

Fill in this information to identify the case:

Debtor 1 Fayette Regional Health  
Debtor 2 \_\_\_\_\_  
(Spouse, if filing)  
United States Bankruptcy Court for the: Southern District of Indiana  
Case number 18-07762-JJG-11

RECEIVED

JUN 03 2019

BMC GROUP

Official Form 410

Proof of Claim

04/19

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim

1. Who is the current creditor? Koorsen Fire & Security, Inc.  
Name of the current creditor (the person or entity to be paid for this claim)  
Other names the creditor used with the debtor \_\_\_\_\_

2. Has this claim been acquired from someone else?  No  
 Yes. From whom? \_\_\_\_\_

3. Where should notices and payments to the creditor be sent? **Where should notices to the creditor be sent?**  
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)  
Koorsen Fire & Security, Inc.  
Name  
2719 N Arlington Ave  
Number Street  
Indianapolis IN 46218  
City State ZIP Code  
Contact phone 317-285-0895  
Contact email kyle.rich@koorsen.com

**Where should payments to the creditor be sent? (if different)**  
Name \_\_\_\_\_  
Number Street \_\_\_\_\_  
City State ZIP Code \_\_\_\_\_  
Contact phone \_\_\_\_\_  
Contact email \_\_\_\_\_

Uniform claim identifier for electronic payments in chapter 13 (if you use one):  
-----

4. Does this claim amend one already filed?  No  
 Yes. Claim number on court claims registry (if known) \_\_\_\_\_ Filed on \_\_\_\_\_  
MM / DD / YYYY

5. Do you know if anyone else has filed a proof of claim for this claim?  No  
 Yes. Who made the earlier filing? \_\_\_\_\_



**Part 2: Give Information About the Claim as of the Date the Case Was Filed**

6. Do you have any number you use to identify the debtor?  No  Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: 7 0 0 7

7. How much is the claim? \$ 5,998.98. Does this amount include interest or other charges?  
 No  
 Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. What is the basis of the claim? Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as health care information.  
Services Performed

9. Is all or part of the claim secured?  No  Yes. The claim is secured by a lien on property.  
**Nature of property:**  
 Real estate. If the claim is secured by the debtor's principal residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.  
 Motor vehicle  
 Other. Describe: \_\_\_\_\_  
**Basis for perfection:** \_\_\_\_\_  
Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)  
**Value of property:** \$ \_\_\_\_\_  
**Amount of the claim that is secured:** \$ \_\_\_\_\_  
**Amount of the claim that is unsecured:** \$ \_\_\_\_\_ (The sum of the secured and unsecured amounts should match the amount in line 7.)  
**Amount necessary to cure any default as of the date of the petition:** \$ \_\_\_\_\_  
**Annual Interest Rate** (when case was filed) \_\_\_\_\_ %  
 Fixed  
 Variable

10. Is this claim based on a lease?  No  Yes. Amount necessary to cure any default as of the date of the petition. \$ \_\_\_\_\_

11. Is this claim subject to a right of setoff?  No  Yes. Identify the property: \_\_\_\_\_

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

No

Yes. Check one:

Amount entitled to priority

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

\$ \_\_\_\_\_

Up to \$3,025\* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).

\$ \_\_\_\_\_

Wages, salaries, or commissions (up to \$13,650\*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).

\$ \_\_\_\_\_

Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).

\$ \_\_\_\_\_

Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).

\$ \_\_\_\_\_

Other. Specify subsection of 11 U.S.C. § 507(a)( ) that applies.

\$ \_\_\_\_\_

\* Amounts are subject to adjustment on 4/01/22 and every 3 years after that for cases begun on or after the date of adjustment.

**Part 3: Sign Below**

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

I am the creditor.

I am the creditor's attorney or authorized agent.

I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date

05/29/2019  
MM / DD / YYYY

Signature

*Kyle Rich Corp Credit & Collection Mgr*

Print the name of the person who is completing and signing this claim:

Name Kyle Todd Rich  
First name Middle name Last name

Title Corporate Credit & Collection Manager

Company Koorsen Fire & Security, Inc.  
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 2719 N Arlington Ave  
Number Street

Indianapolis IN 46218  
City State ZIP Code

Contact phone 317-285-0898 Email kyle.rich@koorsen.com

# Koorsen<sup>®</sup>

## FIRE & SECURITY

REMIT TO: Koorsen Fire & Security  
 2719 N Arlington Avenue  
 Indianapolis, IN 46218-3322  
 1-888-KOORSEN Include Invoice # on check.

No.: 4479061 Date of Work: 06/27/2018 Cust. Order #: 125409  
 Invoice Date: 06/28/2018 SO#: 3139677 Date Due: 07/23/2018

Cust ID 07FAY7007

SERVICE07/24

Sold To:

FAYETTE REGIONAL HEALTH  
 1941 VIRGINIA AVE  
 CONNERSVILLE, IN 47331

JOB#

Location:

JE HENRY BLDG/CONN IMMED CARE  
 2025 VIRGINIA AVE  
 \*E-MAIL INV\*  
 CONNERSVILLE, IN 47331

07-HOUSE / 07-373134 / TK07-05

QUANTITY		AMOUNT
	JUNE FIRE EXTINGUISHER SERV Annual WORK ORDER SIGNED BY RAMONA NEWTON	
12.00	INSP-FE-A INSPECTION OF FIRE EXTINGUIS	64.20
12.00	CIKT000 TAG, INSPECTION-KOORSEN YELLOW	
12.00	CIKT003 TAG, OSHA-KOORSEN PAPER MONTHLY INS	16.80
12.00	BRKSY SEAL, TAMPER KOORSEN LOGO YR 2018	
1.00	KFPD5LB-AL-VB EXTINGUISHER 5# ABC ALUM	69.00
1.00	99MATLGPB SERVICE MATERIALS GEN PROD	10.00
	TOTAL SALES/SERVICES XMP# 0018188800	160.00
	TOTAL	160.00

Pay online @ [www.koorsen.com](http://www.koorsen.com). To pay by credit card, please phone or return to us:  
 Circle: VISA MC AMEX Card Number \_\_\_\_\_  
 Name on Card \_\_\_\_\_ Expiration Date \_\_/\_\_/

Total Sales	Taxable Sales	Tax Amount	Shipping Charge	Invoice Total
160.00	0.00	0.00		160.00

FIRE EXTINGUISHER WORK ORDER 1450 NW 11TH ST  
 RICHMOND, IN 47374  
 765/935-7781



N25

07FAY7007 Sales Tax = 0.00% Tech # = 07-373134

WORK ORDER # S03139677 24

INVOICE TO  
 FAYETTE REGIONAL HEALTH SYSTEM  
 1941 VIRGINIA AVE  
 CONNERSVILLE, IN 47331

SERVICE LOCATION  
 JE HENRY BLDG/CONN IMMED CARE  
 2025 VIRGINIA AVE  
 \*E-MAIL INV\*  
 CONNERSVILLE, IN 47331

CUSTOMER PAYMENT  CASH  CHECK-# \_\_\_\_\_  VISA  MC  AMEX CARD #

EXP DATE

(12) L2/L3/NO-STC ALSO IMMEDIATE CARE AREA 2 STES W/2  
 EXTGS IN @ONE-\*EMAIL INV:ACCOUNTSPAYABLE@FAYETTEREGIONAL.ORG  
 \*CALL BELINDA FOR APPT\*  
 0702 PO = PO REQ Renewal 06/30/2019 765/827-7714-  
 JUNE FIRE EXTINGUISHER SERV Annual

QTY	SIZE / TYPE	QTY 6 YEAR	QTY RECH	QTY HYDRO	6 YM/RE PRICE	HYDRO PRICE	TOTAL PRICE	ITEM DESCRIPTION	QTY	UNIT PRICE	TOTAL PRICE
	2.5# ABC							VALVE STEMS			
12	5/6# ABC							BR6092A BR6093A			
	10# ABC							BRASVS4 BRASVS5			
	20# ABC							BR19010B BR103215W			
	10# PURPLE K							O-RING			
	20# PURPLE K							BROR27 BROR29			
	HALON 1211							BROR37 BROR39			
	HALOTRON							BRQR40 BRQR41			
	FE-36							SIGNS			
	5 CO2							BRBL105 BRBL109 BRBL108			
	10 CO2							LABELS			
	15 CO2							CIKL040 CIKL011			
	20 CO2							CIKL053			
	H2O MIST 6L / 2.5 GAL							TAGS / COLLARS			
	K CLASS 6L / 2.5 GAL							CIKT001 12 CIKT077	12		
TOTAL							UNIT PRICE				
	INSPECTIONS	(A)	M	S	Q			CIKT003 12 BRPTAG CIKT 002	12		
	WHLD#							CIKT023 CIKT024			
	CART OP#							GAUGE			
	FIRE HOSE 50FT 75FT 100FT							BRG195			
	#S RECAPTURE							MISCELLANEOUS / ADD'L PARTS			
	#S NEW CLEAN AGENT							PULL PIN-BRNPP			
	EXIT / EMERGENCY LIGHTS							AM14776 STRAP/CLIP SM			
	QUICK CHECK / ANNUAL BATTERY TEST/90 MIN							AM14778 STRAP/CLIP LG			
	CIKL008 LABEL							BRKS <input checked="" type="checkbox"/> Y <input type="checkbox"/> R <input type="checkbox"/> W	12		
	BULBS / BATTERIES							CONDUCTIVITY TEST			
	BRBT6							DISPOSAL PER UNIT			
	BRBT65S							EE25A H / S			
	6V 12 AMP							EE5A H / S / R			
	6V 7 AMP							EE10A H / S / R			
	6V 4 AMP							EE20A H / S			
								EK-H			
								FE 1 2 3 4 5 6 7 8 9 10			
								KEEP 5 LB SLB ABC	1		
TOTAL LEFT								TOTAL RIGHT			

Please read carefully. We are not an insurer. Our maximum liability is limited to \$250.00. Vendor shall not be responsible for the improper operation on any inspected equipment that, after serviceman has left premises, has been discharged, vandalized, tampered with or damaged. User acknowledges receipt of copy and that he has read and understands reverse side of agreement.

CUSTOMER Ramona Newton PRINT CUSTOMER NAME \_\_\_\_\_

TRUCK # 0705 SPECIALIST Cody Platts DATE 6/27/18

TOTAL LEFT	
TOTAL RIGHT	
SUB TOTAL	
TAXABLE AMOUNT	
TAX	
TOTAL \$	

# Koorsen® FIRE & SECURITY

REMIT TO: Koorsen Fire & Security  
2719 N Arlington Avenue  
Indianapolis, IN 46218-3322  
1-888-KOORSEN Include Invoice # on check.

No.: 4481255  
Invoice Date: 06/29/2018

Date of Work: 06/29/2018  
Cust. Order #: 125409  
SO#: 3169295  
Date Due: 07/24/2018

Cust ID 07FAY7007

Sold To:  
FAYETTE REGIONAL HEALTH  
1941 VIRGINIA AVE  
CONNERSVILLE, IN 47331

JOB# SERVICE07/21  
Location: CONNERSVILLE MEDICAL CTR  
420 W 24TH ST  
\*E-MAIL INV\*  
CONNERSVILLE, IN 47331

07-HOUSE / 07-000432 / TK07-08

QUANTITY		AMOUNT	
	ADDED SMOKE DETECTORS TO THE 4 ROOMS IN THE LAB AREA WORK ORDER PER JENNIE W		
4.00	CEFP-11 DETECTOR, INTLGNT P/E	189.00	756.00
1.00	99LABOR-49 LABOR FIRE ALARM REPAIR REGULAR	285.00	285.00
	TOTAL SALES/SERVICES XMP# 0018188800		1041.00
	TOTAL		1041.00
<p>Pay online @ <a href="http://www.koorsen.com">www.koorsen.com</a>. To pay by credit card, please phone or return to us:</p> <p>Circle: VISA MC AMEX Card Number _____</p> <p>Name on Card _____ Expiration Date ___/___</p>			
Total Sales	Taxable Sales	Tax Amount	Shipping Charge
1,041.00	0.00	0.00	Invoice Total ⇨
			1041.00

0749

INVOICE TO:		WORK ORDER #	3149295
CUSTOMER AUTHORIZATION: X		SERVICE LOCATION:	FAYETTE REGIONAL HEALTH SYSTEM 400 W. 26th ST COLUMBUS, OH 43211
		DATE DUE:	6/29/18

No. of Technicians	Service Zone	Portal to Portal Travel Hrs.	Arrived	Departed	Problems Found:

Type of System	Manufacturer	<input type="checkbox"/> Trouble Call
FA	SIEMENS	<input type="checkbox"/> Routine Inspection

Description of Work Performed:  
 WE ADD SMOKE DETECTORS TO THE 4 ROOMS IN THE SLEEP LAB AREA.

Company Name	Fire Alarm	Sprinkler	Clean Agent	CO2/FM200/Inergen	Alarm Monitoring	Access Control	Security System	Video Surveillance

Qty.	Material Used	Each	Amount	Date	Technician	Hrs.	Rate	Labor Charge
4	LEPP-11	18.900	756.00	6/29	EPH	3		
	0103							
Material Total Forward								

The above inspection is made for the purpose of checking the mechanical and/or electrical operation of the equipment and not to determine or guarantee proper capacity, engineering or original installation.  
 Vendor shall not be responsible for the improper operation of any inspected equipment that, after serviceman has left premises, has been discharged, vandalized, tampered with or damaged.  
 The reverse of this agreement is incorporated herein. Please read carefully. We are not an insurer. Our maximum liability is limited to \$250.00. User acknowledges receipt of copy and that he has read and understands reverse side of agreement.

