Moldblock. Moldblock is applied in a thin layer on the surface of the engineered lumber and then dries quickly. Moldblock is activated by the presence of water (e.g., from high humidity) but remains dry unless rehydrated, and thus does not result in any negative interaction between the wood and the adhesive.

Therefore, based on the chemistry of Moldblock and engineered wood, no negative interaction is to be expected under normal conditions.

Yours truly,

A handwritten signature in black ink, appearing to read 'Carolyn M. Merkel'.

Carolyn M. Merkel, Ph.D.

Senior Consultant

Mariner Analytical, LLC

189 BERDAN AVE., #276  
WAYNE, NJ 07470-2333

August 31, 2010

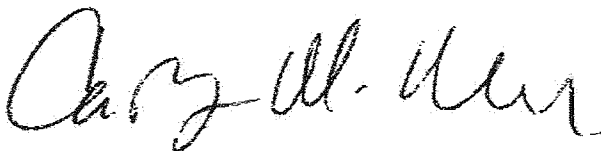
Dear Mr. Dyer,

You requested an opinion as to the potential for interaction between fire-treated lumber (specifically Hoover Fire-X<sup>®</sup> exterior lumber) used for construction purposes and Moldblock<sup>™</sup>. Fire-X lumber consists of a variety of wood products which have been pressure-impregnated with a polymer resin, along with a small amount of microbicide and surfactant. The impregnated resin provides fire-resistance. The surfactant and microbicide are concomitantly forced under pressure into the wood. Moldblock is an alkaline aqueous solution of potassium sorbate. It acts as a mold inhibitor and an anti-oxidant. Wood products and cellulosic materials are known to have no negative interaction with Moldblock or its ingredients (see, for example, numerous publications by the USDA Forest Products Lab). Moldblock can be used safely and effectively with wood products.

The resins used in fire-resistant lumber vary but are typically polymerized nitrogen- and phosphorus-based products. These resins are highly cross-linked materials that are not soluble in water or susceptible to chemical attack by any of the ingredients in Moldblock. The resin will break down at temperatures just below those at which wood ignites to provide fire-resistance. The microbicide provides protection against microbial action interior to the wood and the surfactant improves dispersion of the chemical treatments; these chemicals do not interfere with surface coatings on the wood (see Canadian Wood Council). Moldblock is applied in a thin layer on the surface of the fire-resistant lumber and then dries quickly. Moldblock is activated by the presence of water (e.g., from high humidity) but remains dry unless rehydrated, and thus does not result in any negative interaction between the wood, resin and/or the microbicide impregnated into the wood.

Therefore, based on the chemistries of Moldblock and fire-resistant wood, no negative interaction is to be expected under normal conditions.

Yours truly,



Carolyn M. Merkel, Ph.D.

Senior Consultant

Mariner Analytical, LLC

189 BERDAN AVE., #276  
WAYNE, NJ 07470-2333



July 12, 2010

Dear Mr. Dyer,

You requested an opinion as to the potential for interaction between metal fasteners used for construction purposes and Moldblock™. Metal fasteners may corrode when exposed to corrosive materials. Moldblock is an alkaline aqueous solution of potassium sorbate. It acts as a mold inhibitor and an anti-oxidant. The active material in Moldblock, potassium sorbate, is a well-known anti-corrosive material (see Bentech US Patent 6,500,360, December 31, 2002 for details). While I do not know the specific grade of metal (steel) used to manufacture the fasteners, the components are not known to react negatively with any components of Moldblock. The anti-corrosive properties of Moldblock will in fact provide protection against corrosion in the construction environment.

Metal can be susceptible to corrosion from a number of sources. The literature for Simpson Strong-Tie specifically states caution must be used when wood is treated with preservatives such as ammonia. The ingredients in Moldblock are not the same as the ingredients used in many wood preservatives. Moldblock is an anti-corrosive, anti-oxidant aqueous solution no negative interaction is to be expected.

Therefore, based on the chemistry of Moldblock and metal fasteners, no negative interaction is to be expected under normal conditions.

Yours truly,

A handwritten signature in cursive script, appearing to read "Carolyn M. Merkel".

Carolyn M. Merkel, Ph.D.

