

**PROPOSER SUMMARY SHEET**  
**RFP 24-031**  
**Main Pump Station Roof Recoating**

Business Name: Anthony Roofing Tecta America, LLC

Street Address: 2555 White Oak Circle

City, State, Zip: Aurora, IL 60502

Contact Name: Tony Clausen

Title: President

Phone: 630.898.4444 Fax: 630.898.4597

E-Mail address: tclausen@tectaamerica.com

**Price Proposal**

**GRAND TOTAL PROPOSAL PRICE**                      \$ 41,100.00

**AUTHORIZATION & SIGNATURE**

Name of Authorized Signee: Tony Clausen

Signature of Authorized Signee:  \_\_\_\_\_

Title: President    Date: 3/15/2024

 **ORLAND PARK**  
**CERTIFICATE OF COMPLIANCE**

*Proposals shall complete this Certificate of Compliance. Failure to comply with all submission requirements may result in a determination that the Proposals is not responsible.*

The undersigned Tony Clausen,  
*(Enter Name of Person Making Certification)*

as President  
*(Enter Title of Person Making Certification)*

and on behalf of Anthony Roofing Tecta America, LLC,  
*(Enter Name of Business Organization)*

certifies that Proposers is:

1) **A BUSINESS ORGANIZATION:** Yes  No

**Federal Employer I.D. #:** 36-2699848  
*(or Social Security # if a sole proprietor or individual)*

The form of business organization of the Proposer is *(check one)*:

Sole Proprietor

Independent Contractor *(Individual)*

Partnership

LLC

Corporation Illinois 2005  
*(State of Incorporation) (Date of Incorporation)*

2) **STATUS OF OWNERSHIP**

Illinois Public Act 102-0265, approved August 2021, requires the Village of Orland Park to collect "Status of Ownership" information. This information is collected for reporting purposes only. Please check the following that applies to the ownership of your business and include any certifications for the categories checked with the proposal. Business ownership categories are as defined in the Business Enterprise for Minorities, Women, and Persons with Disabilities Act, 30 ILCS 575/0.01 *et seq.*

Minority-Owned  Small Business  *(SBA standards)*

Women-Owned  Prefer not to disclose

Veteran-Owned  Not Applicable

Disabled-Owned

How are you certifying? Certificates Attached  Self-Certifying

**STATUS OF OWNERSHIP FOR SUBCONTRACTORS**

This information is collected for reporting purposes only. Please check the following that applies to the ownership of subcontractors.

Minority-Owned [ ]                      Small Business [ ] (SBA standards)  
Women-Owned [ ]                        Prefer not to disclose [ ]  
Veteran-Owned [ ]                        Not Applicable [X]  
Disabled-Owned [ ]

3) **AUTHORIZED TO DO BUSINESS IN ILLINOIS:** Yes [X] No [ ]

The Proposer is authorized to do business in the State of Illinois.

4) **ELIGIBLE TO ENTER INTO PUBLIC CONTRACTS:** Yes [X] No [ ]

The Proposer is eligible to enter into public contracts, and is not barred from contracting with any unit of state or local government as a result of a violation of either Section 33E-3, or 33E-4 of the Illinois Criminal Code, or of any similar offense of "bid-rigging" or "bid-rotating" of any state or of the United States.

5) **SEXUAL HARASSMENT POLICY COMPLIANT:** Yes [X] No [ ]

Please be advised that Public Act 87-1257, effective July 1, 1993, 775 ILCS 5/2-105 (A) has been amended to provide that every party to a public contract must have a written sexual harassment policy in place in full compliance with 775 ILCS 5/2-105 (A) (4) and includes, at a minimum, the following information:

(I) the illegality of sexual harassment; (II) the definition of sexual harassment under State law; (III) a description of sexual harassment, utilizing examples; (IV) the vendor's internal complaint process including penalties; (V) the legal recourse, investigative and complaint process available through the Department of Human Rights (the "Department") and the Human Rights Commission (the "Commission"); (VI) directions on how to contact the Department and Commission; and (VII) protection against retaliation as provided by Section 6-101 of the Act. (Illinois Human Rights Act). (emphasis added). Pursuant to 775 ILCS 5/1-103 (M) (2002), a "public contract" includes "...every contract to which the State, any of its political subdivisions or any municipal corporation is a party."

6) **EQUAL EMPLOYMENT OPPORTUNITY COMPLIANT:** Yes [X] No [ ]

During the performance of this Project, Proposer agrees to comply with the "Illinois Human Rights Act", 775 ILCS Title 5 and the Rules and Regulations of the Illinois Department of Human Rights published at 44 Illinois Administrative Code Section 750, et seq.