Customer's Signature: *[Signature]* Date: *[Blank]*  
 Technician's Signature: *[Signature]* Date: 6/29/18

Print Customer Name: DR. TONNIE WELLMAN

Total Labor Hrs.	385.02
Total Material	756.00
Sub-Total	
Sales Tax	
Total Due	

# Koorsen® FIRE & SECURITY

# INVOICE

REMIT TO: Koorsen Fire & Security  
2719 N Arlington Avenue  
Indianapolis, IN 46218-3322  
1-888-KOORSEN Include invoice # on check.

No.: 4482482  
Invoice Date: 06/29/2018

Date of Work: 06/29/2018  
Cust. Order #: 125409  
SO#: 3138093  
Date Due: 07/24/2018

Cust ID 07FAY7007

JOB# SERVICE07/0

Sold To:


FAYETTE REGIONAL HEALTH  
1941 VIRGINIA AVE  
CONNERSVILLE, IN 47331

JOB#

Location:

FAYETTE REGIONAL HEALTH SYSTEM  
1941 VIRGINIA AVE  
\*E-MAIL INV\*  
CONNERSVILLE, IN 47331

07-HOUSE / 07-373134 / TK07-05

QUANTITY		AMOUNT	
JUNE RESTAURANT SYS SERVICE Semi-Annual WORK ORDER SIGNED BY RANDY TELKER			
1.00	INSP-REST3-S INSPECTION OF RESTAURANT SYS -	167.65	167.65
1.00	INSP-RESTPIPE-S INSPECTION-DISCHARGE PIPE /AC	29.90	29.90
1.00	BRGTL1 LINK, FUSIBLE, TEST LINK MODELS ML, K	5.95	5.95
16.00	AN77695 CAP, BLOW OFF, REST, RUBBER R-102 ANSUL	6.90	110.40
1.00	BRG45 GASKET, REPLACEMENT REST ANSUL(181)/AM	4.75	4.75
3.00	AN417911 BURSTING DISC	10.20	30.60
7.00	ANV439088 LINK, FUSIBLE, 360K, *5 STAR MODEL SL,	14.50	101.50
1.00	CIKT000 TAG, INSPECTION-KOORSEN YELLOW		
3.00	CIKT023 COLLAR, SERVICE VERIFICATN SMALL		
1.00	99MATLGPB SERVICE MATERIALS GEN PROD	10.00	10.00
1.00	99SCREST1 SERVICE CALL RESTAURANT/ KITCHEN 1	47.00	47.00
1.00	99FUELSC FUEL CHARGE	3.95	3.95
TOTAL SALES/SERVICES XMP# 0018188800			511.70
TOTAL			511.70
Pay online @ <a href="http://www.koorsen.com">www.koorsen.com</a> . To pay by credit card, please phone or return to us:			
Circle: VISA MC AMEX Card Number _____			
Name on Card _____ Expiration Date ___/___			
Total Sales	Taxable Sales	Tax Amount	Shipping Charge
511.70	0.00	0.00	
Invoice Total 			511.70



1450 NW 11TH ST  
 RESTAURANT SYSTEMS WORK ORDER RICHMOND, IN 47374  
 765/935-7781

**Koorse**  
**FIRE & SECURITY**

N25

Tech # = 07-373134

07FAY7007

Sales Tax = 0.00%

WORK ORDER # 303738093

INVOICE TO  
 FAYETTE REGIONAL HEALTH SYSTEM  
 1941 VIRGINIA AVE  
 CONNERSVILLE, IN 47331

SERVICE LOCATION  
 FAYETTE REGIONAL HEALTH SYSTEM  
 1941 VIRGINIA AVE  
 \*E-MAIL INV\*  
 CONNERSVILLE, IN 47331

CUSTOMER PAYMENT  CASH  CHECK-#  VISA  MC  AMEX CARD #

EXP DATE

ANSUL R102 9-GAL\*\* \*CALL BELINDA FIRST FOR APPT & PO 827-7714\*

\*EMAIL INV:ACCOUNTSPAYABLE@FAYETTEREGIONAL.ORG

0705 PO = PO REQ

Renewal 10/31/2018

765/827-7714-

JUNE RESTAURANT SYS SERVICE Semi-Annual

RESTAURANT INSPECTION / SERVICE							
SYSTEM MFG.							
PART NUMBER	QTY	UNIT PRICE	TOTAL				
CYLINDERS	3						
99-TEST-REG							
HT-REST							
SYSTEM RECHARGE							
ACT / PIPE INSP	1						
PIRANHA FLOW TEST							
DISCHARGE PROTECTION							
LINKS							
DISCHARGE PROTECTION							
PART NUMBER	QTY	UNIT PRICE	TOTAL				
BRG360 (A K ML)							
BRG500ML							
TEST LINK BRGTL1	1						
NOZZLES / CAPS / OTHER							
PART NUMBER	QTY	UNIT PRICE	TOTAL				
AN77695 (CAPS)	16						
AN 433208 (METAL CAPS)							
AM12334 (RUBBER CAP)							
BG9197290 (CAPS)							
BRKR97054 (FOILS)							
BRG45 (CART GASKET)	1						
AN56909 ("O" RING GASKET)							
AN417911 BURST DISC	3						
AN68800 VENT PLUG							
FIRE EXTINGUISHER INSP. AND SERVICE							
QTY	SIZE / TYPE	QTY 8 YEAR	QTY RECH	QTY HYDRO	6YR/RE PRICE	HYDRO PRICE	TOTAL
	5/6#ABC						
	10#ABC						
	K CLASS						
TOTAL							UNIT PRICE
INSPECTIONS		A	M	(S)	Q		

EXIT & EMERGENCY LIGHT SERVICE			
PART NUMBER	QTY	UNIT PRICE	TOTAL
QCK CHK/ANI. BAT TEST/90 MIN			
LIGHT INSTALLATION			
BRBT6			
BRBT65S			
BRPRB64			
BRPRB67			
BPPRB612			
PILOT CARTRIDGES			
PART NUMBER	QTY	UNIT PRICE	TOTAL
BRPCC			
BRKRC			
TAGS / LABELS			
PART NUMBER	QTY	UNIT PRICE	TOTAL
KL021 KL022			
KL023 KL024			
KL059 KL028			
KT077			
KT009 (INSPECTION TAG)	1		
KT008 (RED TAG)			
BRKS (R W Y) PULL SEAL			
KT023 (NECK COLLARS)	3		
KT003 KT001			
KL008 KL011			
MISCELLANEOUS PARTS			
PART NUMBER	QTY	UNIT PRICE	TOTAL
BRASBR (BREAK ROD)			
PULL PIN BRNPP			
DISPOSAL PER UNIT			
EE5A H S R			
EE10A H S R			
EEK-H			
	360K		
	7		

TOTAL LEFT 1

TOTAL RIGHT 2

CUSTOMER: Ranchy Telles DATE: 6/29/18  
 TRUCK # 0705 TECHNICIAN: Cody Harris DATE: 6/29/18

TOTAL LEFT 1   
 TOTAL RIGHT 2   
 TAX   
 INSPECTION TOTAL   
 TOTAL \$

# Koorsen<sup>®</sup>

## FIRE & SECURITY

# INVOICE

REMIT TO: Koorsen Fire & Security  
 2719 N Arlington Avenue  
 Indianapolis, IN 46218-3322  
 1-888-KOORSEN Include invoice # on check.

No.: 4503856

Date of Work: 07/27/2018 Cust. Order #: 87523

Invoice Date: 07/27/2018

SO#: 3190524

Date Due: 08/21/2018

Cust ID 07FAY7007

JOB# SERVICE07/13

Sold To:

FAYETTE REGIONAL HEALTH  
 1941 VIRGINIA AVE  
 CONNERSVILLE, IN 47331

JOB#

Location:

FAYETTE REGIONAL CARE PAVILION  
 450 ERIE ST  
 \*E-MAIL INV\*  
 CONNERSVILLE, IN 47331

07-HOUSE / 07-HOUSE / STOCK07

QUANTITY: 2 4545 AMOUNT


FIRE TRAINING VIDEO AND LIVE BURNS  
 WORK ORDER SIGNED BY EMILY FOSTER

1.00	99TRAINING TRAINING CLASS, FIRE	325.00	325.00
TOTAL SALES/SERVICES XMP# 0018188800			325.00
TOTAL			325.00

Pay online @ [www.koorsen.com](http://www.koorsen.com). To pay by credit card, please phone or return to us:

Circle: VISA MC AMEX Card Number \_\_\_\_\_

Name on Card \_\_\_\_\_ Expiration Date \_\_/\_\_/

Total Sales	Taxable Sales	Tax Amount	Shipping Charge	Invoice Total 
325.00	0.00	0.00		325.00

Koorsen Fire & Security, Inc.

(P.O. 87523)

Branch # 07 Richmond

P.O. # System P.O. 180726-G-46

Address 1450 NW 11<sup>TH</sup> ST

**Packing List/Delivery Receipt**

City Richmond State IN Zip 47374

No. 136839 | Date 7/26/18

Invoice To \_\_\_\_\_

Ship To Fayette Regional Health System

Cannonsville IN

Account No. | Purchase Order No. | Cartons-Pkgs. | Total Weight | PPD. or Coll. | Ship Via

Quantity Ordered	Quantity Back-Ord'd.	Quantity Shipped	Description	Price Each	Amount
			"Fire Training" Videos + Live Burns	0737	
					\$ 325. <sup>00</sup>

PLEASE NOTIFY US IMMEDIATELY IF ERROR IS FOUND IN SHIPMENT

Emily S. Foster  
Customer Signature

Davey Lakes  
Packed/Delivered By

Service/ Shipping Charge  
Sub-Total  
Sales Tax  
Total Due

No returned merchandise accepted for credit unless authorized. All claims must be made within 5 days from date of invoice. The reverse of this agreement is incorporated herein. Please read carefully. We are not an insurer. Our maximum liability is limited to \$250.00. User acknowledges receipt of copy and that he has read and understands reverse side of agreement.

# Koorsen<sup>®</sup>

## FIRE & SECURITY

# INVOICE

REMIT TO: Koorsen Fire & Security

2719 N Arlington Avenue  
Indianapolis, IN 46218-3322

1-888-KOORSEN Include invoice # on check.

Cust ID 07FAY7007

Sold To:

FAYETTE REGIONAL HEALTH SYSTEM  
1941 VIRGINIA AVE  
CONNERSVILLE, IN 47331

No.: 4511451

Invoice Date: 08/01/2018

Date of Work:

SO#: 4511451

Cust. Order #:

EMAIL /16

12

Date Due:

08/26/2018

JOB#

SERVICE07/ 27

Location:

KAPOOR, DR SHIV (OLD)  
1728 VIRGINIA AVE  
\*E-MAIL INV\*  
CONNERSVILLE, IN 47331

07-DBLUNK

QUANTITY		AMOUNT
	QUARTERLY BILLING COMM BURG MON BASE SVC	60.00
	SEPTEMBER 01, 2018 THRU NOVEMBER 30, 2018	
	PO: EMAIL 12/16	
	QUARTERLY BILLING COMM BURG MON CELL/NET	15.00
	SEPTEMBER 01, 2018 THRU NOVEMBER 30, 2018	
	PO: MAIL 12/16	
	Total	75.00

Total Sales  
75.00

Taxable Sales  
75.00

Tax Amount  
0.00

Shipping Charge

Invoice Total →

75.00

# MONITORING and ALARM SERVICES AGREEMENT



Customer Account No: 07FAY7007-27 Monitoring Account No: K088828

Customer Name and Address: (equipment location) Koorsen Fire & Security, Inc. (appears as KFS in body of agreement)

DR. SHIV & SEEMA KAPOOR  
1728 VIRGINIA AVE  
CONNERSVILLE, IN 47331

1450 NW 11TH ST  
RICHMOND, IN 47374

Attn: \_\_\_\_\_ Phone: 765/825-4044 Rep: DEREK BLUNK Phone: 765/935-7781

KFS will install or cause to be installed the equipment and furnish the services indicated herein:

Attach Security Quotation No: \_\_\_\_\_ Or  Describe Installation and/or Set-up Services Below:

Setup Charges \$ \_\_\_\_\_  
 % Tax \$ \_\_\_\_\_  
 Total Charges \$ \_\_\_\_\_

Koorsen Fire & Security can connect smoke, heat, and fire initiating devices to your security panel. These initiating devices can be placed in any location that the owner chooses. Engineered drawings of your system are not being made or submitted to the Authority Having Jurisdiction for approval. This approval process is a guideline put forth by the National Fire Protection Association for building fire alarm systems. It is Koorsen's intent to provide a security system that will have initiating devices attached, which meets the approval of the owner. It is further understood that existing smoke detectors installed by the builder, electrical contractor, or any party other than KFS are not connected to the security alarm panel and will not transmit signals to the central station.

Not applicable for Commercial Fire Alarm System Monitoring. Please initial to indicate you have read and understand this paragraph: CL

**CENTRAL STATION MONITORING SERVICES: (CHECK ALL THAT APPLY)**

Commercial Burglar Alarm Monthly Base Monitoring Charge \$ 20.00

Fire Alarm  Sprinkler Flow  Sprinkler Tamper

Residential Alarm  Res. Smoke Test Freq: \_\_\_\_\_

Open / Close  Superv. Report Freq: \$ \_\_\_\_\_

Other: \$ \_\_\_\_\_

**INTERNET COMMUNICATOR**  Accept  Decline Initials: CL

I understand that the reliability of internet transmission of alarm signals is dependent on the availability of local and wide area networks outside the control of KFS.

