



April 14, 2026

**Regal Palm Condo**  
3200 Springdale Blvd.  
Palm Springs, FL 33461  
Attn.: Joseph Cahill

### JANITORIAL SERVICES PROPOSAL

#### 1. AREAS TO BE SERVICED:

- Six (6) buildings
- Clubhouse

#### 2. JOB DESCRIPTION (Buildings)

##### **Walkways:**

- Blow out floors (three days a week)
- Spot mop spills (as needed)
- Wipe down hand railings (once a week)
- Mop floors (once a week)
- Wipe down mailboxes (once a week)
- Wipe down fire extinguishers (once a week)
- Remove cobwebs from walls, ceilings and light fixtures (twice a month)

##### **Stairwells:**

- Blow out floors (three days a week)
- Spot mop spills (as needed)
- Mop steps (once a week)
- Wipe down hand railings (once a week)
- Remove cobwebs (twice a month)

##### **Elevators:**

- Check floors (three days a week)
- Sweep and mop floors (once a week)
- Clean formica walls (once a week)
- Polish stainless steel (once a week)
- Vacuum door track (once a week)

### **Laundry Rooms:**

- Empty, clean and line trash containers (three days a week)
- Spot mop spills (as needed)
- Sweep and mop floors (once a week)
- Wipe down sinks (once a week)
- Wipe down washing machines (once a week)
- Wipe down entrance doors (once a week)
- Dust all surfaces (once a week)
- Remove cobwebs (once a month)
- Dust ceilings fans (once a month)
- Clean window screens (once a month)

### **3. JOB DESCRIPTION: (Clubhouse)**

#### **Social Hall (three days a week)**

- Clean entrance doors in / out
- Empty, clean, and line trash containers
- Sweep and mop floors
- Wipe down tables
- Arrange tables and chairs
- Dust all reachable surfaces (once a week)

#### **Library/Card Room/Billiard Room (three days a week)**

- Empty, clean and line trash containers
- Vacuum carpet
- Sweep and mop floor
- Arrange/wipe down tables and chairs
- Dust all reachable surfaces (once a week)

#### **Fitness Center (three days a week)**

- Clean entrance doors in/ out
- Empty, clean, and line trash containers
- Vacuum carpet
- Wipe down mirrors
- Dust/wipe down exercise equipment

#### **Restrooms (2) (three days a week)**

- Empty, clean, and line trash containers
- Clean and sanitize toilets, urinal and sinks
- Sweep and mop floors
- Clean showers when needed
- Clean mirrors
- Wipe down counters
- Fill, clean and sanitize hand soap and paper good dispensers
- Wipe down partitions and doors (once a week)



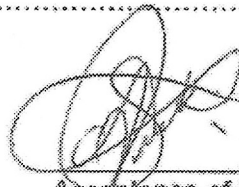
#### Miscellaneous

- Wipe down windowsills (once a week)
- Remove cobwebs inside/outside (once a month)
- Dust baseboards (once a month)
- Dust AC vents (once a month)

#### 4. TERMS AND CONDITIONS:

1. Inter Kleen will supply cleaning products to perform this service (included in the price).
2. Gym wipes, black liners, hand soap and paper goods will be supplied by the customer. If desired, Inter Kleen will provide and bill separately.
3. This agreement may be terminated or canceled at any time with a minimum of thirty (30) day written notice from either party.
4. The customer agrees that it will not employ nor contract any of Inter Kleen's employee during or for twelve (12) months after termination of this contract, without Inter Kleen's written consent.
5. Payment is due within the first 20 days of the month in which services are provided.
6. Cleaning schedule:
  - Two (2) people Mondays, Wednesdays and Fridays (minimum 5 hours to maximum 6 hours per day/each person)
7. Service fee: ..... \$2,785.00 a month

  
Orlando Da Silva  
Inter Kleen

 President  
Acceptance of Proposal, Authorized Signature  
Amado Puentes  
Print Name  
Aug 20, 2026   
Date



