

SEALED REQUEST FOR PROPOSAL (RFP)

ISSUE DATE: June 3, 2025
RFP NUMBER & TITLE: UCPUMW 25-1937, Special Event Equipment Rental

PROPOSAL DUE DATE & TIME: July 3, 2025, 2:00 p.m.
NOTE: Proposals received after the due date and time cannot be accepted.

PROPOSAL DELIVERY: Electronic file upload to eVA only

WORK LOCATION: All Campuses Fredericksburg Stafford Dahlgren

COMMODITY CODE(S): 97741, 96234, 98172, 98143, 98136, 97732, 96260, 97735

PRE-PROPOSAL CONFERENCE: Optional Mandatory N/A DATE & TIME: July 10, 2025 at 10:00 a.m.

PRE-PROPOSAL LOCATION: Eagle Village Executive Offices, Suite 480
1125 Emancipation Hwy., Fredericksburg, VA 22401

CONTRACT OFFICER: Kenneth Manahan EMAIL: kmanaha2@umw.edu

PERIOD OF CONTRACT: August 1, 2025 through July 31, 2026 with five, one-year renewal options that if exercised will extend the term of the contract through July 31, 2031.

In compliance with this Sealed Request for Proposal (RFP) and to all the conditions imposed therein, and hereby incorporated by reference, the undersigned firm offers and agrees to furnish the goods/services in accordance with attached signed proposal or as mutually agreed upon by subsequent negotiation. The undersigned firm hereby certifies that all information provided in response to this RFP is true, correct and complete.

By signing this proposal, you are certifying that you are an authorized representative of the offering firm and that the firm's principals or legal counsel have reviewed the Request for Proposal General Terms and Conditions and any Special Terms and Conditions. Any exceptions to the General or Special Terms and Conditions must be clearly identified in your proposal. No exceptions can be made to those General or Special Terms and Conditions that are mandated by law. If no exceptions are identified in your proposal, it is understood that the provisions will become a part of any final agreement.

THIS FORM MUST BE COMPLETED AND RETURNED WITH PROPOSAL

Name of Offering Firm: Commonwealth Tent TIA Commonwealth Event
Address of Offering Firm: 3611 Greendale Rd Richmond VA 23028
DSBSD Certification No.: 009498 Expiration Date: 7/31/27
eVA ID: C17129 Tax ID: 54-1547017
Email: Karen@commonwealthtent.com Telephone: 804-264-6601
Website: www.commonwealthtent.com Fax: 804-264-6610
Submitted By (Print Name & Title): Karen T Richardson - Sales
Signature (In Ink): Karen T Richardson Date: 6/30/25

ADDENDUM
June 17, 2025

ADDENDUM NO. 1 TO ALL OFFERORS:

Reference – Request for Proposals: #UCPUMW 25-1937
Date Issued: June 3, 2025
For Delivery to: University of Mary Washington, Commonwealth of Virginia
Proposal Due Date: July 3, 2025

This addendum consists of one (1) pages.

Questions from Offerors:

1. **Question:** The stage under the 40X tent is tiered...do you know the length of the stage?
UMW Response: The length is 76 feet wide.
2. **Question:** The height of the stage in the back and each tiered by how many inches resulting in being what height in the front?
UMW Response: Tiers are 6" and the front level is 6" off the ground. Due to the bowl shape of the ground, the height varies across each level, but everything is taken off the front portion of the stage.
3. **Question:** The VIP tent...does that have any type of ground covering or no flooring of any type?
UMW Response: There is no flooring of any type.

END OF ADDENDUM NO. 1

Kenneth Manahan
Sr. Contract Officer
Procurement Services
University of Mary Washington
Phone: (540)654-1006

RFP UCPUMW 25-1937 Addendum No. 1 (and all addenda) should be acknowledged and included in the RFP submittal package.