Monthly Internet Service Charge \$ \_\_\_\_\_

**CELLULAR COMMUNICATOR**  Accept  Decline Initials: CL

I understand that the installation of a cellular communicator will aid in the transmission of alarm signals in the event the primary communication line (telephone or internet) is out of service for any reason.

Monthly Cellular Service Charge \$ 5.00

**EXTENDED WARRANTY**  Accept  Decline Initials: CL

Covers Parts & Labor (Mon-Fri / 8:00am - 5:00pm) for full term of agreement.

\$ \_\_\_\_\_ trip charge applies to each service call.

Monthly Service Charge \$ \_\_\_\_\_

AGREEMENT SUMMARY	
Periodic Service Payment Calculation	
Total of All Monthly Service Charges	\$ 25.00
% Service Tax	\$
Total Monthly Service Charge plus Tax	\$
<input type="checkbox"/> Monthly Auto Debit (attach authorization)	
<input checked="" type="checkbox"/> Billed Quarterly at	\$ 75.00
<input type="checkbox"/> Billed Annually at	\$
<input type="checkbox"/> Other:	\$
Total Equip., Installation, Setup, and Taxes	\$
Less Deposit of %	\$
Equipment Balance Due Upon Completion	\$
Initial Periodic Svc. Due Upon Completion	\$
<b>Grand Total Due Upon Completion</b>	<b>\$ 75.00</b>

**Term, Renewal & Expiration:**

This agreement shall remain in full force for the period covered by this agreement and shall thereafter continue on a year-to-year basis unless written notice of termination is given by either party to the other at least (60) days prior to the expiration of the initial term. The initial term of this agreement expires 3 years from the date initial central station testing is completed.

Customer agrees that at any time following expiration of this agreement, Koorsen may increase the annual fee for the renewal thereof. Customer agrees to pay the full amount of such increase, which does not exceed a 5% increase over the previous annual fee. In the event Koorsen increases the annual fee by an amount greater than 5%, Customer may terminate the agreement upon written notice to Koorsen within fifteen (15) days of notification of such increase.

If customer moves out of KFS' service area, or closes business operations in city specified above, the customer has the right to provide 30 days prior written notice of termination and agrees to pay an early cancellation fee.

Customer agrees to pay, in addition to the service charges above, any false alarm assessments, taxes, fees or charges that are imposed by any governmental body, relating to the installation or service provided under this Agreement and to pay any increase in charges to KFS for facilities required for transmission of signals under this Agreement.

Entire Agreement - Customer acknowledges that he is aware that no alarm system can guarantee prevention of loss; that human error on the part of KFS or the municipal authorities is always possible, and that signals may not be received if the transmission mode is cut, interfered with, or otherwise damaged. This agreement constitutes the entire agreement between the customer and KFS. In executing this agreement, customer is not relying on any advice or advertisement of KFS. Customer agrees that any representation, promise, condition, inducement or warranty, express or implied, not included in writing in this agreement shall not be binding upon any party, and that the terms and conditions hereof apply as printed without alteration or qualification, except as specifically modified in writing. The terms and conditions of this agreement shall govern notwithstanding any inconsistent or additional terms and conditions or any purchase order or other document submitted by the customer.

It is understood that KFS is not an insurer, that it shall specifically be the obligation of the customer to purchase any insurance which customer desires to protect itself from loss, damage or injury due directly or indirectly to occurrences or consequences therefrom, which the service or system is designed to detect or avert. Section 6 of this agreement limits KFS' liability to \$500.00 or 10% of the annual service charge if customer or anyone else suffers any harm (damage or loss of property, personal injury, or death) because the system failed to operate properly or KFS was careless or acted improperly. Attention is directed to the limited warranty, limit of liability and other conditions on PAGE 2. INITIALS: CL

Koorsen Fire & Security, Inc.	Title	Date	Customer P.O. Number (if required) or S.S.N.
By: <u>Derek Blunk</u>	SEC DIVISION	12/13/13	
Customer's Acceptance	Title	Date	Customer's Printed Name
By: <u>Candace Linnell</u>	<u>Owner</u>	<u>12-16-13</u>	

By acceptance, I acknowledge that I have received a copy of this agreement and I hereby authorize KFS to check my credit information. I also understand that I may cancel this transaction any time prior to the end of the third business day after the date of this transaction. To cancel, mail (or deliver) a signed notice of cancellation to Koorsen Fire & Security (see local branch address above.)

1. **LIMITED WARRANTY** - Any part of the system, including the wiring, installed under this Agreement which proves to be defective in material or workmanship within 90 days of the date of completion of installation will be repaired or replaced at KFS' option with a new or functionally operative part. Labor required to repair or replace such defective components or to make mechanical adjustments to the system will be free of charge for a period of ninety (90) days following the completion of the original installation. This warranty is extended only to the original consumer purchaser of the system and may be enforced only by such person. To obtain service under this warranty, call or write our local KFS Service Department at the telephone number or address found in your local yellow pages.

Service pursuant to the warranty will be furnished only during KFS' normal working hours 8:00 A.M. to 4:45 P.M., exclusive of Saturdays, Sundays, and holidays. Services rendered outside the normal working hours of KFS are not within the scope of this warranty and any services requested to be performed at such times shall be charged for at KFS' then applicable rates for labor and material.

This Warranty does not apply to the conditions listed below and in the event Customer calls KFS for service under the Warranty and upon inspection it is found that one these conditions has led to the inoperability or apparent inoperability of the system, a charge will be made for the service call of the KFS representative whether or not he actually works on the system. Should it actually be necessary to make repairs to the system due to one of the 'Conditions not covered by Warranty', a charge will be made for such work at KFS' then applicable rates for labor and material.

**CONDITIONS NOT COVERED BY WARRANTY:** A. Damage resulting from accidents, acts of God, alterations, misuse, tampering or abuse. B. Failure of the Customer to properly follow close or secure a door, window, or other point protected by a burglar alarm device. C. Failure of Customer to properly follow operating instructions provided by KFS at time of installation or at a later date. D. Trouble in leased telephone lines. E. Trouble due to interruption of commercial power. F. Battery replacements, security screens, exterior mounted devices. G. The expense of ordinary maintenance and repair of said system due to normal wear and tear. H. The expense of extraordinary maintenance and repair due to alterations in the Customer's premises, alterations of the system made at the request of the Customer or made necessary by changes in the Customer's premises, damage to the premises or alarm system, or to any cause beyond the control of KFS.

THE ABOVE LIMITED WARRANTY AND BELOW EXTENDED LIMITED WARRANTY ARE IN LIEU OF ALL OTHER EXPRESSED WARRANTIES. ANY IMPLIED WARRANTIES OF MERCHANTABILITY AND FITNESS FOR A PARTICULAR PURPOSE SHALL COINCIDE IN DURATION WITH THE ONE (1) YEAR LIMITED WARRANTY. THE EXCLUSIVE REMEDY TO THE CUSTOMER HEREUNDER SHALL BE REPAIR OR REPLACEMENT AS STATED ABOVE. UNDER NO CIRCUMSTANCES SHALL KFS BE LIABLE TO THE CUSTOMER OR ANY OTHER PERSON FOR INCIDENTAL OR CONSEQUENTIAL DAMAGES OF ANY NATURE, INCLUDING WITHOUT LIMITATION, DAMAGES FOR PERSONAL INJURY OR DAMAGES TO PROPERTY, WHETHER ALLEGED AS RESULTING FROM BREACH OF WARRANTY BY KFS, THE NEGLIGENCE OF KFS OR OTHERWISE, KFS' LIABILITY WILL IN NO EVENT EXCEED THE PURCHASE PRICE OF THE SYSTEM. SOME STATES MAY NOT ALLOW LIMITATIONS ON HOW LONG AN IMPLIED WARRANTY LASTS, OR THE EXCLUSION OR LIMITATION OF INCIDENTAL OR CONSEQUENTIAL DAMAGES TO THE ABOVE LIMITATIONS AND EXCLUSION MAY NOT APPLY TO YOU.

No agent, employee or representative of KFS or any other person is authorized to modify this Warranty in any respect. This Warranty gives you specific legal rights and you may also have other rights which vary from state to state.

2. **INSTALLATION** - KFS agrees to install the equipment listed on the reverse side of this Agreement in a workmanlike manner in accordance with the following conditions: A. Customer will make premises available without interruption during KFS normal working hours, 8:00 A.M. to 4:45 P.M., exclusive of Saturdays, Sundays, and holidays. B. Customer understands that the installation will necessitate drilling into various parts of the premises. KFS intends, generally, to conceal wiring in the finished areas of the premises, however, there may be areas in which due to construction, decoration, or furnishing of the premises, KFS determines, in its sole discretion, that it would be impractical to conceal the wiring and in such cases, wire will be exposed. C. Customer agrees to provide 110 AC electrical outlets at designated locations for equipment requiring AC power. D. Customer agrees to provide for lifting and replacing carpeting, if required, for installation of floor mats or wiring. Customer warrants that Customer owns the premises in which the equipment is being installed and that the Customer has the authority to engage KFS to carry out the installation in the premises.

The Customer agrees to furnish any necessary electric current through the Customer's meter and at the Customer's own expense. Customer will obtain and keep in effect all permits or licenses that may be required for the installation and operation of the system.

Customer has the affirmative duty to inform KFS, prior to beginning of installation, of every location at the premises where KFS' employees or agents should not (because of concealed obstructions or hazards such as pipes, wires or asbestos) enter or drill holes. If asbestos or other health hazardous material is encountered during installation, KFS will cease work until Customer, at its sole expense, obtains clearance from a licensed asbestos removal or hazardous material contractor and that continuation of work will not pose any danger to KFS personnel. In no case shall KFS be liable for discovery or exposure of hidden asbestos or other hazardous material, and Customer shall indemnify and hold KFS and its employees harmless from any claims brought against KFS and/or its employees by third parties for damages, personal injury, death, emotional injury, whether actual or prospective, allegedly caused by the presence, spread, ingestion or inhalation of any substance/vapor on or originating from Customer's premises.

If Customer or any governmental agency or insurance interest wants KFS to change the system described herein, or change it after it is installed, Customer agrees to pay KFS' standard parts and labor charges for such changes. CUSTOMER AGREES THAT CUSTOMER HAS CHOSEN THIS SYSTEM AND UNDERSTANDS THAT ADDITIONAL OR DIFFERENT PROTECTION IS AVAILABLE FOR A HIGHER PRICE.

3. **EXTENDED LIMITED WARRANTY** - If the reverse side of this agreement indicates that extended limited warranty is being furnished, KFS will extend the limited warranty set forth in paragraph 1 above for the period of 9 months from the date of expiration of the Limited Warranty and this Extended Limited Warranty will be automatically renewed yearly thereafter for an annual term at the then applicable annual charge, subject to termination as provided on the reverse side of the Agreement. Excluded from Extended Limited Warranty are conditions not covered by the Limited Warranty listed above in paragraph 1. To obtain service under this Extended Limited Warranty call or write our local KFS Service Department at the telephone number or address found in your local yellow pages. It is mutually agreed that the work of installation and repairs of the system under the Extended Limited Warranty shall be performed between the hours of 8:00 A.M. and 4:45 P.M. exclusive of Saturdays, Sundays, and holidays.

It is understood and agreed that KFS' obligation relates solely to the specified detection system, and that KFS is in no way obligated to maintain, repair, services, replace, operate, or assure the operation of any devices of the Customer or of others not installed by KFS. If not contracted prior to the expiration of the Limited Warranty, KFS may subsequently enter into an Extended Limited Warranty with Customer at KFS' then prevailing prices and subject to the terms and conditions of this Agreement.

4. **SIGNAL RECEIVING AND NOTIFICATION SERVICE** shall be provided by KFS if the reverse side of this Agreement includes a charge for Central Station Monitoring Services. KFS will connect the system to an independently owned and operated monitoring facility (herein referred to as the CS). Under such service, in the event a burglary or hold-up signal, or fire signal registers at the Central Station, the CS shall endeavor to notify promptly the appropriate police or fire department and the designated representative of the customer. To avoid false alarms, the CS may elect to call your premises first to determine if an actual emergency exists before calling any authorities or Customer's representatives. If the CS has reason to believe that no actual emergency exists, the CS may choose not to place such notification calls. The CS may discontinue any part of this service if required to do so by governmental or insurance authorities. Customer consents to the tape recording of all telephonic communications between the CS office and your premises.

In the event a supervisory signal or trouble signal registers at the Central Station, the CS shall endeavor to notify promptly the designated representative of the customer.

**COMMUNICATION FACILITIES - A. AUTHORIZATION** - Customer authorizes KFS to make requests for information service, orders or equipment in any respect on behalf of Customer to a telephone company (the "Telephone Company") or other entity providing facilities or services for transmission of signals under this Agreement. B. **DIGITAL COMMUNICATOR** - The Customer understands that if a digital communicator is installed under this Agreement, it uses standard telephone lines as the transmission mode of sending signals and eliminates the need for dedicated telephone facilities and the large cost increases frequently imposed on such facilities. Customer also understands that the CS does not receive signals when the transmission mode is or becomes non-operational and that signals from the digital communicator cannot be received if the transmission mode is cut, interfered with or otherwise damaged. KFS recommends the use of an RJ31X telephone jack or equivalent jack to give the system priority over other telephones on the premises; however, other calls (including calls to the 911 emergency operator) cannot be made when the system is activated, and therefore Customer may wish to have the system connected to a separate telephone service. C. **DERIVED LOCAL CHANNEL** - The facilities and services provided by the Telephone Company, in connection with the services to be provided to the Customer hereunder, include what is generally described as Derived Local Channel service. Those facilities and services relate to the provision of lines, signal paths, scanning and transmission. The Customer agrees that the liability of the Telephone Company is limited in accordance with, and the Telephone Company may invoke, the provisions of Paragraph 6 Limit of Liability of the General Terms and Conditions of this Agreement.

