



1401 BUDINGER AVE. STE B  
ST. CLOUD, FL 34769  
PHONE # 407-957-3749 FAX # 407-957-4139

Dear Contractor,

Thank you for your interest in Imagine Service Group, Inc.

We take pride in our contractors and the work they do. The demand for quality has enabled us to enjoy an excellent reputation in the marketplace. As such, our requirements are rather stringent and our expectations are high. Our clients value excellence, as do we. Our 15+ years experience and principled work ethic has enabled us to meet the demands of our clients in a timely fashion and to specifications. We expect all work to meet insured standards, guidelines and pricing and value contractors who work with us to meet these goals.

We look forward to including you in our family of valued contractors.

Sincerely,

Steven Lefler, CEO

IMAGINE SERVICE GROUP, INC.

All information contained herein is considered proprietary and confidential to Imagine Service Group, Inc. Disclosing, copying, distributing or taking any action in reliance on the contents of this information is strictly prohibited.



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**Please take time to read the instructions below before continuing:**

**INSTRUCTIONS:**

- 1. Complete the Application and sign it.**
- 2. Read the insurance requirements.**
- 3. Read, sign and date both the Application and the Confidentiality Agreement.**
- 4. Send the Application and Confidentiality Agreement to us via fax (407-957-4139), e-mail (stcloudoffice@imaginefl.com) or regular US Mail (1401 Budinger Ave. Ste B, St. Cloud, FL 34769).**
- 5. Upon receipt of your Application, we will review it to determine your eligibility as one of our independent contractors. If we have a need for coverage in the area in which your services are available, we will verify the information on your application, including your references and forward a package of forms and instructions containing detailed information as to your obligations and responsibilities, agreements that require your signature, IRS and other documents that are necessary to complete the setup process.**
- 6. Feel free to call us at 407-957-3749, extension 108 (Manager of Operations) in the event you have any questions.**

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**SERVICE GROUP INC.**  
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Company Name: \_\_\_\_\_

Contact: \_\_\_\_\_ Position in Company: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip)

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ @ \_\_\_\_\_

Tax ID: \_\_\_\_\_ How long have you been in business: \_\_\_\_\_(yrs).

Type of Work (CIRCLE): Inspections Property Preservation Discount% \_\_\_\_.

Coverage Areas (use zip codes is possible): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

List all of the companies that you have worked for, past and present, in this industry:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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Industry References (please list at least 3):

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

3. Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Please complete the application by signing below:

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

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## **INSURANCE REQUIREMENTS FOR SUB-CONTRACTORS**

Imagine Service Group, Inc has set the following requirements for insurance coverage for all its sub-contractors. Please provide this information to your insurance company to make sure you have the correct coverage.

1. Commercial General Liability in the amount of at least \$1,000,000 per occurrence/ \$1,000,000 aggregate including:
  - a. Care/Custody/Control coverage in the amount of \$50,000.
  - b. Personal injury/Advertising injury protection.
  - c. Sub-limits are not permitted.
  
2. Errors & Omissions in the amount of \$1,000,000 per occurrence/\$1,000,000 aggregate the following:
  - a. Eviction services
  - b. Property preservation inspections
  - c. Property preservation estimate
  - d. Property preservation services
  - e. Property repairs estimates
  - f. Property re-habilitation services
  - g. Residential property inspections
  - h. Delinquent borrower interviews
  - i. Commercial property inspections
  - j. Insurance loss inspections
  - k. Merchant site verifications
  
3. Imagine Service Group, Inc must be listed as an additional insured for ongoing and completed operation of the vendor on all coverage.
  
4. No restrictions for:
  - a. Bodily injury caused by an insured to a third party resulting from the use of reasonable force to protect person or property.

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- b. Claims based upon any inspections, preservation work or any actions performed for the purpose of ascertaining compliance with any laws, codes or regulations; or any failure to inspect for, discover or disclose any no-compliance with such laws, codes or regulations.
  - c. Personal injury.
  - d. Based upon any failure to ensure or verify that any construction project has been properly completed.
5. Imagine Service Group, Inc must also be a certificate holder with a 10-day cancellation/non-renewal.
  6. All insurance policies must be underwritten by a approved company with a A.M. Best Rating no lower than "A."