NAME OF OFFERING FIRM: Commonwealth Event
NAME OF OFFEROR REPRESENTATIVE: Karen Richardson
OFFEROR SIGNATURE: Karen Richardson
DATE: 6/30/25

ATTACHMENT 1
 POINT OF CONTACT INFORMATION SINGLE POINT OF CONTACT
RETURN THIS FORM WITH YOUR PROPOSAL PACKAGE

PRIMARY POINT OF CONTACT

CONTACT PERSON'S NAME	Karen Richardson
CELL PHONE NUMBER	804-814-4036
IS CELL PHONE CAPABLE OF RECEIVING TEXT MSGS?	Yes
BEEPER/PAGER NUMBER	N/A
TELEPHONE NUMBER – NORMAL WORKING HOURS	804-264-6621
TELEPHONE NUMBER – AFTER WORKING HOURS	804-814-4036
FAX NUMBER	804-264-6610
EMAIL ADDRESS	Karen@CommonwealthVent.com

EMERGENCY POINT OF CONTACT

CONTACT PERSON'S NAME	Karen Richardson
CELL PHONE NUMBER	804-814-4036
IS CELL PHONE CAPABLE OF RECEIVING TEXT MSGS?	Yes
BEEPER/PAGER NUMBER	N/A
TELEPHONE NUMBER – NORMAL WORKING HOURS	804-264-6621
TELEPHONE NUMBER – AFTER WORKING HOURS	804-814-4036
FAX NUMBER	804-264-6610
EMAIL ADDRESS	Karen@CommonwealthVent.com

(Attachment 1 Continued)

INVOICING/PAYMENT POINT OF CONTACT

CONTACT PERSON'S NAME	Karen RICHARDSON
CELL PHONE NUMBER	804-814-4036
IS CELL PHONE CAPABLE OF RECEIVING TEXT MSGS?	Yes
BEEPER/PAGER NUMBER	N/A
TELEPHONE NUMBER – NORMAL WORKING HOURS	804-264-6621
TELEPHONE NUMBER – AFTER WORKING HOURS	804-814-4036
FAX NUMBER	804-264-6610
EMAIL ADDRESS	Karen@Commonwealth.edu CM

ATTACHMENT 2 CONTRACTOR DATA SHEET
RETURN THIS COMPLETED FORM WITH YOUR PROPOSAL PACKAGE

QUALIFICATION OF CONTRACTOR: The Contractor must have the capability and capacity in all respects to fully satisfy all of the contractual requirements.

- **YEARS IN BUSINESS:** Indicate the length of time in business providing this type of service.

36 Years _____ Months

- **REFERENCES:** Indicate below a list of at least four (4) recent references, either commercial or governmental, for which this type of service has been provided. Include the date the service was furnished, and the name and address of the person the University has permission to contact, date of service, value or order, and contract number:

Name & Address	Contact Person	Email Address	Telephone Number	Description of Work & Date Completed
① Virginia GoldCup P.O. Box 840 Warrenton, VA	Barbara Stammers	Barbma@ VAgoldcup.com	540-347- 2612	Tenting, staging tables, chairs, linens for Horse Race Spring + fall
	Since 2001 to present Date			

② Richmond Sports Backers Megan Keosh 804-
4921 Lakeside Ave 350-1712 Tents, Tables,
Richmond, VA 23228 Meghan@ Chairs, staging
2009 to present Date SportsBackers.org thru out the
year

③ Randolph Macon College 804-752-3150 Tenting, Table,
P.O. Box 5005 Beth King Chairs, staging
Ashland, VA 23005 BethKing@RMC.edu Graduation and
2007 to present Date other school events
thru out the year

④ St. Catherine's School 804-837-4201 Tenting, Tables,
6001 Grove Ave plyne@st.catherines.org Chairs, staging
Richmond VA 23226 Perkins Lyne Linens, china
2005 to present Date School events
thru out the
year

ATTACHMENT 3-- PRICING SCHEDULE

RETURN THIS FORM WITH YOUR PROPOSAL PACKAGE

The Contractor agrees to provide the services in compliance with the scope of work for each specific line item/services at a firm fixed price for the period of this agreement as follows.

In any instance where the contractor cannot provide the required services within an acceptable timeframe, the University reserves the right to purchase these services on the open market.

