



## ELECTRICAL CONTRACTING PROPOSAL

# 2025



919-234-5401  
**Bob Wagner, Owner**

**4510 Preslyn Drive  
Raleigh, North Carolina  
27616**



**4501 Preslyn Drive, Raleigh, NC 27616**

**Phone: (919) 234-5401**

**Fax: (919) 899-9117**

**admin@ncexpress.pro**

This letter is intended to formally propose electrical services to you for your clients. For the past fourteen years, we have successfully maintained the electrical systems for investors, realtors and property managers in the Triangle Area and would like to do the same for you. Our keen knowledge of the industry and friendly approach is what differentiates us in the market and our highly satisfied customers agree. Our service and customer experience upholds a five-star customer rating and enclosed you will find some testimonials that show we come highly recommended.

#### **What sets us apart from other electrical companies?**

- 24/7 Response to all emergency requirements
- No extra charge for after hours residential emergencies
- Written reports
- Before and after pictures for client record
- Compliance Depot and Notivus Certified
- Lifetime warranty on parts and labor (Some exclusions apply)
- Flat rate pricing

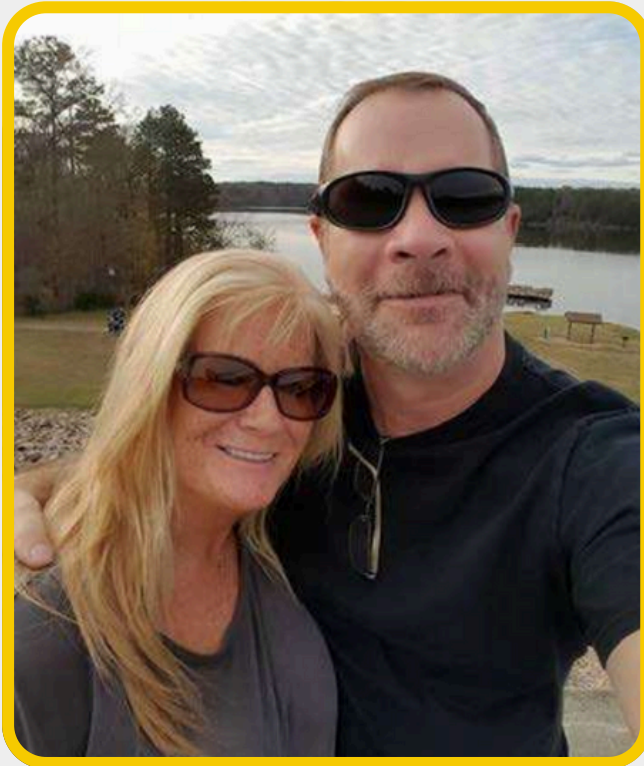
As a bonus, we can also provide an extended warranty and inspection of the properties electrical system that will cover the cost of almost all electrical problems should one develop. The benefit will give your clients peace of mind that their property is safe of electrical hazards and free them of unexpected costs.

I would be happy to talk to you about our services and answer any questions you may have. I can be reached at (919) 234-5401 or at admin@ncexpress.pro

*Sincerely,*

Christopher Wagner  
*Operations Manager*

# BOB WAGNER



## OWNER



Bob Wagner is the owner of Express Electrical Service. Born and raised in New Jersey, Bob had an opportunity to escape the fast paced cold winters 33 years ago and relocate to NC and has never regretted his decision. He received his first Electrical License in 1986 and recently acquired his Alarm License.

