

# WILKINSON LAWN MAINTENANCE, LLC

## LANDSCAPE MAINTENANCE CONTRACT

This contract (Contract) by and between Wilkinson Lawn Maintenance (Contractor) and (Client) shall be for a period of 8 months starting March 1, 2025 and ending September 30, 2025. After which, the contract will auto renew for 12 months at a 3% service price increase from October 1, 2025 – September 30, 2026. If the Client wishes to cancel services without cause, a written notice of cancellation must be provided to the Contractor at least 30 days in advance. Without such notice, the maintenance contract will remain in effect as outlined in the signed agreement. Written notice must be sent to: 2520 Austin Smith Court, North Fort Myers, FL 33917.

The Services (Services) described in this proposal shall be provided to Client at the following location: FAIRWAYS OF KAIDON LANE (Property) for which Client represents that they are the Client or Agent of Client with authority to contract for legal owners.

### **The Fairways of Herons Glen Association, Inc.**

Hérons Glen Golf and Country Club  
2250 Herons Glen Blvd Suite 100  
N. Fort Myers, FL 33917

### **Summary:**

Perform all necessary landscaping services required at the Kaidon Lane properties. The primary objective of the Contractor is to maintain a consistent schedule that ensures the exterior landscape remains healthy and visually appealing, in accordance with the client's design interpretation. Specific services to be provided under this contract shall consist of the following:

Trimming and Weed control services for 75 homes – Mowing services NOT INCLUDED:

- 7 scheduled visits for shrub trimming
- 12 scheduled visits for weed control services with 2 visits per month during rain season
- 2 scheduled visits for trimming of pygmy palms within current contract
- All dead limbs, palm fronds, and seed pods will be removed from trees up to 14 feet
- Weeds will be pulled from bushes prior to trimming and sprayed in driveways, walkways, and mulch beds.

### **Schedule of Service**

*\* If any fallen fronds from self-cleaning palm trees are present during our visits, we will remove and dispose of them.*

On Trimming weeks, work may begin as early as Monday and continue until Saturday to assure property is maintained to full potential.

*(continued on next page)*

# WILKINSON LAWN MAINTENANCE, LLC

## March

Week of 13<sup>th</sup> – Shrub trimming  
Week of 27<sup>th</sup> – Weed control

## April

Week of 17<sup>th</sup> - Shrub trimming  
Week of 24<sup>th</sup> – Weed control

## May

Week of 8<sup>th</sup> – Weed control  
Week of 15<sup>th</sup> – Shrub trimming  
Week of 29<sup>th</sup> – Weed control

## June

Week of 5<sup>th</sup> – Weed control  
Week of 19<sup>th</sup> – Shrub trimming  
Week of 26<sup>th</sup> – Weed control

## July

Week of 10<sup>th</sup> – Weed control  
Week of 17<sup>th</sup> – Shrub trimming  
Week of 31<sup>st</sup> – Weed control

## August

Week of 7<sup>th</sup> – Weed control  
Week of 14<sup>th</sup> - Shrub trimming  
Week of 28<sup>th</sup> – Weed control

## September

Week of 4<sup>th</sup> – Weed control  
Week of 18<sup>th</sup> – Shrub trimming  
Week of 25<sup>th</sup> – Weed control

### Post-Event Restoration Policy

Wilkinson Landscaping is not responsible for restoring a property to its prior condition following an act of God, such as a hurricane. Any work required to bring the property back to the standard at which it was originally maintained will incur additional fees.

### Access for Additional Services

Wilkinson Landscaping reserves the right to access the property on non-scheduled days to accommodate private requests from homeowners or to complete any catch-up work as necessary. This flexibility ensures that we can provide timely and efficient service to meet all client needs.

### Communication

Weekly check-ins from Contractor to Client – for responses via email/text/phone call please allow up to 24hrs. Mailing address for Wilkinson Landscaping: 2520 Austin Smith Court, North Fort Myers, FL 33917  
Phone: 239-989-8983

### Payment Schedule

Monthly Maintenance charge: \$3,375

Invoices will be provided by US mail or in person drop off to office by the 1<sup>st</sup> of each month following the prior month's service and due within 15 days of invoice date and upon receipt of Association.