The quantities are estimated quantities used for evaluation purposes only. The University reserves the right to purchase those services actually needed and in quantities as required by the University regardless of whether such total quantities are more or less than those shown.

Item No	Description	Daily Rental	Quantity	Unit	Total
TENTS and Canopies (Provide, Install, and Remove)					
To include poles and concrete anchors, courtyard tents (all require concrete anchors)					
1	Tents, 10' x 10', Standard Tent	\$ 177 ⁰⁰	1	Each	\$ 177 ⁰⁰
2	Tents, 10' x 10', High Peaked	\$ 225 ⁰⁰	1	Each	\$ 225 ⁰⁰
3	Tents, 15' x 15'	\$ 213 ⁰⁰	1		213 ⁰⁰
4	Tents, 15' x 30'	\$ 348 ⁰⁰	1	Each	\$ 348 ⁰⁰
5	Tents, 20' x 20'	\$ 321 ⁰⁰	1	Each	\$ 321 ⁰⁰
6	Tents, 30' x 30' Frame	\$ 629 ⁰⁰	1	Each	\$ 629 ⁰⁰
7	Tents, 30' x 40' Frame	\$ 762 ⁰⁰	1	Each	\$ 762 ⁰⁰
8	Tents, 30' x 45' Frame	\$ 1745	1	Each	\$ 1745 ⁰⁰
9	Tents, 30' x 50' Frame	\$ 947 ⁰⁰	1	Each	\$ 947 ⁰⁰
10	Tents, 30' x 60' Frame	\$ 1143 ⁰⁰	1	Each	\$ 1143 ⁰⁰
11	Tents, 30' x 75' 70' Frame	\$ 1334	1	Each	\$ 1334 ⁰⁰
12	Tents, 40' x 80' Frame	\$ 2391	1	Each	\$ 2391 ⁰⁰
13	Tents, 60' x 100' Pole	\$ 5100 ⁰⁰	1	Each	\$ 5100 ⁰⁰
14	Tents, 80' x 100' Pole	\$ 6800 ⁰⁰	1	Each	\$ 6800 ⁰⁰
15	Tents, 80' x 210" Pole	\$ 14280 ⁰⁰	1	Each	\$ 14280 ⁰⁰
16	Clear Top Tent, 30' x 30'	\$ 926 ⁰⁰	1	Each	\$ 926 ⁰⁰
17	Clear Top Tent, 30' x 40'	\$ 1234 ⁰⁰	1	Each	\$ 1234 ⁰⁰
18	Clear Top Tent, 30' x 45'	\$ N/A	---	Each	\$ N/A
19	Clear Top Tent, 30' x 50'	\$ 1543 ⁰⁰	1	Each	\$ 1543 ⁰⁰
20	Clear Top Tent, 30' x 60'	\$ 1851 ⁰⁰	1	Each	\$ 1851 ⁰⁰
21	Clear Top Tent, 30' x 30'	\$ 926 ⁰⁰	1	Each	\$ 926 ⁰⁰
22	Clear Top Tent, 30' x 75'	\$ N/A	---	Each	\$ N/A
23	Clear Top Tent, 30' x 90'	\$ N/A	---	Each	\$ N/A
24	Clear Top Tent, 40' x 45' 40'	\$ 11645 ⁰⁰	1	Each	\$ 11645 ⁰⁰
25	Clear Top Tent, 40' x 50'	\$ N/A	1	Each	\$ N/A
26	Clear Top Tent, 40' x 60'	\$ 2468 ⁰⁰	1	Each	\$ 2468 ⁰⁰
27	Clear Top Tent, 40' x 80'	\$ 3291 ⁰⁰	1	Each	\$ 3291 ⁰⁰
28	Clear Top Tent, 40' x 100'	\$ 4114 ⁰⁰	1	Each	\$ 4114 ⁰⁰
29	Clear Peak Tent, 10' x 10'	\$ 215 ⁰⁰	1	Each	\$ 215 ⁰⁰
30	Clear Peak Tent, 10' x 20'	\$ N/A	---	Each	\$ N/A
31	Clear Peak Tent, 15' x 15'	\$ 362 ⁰⁰	1	Each	\$ 362 ⁰⁰
32	Clear Peak Tent, 20' x 20'	\$ 450 ⁰⁰	1	Each	\$ 450 ⁰⁰