### **Bob's philosophy is simple:**

*"Do what you said you were going to do, when you said you were going to do it, for the price you said you would do it for!"*

**Electrical work is serious business. There's no room for shortcuts or anything less than excellent workmanship. Clients are not only trusting us with their electrical systems, they are also entrusting us to keep their belongings and lives safe from electrical hazards. Bob makes certain that those same values carry over to his staff as well.**

## From Bob's Desk:

Dear future customer,

Especially in today's tough economy, you probably want to get the best electrical work at the lowest possible price and I don't blame you. However, what I have found out in my 50 plus years on this planet is that the two rarely go together. As a matter of fact, the lowest price may not always be the best or safest decision, especially when it concerns your electrical system. I say this not simply because I am an electrical contractor trying to earn a living; I am saying this because I am an electrical contractor and have seen first hand the dangerous kind of work that is often done by those that offer the cheapest price.

Bob Wagner - Owner

## Interesting Facts About Bob:

- **He has been married to Laura for 32 years, has three children, three grandchildren, and an American Staffordshire Bull Terrier named Harley**
- **He has written three books**
- **He is the owner of ElectricianSmart.com (A social networking site for electricians)**





**CALL US!**  
**(919) 234-5401**

## **WHAT MAKES US THE ELECTRICIAN CHOICE FOR PROPERTY MANAGERS AND REAL ESTATE AGENTS?**

- 24 Hour Emergency Service
- No Extra Charge for Residential After Hours or Weekend Emergencies
- Same Day Service
- Swift Invoicing and Reporting
- Flat Rate Charges
- Lifetime Warranty
- Detailed Reporting with Pictures

## **OUR PHILOSOPHY**

*"Do what you said you were going to do, when you said you were going to do it, for the price you said you would do it for!"*



[ncexpress.pro](http://ncexpress.pro)



[admin@ncexpress.pro](mailto:admin@ncexpress.pro)



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
**04-06-2017**

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).

<b>PRODUCER</b> <b>Brown Insurance Group</b> <b>PO Box 570</b> <b>Rolesville, NC 27571</b>	<b>CONTACT NAME:</b> <b>Mike Brown</b>	<b>FAX (A/C, No):</b> <b>919-570-3201</b>
	<b>PHONE (A/C, No, Ext):</b> <b>919-570-3200</b>	<b>E-MAIL ADDRESS:</b> <b>brown.ma83@yahoo.com</b>
<b>INSURED</b> <b>Express Electrical Service LLC</b> <b>4501 Preslyn Dr.</b> <b>Raleigh, NC 27616</b>	<b>INSURER(S) AFFORDING COVERAGE</b>	
	<b>INSURER A:</b> <b>Main Street America Group</b>	
	<b>INSURER B:</b> <b>Utica National Insurance Co.</b>	
	<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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<b>A</b>	<b>GENERAL LIABILITY</b>			<b>MPG5292J</b>	<b>09/19/2016</b>	<b>09/19/2017</b>	<b>EACH OCCURRENCE</b> <b>\$2,000,000</b>
	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b>		<b>DAMAGE TO RENTED PREMISES (Ea occurrence)</b> <b>\$100,000</b>				
	<input type="checkbox"/> <b>CLAIMS-MADE</b> <input checked="" type="checkbox"/> <b>OCCUR</b>		<b>MED EXP (Any one person)</b> <b>\$5,000</b>				
	<b>GEN'L AGGREGATE LIMIT APPLIES PER:</b>		<b>PERSONAL &amp; ADV INJURY</b> <b>\$2,000,000</b>				
	<input type="checkbox"/> <b>POLICY</b> <input type="checkbox"/> <b>PRO-JECT</b> <input type="checkbox"/> <b>LOC</b>					<b>GENERAL AGGREGATE</b> <b>\$4,000,000</b>	
							<b>PRODUCTS - COMP/OP AGG</b> <b>\$4,000,000</b>
							<b>\$</b>
<b>B</b>	<b>AUTOMOBILE LIABILITY</b>			<b>4900970</b>	<b>11/07/2016</b>	<b>11/07/2017</b>	<b>COMBINED SINGLE LIMIT (Ea accident)</b> <b>\$1,000,000</b>
	<input checked="" type="checkbox"/> <b>ANY AUTO</b>		<b>BODILY INJURY (Per person)</b> <b>\$</b>				
	<input type="checkbox"/> <b>ALL OWNED AUTOS</b> <input type="checkbox"/> <b>SCHEDULED AUTOS</b>		<b>BODILY INJURY (Per accident)</b> <b>\$</b>				
	<input type="checkbox"/> <b>HIRED AUTOS</b> <input type="checkbox"/> <b>NON-OWNED AUTOS</b>		<b>PROPERTY DAMAGE (Per accident)</b> <b>\$</b>				
							<b>\$</b>
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> <b>OCCUR</b>						<b>EACH OCCURRENCE</b> <b>\$</b>
	<b>EXCESS LIAB</b> <input type="checkbox"/> <b>CLAIMS-MADE</b>						<b>AGGREGATE</b> <b>\$</b>
	<b>DED</b> <input type="checkbox"/> <b>RETENTION \$</b>						<b>\$</b>
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						<b>WC STATUTORY LIMITS</b> <input type="checkbox"/> <b>OTH-ER</b>
	<b>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)</b> <input type="checkbox"/> <b>Y/N</b> <b>N/A</b>						<b>E.L. EACH ACCIDENT</b> <b>\$</b>
	<b>If yes, describe under DESCRIPTION OF OPERATIONS below</b>						<b>E.L. DISEASE - EA EMPLOYEE</b> <b>\$</b>
							<b>E.L. DISEASE - POLICY LIMIT</b> <b>\$</b>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, 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