Senior Consultant

Mariner Analytical, LLC

189 BERDAN AVE., #276  
WAYNE, NJ 07470-2333



September 28, 2009

Dear Mr. Dyer,

You requested an opinion as to the potential for interaction between PEX piping used for construction purposes and Moldblock™. PEX piping is a cross-linked polyethylene polymer which is flexible, resistant to scale and chlorine, doesn't degrade or develop pinholes, and does not pit or corrode in the presence of aqueous acid ([www.pexinfo.com](http://www.pexinfo.com)). Moldblock is an alkaline aqueous solution of potassium sorbate. It acts as a mold inhibitor and an anti-oxidant. The specific polymer that is used in PEX piping, high density polyethylene (HDPE), is not known to react with any components of Moldblock. I am attaching a polyethylene chemical interaction chart available from SABIC that shows the wide compatibility of HDPE with many chemicals including those found in Moldblock.

PEX can be susceptible to oxygen penetration so it is made available coated with a food grade ethyl vinyl alcohol co-polymer or with a layer of aluminum between layers of HDPE. For the aluminum layered product the contact surface is HDPE so again no interaction is to be expected. For the co-polymer coated PEX, the exterior contact is between an alkaline aqueous solution of potassium sorbate and poly vinyl alcohol polymer. This polymer is only incompatible with strong oxidizers (see MSDS at <http://www.jtbaker.com/msds/englishhtml/p5282.htm>). Since Moldblock is an anti-oxidant aqueous solution no interaction is to be expected.

Therefore, based on the chemistry of Moldblock and PEX piping, no interaction is to be expected under normal conditions.

Yours truly,

Carolyn M. Merkel, Ph.D.

Senior Consultant

Mariner Analytical, LLC

189 BERDAN AVE., #276  
WAYNE, NJ 07470-2333



C H E M I R

October 27, 2008

Analytical Services

Mr. Matthew H. Dyer  
Benetech

Re: contaminant identification of the Green Residue on sample "Test-Wire-Post Spray".

Chemir Job #: 71793

Dear Mr. Dyer:

Per your request, we have completed analysis for material identification of the Green Residues on your sample "Test-Wire-Post Spray". Fourier Transform Infrared Spectrometer (FT-IR) combined with a diamond cell and Scanning Electron Microscope/Energy Dispersive X Ray Spectroscopy Analyzer (SEM/EDXA) were used for this analysis. The results are summarized below.

### ANALYSIS CONCLUSIONS and DISCUSSION

Based on the data collected from SEM/EDCA and FT-IR analysis, the following conclusion has been made:

The green residues on the sample "Test-Wire-Post Spray" is consistent with potassium sorbate and minor copper sorbate. In addition trace aluminum compound were also observed.

Potassium sorbate, white to slightly yellow crystalline powder, is the potassium salt of sorbic acid and is much more soluble in water than the acid. Potassium sorbate will release back sorbic acid if dissolved in water. The green color could be copper reacted with sorbic acid released in moisture and produced copper salt. It is know that copper ion ( $\text{Cu}^{+2}$ ) exhibit green or blue color in the salt.

Sorbic acid and its salts (potassium sorbate, calcium sorbate ; its salts are used according to differences in solubility) are used as preservatives in wide range of food products as well as in their packaging material. Sorbic acid is used as a mold, bacterial and yeast inhibitor and as a fungistatic agent in foods, cosmetics, pharmaceutical, tobacco and flavoring products. In wines, it is to prevent the secondary fermentation of residual sugar. In the industry, it is used in coating to improve gloss and as an intermediate to manufacture plasticizers and lubricants.

Since potassium sorbate is a mold, bacterial and yeast inhibitor and as a fungistatic agent, the presence of microbial should be excluded.

In addition there are several literature references regarding the use of potassium sorbate as a corrosion inhibitor for metals including copper. The presence of potassium sorbate in the presence of copper will not cause corrosion, and will in fact inhibit corrosion on metals.

Sincerely,

Chemir Analytical Service, Inc.

John J. Herries, Ph.D.  
Senior Director of Operations

ISO 9001  
CERTIFIED

2672 Metro Blvd. | Maryland Heights, MO 63043 | 314.291.6620 phone | 314.291.6630 facsimile | www.chemir.com

materials identification | method development | deformation





September 2, 2014

Dear Mr. Dyer,

You requested an opinion as to the potential for Moldblock™ to “offgas” (often referred to as “outgas”). Outgassing is defined as “the release of a gas that was dissolved, trapped, frozen or absorbed in some material” (Wikipedia, accessed 09/02/2014).