Frame

33	Clear Peak Tent, 20' x 30'	\$ 750 ⁰⁰	1	Each	\$ 750 ⁰⁰
34	Clear Peak Tent, 20' x 40' <i>Frame</i>	\$ 1040 ⁰⁰	1	Each	\$ 1040 ⁰⁰
35	Sail Cloth Tent, 45' x 44'	\$ N/A	---	Each	\$ N/A
36	Sail Cloth Tent, 45' x 64'	\$ N/A	---	Each	\$ N/A
37	Sail Cloth Tent, 45' x 84'	\$ N/A	---	Each	\$ N/A
38	Sail Cloth Tent, 45' x 104'	\$ N/A	---	Each	\$ N/A
TENT Accessories (Provide, Install, and Remove)					
39	Concrete Anchors	\$ 30 ⁰⁰	1	Each	\$ 30 ⁰⁰
40	Concrete Covers	\$ 5 ⁰⁰	1	Each	\$ 5 ⁰⁰
41	Tent Pole Covers <i>leg-</i>	\$ 19 ⁰⁰	<i>per leg</i>	Each	\$ 19 ⁰⁰
42	Tent Liner for Each Size Tent	\$ N/A	---	Each	\$ N/A
43	Tent Lights, Bistro - Black and White	\$ <i>Black White</i>	<i>0.50 per ft. 1.25 per ft.</i>	Each	\$
44	Tent Lights, Lanterns, Japanese 12", 16", 20" and 24"	\$ N/A	---	Each	\$ N/A
45	Tent Fan	\$		Each	\$
46	Tent Fan - 12" 16"	\$ 66 ⁰⁰	1	Each	\$ 66 ⁰⁰
47	Tent Fan - 18"	\$ N/A		Each	\$ N/A
48	Drum Fan, 24"	\$ N/A		Each	\$ N/A
49	Tent Gutter	\$ 4.00	<i>per foot</i>	Each	\$
TABLES (Rental, Set-up, Breakdown)					
	<i>Table Setup + Breakdown</i>	\$ 3.00	<i>per table</i>		\$ 3.00
50	Banquet Rectangular 4' x 30"	\$ 8.40	1	Each	\$ 8.40
51	Banquet Rectangular 6' x 30"	\$ 8.10	1	Each	\$ 8.10
52	Banquet Rectangular 8' x 30"	\$ 8.40	1	Each	\$ 8.40
53	Banquet Rectangular 6' x 18"	\$ 10 ⁰⁰	1	Each	\$ 10 ⁰⁰
54	Banquet Rectangular 8' x 18"	\$ 11 ⁰⁰	1	Each	\$ 11 ⁰⁰
55	Banquet Rectangular 8' x 30" Children's Table	\$ 12 ⁰⁰	1	Each	\$ 12 ⁰⁰
56	Banquet Round 3'	\$ 7.40	1	Each	\$ 7.40
57	Banquet Round 4'	\$ 8.50	1	Each	\$ 8.50
58	Banquet Round 5'	\$ 10 ⁰⁰	1	Each	\$ 10 ⁰⁰
59	Banquet Round 6'	\$ 15 ⁰⁰	1	Each	\$ 15 ⁰⁰
60	Cocktail Rounds Tall and Standard Heights 24"	\$ 10 ⁰⁰	1	Each	\$ 10 ⁰⁰
61	Cocktail Rounds Tall and Standard Heights 30"	\$ 10 ⁰⁰	1	Each	\$ 10 ⁰⁰
62	Square 2', Standard and High Top	\$ N/A	---	Each	\$ N/A
63	Square 4', Standard	\$ N/A	---	Each	\$ N/A