5. **CANCELLATION** - This Agreement may be terminated at the option of KFS at any time in the event that the Central Station is destroyed or so substantially damaged by fire or other catastrophe that it is impractical to continue service, or in the event that the CS is unable either to secure or retain the connections or privileges necessary for the transmission of signals by means of conductors between the Customer's premises and the Central Station or between the Central Station and the Municipal Fire or Police Department and KFS shall not be liable for any damages or subject to any penalty as a result of such termination. It is understood and agreed that this Agreement may be terminated by KFS in the event that the Customer fails to follow the operating instructions provided at the time this system was installed which results in an undue number of false alarms or if the premises in which the system is installed are so modified or altered after installation as to render continuation of service impractical, or in the event of default in payment of any monies due under this Agreement. In the event of such termination, KFS will refund to the Customer any advance payments made for service to be supplied subsequent to the date of such termination less any amount still due for the sale of equipment.

**CUSTOMER DUTIES** - Customer will instruct all other persons who may use the system on its proper use. Customer will test the system's protective devices and send test signals to the Central Station in accordance with KFS' instructions at least monthly. If the system includes space protection (i.e. ultrasonic, microwave, infrared, photo beams, under carpet mats or other such detectors) Customer will turn off, control or remove all things such as air conditioning systems, heaters, and pets that might interfere with such devices when they are turned on. Customer will complete and give KFS an emergency information form which will include the name, telephone number and relationship of each person the CS may call in the event they believe there is an emergency at Customer's premises, and other information KFS and/or the CS may require. Customer will notify KFS in writing of any changes in the persons or telephone numbers on the emergency call list. Customer agrees that KFS and/or the CS may disclose the information on the emergency information form to any governmental agency having jurisdiction over the use and operation of the system. IF THE SYSTEM INCLUDES ANY WIRELESS DEVICES, Customer will replace the batteries as indicated by the system, and at least as frequently as specified by manufacturer instructions.

6. IT IS UNDERSTOOD THAT KFS IS NOT AN INSURER, THAT IT SHALL SPECIFICALLY BE THE OBLIGATION OF CUSTOMER TO PURCHASE ANY INSURANCE WHICH CUSTOMER DESIRES TO PROTECT ITSELF FROM LOSS, DAMAGE OR INJURY DUE DIRECTLY OR INDIRECTLY TO OCCURRENCES OR CONSEQUENCES THEREFROM, WHICH THE SERVICE OR SYSTEM IS DESIGNED TO DETECT OR AVERT.

THE AMOUNTS PAYABLE TO KFS HEREIN UNDER ARE BASED UPON THE VALUE OF THE SERVICES AND THE SCOPE OF LIABILITY AS HEREIN SET FORTH AND ARE UNRELATED TO THE VALUE OF THE CUSTOMER'S PROPERTY OR PROPERTY OF OTHERS LOCATED IN CUSTOMER'S PREMISES. KFS MAKES NO WARRANTY OR WARRANTY, INCLUDING ANY IMPLIED WARRANTY OF MERCHANTABILITY OR FITNESS THAT THE SYSTEM OR SERVICES SUPPLIED, WILL AVERT OR PREVENT OCCURRENCES OR THE CONSEQUENCES THEREFROM WHICH THE SYSTEM OR SERVICES IS DESIGNED TO DETECT. IT IS IMPRACTICAL AND EXTREMELY DIFFICULT TO FIX THE ACTUAL DAMAGES, IF ANY, WHICH MAY PROXIMATELY RESULT FROM FAILURE ON THE PART OF KFS TO PERFORM ANY OF ITS OBLIGATIONS HEREUNDER. THE CUSTOMER DOES NOT DESIRE THIS CONTRACT TO PROVIDE FOR FULL LIABILITY OF KFS AND AGREES THAT KFS SHALL BE EXEMPT FROM LIABILITY FOR LOSS, DAMAGE OR INJURY DUE DIRECTLY OR INDIRECTLY TO OCCURRENCES, OR CONSEQUENCES THEREFROM WHICH THE SERVICE OR SYSTEM IS DESIGNED TO DETECT OR AVERT. THAT IF KFS SHOULD BE FOUND LIABLE FROM LOSS, DAMAGE OR INJURY DUE TO A FAILURE OF SERVICE OR EQUIPMENT IN ANY RESPECT, ITS LIABILITY SHALL BE LIMITED TO A SUM EQUAL TO 10% OF THE ANNUAL SERVICE CHARGE OR \$500.00, WHICHEVER IS GREATER, AS THE AGREED UPON DAMAGES AND NOT AS A PENALTY, AS THE EXCLUSIVE REMEDY, AND THAT THE PROVISIONS OF THIS PARAGRAPH SHALL APPLY IF LOSS, DAMAGE OR INJURY, IRRESPECTIVE OF CAUSE OR ORIGIN, RESULTS DIRECTLY OR INDIRECTLY TO PERSON OR PROPERTY FROM PERFORMANCE OR NONPERFORMANCE OF OBLIGATIONS IMPOSED BY THIS CONTRACT OR FROM NEGLIGENCE, ACTIVE OR OTHERWISE, OF KFS, ITS AGENTS OR EMPLOYEES. NO SUIT OR ACTION SHALL BE BROUGHT AGAINST KFS MORE THAN ONE (1) YEAR AFTER THE ACCRUAL OF THE CAUSE OF ACTION THEREFORE. IF THE CUSTOMER DESIRES KFS TO ASSUME A GREATER LIABILITY, KFS SHALL AMEND THIS AGREEMENT BY ATTACHING A RIDER SETTING FORTH THE AMOUNT OF ADDITIONAL LIABILITY AND THE ADDITIONAL AMOUNT PAYABLE BY THE CUSTOMER FOR THE ASSUMPTION BY KFS OF SUCH GREATER LIABILITY PROVIDED. HOWEVER, THAT SUCH RIDER AND ADDITIONAL OBLIGATION SHALL IN NO WAY BE INTERPRETED TO HOLD KFS AS AN INSURER. IN THE EVENT ANY PERSON NOT A PARTY TO THIS AGREEMENT, SHALL MAKE ANY CLAIM OR FILE ANY LAWSUIT AGAINST KFS FOR FAILURE OF ITS EQUIPMENT OR SERVICE IN ANY RESPECT, CUSTOMER AGREES TO INDEMNIFY AND HOLD KFS HARMLESS FROM ANY AND ALL SUCH CLAIMS AND LAWSUITS INCLUDING THE PAYMENT OF ALL DAMAGES, EXPENSES, COSTS AND ATTORNEYS' FEES.

SO FAR AS IT IS PERMITTED BY CUSTOMER'S PROPERTY INSURANCE COVERAGE, CUSTOMER HEREBY RELEASES, DISCHARGES AND AGREES TO HOLD KFS HARMLESS FROM ANY AND ALL CLAIMS, LIABILITIES, DAMAGES, LOSSES OR EXPENSES, ARISING FROM OR CAUSED BY ANY HAZARD COVERED BY INSURANCE IN OR ON THE CUSTOMER'S PREMISES WHETHER SAID CLAIMS ARE MADE BY CUSTOMER, HIS AGENTS, OR INSURANCE COMPANY OR OTHER PARTIES CLAIMING UNDER OR THROUGH CUSTOMER. CUSTOMER AGREES TO INDEMNIFY KFS AGAINST AND DEFEND AND HOLD KFS HARMLESS FROM ANY ACTION FOR SUBROGATION WHICH MAY BE BROUGHT AGAINST KFS BY ANY INSURER OR INSURANCE COMPANY OR ITS AGENTS OR ASSIGNS INCLUDING THE PAYMENT OF ALL DAMAGES, EXPENSES, COSTS AND ATTORNEYS' FEES. IT IS FURTHER AGREED THAT THE LIMITATIONS ON LIABILITY AND THE OBLIGATIONS OF THE CUSTOMER, EXPRESSED HEREIN, SHALL INURE TO THE BENEFIT OF AND APPLY TO ALL PARENT, SUBSIDIARY AND AFFILIATED KFS COMPANIES AS WELL AS TO FIRST ALERT PROFESSIONAL SECURITY SYSTEMS, MICHIGAN MONITORING SERVICE, AND TO ANY OTHER COMPANY WITH WHICH KFS MAY CONTRACT TO PROVIDE ANY OF THE SERVICES SET FORTH HEREIN. IF THIS AGREEMENT PROVIDES FOR A DIRECT CONNECTION TO A MUNICIPAL POLICE OR FIRE DEPARTMENT OR OTHER ORGANIZATION, THAT DEPARTMENT, OR OTHER ORGANIZATION MAY INVOKE THE PROVISIONS HEREOF AGAINST ANY CLAIMS BY THE CUSTOMER DUE TO ANY FAILURE OF SUCH DEPARTMENT OR ORGANIZATION.

7. KFS ASSUMES NO LIABILITY FOR DELAYS IN INSTALLATION OF THE EQUIPMENT, OR FOR INTERRUPTIONS OF SERVICE DUE TO STRIKES, RIOTS, FLOODS, FIRES, ACTS OF GOD OR ANY CAUSES BEYOND THE CONTROL OF KFS AND WILL NOT BE REQUIRED TO SUPPLY SERVICE TO THE CUSTOMER WHILE INTERRUPTION OF SERVICE DUE TO ANY SUCH CAUSE SHALL CONTINUE.

8. UNLESS A LONGER PERIOD IS REQUIRED, BY APPLICABLE LAW, ANY ACTION AGAINST KFS IN CONNECTION WITH THIS SYSTEM MUST BE COMMENCED WITHIN ONE YEAR AFTER THE CAUSE OF THE ACTION HAS ACCRUED.

# Koorsen® FIRE & SECURITY

# INVOICE

REMIT TO: Koorsen Fire & Security  
2719 N Arlington Avenue  
Indianapolis, IN 46218-3322  
1-888-KOORSEN Include invoice # on check.

No.: 4517307

Date of Work: 08/07/2018 Cust. Order #: 125409

Invoice Date: 08/08/2018

SO#: 3183162

Date Due: 09/02/2018

Cust ID 07FAY7007

SERVICE07/22

Sold To:

FAYETTE REGIONAL HEALTH  
1941 VIRGINIA AVE  
CONNERSVILLE, IN 47331

JOB#

Location:

FAYETTE REGIONAL HEALTH SYSTEM  
3135 VIRGINIA AVE/ERB LUMBER B  
\*E-MAIL INV\*  
CONNERSVILLE, IN 47331

07-HOUSE / 07-005474 / TK07-01

QUANTITY		AMOUNT
	AUGUST SPRINKLER INSPECTION Quarterly WORK ORDER SIGNED BY RANDY TELKER	
1.00	INSP-SPK-Q INSPECTION OF SPRINKLER *WET* SY	150.00 150.00
1.00	BRKSY-18 SEAL, TAMPER SPRINKLER 18" YELLOW 201	
1.00	99MATLSHA SERVICE MATERIALS SPCL HAZ	8.00 8.00
	TOTAL SALES/SERVICES XMP# 0018188800	158.00
	TOTAL	158.00

Pay online @ [www.koorsen.com](http://www.koorsen.com). To pay by credit card, please phone or return to us:

Circle: VISA MC AMEX Card Number \_\_\_\_\_

Name on Card \_\_\_\_\_ Expiration Date \_\_/\_\_/

Total Sales	Taxable Sales	Tax Amount	Shipping Charge	Invoice Total	
158.00	0.00	0.00			158.00

N25

Tech # = 07-005474

07FAY7007

Sales Tax = 0.00%

WORK ORDER #

SU3183162 22

INVOICE TO:  
FAYETTE REGIONAL HEALTH SYSTEM  
1941 VIRGINIA AVE  
CONNERSVILLE, IN 47331

SERVICE LOCATION:  
FAYETTE REGIONAL HEALTH SYSTEM  
3135 VIRGINIA AVE/ERB LUMBER B  
\*E-MAIL INV\*  
CONNERSVILLE, IN 47331

CUSTOMER AUTHORIZATION: X

DATE DUE: 8-7-18

(1) WET Q150 CALL BELINDA 827-7714 FOR PO# & APPT  
EMAIL INV: ACCOUNTSPAYABLE@FAYETTEREGIONAL.ORG  
\*FAX INSP REPORT TO BELINDA 765-827-7746\*  
0716 PO = PO REQ Renewal 11/30/2019 765/825-5423-  
AUGUST SPRINKLER INSPECTION Quarterly

No. of Technicians: 1  
Service Zone:   
Portal to Portal Travel Hrs.:   
Arrived: 1:00  
Departed: 2:00

Problems Found:

Type of System: (1) WET  
Manufacturer:   
 Trouble Call  
 Routine Inspection

Description of Work Performed:

Quarterly Sprinkles Test & Inspection of (1) WET Fire System.

	Fire Alarm	Sprinkler	Clean Agent	CO2/FM200/Inergen	Alarm Monitoring	Access Control	Security System	Video Surveillance
Company Name								
Last Service Date								

Qty.	Material Used	Each	Amount	Date	Technician	Hrs.	Rate	Labor Charge
1	BRKSY18			8/7/18	Larry B	1.0		
				8/7/18	Anthony S.	1.0		
Material Total Forward								

The above inspection is made for the purpose of checking the mechanical and/or electrical operation of the equipment and not to determine or guarantee proper capacity, engineering or original installation.