Moldblock is an alkaline aqueous solution of potassium sorbate. It acts as a mold inhibitor and an anti-oxidant. The active material in Moldblock, potassium sorbate, is a well-known anti-microbial and anti-corrosive material (see Bentech US Patent 6,500,360, December 31, 2002 for details). Solutions of Moldblock would be expected to release water vapor upon drying, however based on Moldblock use levels the amount of water released would be minimal. Water vapor is harmless and found naturally in air. The potassium sorbate ions in the Moldblock solution are protected from decomposition using proprietary stabilization technology.

Thus, solutions of Moldblock do not “offgas” or produce any harmful vapors. Moldblock does not contain any Volatile Organic Compounds (VOC).

Once the Moldblock solution has dried, the residual material is dry potassium sorbate. Without additional processing such as granulation, potassium sorbate dries as a single crystal without waters of hydration. In the unlikely event that gas would be trapped during the drying process, it would be local atmospheric gas. Dry potassium sorbate has negligible vapor pressure and will not give off any vaporous materials until it is heated past its decomposition point of 270°C (518°F) (Merck Index).

Therefore, based on the chemistry of Moldblock and its ingredients, no outgassing is expected under normal conditions.

Yours truly,

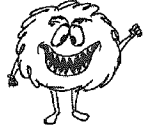
Carolyn M. Merkel, Ph.D.

Senior Consultant

Mariner Analytical, LLC

189 BERDAN AVE., #276  
WAYNE, NJ 07470-2333

**MoldStoppers™**  
a green company



910.246.1371 office  
910.246.2015 fax

### **CONTRACTOR REFERENCES**

#### **Chancel Builders**

PO Box 50520  
Conway, SC 29528  
Contact: David Jordan  
Phone: (843) 234-6498

#### **Clark Builders Group, LLC**

19980 Highland Vista Drive, Ste 135  
Ashburn, VA 20147  
Contact: Tim Good  
Phone: (703)779-5217

#### **Atex Technologies**

120 Monroe Street  
Pinebluff, NC 28373  
Contact: Tim Warner  
Phone: (910) 281-5003

#### **Samet Corporation**

PO Box 8050  
Greensboro, NC 27419  
Contact: Chris Hurlock  
Phone: (336) 544-2600

#### **Liberty Homes**

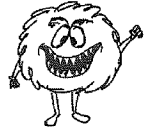
6130 Harris Blvd.  
Charlotte, NC 28269  
Contact: Jack Furr  
Phone: (704) 599-1010



PO Box 2268  
Southern Pines, NC 28388

toll-free 866.448.1508  
web [www.moldstoppersonline.com](http://www.moldstoppersonline.com)

**MoldStoppers™**  
a green company



910.246.1371 office  
910.246.2015 fax

### TRADE REFERENCES

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(856) 686-7700  
Fax (856) 686-7246  
Contact Name: Linda Hunter

IMS Laboratory  
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Walled Lake, MI 48390  
(877) 665-3373  
Fax (248) 669-1412  
Contact Name: Seth

Bendiner Technologies, LLC  
60 Blue Road  
Pinehurst, NC 28374  
(910) 684-4634  
Fax (910) 974-4220  
Contact Name: Matthew Dyer



PO Box 2268  
Southern Pines, NC 28388

toll-free 866.448.1508  
web [www.moldstoppersonline.com](http://www.moldstoppersonline.com)

## Property Management Reference List:

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Cell: 336-280-5683  
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Eric Smith, Community Manager  
Miller Creek at Germantown  
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Memphis, TN 38125  
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Fax: 901-624-9401  
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[kmgawlik@relocationrealtyinc.com](mailto:kmgawlik@relocationrealtyinc.com)



**RFP 7349188CP- Addendum #1**

ADDENDUM NO.1 TO ALL OFFERORS:

Date: March 3, 2017  
Reference - Request for Proposals: RFP# 7349188CP  
Title: Painting & Mold Remediation Services  
Issue Date: February 17, 2017  
**Proposal Due: March 10, 2017 at 2:00 PM, EST**

The Addenda includes the following information:

**Note:** The RFP was re-issued (Revision 1) in eVa on February 22, 2017 to remove verbiage not associated with RFP #7349188CP. Sections updated were found under Article VIII. Proposal Preparation and Submission Requirements. **When submitting your RFP please be sure to reference RFP #7349188CP-Rev 1.**

**Question #1:** Does contractor need to have a Certified Mold Premediator on each job site, or the company needs to hold a certificate? As far as I know to perform this service in Virginia one is not required to be licensed or certified. Is this a specific requirement that VCU has?

