

Accounting, Payroll and Other Monthly Services

The following described services to be performed by **DONYA'S PREMIER TAX & ACCOUNTING, LLC.** will constitute the contract between **DEERWOOD PARK HOA, INC.** and **DONYA'S PREMIER TAX & ACCOUNTING, LLC.** Will be referred to "Premier Tax & Accounting" throughout this contract for services

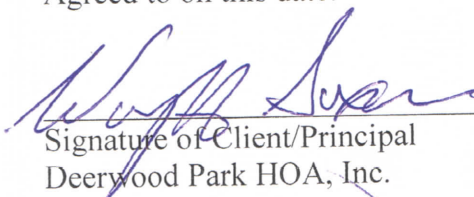
- 1) Write up work to include monthly bank reconciliation, bookkeeping services including preparation to provide a monthly accounts receivable report, general ledger, profit and loss statement and unaudited financial statement.
Fee for service is \$250 per month
 - The month that invoicing has to be done for Yearly HOA dues will be an additional fee based on the number of invoices that have to be prepared and will include postage and handling. Fee will start at \$750 for up to 250 invoices and \$2.50 for each invoice over 250.
 - If there is other invoicing to be done for all HOA members/property owners during the year for unforeseen HOA issues it will also be \$750 for up to 250.
 - All other invoicing issues will be priced as needed.
- 2) Year End 1099 preparation. Fee for service will depend on how many 1099 forms are required to be prepared. \$75 for up to 5 Contractors and \$15 for each additional. This does not include Audit Support if needed.
- 3) Preparation of yearly Federal Form 1120H will start at \$400. This does not include Audit Support if needed.
- 4) Other Services that may be needed:
 - (a) Federal and/or State Tax Audit Representation will be billed at \$150 per hour and are subject to \$1,200 prepaid, non-refundable, Minimum Fee Retainer and does not include any subsequent Appeals or Tax Court Hearings or related filings.
 - (b) Federal and/or State Tax Representation, such as but not limited to, Reviewing and Responding to an IRS notice that require written replies or telephone resolution are subject to a \$100 non-refundable Minimum Fee Retainer per notice.
 - (c) Premier Tax & Accounting, if at all possible, will be available for conference calls at a rate of \$75 per hour and will be prorated for each fifteen minutes.
- 5) Premier Tax & Accounting will provide Professional Liability Insurance with a limit of \$1,000,000 and a \$200,000 Professional Bond.

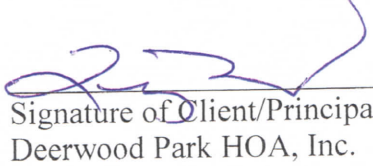
The terms of this contract will be for 4 years, starting July 1, 2018.

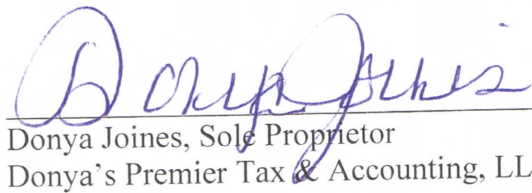
This agreement may be terminated at any time within 90 days written notice by either party provided by Deerwood Park HOA, Inc. and Premier Tax & Accounting, LLC. All amounts due will be payable at that time. Any unused retainer will be returned to the client within 10 days of the engagement withdrawal.

All payments for services are to be in advance of work performed and are due and payable by the 5th of each month.

Agreed to on this date:

 VP 7/18/18
Signature of Client/Principal Title Date
Deerwood Park HOA, Inc.

 Pres 7/17/18
Signature of Client/Principal Title Date
Deerwood Park HOA, Inc.