Vendor shall not be responsible for the improper operation of any inspected equipment that, after serviceman has left premises, has been discharged, vandalized, tampered with or damaged.

The reverse of this agreement is incorporated herein. Please read carefully. We are not an insurer. Our maximum liability is limited to \$250.00. User acknowledges receipt of copy and that he has read and understands reverse side of agreement.

Customer's Signature: X Randy Telker Date: Technician's Signature: Larry Bennett Date: 8-7-18

Print Customer Name: Randy Telker TK0701

Total Labor Hrs.	150 <sup>00</sup>
Total Material	
Sub-Total	
Sales Tax	
Total Due	



# Koorsen®

## FIRE & SECURITY

# INVOICE

REMIT TO: Koorsen Fire & Security  
 2719 N Arlington Avenue  
 Indianapolis, IN 46218-3322  
 1-888-KOORSEN Include invoice # on check.

No.: 4529457 Date of Work: 08/21/2018 Cust. Order #: 125409  
 Invoice Date: 08/24/2018 SO#: 3183163 Date Due: 09/18/2018

Cust ID 07FAY7007

SERVICE07/13

Sold To:  
 FAYETTE REGIONAL HEALTH  
 1941 VIRGINIA AVE  
 CONNERSVILLE, IN 47331

JOB#  
 Location:  
 FAYETTE REGIONAL CARE PAVILION  
 450 ERIE ST  
 \*E-MAIL INV\*  
 CONNERSVILLE, IN 47331

07-HOUSE / 07-005474 / TK07-01

QUANTITY		AMOUNT
AUGUST SPRINKLER INSPECTION Quarterly WORK ORDER SIGNED BY RANDY TELKER		
1.00	INSP-SPK-Q INSPECTION OF SPRINKLER *WET* SY	200.00 200.00
3.00	BRKSY-18 SEAL, TAMPER SPRINKLER 18" YELLOW 201	
1.00	99MATLSHA SERVICE MATERIALS SPCL HAZ	8.00 8.00
TOTAL SALES/SERVICES XMP# 0018188800		208.00
TOTAL		208.00

Pay online @ [www.koorsen.com](http://www.koorsen.com). To pay by credit card, please phone or return to us:

Circle: VISA MC AMEX Card Number \_\_\_\_\_

Name on Card \_\_\_\_\_ Expiration Date \_\_\_/\_\_\_

Total Sales	Taxable Sales	Tax Amount	Shipping Charge	Invoice Total ➡
208.00	0.00	0.00		208.00

N25

Tech # = 07-005474

07FAY7007

Sales Tax = 0.00%

WORK ORDER #

S03183163

INVOICE TO:  
 FAYETTE REGIONAL HEALTH SYSTEM  
 1941 VIRGINIA AVE  
 CONNERSVILLE, IN 47331

SERVICE LOCATION:  
 FAYETTE REGIONAL CARE PAVILION  
 450 ERIE ST  
 \*E-MAIL INV\*  
 CONNERSVILLE, IN 47331

CUSTOMER AUTHORIZATION: X

DATE DUE: 8-21-18

(1) WET / 1-PIV/2-OSY \*\*Q200\*\* CALL BELINDA 827-7714 FOR PO#  
 EMAIL INV: ACCOUNTSPAYABLE@FAYETTEREGIONAL.ORG \*CALL BELINDA FOR APPT  
 \*FAX INSP REPORT TO BELINDA 765-827-7746  
 0716 PO = PO REQ Renewal 12/31/2018 800/959-4929-  
 AUGUST SPRINKLER INSPECTION Quarterly

Problems Found:

No. of Technicians: 1  
 Service Zone:   
 Portal to Portal Travel Hrs.:   
 Arrived: 1:15  
 Departed: 2:30

Type of System: Wet  
 Manufacturer:   
 Trouble Call  
 Routine Inspection

Description of Work Performed:

Quarterly sprinkler test and inspection of wet system

	Fire Alarm	Sprinkler	Clean Agent	CO2/FM200/Inergen	Alarm Monitoring	Access Control	Security System	Video Surveillance
Company Name								
Last Service Date								

Qty.	Material Used	Each	Amount	Date	Technician	Hrs.	Rate	Labor Charge
3	DRYS 1/8			8-21-18	[Signature]	1.25		
Material Total Forward								

The above inspection is made for the purpose of checking the mechanical and/or electrical operation of the equipment and not to determine or guarantee proper capacity, engineering or original installation.

Vendor shall not be responsible for the improper operation of any inspected equipment that, after serviceman has left premises, has been discharged, vandalized, tampered with or damaged.

The reverse of this agreement is incorporated herein. Please read carefully. We are not an insurer. Our maximum liability is limited to \$250.00. User acknowledges receipt of copy and that he has read and understands reverse side of agreement.

Customer's Signature: X Randy Telker Date: 8-22-18  
 Technician's Signature: [Signature] Date: 8-21-18  
 Print Customer Name: Randy Telker  
 1K0701

Total Labor Hrs.: 200.00  
 Total Material:  
 Sub-Total:  
 Sales Tax:  
 Total Due: [Arrow]

# Koorsen<sup>®</sup>

## FIRE & SECURITY

# INVOICE

REMP TO: Koorsen Fire & Security  
 2719 N Arlington Avenue  
 Indianapolis, IN 46218-3322  
 1-888-KOORSEN Include invoice # on check.

No.: 4529924

Date of Work: 08/23/2018 Cust. Order #: 125409

Invoice Date: 08/24/2018

SO#: 3166502

Date Due: 09/18/2018

Cust ID 07FAY7007

SERVICE07/21

Sold To:

FAYETTE REGIONAL HEALTH  
 1941 VIRGINIA AVE  
 CONNERSVILLE, IN 47331

JOB#

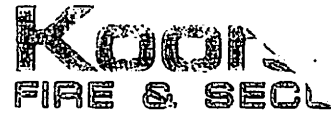
Location:

CONNERSVILLE MEDICAL CTR  
 420 W 24TH ST  
 \*E-MAIL INV\*  
 CONNERSVILLE, IN 47331

07-HOUSE / 07-373134 / TK07-05

QUANTITY		AMOUNT
	FIRE EXTINGUISHER SERV Annual WORK ORDER SIGNED BY RANDY TELKER	
6.00	INSP-FE-A INSPECTION OF FIRE EXTINGUIS	32.10
6.00	CIKT000 TAG, INSPECTION-KOORSEN YELLOW	
6.00	CIKT003 TAG, OSHA-KOORSEN PAPER MONTHLY INS	8.40
4.00	BRKSY SEAL, TAMPER KOORSEN LOGO YR 2018	
1.00	EE5A EXCHANGE EXTINGUISHER 5# ABC	39.00
1.00	EE10A EXCHANGE EXTINGUISHER 10# ABC	58.00
1.00	99MAILGEA SERVICE MATERIALS GEN PROD	8.00
	TOTAL SALES/SERVICES XMP# 0018188800	145.50
	TOTAL	145.50
Pay online @ <a href="http://www.koorsen.com">www.koorsen.com</a> . To pay by credit card, please phone or return to us: Circle: VISA MC AMEX Card Number _____ Name on Card _____ Expiration Date ___/___/___		
Total Sales	Taxable Sales	Tax Amount
145.50	0.00	0.00
Shipping Charge		invoice Total ⇨
		145.50

FIRE EXTINGUISHER WORK ORDER 1450 NW 11TH ST  
 RICHMOND, IN 47374  
 765/935-7781



N25

Tech # = 07-273124

07FAY7007

Sales Tax = 0.00%

WORK ORDER #

S03166502

21

INVOICE TO

FAYETTE REGIONAL HEALTH SYSTEM  
 1941 VIRGINIA AVE

SERVICE LOCATION

CONNERSVILLE MEDICAL CTR  
 420 W 24TH ST  
 \*E-MAIL INV\*

CONNERSVILLE, IN 47331

CONNERSVILLE, IN 47331

CUSTOMER

PAYMENT  CASH  CHECK-# \_\_\_\_\_  VISA  MC  AMEX CARD #

EXP  
DATE

(6) L2/L3

\*CALL BELINDA OR TISH 765/827-7714 FOR PO

EMAIL INV:ACCOUNTSPAYABLE@FAYETTEREGIONAL.ORG

\*CALL BELINDA FOR APPT

0702 PO = PO REQ EMAIL

Renewal 07/31/2019

765/827-6882-

TULY FIRE EXTINGUISHER SERU Annual

QTY	SIZE / TYPE	QTY 6 YEAR	QTY RECH	QTY HYDRO	6 YM/RE PRICE	HYDRO PRICE	TOTAL PRICE
	2.5# ABC						
3	5/6# ABC						
3	10# ABC						
	20# ABC						
	10# PURPLE K						
	20# PURPLE K						
	HALON 1211						
	HALOTRON						
	FE-36						
	5 CO2						
	10 CO2						
	15 CO2						
	20 CO2						
	H2O MIST 6L / 2.5 GAL						
	K CLASS 6L / 2.5 GAL						
TOTAL					UNIT PRICE		
6	INSPECTIONS	(A)	M	S	Q		
QTY	SIZE / TYPE	QTY 6 YEAR	QTY RECH	QTY HYDRO	6 YM/RE PRICE	HYDRO PRICE	TOTAL PRICE
	WHL#						
	CART OP#						
	FIRE HOSE 50FT 75FT 100FT						
					UNIT PRICE		
	#S RECAPTURE						
	#S NEW CLEAN AGENT						
	EXIT / EMERGENCY LIGHTS						
	QUICK CHECK / ANNUAL BATTERY TEST/90 MIN						
	CIKL008 LABEL						
	BULBS / BATTERIES						
	BRBT6						
	BRBT65S						
	6V 12 AMP						
	6 V 7 AMP						
	6 V 4 AMP						
TOTAL LEFT							

ITEM DESCRIPTION	QTY	UNIT PRICE	TOTAL PRICE
<b>VALVE STEMS</b>			
BR6092A BR6093A			
BRASVS4 BRASVS5			
BR19010B BR103215W			
<b>O-RING</b>			
BROR27 BROR29			
BROR37 BROR39			
BRQR40 BRQR41			
<b>SIGNS</b>			
BRBL105 BRBL109 BRBL108			
<b>LABELS</b>			
CIKL040 CIKL011			
CIKL053			
<b>TAGS / COLLARS</b>			
CIKT001 6 CIKT077 6			
CIKT003 6 BRPTAG CIKT 002 6			
CIKT023 CIKT024			
<b>GAUGE</b>			
BRG195			
<b>MISCELLANEOUS / ADD'L PARTS</b>			
PULL PIN-BRNP			
AM14778 STRAP/CLIP SM			
AM14778 STRAP/CLIP LG			
BRKS <input checked="" type="checkbox"/> Y <input type="checkbox"/> R <input type="checkbox"/> W 4			
<b>CONDUCTIVITY TEST</b>			
<b>DISPOSAL PER UNIT</b>			
EE25A H / S			
EE5A(H) S / R 1			
EE10A(H) S / R 1			
EE20A H / S			
EEK-H			
FE 1 2 3 4 5 6 7 8 9 10			
TOTAL LEFT			
TOTAL RIGHT			

Please read carefully. We are not an insurer. Our maximum liability is limited to \$250.00. Vendor shall not be responsible for the improper operation on any inspected equipment that, after serviceman has left premises, has been discharged, vandalized, tampered with or damaged. User acknowledges receipt of copy and that he has read and understands reverse side of agreement.

CUSTOMER Randy Telker PRINT CUSTOMER NAME

TRUCK # 0205 SPECIALIST Col. Kern DATE 8/23/18

TOTAL LEFT	
TOTAL RIGHT	
SUB TOTAL	
TAXABLE AMOUNT	
TAX	
TOTAL \$	

# Koorsen<sup>®</sup>

## FIRE & SECURITY

# INVOICE

REMIT TO: Koorsen Fire & Security  
 2719 N Arlington Avenue  
 Indianapolis, IN 46218-3322  
 1-888-KOORSEN Include invoice # on check.

No.: 4529925  
 Invoice Date: 08/24/2018

Date of Work: 08/23/2018  
 Cust. Order #: 125409  
 SO#: 3166509  
 Date Due: 09/18/2018

Cust ID 07FAY7007

JOB# SERVICE07/28

Sold To:  
 FAYETTE REGIONAL HEALTH  
 1941 VIRGINIA AVE  
 CONNERSVILLE, IN 47331

Location:  
 NESBITT, WILLIAM MD OFFICE  
 1550 ST RD 44 E  
 \*E-MAIL INV\*  
 CONNERSVILLE, IN 47331

07-HOUSE / 07-373134 / TK07-05

QUANTITY		AMOUNT
	FIRE EXTINGUISHER SERV Annual WORK ORDER SIGNED BY RANDY TELKER	
5.00	INSP-FE-A INSPECTION OF FIRE EXTINGUIS	26.75
5.00	CIKT000 TAG, INSPECTION-KOORSEN YELLOW	
5.00	CIKT003 TAG, OSHA-KOORSEN PAPER MONTHLY INS	7.00
4.00	EE5A EXCHANGE EXTINGUISHER 5# ABC	156.00
1.00	EE10A EXCHANGE EXTINGUISHER 10# ABC	58.00
1.00	99MATLGPA SERVICE MATERIALS GEN PROD	8.00
	TOTAL SALES/SERVICES	255.75
	TAX: INDIANA SALES TAX ON 229.00	16.03
	TOTAL	271.78

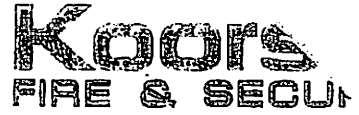
Pay online @ [www.koorsen.com](http://www.koorsen.com). To pay by credit card, please phone or return to us.