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## CONFIDENTIALITY AGREEMENT

(Page 1 of 2)

THIS CONFIDENTIALITY AGREEMENT (“Agreement”) is entered into this the \_\_\_ day of \_\_\_\_\_, 20\_\_\_, by and between Imagine Service Group, Inc., an entity organized under the laws of the State of Florida, (referred to as “Company”), whose mailing address is 1401 Budinger Ave, Ste B, St. Cloud, Florida 34769, and \_\_\_\_\_ (referred to as “Independent Contractor”), whose address of record is \_\_\_\_\_

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\_\_\_ (collectively the “PARTIES”).

The Independent Contractor (“CONTRACTOR”) agrees to enter into a business relationship with Imagine Service Group, Inc. (“COMPANY”) during which certain Proprietary and Confidential Information, which is not readily available to the public, belonging to COMPANY and its Clients (“Information”) will be disclosed to the CONTRACTOR. All information disclosed to the CONTRACTOR in writing or orally, shall be considered Information unless COMPANY specifically indicated that the specific information disclosed is not proprietary or confidential. The COMPANY desires that the Information deemed proprietary and/or confidential not be disclosed to any other parties unless authorized by the COMPANY in writing.

NOW THEREFORE, in furtherance of the contemplated relationship, and in consideration of the promises and covenants contained herein, the CONTRACTOR does hereby agree as follows:

- A. CONTRACTOR and CONTRACTOR’s employees, subsidiaries, agents and assigns agree to hold all Information between the PARTIES in strict confidence.
- B. No disclosure of any Information shall be made by the CONTRACTOR, the CONTRACTOR’s employees, subsidiaries, agents and assigns without the express written consent of the Company. In addition, the CONTRACTOR shall NOT use the Information for any purpose other than what is required during the proposed business relationship contemplated by this Agreement. The CONTRACTOR expressly agrees that the CONTRACTOR, the CONTRACTOR’s employees, subsidiaries, agents and assigns shall not use the Information for purposes of developing competitive strategies, soliciting business directly from Company’s clients or in direct competition with COMPANY during the life of this agreement and for one (1) year thereafter.
- C. The Information shall be deemed the property of the COMPANY, and upon request, the CONTRACTOR shall return all Information received in tangible form to the COMPANY, or in the COMPANY’s sole discretion, shall destroy all such Information.
- D. The CONTRACTOR agrees not to hire any current or former employee of Imagine Service Group, Inc., without the expressed written consent of the President of Imagine Service Group, Inc. If the contractor elects to violate the terms of this agreement, the CONTRACTOR hereby agrees to pay Imagine Service Group, Inc. the sum of \$100,000.00 in compensation for the training and the confidential and proprietary information that was provided to the current or former employee during the course of their employment or contract with Imagine Service Group, Inc.
- E. No rights or obligations other than those expressly recited herein are to be implied from this Agreement.
- F. This Agreement shall be governed by and construed in accordance with the laws of the State of Florida, USA.
- G. In the event any one or more of the provisions of this Agreement shall for any reason be held to be invalid or unenforceable, the remaining provisions of this Agreement shall be unimpaired, and shall remain in effect and be binding.. The failure of the COMPANY to enforce or insist upon compliance with any of the terms or conditions of this Agreement, the waiver of any term of condition of this Agreement, or the granting of an extension of time for

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- H. performance, shall not constitute the permanent waiver of any term or condition of this Agreement, and this Agreement and each of its provisions shall remain at all times in full force and effect until modified by the COMPANY in writing. This Agreement supersedes any and all prior agreements, arrangements or understandings related to the matter described herein. No subsequent agreement between COMPANY and CONTRACTOR shall be effective or binding unless it is made in writing and signed by the COMPANY.
- I. The CONTRACTOR warrants and represent that the person executing this Agreement is duly authorized to execute this Agreement, and to bind the CONTRACTOR to the terms and conditions contained herein.
- J. In the event the CONTRACTOR breaches this Agreement or if such breach is shown to be an imminent possibility, the COMPANY shall be entitled to all legal and equitable remedies afforded to it by law as a result thereof, and may, in addition to any and all forms of relief, recover from the CONTRACTOR all costs and reasonable attorneys fees to the extent it prevails in any such proceeding.
- K. Except as permitted hereunder the CONTRACTOR shall make no press release or other disclosure of any kind regarding this Agreement, any discussions or negotiations relating thereto, or the Information without the prior written consent of the COMPANY.

This Agreement may be delivered by facsimile transmission and facsimile signatures shall be treated as original signatures for all application purposes.

IN WITNESS WHEREOF, the CONTRACTOR has caused this Agreement to be executed by their duly authorized representatives as of the day and year first above written.

Independent Contractor

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(Print Name)

(Signature)

(Date)

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