64	Square 5', Standard	\$ N/A	—	Each	\$ N/A
65	Serpentine 8'	\$ 12.60	1	Each	\$ 12.60
66	Timberwood Farm Table, 4' x 8'	\$ 75 ⁰⁰	1	Each	\$ 75 ⁰⁰
67	Timberwood Benches for Farm Table	\$ 36.75	1	Each	\$ 36.75
68	King Table, 4' x 8' Rectangular Table	\$ N/A	—	Each	\$ N/A
CHAIRS (Rental, Set-up, Breakdown)		\$		Each	\$
69	Padded Garden, White, Black and Natural	\$ Black - N/A white - 3.75-1 natural - 3.20-1		Each	\$ 3.75 3.20
70	Folding Black, White, and Tan N/A N/A	\$ 1.60	1 white	Each	\$ 1.60
71	Chivari Barstool, Black and Natural, mahogany,	\$ N/A	—	Each	\$ N/A
72	Chivari Black, Gold, Silver, Mahogany, and White	\$ N/A	—	Each	\$ N/A
73	Set Up/Knock Down of Chairs	\$ 1.50	per chair	Each	\$ 1.50
STAGE SECTIONS, 4' X 8' (PROVIDE, INSTALL, AND REMOVE)					
74	Stage, 12" High	\$ N/A	—	Each	\$ N/A
75	Stage, 32" High	\$ N/A	—	Each	\$ N/A
STAGE EQUIPMENT (PROVIDE, INSTALL AND REMOVE)					
76	Staging (Risers 4 x 4)	\$ 45 ⁰⁰	per Section	Each	\$ 45 ⁰⁰
77	Staging Steps	\$	Depends on Height	Each	\$
78	Black Astroturf Covering for Stage	\$.65	per Sq. Ft.	Each	\$.65
79	4' Guard Rails for Staging	\$ 15 ⁰⁰	1	Each	\$ 15 ⁰⁰
80	ADA Access Ramps by the Foot	\$ 25 ⁰⁰	per ft.	Each	\$ 25 ⁰⁰
STAIRS (PROVIDE, INSTALL AND REMOVE)					
81	Stairs, 12" High	\$ N/A	—	Each	\$ N/A
82	Stairs, 32" High	\$ 100 ⁰⁰	1	Each	\$ 100 ⁰⁰
PIPES AND DRAPES (RENTAL ONLY)					

83	10' High Black, Navy Blue and Royal Blue, White	\$ N/A	—	Each	\$ N/A
84	12' High Black, Navy Blue and Royal Blue, White	\$ N/A	—	Each	\$ N/A
85	20' High Black, Navy Blue and Royal Blue, White	\$ N/A	—	Each	\$ N/A
STANCHIONS (RENTAL ONLY)					
86	36" High, without Rope	\$ N/A	—	Each	\$ N/A
87	White Plastic with White Plastic Chain	\$ N/A	—	Each	\$ N/A
STANCHIONS CHROME PORTA POST	Black retractable Stanchion	14.50	1 per		14.50
88	6' Section Red and Black Velour Rope	\$ N/A	—	Each	\$ N/A
89	8' Section Red and Black Velour Rope	\$ N/A	—	Each	\$ N/A
ARCHES (PROVIDE, INSTALL AND REMOVE)					
90	Wood	\$ N/A	—	Each	\$ N/A
COLUMN (PROVIDE, INSTALL AND REMOVE)					
91	33"	\$ N/A	—	Each	\$ N/A
92	46"	\$ N/A	—	Each	\$ N/A
93	56"	\$ N/A	—	Each	\$ N/A
94	76"	\$ N/A	—	Each	\$ N/A
95	Stage Façade, 3' x 4'	\$ N/A	—	Each	\$ N/A
96	Bar Top for Rectangular Table and Skirting, 6' Bar Top and Skirt	\$ 32.00		Each	\$ 32.00
SCREEN (PROVIDE, INSTALL AND REMOVE)					
97	6 Panel Bi-Fold Screen, White	\$ N/A	—	Each	\$ N/A
LOUNGE FURNITURE (PROVIDE, INSTALL AND REMOVE)					
98	Sectional Full Sofa	\$ N/A	—	Each	\$ N/A
99	Sectional Love Seat	\$ N/A	—	Each	\$ N/A
100	Sectional Arm Chair	\$ N/A	—	Each	\$ N/A