Circle: VISA MC AMEX Card Number \_\_\_\_\_

Name on Card \_\_\_\_\_ Expiration Date \_\_\_/\_\_\_

Total Sales	Taxable Sales	Tax Amount	Shipping Charge	Invoice Total
255.75	229.00	16.03		271.78

FIRE EXTINGUISHER WORK ORDER 1450 NW 11TH ST  
 RICHMOND, IN 47374  
 765/935-7781



N25

07FAY7007

Sales Tax = 7.00%

Tech # = 072272124

WORK ORDER #

S03166509

28

INVOICE TO  
 FAYETTE REGIONAL HEALTH SYSTEM  
 1941 VIRGINIA AVE  
 CONNERSVILLE, IN 47331

SERVICE LOCATION  
 NESBITT, WILLIAM MD OFFICE  
 1550 ST RD 44 E  
 \*E-MAIL INV\*  
 CONNERSVILLE, IN 47331

CUSTOMER PAYMENT  CASH  CHECK-#  VISA  MC  AMEX CARD #

EXP DATE

(5) L2/L3 1-BASEMENT \*GIVE OFFICE OLD OSHA TAGS\*  
 CALL OFFICE FOR APPT 765-827-1800 - CALL BELINDA FOR PO 765-827-7714  
 E-MAIL INVS ACCOUNTSPAYABLE@FAYETTEREGIONAL.ORG  
 0702 PO = PO REQ Renewal 07/31/2019 765/825-1803-  
 III V FIRE EXTINGUISHER SERV Annual

QTY	SIZE / TYPE	QTY 6 YEAR	QTY RECH	QTY HYDRO	6 YM/RE PRICE	HYDRO PRICE	TOTAL PRICE
	2.5# ABC						
4	5/6# ABC						
1	10# ABC						
	20# ABC						
	10# PURPLE K						
	20# PURPLE K						
	HALON 1211						
	HALOTRON						
	FE-36						
	5 CO2						
	10 CO2						
	15 CO2						
	20 CO2						
	H2O MIST 6L / 2.5 GAL						
	K CLASS 6L / 2.5 GAL						
TOTAL							UNIT PRICE
5	INSPECTIONS	(A)	M	S	Q		
QTY	SIZE / TYPE	QTY 6 YEAR	QTY RECH	QTY HYDRO	6 YM/RE PRICE	HYDRO PRICE	TOTAL PRICE
	WHLD#						
	CART OP#						
	FIRE ROSE 50FT 75FT 100FT						
							UNIT PRICE
	#S RECAPTURE						
	#S NEW CLEAN AGENT						
	EXIT / EMERGENCY LIGHTS						
	QUICK CHECK / ANNUAL BATTERY TEST/90 MIN						
	CIKL008 LABEL						
	BULBS / BATTERIES						
	BRBT6						
	BRBT65S						
	6V 12 AMP						
	6 V 7 AMP						
	6 V 4 AMP						
TOTAL LEFT							

ITEM DESCRIPTION	QTY	UNIT PRICE	TOTAL PRICE
<b>VALVE STEMS</b>			
BR6092A BR6093A			
BRASVS4 BRASVS5			
BR19010B BR103215W			
<b>O-RING</b>			
BROR27 BROR29			
BROR37 BROR39			
BRQR40 BRQR41			
<b>SIGNS</b>			
BRBL105 BRBL109 BRBL108			
<b>LABELS</b>			
CIKL040 CIKL011			
CIKL053			
<b>TAGS / COLLARS</b>			
CIKT001 3 CIKT077 3			
CIKT003 5 BRPTAG CIKT 002 5			
CIKT023 CIKT024			
<b>GAUGE</b>			
BRG195			
<b>MISCELLANEOUS / ADD'L PARTS</b>			
PULL PIN-BRNPP			
AM14776 STRAP/CLIP SM			
AM14778 STRAP/CLIP LG			
BRKS <input checked="" type="checkbox"/> Y <input type="checkbox"/> R <input type="checkbox"/> W			
<b>CONDUCTIVITY TEST</b>			
DISPOSAL PER UNIT			
EE25A H / S			
EESA H / (S) R			4
EE10A H / (S) R			1
EE20A H / S			
E EK-H			
FE 1 2 3 4 5 6 7 8 9 10			
TOTAL LEFT		TOTAL RIGHT	

Please read carefully. We are not an insurer. Our maximum liability is limited to \$250.00. Vendor shall not be responsible for the improper operation on any inspected equipment that, after serviceman has left premises, has been discharged, vandalized, tampered with or damaged. User acknowledges receipt of copy and that he has read and understands reverse side of agreement.

TOTAL LEFT	
TOTAL RIGHT	
SUB TOTAL	
TAXABLE AMOUNT	
TAX	
TOTAL \$	

CUSTOMER *Rones Teller* PRINT CUSTOMER NAME

TRUCK # 0705 SPECIALIST *Reddy/Herns* DATE *8/23/16*

BILLING DEPARTMENT

# Koorsen®

## FIRE & SECURITY

REMIT TO: Koorsen Fire & Security  
 2719 N Arlington Avenue  
 Indianapolis, IN 46218-3322  
 1-888-KOORSEN Include invoice # on check.

No.: 4533380  
 Invoice Date: 08/29/2018

Date of Work: 08/28/2018  
 Cust. Order #: 125408  
 SO#: 3183161  
 Date Due: 09/23/2018


Cust ID 07FAY7007

SERVICE07/0

Sold To:  
 FAYETTE REGIONAL HEALTH  
 1941 VIRGINIA AVE  
 CONNERSVILLE, IN 47331

JOB#  
 Location:  
 FAYETTE REGIONAL HEALTH SYSTEM  
 1941 VIRGINIA AVE  
 \*E-MAIL INV\*  
 CONNERSVILLE, IN 47331

07-HOUSE / 07-005474 / TK07-01

QUANTITY			AMOUNT
AUGUST SPRINKLER INSPECTION Quarterly WORK ORDER SIGNED BY CRYTAL HAMMOND			
1.00	INSP-SPK-Q INSPECTION OF SPRINKLER	*WET* SY	400.00
1.00	99MATLSHB SERVICE MATERIALS	SPCL HAZ	14.00
TOTAL SALES/SERVICES XMP# 0018188800			414.00
TOTAL			414.00
Pay online @ <a href="http://www.koorsen.com">www.koorsen.com</a> . To pay by credit card, please phone or return to us. Circle: VISA MC AMEX Card Number _____ Name on Card _____ Expiration Date __/__/__			
Total Sales	Taxable Sales	Tax Amount	Shipping Charge
414.00	0.00	0.00	Invoice Total 
			414.00

N25

Tech # = 07-005474

07FAY7007

Sales Tax = 0.00%

WORK ORDER #

503183161

INVOICE TO:  
 FAYETTE REGIONAL HEALTH SYSTEM  
 1941 VIRGINIA AVE  
 CONNERSVILLE, IN 47331

SERVICE LOCATION:  
 FAYETTE REGIONAL HEALTH SYSTEM  
 1941 VIRGINIA AVE  
 \*E-MAIL INV\*  
 CONNERSVILLE, IN 47331

CUSTOMER AUTHORIZATION: X

DATE DUE: 8-28-18

(1) WET SYSTEM Q400\*\*MUST FLUSH FIRE HYDRANT\*\*MUST CK WITH DISPATCH FOR SIGNALS RECD @ INSP EMAIL INV: [accountspayable@fayetteregional.org](mailto:accountspayable@fayetteregional.org)  
 \*FAX INSP RPT TO BELINDA 827-7746\*CALL BELINDA FOR APPT & PO #  
 0716 PO = PO REQ Renewal 11/30/2019 765/827-7714-  
 AUGUST SPRINKLER INSPECTION Quarterly

Problems Found:

No. of Technicians: 2  
 Service Zone: [blank]  
 Portal to Portal Travel Hrs.: [blank]  
 Arrived: 9:30  
 Departed: 12:30

Type of System: Wet  
 Manufacturer: [blank]  
 Trouble Call  
 Routine Inspection

Description of Work Performed:

Quarterly sprinkler test and inspection of wet sprinkler system

	Fire Alarm	Sprinkler	Clean Agent	CO2/FM200/Inergen	Alarm Monitoring	Access Control	Security System	Video Surveillance
Company Name								
Last Service Date								

Qty.	Material Used	Each	Amount	Date	Technician	Hrs.	Rate	Labor Charge
				8/28/18	[Signature]	3.0		
				8/28/18	[Signature]	3.0		
Material Total Forward								

The above inspection is made for the purpose of checking the mechanical and/or electrical operation of the equipment and not to determine or guarantee proper capacity, engineering or original installation.

Vendor shall not be responsible for the improper operation of any inspected equipment that, after serviceman has left premises, has been discharged, vandalized, tampered with or damaged.

The reverse of this agreement is incorporated herein. Please read carefully. We are not an Insurer. Our maximum liability is limited to \$250.00. User acknowledges receipt of copy and that he has read and understands reverse side of agreement.

Customer's Signature: Crystal Hammond  
 Date: [blank]

Technician's Signature: [Signature]  
 Date: 8-28-18  
 TX0701

Print Customer Name: Crystal Hammond

Total Labor Hrs.  
 Total Material  
 Sub-Total  
 Sales Tax  
 Total Due



# Koorsen

## FIRE & SECURITY

# INVOICE

REMIT TO: Koorsen Fire & Security  
 2719 N Arlington Avenue  
 Indianapolis, IN 46218-3322  
 1-888-KOORSEN Include invoice # on check.

No.: 4538722

Date of Work:

Cust. Order #: **EMAIL**  
 10/13

Invoice Date: 09/04/2018 SO#: 4538722

Date Due: 09/29/2018

Cust ID 07FAY7007

JOB# SERVICE07/ 13

Sold To:

Location:

FAYETTE REGIONAL HEALTH SYSTEM  
 1941 VIRGINIA AVE  
 CONNERSVILLE, IN 47331

FAYETTE REGIONAL CARE PAVILION  
 450 ERIE ST  
 \*E-MAIL INV\*  
 CONNERSVILLE, IN 47331

07-HOUSE

QUANTITY	AMOUNT										
ANNUAL BILLING FIRE ALM MON BASE SVC OCTOBER 01, 2018 THRU SEPTEMBER 30, 2019 PO: EMAIL 10/13	300.00										
Total	300.00										
<table style="width: 100%; border: none;"> <tr> <td style="width: 20%;">Total Sales</td> <td style="width: 20%;">Taxable Sales</td> <td style="width: 20%;">Tax Amount</td> <td style="width: 20%;">Shipping Charge</td> <td style="width: 20%; text-align: right;">Invoice Total </td> </tr> <tr> <td style="text-align: right;">300.00</td> <td style="text-align: right;">300.00</td> <td style="text-align: right;">0.00</td> <td></td> <td style="text-align: right;">300.00</td> </tr> </table>		Total Sales	Taxable Sales	Tax Amount	Shipping Charge	Invoice Total	300.00	300.00	0.00		300.00
Total Sales	Taxable Sales	Tax Amount	Shipping Charge	Invoice Total							
300.00	300.00	0.00		300.00							

7

59-0733

07FAY7007-13 K590733



SALES PROPOSAL/MONITORING AGREEMENT

To: (Customer Name and Address)
White Water Pavilion
450 Erie Street
Crownsville, Md.
Attn:
Tel. No. 765-827-7890

Koorsen Protection Services, Inc.
536 N.W. L. Street
Richard L.
ORIGINAL
Tel. No. 765-825-7289

Price for Equipment and Service:
Equipment \$
Set-up Fee \$
Labor \$

CENTRAL STATION MONITORING: (CHECK ALL THAT APPLY)
Burglar Alarm, Open/Close (Activity Report), Open/Close (Supervised), Secured Monitoring (UPLINK), Smoke/Heat Detectors, Fire Alarm, Test Daily/Weekly, Sprinkler Flow, Sprinkler Tamper
Full term of Central Station monitoring agreement is 3 years.
Monthly Central Station Monitoring Charge is \$ 250 UPLINK monthly charge is \$ Billed Annually at \$ 300.00

EXTENDED WARRANTY
Covers Parts & Labor (Mon-Fri / 8:00 - 5:00) for one full year.
Monthly Extended Warranty fee is \$ Billed Annually at \$

Secured Monitoring (UPLINK)
I the undersigned accept / decline the installation of an UPLINK unit to aid in the transmission of my alarm signals in the event my house phone line is out of service for any reason. I understand this service is an additional monthly fee.
Accept Decline
Customer Signature

AGREEMENT SUMMARY:
Balance (totals from above) \$
Taxable amount \$
Sales tax: \$
Less Deposit of 10% \$
Payment Due Upon Completion: \$
Next QUARTERLY ANNUAL Payment Due: \$ 300.00
Automatic Debit Monthly withdrawal is \$

KPS proposes to install or cause to be installed the equipment and furnish the services indicated herein:

Koorsen Protection Services can connect smoke, heat, and fire type devices to your security panel. These initiating devices can be placed in any location that the owner chooses. Engineered drawings of your system are not being made or submitted to the Authority Having Jurisdiction for approval. This approval process is a guideline put forth by the National Fire Protection Association for building fire alarm systems. It is Koorsen's intent to provide a security system that will have initiating devices attached, which meets the approval of the owner.