Client Signature:

*David A. Brendel*

Printed Name:

David A. Brendel

Date:

1-28-25

President of FHOA

Contractor Signature:

*Stewart Wilburn*

Printed Name:

Stewart Wilburn

Date:

1/28/25



# Business Tax Receipt

WILKINSON LAWN MAINTENANCE AND LANDSCAPING  
WILKINSON LAWN MAINTENANCE AND LANDSCAPING  
LLC  
2520 AUSTIN SMITH CT  
N FT MYERS, FL 33917

Dear Business Owner:

Your **2024 - 2025** Lee County Business Tax Receipt is attached below for account number / receipt number: **1077290 / 2200691**

If there is a change in one of the following, refer to the instructions on the back of this receipt.

- Business name
- Ownership
- Physical location
- Business closed

This is not a bill. Detach the bottom portion and display in a public location.

I hope you have a successful year.

Sincerely,

Lee County Tax Collector

## 2024-2025 LEE COUNTY BUSINESS TAX RECEIPT

**Account Number: 1077290**  
**Receipt Number: 2200691**  
**State License Number: GB141851**

**Location:**  
2520 AUSTIN SMITH CT  
N FT MYERS, FL 33917

WILKINSON LAWN MAINTENANCE AND LANDSCAPING  
WILKINSON STEWART  
2520 AUSTIN SMITH CT  
N FT MYERS, FL 33917

**Account Expires: September 30, 2025**

May engage in the business of:
PROFESSIONAL LANDSCAPING COMPANY
THIS BUSINESS TAX RECEIPT IS NON REGULATORY

Payment Information:
PAID N09-00-02691224 10/29/2024 \$ 103.00





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/25/2024

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

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

PRODUCER Simply Business  
1 Beacon Street  
15th Floor  
Boston, MA 02108

CONTACT NAME: Simply Business

PHONE (A/C, No, Ext): (844) 654-7272

FAX (A/C, No):

E-MAIL ADDRESS: contactus@simplybusiness.com

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: Hiscox Insurance Company Inc

10200

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURER F:

INSURED Wilkinson Landscaping, LLC  
2520 Austin Smith Ct  
North Fort Myers, Florida 33917

## 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	
A	<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY	<input checked="" type="checkbox"/>		HIUS3741559XB3	10/25/2024	10/25/2025	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
								GENERAL AGGREGATE	\$2,000,000
	<input checked="" type="checkbox"/>	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	S/T Gen. Agg.
		POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC							
		OTHER:							
		AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	
		ANY AUTO						BODILY INJURY (Per person)	
		OWNED AUTOS ONLY						BODILY INJURY (Per accident)	
		HIRED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	
		SCHEDULED AUTOS							
		NON-OWNED AUTOS ONLY							
		UMBRELLA LIAB						EACH OCCURRENCE	
		EXCESS LIAB						AGGREGATE	
		DED							
		RETENTION							
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE	<input type="checkbox"/>					PER STATUTE	OTH-ER
		OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/>	N/A				E.L. EACH ACCIDENT	
		PROFESSIONAL LIABILITY						E.L. DISEASE - EA EMPLOYEE	
								E.L. DISEASE - POLICY LIMIT	
								EACH CLAIM	
								AGGREGATE	

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

## CERTIFICATE HOLDER

## 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

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/17/2025

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<b>PRODUCER</b> Automatic Data Processing Insurance Agency, Inc.  1 Adp Boulevard Roseland NJ 07068		<b>CONTACT NAME:</b> Automatic Data Processing Insurance Agency, Inc. <b>PHONE (A/C, No, Ext):</b> 1-800-524-7024 <b>E-MAIL ADDRESS:</b>		<b>FAX (A/C, No):</b>	
<b>INSURED</b> WILKINSON'S LAWN MAINTENANCE &  2520 Austin Smith Ct  North Fort Myers FL 339172413		<b>INSURER(S) AFFORDING COVERAGE</b>			<b>NAIC #</b>
		<b>INSURER A:</b> Employers Assurance Company			25402
		<b>INSURER B:</b>			
		<b>INSURER C:</b>			
		<b>INSURER D:</b>			
		<b>INSURER E:</b>			
		<b>INSURER F:</b>			

**COVERAGES**

CERTIFICATE NUMBER: 4134374

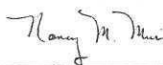
REVISION NUMBER:

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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> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$	
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$	
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$	
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	N	EIG588140300	02/13/2025	02/13/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

**CERTIFICATE HOLDER****CANCELLATION**

Heron's Glen Golf & Country Club 2250 Heron's Glen Blvd  North Fort Myers FL 33917	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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