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/24/2026

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

|                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                        |  |
|---------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>PRODUCER</b><br>Pettineo Insurance Agency, Inc.<br>2428 E Commercial Blvd<br><br>Fort Lauderdale FL 33308              |  | <b>CONTACT NAME:</b> Customer Service<br><b>PHONE (A/C, No, Ext):</b> 954-493-9424<br><b>FAX (A/C, No):</b> 9544939424<br><b>E-MAIL ADDRESS:</b> COI@pettineo.com                                                                                                                                                                                                      |  |
| <b>INSURED</b><br><br>JP Commercial Cleaning, Inc.<br>DBA Inter Kleen<br>1599 SW 30th Ave Ste 4<br>Boynton Beach FL 33426 |  | <b>INSURER(S) AFFORDING COVERAGE</b><br><b>INSURER A:</b> Technology Insurance Company, Inc. NAIC # 42376<br><b>INSURER B:</b> Progressive Insurance Company 24260<br><b>INSURER C:</b> Century Surety Company 36951<br><b>INSURER D:</b> United States Liability Insurance Company, Inc. 25895<br><b>INSURER E:</b> Western Surety Company 13188<br><b>INSURER F:</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 WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                                                          |
|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|---------------|-------------------------|-------------------------|---------------------------------------------------------------------------------|
| C        | <input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: | Y         |          | CCP1213050    | 03/31/2026              | 03/31/2027              | EACH OCCURRENCE \$ 1,000,000                                                    |
|          | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000                                                                                                                                                                                                                                                                       |           |          |               |                         |                         |                                                                                 |
|          | MED EXP (Any one person) \$ 10,000                                                                                                                                                                                                                                                                                         |           |          |               |                         |                         |                                                                                 |
|          | PERSONAL & ADV INJURY \$ 1,000,000                                                                                                                                                                                                                                                                                         |           |          |               |                         |                         |                                                                                 |
| B        | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY                                                               |           |          | 995560299     | 04/05/2026              | 04/05/2027              | COMBINED SINGLE LIMIT (Ea accident) \$ 300,000                                  |
|          | BODILY INJURY (Per person) \$                                                                                                                                                                                                                                                                                              |           |          |               |                         |                         |                                                                                 |
|          | BODILY INJURY (Per accident) \$                                                                                                                                                                                                                                                                                            |           |          |               |                         |                         |                                                                                 |
|          | PROPERTY DAMAGE (Per accident) \$                                                                                                                                                                                                                                                                                          |           |          |               |                         |                         |                                                                                 |
| D        | <input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR<br><input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br><input checked="" type="checkbox"/> DED <input type="checkbox"/> RETENTION \$                                                           | Y         |          | XL 1594525F   | 03/31/2026              | 03/31/2027              | EACH OCCURRENCE \$ 1,000,000                                                    |
|          | AGGREGATE \$ 1,000,000                                                                                                                                                                                                                                                                                                     |           |          |               |                         |                         |                                                                                 |
|          |                                                                                                                                                                                                                                                                                                                            |           |          |               |                         |                         |                                                                                 |
|          |                                                                                                                                                                                                                                                                                                                            |           |          |               |                         |                         |                                                                                 |
| 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    | TWC4699770    | 11/08/2025              | 11/08/2026              | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER |
|          | E.L. EACH ACCIDENT \$ 100,000                                                                                                                                                                                                                                                                                              |           |          |               |                         |                         |                                                                                 |
|          | E.L. DISEASE - EA EMPLOYEE \$ 100,000                                                                                                                                                                                                                                                                                      |           |          |               |                         |                         |                                                                                 |
|          | E.L. DISEASE - POLICY LIMIT \$ 500,000                                                                                                                                                                                                                                                                                     |           |          |               |                         |                         |                                                                                 |
| E        | Bonds (COMM)                                                                                                                                                                                                                                                                                                               |           |          | 63791825      | 10/08/2025              | 10/08/2026              | LIMIT \$50,000                                                                  |

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

**CERTIFICATE HOLDER****CANCELLATION**

|                                                                                    |                                                                                                                                                                                                                          |
|------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Regal Palms Condo Association<br>3200 Springdale Blvd<br><br>Palm Springs FL 33461 | 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><i>Frank Pettineo</i> |
|------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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**ANNE M. GANNON**  
CONSTITUTIONAL TAX COLLECTOR  
*Serving Palm Beach County*  
Serving you.

P.O. Box 3353, West Palm Beach, FL 33402-3353  
www.pbctax.gov Tel: (561) 355-2264

**\*\*LOCATED AT\*\***  
1599 SW 30TH AVENUE #4  
BOYNTON BEACH, FL 33426-9054

| TYPE OF BUSINESS | OWNER          | CERTIFICATION # | RECEIPT #/DATE PAID   | AMT PAID | BILL #    |
|------------------|----------------|-----------------|-----------------------|----------|-----------|
| CLEANING SERVICE | SANCHEZ RAFAEL |                 | B26.620974 07/07/2026 | \$33.00  | B40116741 |

This document is valid only when receipted by the Tax Collector's Office.



6  
7-890

INTER KLEEN  
INTER KLEEN  
1599 SW 30TH AVE STE 4  
BOYNTON BEACH FL 33426-9053



**STATE OF FLORIDA**  
**PALM BEACH COUNTY**  
**2026 / 2027 LOCAL BUSINESS TAX RECEIPT**  
**LBTR Number: 200805161**  
**EXPIRES: 09/30/2027**

This receipt **MUST** be conspicuously displayed at the place of business and in such a manner as to be open to the view of the public.