Please sign to indicate you have read this

KOORSEN PROTECTION SERVICES, INC. APPEARS AS KPS IN BODY OF CONTRACT

Term, Renewal & Expiration:
This agreement shall remain in full force for the period covered by this agreement and shall thereafter continue on a year-to-year basis unless written notice of termination is given by either party to the other at least (60) days prior to the expiration of the initial term.

Customer agrees that at any time following expiration of this agreement, Koorsen may increase the annual fee for the renewal thereof. Customer agrees to pay the full amount of such increase, which does not exceed a 5% increase over the previous annual fee. In the event Koorsen increases the annual fee by an amount greater than 5%, Customer may terminate the agreement upon written notice to Koorsen within fifteen (15) days of notification of such increase.

Customer agrees to pay, in addition to the service charges above, any false alarm assessments, taxes, fees or charges that are imposed by any governmental body, relating to the installation or service provided under this Agreement and to pay any increase in charges to KPS for facilities required for transmission of signals under this Agreement.

In the event KPS's representative is sent to the Customer's premises in response to a service call or alarm signal caused by the Customer improperly following operating instructions or, failing to close or properly secure a window, door or other protected point, or improperly adjusting CCTV cameras, monitors or accessory components, there shall be a service charge to the Customer.

Title to the equipment shall pass to Customer when the full term of this agreement is fulfilled. Failure to fulfill this agreement shall give KPS the right, without obligation to redecorate or repair the premises or any other liability, to repossess that equipment with or without notice and to avail itself of any legal remedy.

This agreement is not binding unless approved in writing by an authorized Representative of KPS. In the event of failure of such approval the only liability of KPS shall be to return to the Customer the amount, if any, paid to KPS upon signing of this Agreement.

ENTIRE AGREEMENT- CUSTOMER ACKNOWLEDGES THAT HE IS AWARE THAT NO ALARM SYSTEM CAN GUARANTEE PREVENTION OF LOSS; THAT HUMAN ERROR ON THE PART OF KPS OR THE MUNICIPAL AUTHORITIES IS ALWAYS POSSIBLE, AND THAT SIGNALS MAY NOT BE RECEIVED IF THE TRANSMISSION MODE IS CUT, INTERFERED WITH, OR OTHERWISE DAMAGED. THIS AGREEMENT CONSTITUTES THE ENTIRE AGREEMENT BETWEEN THE CUSTOMER AND KPS. IN EXECUTING THIS AGREEMENT, CUSTOMER IS NOT RELYING ON ANY ADVICE OR ADVERTISEMENT OF KPS. CUSTOMER AGREES THAT ANY REPRESENTATION, PROMISE, CONDITION, INDUCEMENT OR WARRANTY, EXPRESS OR IMPLIED, NOT INCLUDED IN WRITING IN THIS AGREEMENT SHALL NOT BE BINDING UPON ANY PARTY, AND THAT THE TERMS AND CONDITIONS HEREOF APPLY AS PRINTED WITHOUT ALTERATION OR QUALIFICATION, EXCEPT AS SPECIFICALLY MODIFIED IN WRITING. THE TERMS AND CONDITIONS OF THIS AGREEMENT SHALL GOVERN NOTWITHSTANDING ANY INCONSISTENT OR ADDITIONAL TERMS AND CONDITIONS OR ANY PURCHASE ORDER OR OTHER DOCUMENT SUBMITTED BY THE CUSTOMER.

IT IS UNDERSTOOD THAT KPS IS NOT AN INSURER, THAT IT SHALL SPECIFICALLY BE THE OBLIGATION OF THE CUSTOMER TO PURCHASE ANY INSURANCE WHICH CUSTOMER DESIRES TO PROTECT ITSELF FROM LOSS, DAMAGE OR INJURY DUE DIRECTLY OR INDIRECTLY TO OCCURRENCES OR CONSEQUENCES THEREFROM, WHICH THE SERVICE OR SYSTEM IS DESIGNED TO DETECT OR AVERT.

ATTENTION IS DIRECTED TO THE LIMITED WARRANTY, LIMIT OF LIABILITY AND OTHER CONDITIONS ON REVERSE SIDE.

YOU, THE BUYER MAY CANCEL THIS TRANSACTION AT ANY TIME PRIOR TO THE END OF THE THIRD BUSINESS DAY AFTER THE DATE OF THIS TRANSACTION. TO CANCEL, MAIL (OR DELIVER) A SIGNED NOTICE OF CANCELLATION TO KOORSEN PROTECTION SERVICES, INC. (SEE LOCAL BRANCH ADDRESS ABOVE).

Koorsen Protection Services, Inc.
By: [Signature] Title Date
Customer's Acceptance [Signature] Title Date Purchase Order Number (If Required)

By: [Signature]
I have received a copy of this agreement.
Printed Customer Name

# Koorsen<sup>®</sup>

## FIRE & SECURITY

# INVOICE

REMIT TO: Koorsen Fire & Security  
 2719 N Arlington Avenue  
 Indianapolis, IN 46218-3322  
 1-888-KOORSEN Include invoice # on check.

No.: 4563723

Date of Work

Cust. Order #

CONTRACT

0414

Invoice Date: 10/01/2018

SO#: 4563723

Date Due:

10/26/2018

Cust ID 07FAY7007

JOB#

SERVICE07/ 0


Sold To:

Location:

FAYETTE REGIONAL HEALTH SYSTEM  
 1941 VIRGINIA AVE  
 CONNERSVILLE, IN 47331

FAYETTE REGIONAL HEALTH SYSTEM  
 1941 VIRGINIA AVE  
 \*E-MAIL INV\*  
 CONNERSVILLE, IN 47331

07-HOUSE

QUANTITY		AMOUNT
	QUARTERLY BILLING FIRE ALARM INSPECTION	1,262.50
	NOVEMBER 01, 2018 THRU JANUARY 31, 2019	
	PO: CONTRACT 0414	
	Total	1,262.50
Total Sales		1,262.50
Taxable Sales		1,262.50
Tax Amount		0.00
Shipping Charge		
Invoice Total 		1,262.50



Service Agreement

No.

Submitted To: Fayette Regional Hospital, 1941 Virginia Avenue, Connersville, IN 47331, Jennie off fax

From: Koorssen Fire & Security, 4840 Progress Drive, Columbus, IN 47201, Billy Findley (812) 376-7585 off (812) 372-0882 fax

Period Covered By This Agreement ( ) Years Beginning on the Date of Customer Acceptance, Service Location (if Different From Above) Main hospital building, Billing: Annual time of service

Description of Services

FIRE ALARM AND DETECTION SYSTEMS, FREQUENCY OF INSPECTION: Monthly Quarterly Semi Annual Annual, Due Date: APRIL, Manufacturer of System: Siemens MXL, Option 2: Comprehensive Service which includes 2 full inspections per year and all parts and labor to maintain system in normal functions.

Detector sensitivity shall be checked within 1 year after installation and every alternate year thereafter.

Is Sensitivity due this year?

A P/S 30 H/S S/D 315 D/D 80 H/D T/S F/S D/H F/P EVAC NAC N/CALL

Is Koorssen Monitoring Agreement attached?

Table with 2 columns: Annual Fee, Acceptance. Annual Fee: \$ -8,050.00

Additional Work:

SPRINKLER (FIRE SYSTEM), FREQUENCY OF INSPECTION: Monthly Quarterly Semi Annual Annual, Due Date: , Type of System: WET, DRY, PREACTION, DELUGE, Qty. Risers, A P/S H/S S/D D/D H/D T/S F/S

FIRE PUMP TEST AND INSPECTION, FIRE HYDRANT INSPECTION, STANDPIPE INSPECTION, BACKFLOW PREVENTER INSPECTION, Qty. Pumps, GPM, Due Date: , Qty. Hydrants, Due Date: , Qty. Valves, Due Date: , Qty. Backflow, Due Date:

Additional Work:

(LABOR FOR PARTS AND REPAIR, IF NECESSARY, WILL BE BILLED SEPARATELY)

Table with 2 columns: Annual Fee, Acceptance. Annual Fee: \$ 0.00

FIRE EXTINGUISHERS, FREQUENCY OF INSPECTION: Monthly Semi Annual Annual, Due Date: , NUMBER OF EXTINGUISHERS: , Option 1: Inspection only per unit, Option 2: Comprehensive Service, includes all inspections, six year maintenance, hydro testing, recharges, parts, and all service calls during normal business hours.

FIRE HOSE Inspection (Including Hose Re-rack), EXIT AND EMERGENCY LIGHTING, Qty. Fire Hose, Due Date: , Qty. Exit Lights, Qty. EM Lights, 30 Sec. Quick Test, Battery Load Test, 90 min. Test (AC Power Disconnected for 90 min.)

Additional Work:

(INSPECTION ONLY) LABOR FOR PARTS AND REPAIR, IF NECESSARY, WILL BE BILLED SEPARATELY

Table with 2 columns: Annual Fee, Acceptance. Annual Fee: \$ 0.00

Billing: An invoice for the total annual fee will be sent upon signed acceptance of this agreement. This payment is due (25) days after date of invoice, Koorssen Fire & Security reserves the right not to provide service until payment is received.

Table with 2 columns: Annual Fee, Acceptance. Annual Fee: \$ 5,050.00

Term, Renewal, Expiration & Returned Merchandise:

This agreement shall remain in force for the period covered by this Agreement and shall thereafter continue on a year-to-year basis unless written notice of termination is given by either party to the other at least (30) days prior to the expiration of the initial term. Koorssen may terminate this Agreement at any time upon thirty (30) days notice of termination. Customer agrees that at the time of any renewal of this Agreement, Koorssen may increase the annual fee for the renewal thereof. Customer agrees to pay the full amount of such increase, which does not exceed a 5% increase over the previous annual fee. In the event Koorssen increases the annual fee by an amount greater than 5%, Customer may terminate the Agreement upon written notice to Koorssen within fifteen (15) days of notification of such increase. No returned merchandise accepted for credit unless authorized. All claims must be made within 90 days of invoice. THE ATTACHED CONDITIONS ARE INCORPORATED IN THIS AGREEMENT. PLEASE READ CAREFULLY. KOORSEN IS NOT AN INSURER. OUR MAXIMUM LIABILITY IS LIMITED TO THE GREATER OF 5% OF THE ANNUAL SERVICE CHARGE OR \$250.00. USER ACKNOWLEDGES RECEIPT OF COPY AND THAT HE HAS READ AND UNDERSTANDS THE CONDITIONS OF THE AGREEMENT.

Koorssen Fire & Security Title Date

By: Billy Findley Customer Acceptance

Branch Manager 03/10/09

By: Pat Bean

Title Date Dept. Advisor 3/24/09 PAT BEAN Printed Customer Name

# Koorsen<sup>®</sup>

## FIRE & SECURITY

# INVOICE

REMIT TO: Koorsen Fire & Security

2719 N Arlington Avenue  
Indianapolis, IN 46218-3322

1-888-KOORSEN Include invoice # on check.

Cust ID 07FAY7007

Sold To:

FAYETTE REGIONAL HEALTH SYSTEM  
1941 VIRGINIA AVE  
CONNERSVILLE, IN 47331

No.: 4563632

Invoice Date: 10/01/2018

Date of Work

SO#: 4563632

Cust. Order #

EMAIL

Date Due:

10/26/2018


JOB#

SERVICE07/ 21

Location:

CONNERSVILLE MEDICAL CTR  
420 W 24TH ST  
\*E-MAIL INV\*  
CONNERSVILLE, IN 47331

07-HOUSE

QUANTITY		AMOUNT
	ANNUAL BILLING COMM BURG MON BASE SVC	300.00
	NOVEMBER 01, 2018 THRU OCTOBER 31, 2019	
	PO: EMAIL	
	Total	300.00
Total Sales	Taxable Sales	Tax Amount
300.00	300.00	0.00
	Shipping Charge	Invoice Total 
		300.00

07FAY 2007 07FAY7007-21 K89-3900

Customer Acct No. | **MONITORING and ALARM SERVICES AGREEMENT** | Monitoring Acct No.

Customer Name and Address: **Koorsen Fire & Security** (appears as KFS in body of agreement)  
Fayette Memorial Hospital  
320 West 24th Street  
Connersville In. | 1450 N.W. 11 Street  
Richmond In.

Attn: Pat Bean | Tel. No. | Rep: Rick Blunk

Koorsen Fire and Security proposes to install or cause to be installed the equipment and furnish the services indicated herein:

Describe Installation Services: Setup Charges \$  
% Tax = \$  
Or:  Attach Security Quotation No: Total Charges \$

Koorsen Fire & Security can connect smoke, heat, and fire initiating devices to your security panel. These initiating devices can be placed in any location that the owner chooses. Engineered drawings of your system are not being made or submitted to the Authority Having Jurisdiction for approval. This approval process is a guideline put forth by the National Fire Protection Association for building fire alarm systems. It is Koorsen's intent to provide a security system that will have initiating devices attached, which meets the approval of the owner. It is further understood that existing smoke detectors installed by the builder, electrical contractor, or any party other than KFS are not connected to the security alarm panel and will not transmit signals to the central station.