The Proposer shall:

(I) not discriminate against any employee or applicant for employment because of race, color, religion, sex, marital status, national origin or ancestry, age, or physical or mental handicap unrelated to ability, or an unfavorable discharge from military service; (II) examine all job classifications to determine if minority persons or women are underutilized and will take appropriate affirmative action to rectify any such underutilization; (III) ensure all solicitations or advertisements for employees placed by it or on its behalf, it will state that all applicants will be afforded equal opportunity without discrimination because of race, color, religion, sex, marital status, national origin or ancestry, age, or physical or mental handicap unrelated to ability, or an unfavorable discharge from military service; (IV) send to each labor organization or

representative of workers with which it has or is bound by a collective bargaining or other agreement or understanding, a notice advising such labor organization or representative of the Vendor's obligations under the Illinois Human Rights Act and Department's Rules and Regulations for Public Contract; (V) submit reports as required by the Department's Rules and Regulations for Public Contracts, furnish all relevant information as may from time to time be requested by the Department or the contracting agency, and in all respects comply with the Illinois Human Rights Act and Department's Rules and Regulations for Public Contracts; (VI) permit access to all relevant books, records, accounts and work sites by personnel of the contracting agency and Department for purposes of investigation to ascertain compliance with the Illinois Human Rights Act and Department's Rules and Regulations for Public Contracts; and (VII) include verbatim or by reference the provisions of this Equal Employment Opportunity Clause in every subcontract it awards under which any portion of this Agreement obligations are undertaken or assumed, so that such provisions will be binding upon such subcontractor.

In the same manner as the other provisions of this Agreement, the Proposer will be liable for compliance with applicable provisions of this clause by such subcontractors; and further it will promptly notify the contracting agency and the Department in the event any subcontractor fails or refuses to comply therewith. In addition, the Proposer will not utilize any subcontractor declared by the Illinois Human Rights Department to be ineligible for contracts or subcontracts with the State of Illinois or any of its political subdivisions or municipal corporations.

"Subcontract" means any agreement, arrangement or understanding, written or otherwise, between the Proposer and any person under which any portion of the Proposer's obligations under one or more public contracts is performed, undertaken or assumed; the term "subcontract", however, shall not include any agreement, arrangement or understanding in which the parties stand in the relationship of an employer and an employee, or between a Proposer or other organization and its customers.

In the event of the Proposer's noncompliance with any provision of this Equal Employment Opportunity Clause, the Illinois Human Right Act, or the Rules and Regulations for Public Contracts of the Department of Human Rights the Proposer may be declared non-responsible and therefore ineligible for future contracts or subcontracts with the State of Illinois or any of its political subdivisions or municipal corporations, and this agreement may be canceled or avoided in whole or in part, and such other sanctions or penalties may be imposed or remedies involved as provided by statute or regulation.

**7) PREVAILING WAGE COMPLIANCE:      Yes     No**

In the manner and to the extent required by law, this RFP is subject to the Illinois Prevailing Wage Act and to all laws governing the payment of wages to laborers, workers and mechanics of a Proposer or any subcontractor of a Proposer bound to this agreement who is performing services covered by this contract. If awarded the Contract, per 820 ILCS 130 et seq. as amended, Proposer shall pay not less than the prevailing hourly rate of wages, the generally prevailing rate of hourly wages for legal holiday and overtime work, and the prevailing hourly rate for welfare and other benefits as determined by the Illinois Department of Labor or the Village and as set forth in the schedule of prevailing wages for this contract to all laborers, workers and mechanics performing work under this contract (available at <https://www2.illinois.gov/idol/Laws-Rules/CONMED/Pages/Rates.aspx>).

The undersigned Proposer further stipulates and certifies that it has maintained a satisfactory record of Prevailing Wage Act compliance with no significant Prevailing Wage Act violations for

the past three (3) years.

Certified Payroll. The Illinois Prevailing Wage Act requires any contractor and each subcontractor who participates in public works to file with the Illinois Department of Labor (IDOL) certified payroll for those calendar months during which work on a public works project has occurred. The Act requires certified payroll to be filed with IDOL no later than the 15th day of each calendar month for the immediately preceding month through the Illinois Prevailing Wage Portal—an electronic database IDOL has established for collecting and retaining certified payroll. The Portal may be accessed using this link: <https://www2.illinois.gov/idol/Laws-Rules/CONMED/Pages/certifiedtranscriptofpayroll.aspx>. The Village reserves the right to withhold payment due to Contractor until Contractor and its subcontractors display compliance with this provision of the Act.

**8) PARTICIPATION IN APPRENTICESHIP AND TRAINING PROGRAM:      Yes     No**

Proposer participates in apprenticeship and training programs applicable to the work to be performed on the project, which are approved by and registered with the United States Department of Labor’s Office of Apprenticeship.

Name of A&T Program: Local 11 Roofers Union

Brief Description of Program: Local 11 union and waterproofing

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**9) TAX COMPLIANT:    Yes     No**

Proposer is current in the payment of any tax administered by the Illinois Department of Revenue, or if it is not: (a) it is contesting its liability for the tax or the amount of tax in accordance with procedures established by the appropriate Revenue Act; or (b) it has entered into an agreement with the Department of Revenue for payment of all taxes due and is currently in compliance with that agreement.