**Answer #1:** This is a VCU preference. VCU want to be assured companies are up to date on proper methods/protocols for mold remediation.

**Question #2:** Will VCU representatives assess the extent of the mold & the contractor will provide the safe removal?

**Answer #2:** This could be multiple scenarios. If the mold is very small and compact (i.e., shower stall), VCU may work with the vendor in identifying the area(s) where mold may be confined and agree to a wipe-down plan to remediate the small amount of mold present. However, if the area is more extensive (behind walls, ductwork, etc.) VCU will work with one of several contracted vendors to assess the level of contamination and write a Scope of Work for mold remediation. This Scope of Work would then be expected to be adhered to by the Mold Remediation Contractor.

**Question #3:** Or will the contractor be responsible for assessing and removal of the mold damage?

**Answer #3:** No, the Contractor would not be responsible for assessing and removal of mold. Either VCU and/or VCU's contracted vendors would do the assessing and provide Scope of Work to Mold Remediation Contractor for removal of mold.

**Question #4:** Also to what level may this involve is it surface mold as discovered?? Or more serious internal building construction?

**Answer #4:** Both scenarios.

**Question #5:** If you are bidding on the mold remediation portion of the job do you need to list the class A license? The state does not require one for remediation.

**Answer #5:** No. The State does not; however, due to the potential cost involved in mold remediation, it is VCU's preference to have available contractors with Class A License.

**Question #6:** Who is the hygienist who will be handling/working with the mold remediation jobs?

**Answer #6:** As of this writing, VCU no longer have an internal hygienist. VCU utilizes 5 contractors on State contract to write the remediation plan and Scope of work.

**Question #7:** Will you need the following for subcontractors: w9, certificate of insurance, proof of liability insurance.

**Answer #7:** Yes

**Question #8:** What name and address should be listed on the certificate of insurance?

**Answer #8:** Virginia Commonwealth University and the Commonwealth of Virginia should be listed as additional insured.

**Questions from optional Pre-proposal meeting held February 28, 2017 @ 1:00 PM:**

**Question #1** - Is VCU looking for separate vendors to do each aspect of the scope?

**Answer #1** - VCU is looking for a vendor that can do both or either or. It is not a requirement to do both.

**Question #2** - Does VCU allow week-end work?

**Answer #2** -Yes but VCU must be notified in advance.

**Question #3** - Are there furniture in all rooms?

**Answer #3** - Yes. Contractor will need to move furniture and place it back in its' original place.

**Question #4** - Is there real-time limits on mold?

**Answer #4** - Yes. There is an urgency to address. It does depend on size. VCU cannot set a time. It's based upon hygienist assessment.

**Question #5** - Is parking available?

**Answer #5** - Yes but contractor is responsible for their own parking. There is a link on VCU website on where to obtain a parking pass.

**Question #6** – How many suppliers will be awarded?

**Answer #6** – It will be multiple awards. There will be multiple jobs. The qualified awarded suppliers will be in rotation for projects.

**Question #7** – Will VCU supply paint?

**Answer #7** – Yes and No. VCU will supply paint for the Residence Halls but the contractor is responsible for providing paint for the Physical Plant, if the Zone Superintendent request it.

**Question #8** – What if I need to rent a Man lift?

**Answer #8** – VCU will pay for the rental. It will be a pass through cost. No mark-ups allowed.

**Question #9** – Are the walls included in the sq. ft.?

**Answer #9** – No walls are included in the sq. ft. numbers found in the RFP.

**Question #10** - What kind of paint does VCU use?

**Answer #10** – Requirements found within RFP documents.

**Question #11** – Can we do a walk-through?

**Answer #11** - Yes. Working on scheduling. Will advise.

After the Conference questions were submitted in writing (via email) to the Senior Buyer no later than **March 2, 2017 at 12:00PM EST**. All questions asked and responses will be sent to all firms represented at the conference. Response will be sent by **March 3, 2017 by 4:30PM EST**. For any question(s) asked that may change the scope of the requirements a written addendum will be sent to all firms represented at the conference. Addenda will also be posted on the eVA Website.

The Conference Register is attached to this Addendum.