Not applicable for Commercial Fire Alarm System Monitoring. Please initial to indicate you have read and understand this paragraph: \_\_\_\_\_

**CENTRAL STATION MONITORING SERVICES: (CHECK ALL THAT APPLY)**

- Burglar Alarm  Open / Close Report: \_\_\_\_\_  Open / Close (Supervised)  Open / Close (no report)  Res. Smoke/Heat Detectors
- Com. Fire Alarm  Test Daily / Weekly: \_\_\_\_\_  Sprinkler Flow  Sprinkler Tamper
- Monthly Monitoring Charge \$

INTERNET COMMUNICATOR  Accept  Decline Initials *XDJZ*  
I understand that the reliability of internet transmission of alarm signals is dependent on the availability of local and wide area networks outside the control of KFS. Monthly Internet Service Charge \$

CELLULAR COMMUNICATOR  Accept  Decline Initials *XDJZ*  
I understand that the installation of a cellular communicator will aid in the transmission of alarm signals in the event the primary communication line (telephone or internet) is out of service for any reason. Monthly Cellular Service Charge \$

EXTENDED WARRANTY  Accept  Decline Initials *XDJZ*  
Covers Parts & Labor (Mon-Fri / 8:00am - 5:00pm) for full term of agreement. \$ trip charge applies to each service call. Monthly Charge \$

**AGREEMENT SUMMARY:**

Total Monthly Service Charges \$	_____
Periodic Payment Options:	<input type="checkbox"/> Monthly Auto-Debit (Auth. Required)
	<input type="checkbox"/> Billed Quarterly at \$ _____
	<input checked="" type="checkbox"/> Billed Annually at \$ <u>300.00</u>
Total Equipment, Installation, Setup, and Taxes	\$ _____
Less Deposit of %	\$ _____
Equipment Balance Due Upon Completion	\$ _____
Initial Service Charges Due Upon Completion	\$ _____
	\$ _____
Total Due Upon Completion	\$ <u>300.00</u>

**Term, Renewal & Expiration:**

This agreement shall remain in full force for the period covered by this agreement and shall thereafter continue on a year-to-year basis unless written notice of termination is given by either party to the other at least (60) days prior to the expiration of the initial term. The initial term of this agreement expires 3 years from the date initial central station testing is completed.

Customer agrees that at any time following expiration of this agreement, Koorsen may increase the annual fee for the renewal thereof. Customer agrees to pay the full amount of such increase, which does not exceed a 5% increase over the previous annual fee. In the event Koorsen increases the annual fee by an amount greater than 5%, Customer may terminate the agreement upon written notice to Koorsen within fifteen (15) days of notification of such increase.

If customer moves out of KFS' service area, or closes business operations in city specified above, the customer has the right to provide 30 days prior written notice of termination and agrees to pay an early cancellation fee.

Customer agrees to pay, in addition to the service charges above, any false alarm assessments, taxes, fees or charges that are imposed by any governmental body, relating to the installation or service provided under this Agreement and to pay any increase in charges to KFS for facilities required for transmission of signals under this Agreement.

Entire Agreement -- Customer acknowledges that he is aware that no alarm system can guarantee prevention of loss; that human error on the part of KFS or the municipal authorities is always possible, and that signals may not be received if the transmission mode is cut, interfered with, or otherwise damaged. This agreement constitutes the entire agreement between the customer and KFS. In executing this agreement, customer is not relying on any advice or advertisement of KFS. Customer agrees that any representation, promise, condition, inducement or warranty, express or implied, not included in writing in this agreement shall not be binding upon any party, and that the terms and conditions hereof apply as printed without alteration or qualification, except as specifically modified in writing. The terms and conditions of this agreement shall govern notwithstanding any inconsistent or additional terms and conditions or any purchase order or other document submitted by the customer.

It is understood that KFS is not an insurer, that it shall specifically be the obligation of the customer to purchase a fire insurance which customer desires to protect itself from loss, damage or injury due directly or indirectly to occurrences or consequences therefrom, which the service or system is designed to detect or avert. Section 6 of this agreement limits KFS' liability to \$500.00 or 10% of the annual service charge if customer or anyone else suffers any harm (damage or loss of property, personal injury, or death) because the system failed to operate properly or KFS was careless or acted improperly. Customer has had the opportunity to talk to our representative about this limitation and understands that the customer may obtain a higher limitation of KFS' liability by paying an additional periodic fee to KFS.

Attention is directed to the limited warranty, limit of liability and other conditions on reverse side.

You, the buyer, may cancel this transaction any time prior to the end of the third business days after the date of this transaction. To cancel, mail (or deliver) a signed notice of cancellation to Koorsen Fire & Security (see local branch address above.)

Koorsen Fire & Security  
By: *Rick Blunk* Title: Branch Manager Date: 10/27/05

Customer's Acceptance  
By: *Dallas Rader* Title: \_\_\_\_\_ Date: \_\_\_\_\_ Purchase Order Number (If Required) or S.S.N. \_\_\_\_\_

I have received a copy of this agreement. Customer authorizes KFS to check credit. Initials \_\_\_\_\_  
Printed Customer Name: DALLAS RADER

Print copies for the following: 1 for Customer 1 for Corporate Files 1 for Branch Files

# Koorsen® FIRE & SECURITY

# INVOICE

REMIT TO: Koorsen Fire & Security  
2719 N Arlington Avenue  
Indianapolis, IN 46218-3322  
1-888-KOORSEN Include Invoice # on check.

No.: 4569407  
Invoice Date: 10/05/2018

Date of Order: 10/04/2018  
Order #: 125421  
SO#: 3249753  
Date Due: 10/30/2018

Cust ID 07FAY7007

SERVICE07/13

Sold To:  
FAYETTE REGIONAL HEALTH  
1941 VIRGINIA AVE  
CONNERSVILLE, IN 47331

JOB#  
Location:  
FAYETTE REGIONAL CARE PAVILION  
450 ERIE ST  
\*E-MAIL INV\*  
CONNERSVILLE, IN 47331

07-HOUSE / 07-373134 / TK07-05

QUANTITY		AMOUNT	
	OCTOBER RESTAURANT SYS SERVICE Semi-Annual WORK ORDER SIGNED BY RANDY TELKER		
1.00	INSP-REST1-S INSPECTION OF RESTAURANT SYS -	108.65	108.65
1.00	INSP-RESTPIPE-S INSPECTION-DISCHARGE PIPE /AC	29.90	29.90
1.00	BRGTL1 LINK,FUSIBLE,TEST LINK MODELS ML,K	5.95	5.95
1.00	BRG45 GASKET,REPLACEMENT REST ANSUL(181)/AM	4.75	4.75
1.00	CIKT000 TAG,INSPECTION-KOORSEN YELLOW		
1.00	BRKSY SEAL,TAMPER KOORSEN LOGO YR 2018		
1.00	CIKT023 COLLAR,SERVICE VERIFICATN SMALL		
4.00	ANV439088 LINK,FUSIBLE,360K,*5 STAR MODEL SL,	14.50	58.00
1.00	99MATLGPA SERVICE MATERIALS GEN PROD	8.00	8.00
	TOTAL SALES/SERVICES XMP# 0018188800		215.25
	TOTAL		215.25

Pay online @ [www.koorsen.com](http://www.koorsen.com). To pay by credit card, please phone or return to us:

Circle: VISA MC AMEX Card Number \_\_\_\_\_

Name on Card \_\_\_\_\_ Expiration Date \_\_\_/\_\_\_

Total Sales	Taxable Sales	Tax Amount	Shipping Charge	invoice Total	
215.25	0.00	0.00			215.25





# Koorsen® FIRE & SECURITY

# INVOICE

REMIT TO: Koorsen Fire & Security  
2719 N Arlington Avenue  
Indianapolis, IN 46218-3322  
1-888-KOORSEN Include Invoice # on check.

No.: 4569409 Date of Work: 10/04/2018 Cust. Order #: 125421  
Invoice Date: 10/05/2018 SO#: 3251900 Date Due: 10/30/2018

Cust ID 07FAY7007

JOB# SERVICE07/13

Sold To:  
FAYETTE REGIONAL HEALTH  
1941 VIRGINIA AVE  
CONNERSVILLE, IN 47331

Location:  
FAYETTE REGIONAL CARE PAVILION  
450 ERIE ST  
\*E-MAIL INV\*  
CONNERSVILLE, IN 47331


07-HOUSE / 07-373134 / TK07-05

QUANTITY			AMOUNT
	OCTOBER FIRE EXTINGUISHER SERV Annual WORK ORDER SIGNED BY RANDY TELKER		
11.00	INSP-FE-A INSPECTION OF FIRE	EXTINGUIS	58.85
			5.35
11.00	CIKT000 TAG, INSPECTION-KOORSEN	YELLOW	
11.00	CIKT003 TAG, OSHA-KOORSEN	PAPER MONTHLY INS	15.40
			1.40
3.00	BRKSY SEAL, TAMPER	KOORSEN LOGO YR 2018	
7.00	EE10A EXCHANGE EXTINGUISHER	10# ABC	406.00
			58.00
1.00	EE20A EXCHANGE EXTINGUISHER	20# ABC	77.00
			77.00
1.00	AMB417T EXTINGUISHER 2.5# ABC VB	A-VLV(180)1	46.00
			46.00
1.00	99MATLGPA SERVICE MATERIALS	GEN PROD	8.00
			8.00
TOTAL SALES/SERVICES XMP# 0018188800			611.25
TOTAL			611.25

Pay online @ [www.koorsen.com](http://www.koorsen.com). To pay by credit card, please phone or return to us.

Circle: VISA MC AMEX Card Number \_\_\_\_\_

Name on Card \_\_\_\_\_ Expiration Date \_\_\_/\_\_\_

Total Sales	Taxable Sales	Tax Amount	Shipping Charge	Invoice Total 
611.25	0.00	0.00		611.25



N25

Tech # = 07-372124

07FAY7007

Sales Tax = 0.00%

WORK ORDER # S03251900 13

INVOICE TO  
 FAYETTE REGIONAL HEALTH SYSTEM  
 1941 VIRGINIA AVE  
 CONNERSVILLE, IN 47331

SERVICE LOCATION  
 FAYETTE REGIONAL CARE PAVILION  
 450 ERIE ST  
 \*E-MAIL INV\*  
 CONNERSVILLE, IN 47331

CUSTOMER PAYMENT:  CASH  CHECK #  VISA  MC  AMEX CARD #

EXP DATE

(11) L2/L3 (1-IN ATTIC CONTROL ROOM) \*INCL GERI PHYCH BLDG NURSE STA\*  
 827-7714 FOR PO# \*CALL BELINDA FOR APPT  
 EMAIL INV:ACCOUNTSPAYABLE@FAYETTEREGIONAL.ORG  
 0702 PO = PO REQ Renewal 12/31/2018 800/959-4929-  
 OCTOBER FIRE EXTINGUISHER SERV Annual

QTY	SIZE / TYPE	QTY 6 YEAR	QTY RECH	QTY HYDRO	6 YR/RE PRICE	HYDRO PRICE	TOTAL PRICE
1	2.5# ABC						
	5/8# ABC						
9	10# ABC						
1	20# ABC						
	10# PURPLE K						
	20# PURPLE K						
	HALON 1211						
	HALOTRON						
	FE-36						
	5 CO2						
	10 CO2						
	15 CO2						
	20 CO2						
	H2O MIST 6L / 2.5 GAL						
	K CLASS 6L / 2.5 GAL						
TOTAL							UNIT PRICE
11	INSPECTIONS	A	M	S	Q		
QTY	SIZE / TYPE	QTY 6 YEAR	QTY RECH	QTY HYDRO	6 YR/RE PRICE	HYDRO PRICE	TOTAL PRICE
	WHLD#						
	CART OP#						
	FIRE HOSE 50FT 75FT 100FT						
TOTAL							UNIT PRICE
	#S RECAPTURE						
	#S NEW CLEAN AGENT						
	EXIT / EMERGENCY LIGHTS						
	QUICK CHECK / ANNUAL BATTERY TEST/90 MIN						
	CIKL008 LABEL						
	BULBS / BATTERIES						
	BRBT6						
	BRBT65S						
	6V 12 AMP						
	6V 7 AMP						
	6V 4 AMP						

ITEM DESCRIPTION	QTY	UNIT PRICE	TOTAL PRICE
VALVE STEMS			
BR6092A BR6093A			
BRASVS4 BRASVS5			
BR19010B BR103215W			
O-RING			
BROR27 BROR29			
BROR37 BROR39			
BRQR40 BRQR41			
SIGNS			
BRBL105 BRBL109 BRBL108			
LABELS			
CIKL040 CIKL011			
CIKL053			
TAGS / COLLARS			
CIKT001 CIKT077	11		
CIKT003 BRPTAG CIKT 002	11		
CIKT023 CIKT024			
GAUGE			
BRG195			
MISCELLANEOUS / ADD'L PARTS			
PULL PIN-BRNPP			
AM14776 STRAP/CLIP SM			
AM14778 STRAP/CLIP LG			
BRKS <input checked="" type="checkbox"/> Y <input type="checkbox"/> R <input type="checkbox"/> W			4.3
CONDUCTIVITY TEST			
DISPOSAL PER UNIT			
EE25A H / S			
EE10A H (S) / R			2.5
EE20A (H) / S			
EEK-H			
FE 1 2 3 4 5 6 7 8 9 10			
BUTT 2.5LB ABC	1		

TOTAL LEFT

TOTAL RIGHT

Please read carefully. We are not an Insurer. Our maximum liability is limited to \$260.00. Vendor shall not be responsible for the improper operation on any inspected equipment that, after serviceman has left premises, has been discharged, vandalized, tampered with or damaged. User acknowledges receipt of copy and that he has read and understands reverse side of agreement.

CUSTOMER Randy Teller PRINT CUSTOMER NAME

TRUCK # 0705 SPECIALIST COX/KOORS DATE 10/11/18

TOTAL LEFT	
TOTAL RIGHT	
SUB TOTAL	
TAXABLE AMOUNT	
TAX	
TOTAL \$	