101	Sectional Ottoman	\$ N/A	—	Each	\$ N/A
FLOORING (PROVIDE, INSTALL AND REMOVE)					
102	Deck Flooring SuperTrac	\$ 1.25	per sq. ft.	Each	\$ 1.25
103	Dance Floor Cherry, white Black/white check	\$ 1.75	per sq. ft.	Each	\$ 1.75
104	25' Red Carpet	\$ 55.00	1	Each	\$ 55.00
105	50' Red Carpet	\$ 95.00	1	Each	\$ 95.00
MISCELLANEOUS (PROVIDE, INSTALL AND REMOVE)					
106	6' Bar Tops for Rectangular Tables	\$ 12.00	each	Each	\$ 12.00
107	Portable Bar	\$ N/A	—	Each	\$ N/A
BAR					
108	Portable Acrylic Bar	\$ N/A	—	Each	\$ N/A
COMMENCEMENT STAGING	See requirements for staging along with diagrams (Reference Attachment 7 to this RFP)	\$ 10,621.60	to include stage carpet	Each	\$ 10,621.60
DELIVERY		(Per Order)	(Flat Rate)		
109	Delivery and Pickup Charge, Flat Rate, for Chairs, Tables, Pipe and Drapes, Stanchions, and other items as Required.	\$ 175.00		Events	\$ 175.00
TOTAL NET PRICING:					
110	Informational Pricing: The Contractor offers to the University the following discount from the contractor's standard published list price in effect at the time of the rental for all items not listed above 10 % - Listed Price				

If Home care House staked

ATTACHMENT 4 -- SMALL BUSINESS SUBCONTRACTING PLAN
MUST BE COMPLETED AND RETURNED WITH PROPOSAL

All small businesses must be certified by the Commonwealth of Virginia, Department of Small Business and Supplier Diversity (DSBSD) by the due date of the solicitation to participate in the SWaM program. Certification applications are available through DSBSD online at <http://sbsd.virginia.gov>.

DEFINITIONS:

"Micro Business" means a business that is a certified Small Business under the SWaM Program and has no more than twenty-five (25) employees and no more than \$3million in average annual revenue over the three-year period prior to their certification.

"Small business" means a business independently owned and controlled by one or more individuals who are U.S. citizens or legal resident aliens, and together with affiliates, has 250 or fewer employees, or average annual gross receipts of \$10 million or less averaged over the previous three years. One or more of the individual owners shall control both the management and daily business operations of the small business. *Note: DSBSD-certified women- and minority-owned businesses shall also be considered small businesses when they have received DSBSD small business certification. (Code of Virginia, § 2.2-4310)*

"Woman-owned business" means a business that is at least 51% owned by one or more women who are U.S. citizens or legal resident aliens, or in the case of a corporation, partnership, or limited liability company or other entity, at least 51% of the equity ownership interest is owned by one or more women who are U.S. citizens or legal resident aliens, and both the management and daily business operations are controlled by one or more women.
(Code of Virginia, § 2.2-4310)

"Minority-owned business" means a business that is at least 51% owned by one or more minority individuals who are U.S. citizens or legal resident aliens, or in the case of a corporation, partnership or limited liability company or other entity, at least 51% of the equity ownership interest in the corporation, partnership, or limited liability company or other entity is owned by one or more minority individuals who are U.S. citizens or legal resident aliens, and both the management and daily business operations are controlled by one or more minority individuals.
(Code of Virginia, § 2.2-4310)

Bidder Name: Commonwealth Tent T/A Commonwealth Event Co.

Preparer Name: Karen Richardson Date: 6/30/25

INSTRUCTIONS:

- A. If you are certified by the Department of Small Business and Supplier Diversity (DSBSD) as a small business, complete only Section A of this form. This shall not exclude DSBSD-certified women-owned and minority-owned businesses when they have received DSBSD small business certification.
- B. If you are not a DSBSD-certified small business, complete Section B of this form. For the bid to be considered and the bidder to be declared responsive, the bidder shall identify the portions of the contract that will be subcontracted to DSBSD-certified small business in Section B.