**Mike Brown**



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
4/6/2017

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 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>		<b>CONTACT</b>	
HARTFORD FIRE INSURANCE COMPANY		NAME:	
250777 P: F:		PHONE (A/C, No, Ext):	FAX (A/C, No):
PO BOX 33015		E-MAIL ADDRESS:	
SAN ANTONIO TX 78265		INSURER(S) AFFORDING COVERAGE	
		NAIC#	
		INSURER A: Hartford Ins Co of the Midwest	
		37478	
<b>INSURED</b>		INSURER B:	
EXPRESS ELECTRICAL SERVICE LLC		INSURER C:	
4501 PRESLYN DR		INSURER D:	
RALEIGH NC 27616		INSURER E:	
		INSURER F:	

## COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

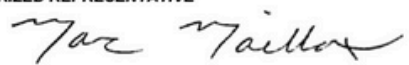
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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 INSR	SUBR HYD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b>						EACH OCCURRENCE \$
	CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/>						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
							MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$
	OTHER:						\$
	<b>AUTOMOBILE LIABILITY</b>						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
							\$
	<b>UMBRELLA LIAB</b>						EACH OCCURRENCE \$
	<b>EXCESS LIAB</b>						AGGREGATE \$
	DED <input type="checkbox"/> RETENTION \$						\$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						X PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N						E.L. EACH ACCIDENT \$1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		76 WBG GD2866	12/19/2016	12/19/2017	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)

Those usual to the Insured's Operations.

## CERTIFICATE HOLDER

EXPRESS ELECTRICAL SERVICE 4501 PRESLYN DR RALEIGH, NC 27616	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. <b>AUTHORIZED REPRESENTATIVE</b> 
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## Request for Taxpayer Identification Number and Certification

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

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <b>Express Electrical Service LLC</b>	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only <b>one</b> of the following seven boxes: <input checked="" type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ <b>Note.</b> 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. <input type="checkbox"/> Other (see instructions) ▶	
	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) _____ <small>(Applies to accounts maintained outside the U.S.)</small>	
	5 Address (number, street, and apt. or suite no.) <b>4501 Preslyn Dr</b>	Requester's name and address (optional)
	6 City, state, and ZIP code <b>Raleigh, NC 27616</b>	
	7 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 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.

Social security number								
			-				-	
or								
Employer identification number								
4	7	-	1	0	2	3	4	5 2

### 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>1/4/17</b>
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### 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.