NOTE: A signed acknowledgment of this addendum must be received by this office either prior to the proposal due date and hour or attached to your proposal. Signature of this addendum does not constitute your signature on the original proposal document. The original proposal document must also be signed.

Very truly yours,

**Cheryl Price**

Cheryl Price, Senior Buyer  
Procurement Services

I hereby acknowledge receipt of Addendum #1 for RFP# 7349188CP - Painting & Mold Remediation Services

Mold Stoppers  
Name of Firm

[Signature] Owner/Partner  
Signature/Title

5/8/17  
Date





**RFP 7349188CP- Addendum #2**

ADDENDUM NO.1 TO ALL OFFERORS:

Date: March 7, 2017  
Reference - Request for Proposals: RFP# 7349188CP Rev 1  
Title: Painting & Mold Remediation Services  
Issue Date: February 17, 2017  
**Proposal Due: March 17, 2017 at 2:00 PM EST\*\* Revised Due Date**

The Addenda includes the following information:

Due to the scheduling of a Walk-through, the Proposal due date has been extended until **Friday, March 17, 2017 at 2:00 PM EST**

A Walk-through is scheduled for **Wednesday, March 8, 2017 @ 9:00AM**. All interested contractors should meet at the Brandt/Rhoads Building located at 710 W. Franklin Street, Richmond, VA 23220.

NOTE: A signed acknowledgment of this addendum must be received by this office either prior to the proposal due date and hour or attached to your proposal. Signature of this addendum does not constitute your signature on the original proposal document. The original proposal document must also be signed.

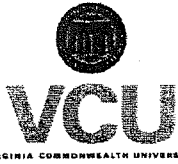
Very truly yours,

**Cheryl Price**

Cheryl Price, Senior Buyer  
Procurement Services

**I hereby acknowledge receipt of Addendum #2 for RFP# 7349188CP Rev 1 - Painting and Mold Remediation Services**

MoldStoppers  
Name of Firm  
[Signature] Owner/Partner  
Signature/Title  
5/8/2017  
Date



## RFP 7349188CP- Addendum #3

ADDENDUM NO.3 TO ALL OFFERORS:

Date: March 9, 2017  
Reference - Request for Proposals: RFP# 7349188CP Rev 1  
Title: Painting & Mold Remediation Services  
Issue Date: February 17, 2017  
**Proposal Due: March 17, 2017 at 2:00 PM EST\*\* Revised Due Date**

The Addenda includes the following information:

Questions from the March 8, 2017; 9:00 AM Walk-through:

**Question #1:** Where should we enter the price for walls?

**Answer #1:** Ref the Housing Price tab within Attachment A – Price Schedule, Line 13.

**Question #2:** Regarding stained doors. Should we price strip, stain and varnish or just varnish?

**Answer #2:** Ref Housing Price tab within Attachment A – Price Schedule, Line 62

**Question #3:** Does painting of the whole room only mean that 4 walls and everything else will be an add-on such as ceiling, trim, baseboard, etc.?

**Answer #3:** Entire room painting means all room walls. Some buildings have trim/window frames/baseboards, ceilings, etc. and for such cases work as required will be specifically requested.

### How to complete the Price Schedule:

The Price Schedule is set-up with four (4) sections:

**Section A** = Hourly Rates and Miscellaneous (Housing)

**Section B** = Dormitory Areas. (Housing). This section describes the rooms within the Dormitory and should be priced as requested on the price schedule. Complete the unit price and the extended price columns. Sub-total at the end of each Dormitory. The sub-totals for each particular Dormitory is then carried over to the last part of Section B (Lines 1231 -1246). In essence, itemized price and Lot price (the sub-total for each Dormitory becomes the Lot price to be entered at the end of the section. Line 1247 – Total Sum Section B: Dormitory Areas will be the total price for all Dormitories.

**Section C** = Physical Plant Interior and Exterior

**Section D** = Mold Remediation

NOTE: A signed acknowledgment of this addendum must be received by this office either prior to the proposal due date and hour or attached to your proposal. Signature of this addendum does not constitute your signature on the original proposal document. The original proposal document must also be signed.

Very truly yours,

**Cheryl Price**

Cheryl Price, Senior Buyer  
Procurement Services

**I hereby acknowledge receipt of Addendum #3 for RFP# 7349188CP Rev 1 - Painting and Mold Remediation Services**

Mold Stoppers  
Name of Firm

[Signature] Owner/Partner  
Signature/Title

5/8/2017  
Date