 7-17-18
Donya Joines, Sole Proprietor Date
Donya's Premier Tax & Accounting, LLC



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

07/18/2018

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 LifeStore Insurance Services, Inc. 206 S Jefferson Avenue PO Box 825 West Jefferson NC 28694		CONTACT NAME: Kimberly Isaacs PHONE (A/C, No, Ext): (336) 246-7297 E-MAIL ADDRESS: kisaacs@golifestore.com FAX (A/C, No): (336) 246-4164	
INSURED Premier Tax and Accounting Po Box 910 Jefferson NC 28640		INSURER(S) AFFORDING COVERAGE INSURER A: Twin City Fire Insurance INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC # 29459	

COVERAGES**CERTIFICATE NUMBER:** General Liability 17-18**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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO-JECT ☐ LOC ☒ OTHER: Professional Liability			22SBAUR8471	11/29/2017	11/29/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 EPLI \$ 10,000
	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ HIRED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB ☐ OCCUR EXCESS LIAB ☐ CLAIMS-MADE DED ☐ RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N ☐ N/A			N/A			PER STATUTE ☐ OTH-ER ☐ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Employee Dishonesty Crime			22SBAUR8471	11/29/2017	11/29/2018	200,000 250

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

CERTIFICATE HOLDER**CANCELLATION**

Deerwood Park HOA PO Box 1865 Sparta NC 28675	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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Insurer: TWIN CITY FIRE INSURANCE COMPANY
ONE HARTFORD PLAZA, HARTFORD, CT 06155

This Declarations Page, with Common Policy Conditions, Professional Liability Coverage Form and Endorsements, if any, issued to form a part thereof, shall together constitute this Professional Liability Coverage Part which in turn forms a part of the Policy Number shown below.

The Nuclear Energy Liability Exclusion of the policy to which this Coverage Part is attached also applies to this Coverage Part.

POLICY NUMBER: 22 SBA UR8471

PROFESSIONAL LIABILITY DECLARATIONS

NOTICE: COVERAGE APPLIES ONLY TO CLAIMS FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD OR APPLICABLE EXTENDED REPORTING PERIOD AND WHICH HAVE BEEN REPORTED TO US IN ACCORDANCE WITH THE APPLICABLE NOTICE PROVISIONS. THE LIMITS OF LIABILITY AVAILABLE TO PAY DAMAGES SHALL BE REDUCED BY AMOUNTS INCURRED AS CLAIMS EXPENSES. THE DEDUCTIBLE IS APPLICABLE TO CLAIMS EXPENSES AND DAMAGES. PLEASE READ THE ENTIRE POLICY CAREFULLY AND DISCUSS THE COVERAGE WITH YOUR INSURANCE AGENT OR BROKER.

Named Insured and Mailing Address: PREMIER TAX AND ACCOUNTING

PO BOX 910
JEFFERSON

NC 28640

Policy Period **Effective Date:** 11/29/17 **Expiration Date:** 11/29/18
12:01 A.M., Standard time at the address of the named insured as stated herein.

Named Insured Is: LIMITED LIAB CORP

Premium: \$ 816
Minimum Premium: \$ 525

Limits Of Liability:	\$	1,000,000	Each Claim Limit
	\$	1,000,000	Aggregate Limit
	\$	1,000,000	Claim Expense Each Claim Limit
	\$	1,000,000	Claim Expense Aggregate Limit
			Subpoena Assistance Claim
	\$	25,000	Expense Sub-Limit
	\$	25,000	Disciplinary Proceedings Claim
			Expense Sub-Limit

Retroactive Date: 11292016 If no date is entered, the Retroactive Date is the same as the effective date of this Coverage Part.

Deductible: \$ 1,000 Each Claim Deductible

Form Numbers Of Forms and Endorsements that apply: Common Policy Conditions: Form SS 00 05,
Exclusion - Nuclear Energy Liability: SS 05 47
SS25590615 SS25190615 SS25470615 SS25490615

Countersigned by
(where required by law)

Susan L. Castaneda
Authorized Representative

10/02/17
Date

Form SS 00 59 06 15

Professional Liability
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Process Date: 10/02/17

Policy Expiration Date: 11/29/18