ATTACHMENT 4 (CONT'D)

Section A

If you are certified by the Department of Small Business and Supplier Diversity (DSBSD), are you certified as a:

Check All That Apply: Micro Business Small Business Woman-Owned Business Minority-Owned Business

DSBSD Certification No.: 009498 Expiration Date: 7/25/27

Section B

Populate the table below to show your plans for utilization of DSBSD-certified small businesses in the performance of this contract. This shall not exclude DSBSD-certified women-owned and minority-owned businesses that have received the DSBSD small business certification. Include plans to utilize small businesses as part of joint ventures, partnerships, subcontractors, suppliers, etc.

Plans for Utilization of DSBSD-Certified Small Businesses for this Procurement

Small Business Name, Address & DSBSD Cert No.	Indicate if also: Micro (O), Women (W), or Minority (M) Certified	Contact Person, Telephone & Email	Type of Goods and/or Services	Planned Involvement During Initial Period of the Contract (%)	Planned Contract Dollars During Initial Period of the Contract (\$)
Total Planned Subcontracting Spend (\$)					



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/13/2024

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 Foundation Insurance Group Inc 3190 Fairview Park Dr. Ste 104 Falls Church VA 22042	CONTACT NAME: Certificate Department PHONE (A/C, No, Ext): 703-527-8780 E-MAIL ADDRESS: certificates@figva.com	FAX (A/C, No): 703-532-8300
	INSURER(S) AFFORDING COVERAGE	
INSURED Commonwealth Tent Company t/a Commonwealth Event Company 5611 Greendale Road Richmond VA 23228	INSURER A: Axis Insurance Company NAIC # 37273	
	INSURER B: Flagship City Insurance Company 35585	
	INSURER C: Erie Insurance Exchange 26271	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 899854514 **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 type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			A1COVA004-042182-15	12/12/2024	12/12/2025	EACH OCCURRENCE \$ 1,000,000 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 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
C	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			Q12-1240068	12/12/2024	12/12/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0			A5COVA004-042183-15	12/12/2024	12/12/2025	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below			Q96-6200102	12/12/2024	12/12/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Equipment Floater			A1COVA004-042182-15	12/12/2024	12/12/2025	Blanket Inventory 2,300,000

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

CERTIFICATE HOLDER **CANCELLATION**

University of Mary Washington 1301 College Avenue Fredericksburg VA 22401	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
---	---

© 1988-2015 ACORD CORPORATION. All rights reserved.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/13/2024

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 Foundation Insurance Group Inc 3190 Fairview Park Dr. Ste 104 Falls Church VA 22042	CONTACT NAME: Certificate Department PHONE (A/C, No, Ext): 703-527-8780 FAX (A/C, No): 703-532-8300 E-MAIL ADDRESS: certificates@figva.com
	INSURER(S) AFFORDING COVERAGE
INSURED Commonwealth Tent Company t/a Commonwealth Event Company 5611 Greendale Road Richmond VA 23228	INSURER A: Axis Insurance Company NAIC # 37273
	INSURER B: Flagship City Insurance Company 35585
	INSURER C: Erie Insurance Exchange 26271
	INSURER D:
	INSURER E:
	INSURER F:

COVERAGES **CERTIFICATE NUMBER:** 2135671110 **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 type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			A1COVA004-042182-15	12/12/2024	12/12/2025	EACH OCCURRENCE \$ 1,000,000 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 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
C	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			Q12-1240068	12/12/2024	12/12/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			A5COVA004-042183-15	12/12/2024	12/12/2025	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 \$
B	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	Q96-6200102	12/12/2024	12/12/2025	<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
A	Equipment Floater			A1COVA004-042182-15	12/12/2024	12/12/2025	Blanket Inventory 2,300,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 RE: Contract number: UCPUMW 18-661 Special Event Equipment Rental

CERTIFICATE HOLDER **CANCELLATION**

University of Mary Washington Procurement Services Department 1301 College Ave Fredericksburg VA 22401 USA	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
--	---

© 1988-2015 ACORD CORPORATION. All rights reserved.