**10) FALL PROTECTION POLICY:      Yes     No**

As a component of this bid submission, all Bidders are required to provide documented evidence of both a company Fall Protection Policy and fall protection training for all employees who would be a part of this project.

**AUTHORIZATION & SIGNATURE:**

I certify that I am authorized to execute this Certificate of Compliance on behalf of the Proposer set forth on the Proposer Summary Sheet, that I have personal knowledge of all the information set forth herein and that all statements, representations, that the proposal is genuine and not collusive, and information provided in or with this Certificate are true and accurate.

The undersigned, having become familiar with the Project specified in this RFP, proposes to provide and furnish all of the labor, materials, necessary tools, expendable equipment and all utility and transportation services necessary to perform and complete in a workmanlike manner all of the work required for the Project.

**ACKNOWLEDGED AND AGREED TO:**

  
\_\_\_\_\_  
Signature of Authorized Officer

Tony Clausen  
\_\_\_\_\_  
Name of Authorized Officer

President  
\_\_\_\_\_  
Title

3/15/2024  
\_\_\_\_\_  
Date

## REFERENCES

Provide three (3) references for which your organization has performed similar work.

Proposer's Name: Anthony Roofing Tecta America  
*(Enter Name of Business Organization)*

1. ORGANIZATION Gary School  
ADDRESS 6401 Hemlock, Gary, Indiana  
PHONE NUMBER 219.321.8545  
CONTACT PERSON Barry Quin  
YEAR OF PROJECT 2022
  
2. ORGANIZATION Arrowhead Golf Course  
ADDRESS 102 E Wesley St., Wheaton, IL  
PHONE NUMBER 630.653.5800  
CONTACT PERSON Golf Course  
YEAR OF PROJECT 2022
  
3. ORGANIZATION Park Ridge  
ADDRESS 283 Busse Highway, Park Ridge, IL  
PHONE NUMBER 847.292.1258  
CONTACT PERSON Jennifer Meuine  
YEAR OF PROJECT 2022

## Edward (EJ) Budden – Project Superintendent

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Education: Joliet Junior College - AAS  
Roofers Local #11

Years with Anthony: 8 Years with Anthony Roofing

Special Training: OSHA 30 Hour Certification  
Asbestos Training  
Forklift Training  
Lift Training  
Scaffold Training  
Fall Protection Training  
First Aid/CPR Training  
Decision Driving Training  
Rigging Certificate

Related Project Experience: 8 Years Project Foreman  
5 Years Field Work  
3 Years Project Management

Representative Projects: Nestle, Mount Sterling, Kentucky  
U. S. Bank, Chicago  
Wheeling High School  
Glenbard East High School  
Glenbard West High School  
Village of Midlothian  
Federal Reserve Bank of Chicago

PROJECT MANAGER

DAVID SIERRA

EDUCATION

**Bachelors of Science in Construction Management**

Illinois State University, Bloomington Normal, Illinois 2018

Associates degree in liberal Arts

Oakton Community College Des Plaines, Illinois 2015

High School Diploma

Maine West High School, Des Plaines, Illinois 2009

WORK HISTORY

PROJECT MANAGER, ANTHONY ROOFING TECTA AMERICA, AURORA, IL 60502

May 2018- Present, 6- years Anthony Roofing

TRAINING

30-Hour Construction Safety and Health

Construction finance and accounting

Cost estimating and project planning

Construction safety plans

Field Engineering

COMPLETED PROJECTS

PREVIOUS PROJECTS

ComEd Mendota

Nestle Jacksonville, Illinois

Benjamin Middle School

Nestle Cleveland, Ohio

Evergreen Elementary School

Nestle Little Chute, Wisconsin

Nestle Burlington, Wisconsin

Hinsdale Golf Club

Nestle Fort Wayne, Indiana

Central DuPage Hospital Northwest Medicine

Village of Gurnee Fire Station No.3

U.S. Bank Chicago

## Ted Staniszewski - Safety Manager

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Education:	Oswego High School, Oswego, IL Roofers Local #11
Years with Anthony:	7 Years with Anthony Roofing 5 Years Safety Management
Special Training:	OSHA 30 Hour Certification Silica Awareness Training Forklift Training CPR/First Aid Decision Driving
Related Project Experience:	17 Years Roofing Experience 7 Years Project Management
Representative Projects:	YWCA – Evanston, IL Nestle, Mt. Sterling, KY Jennings Terrace, Aurora, IL UPS, Hodgkins Facility FMC Natatorium Advocate Good Samaritan Health and Wellness Center Glenbard East and West High Schools West Chicago High School Wheeling High School Villa Park Library Expansion Orland Park Public Library Plainfield Park District Nestle, Little Chute, WI

**Base Bid Breakdown:**

Safety	\$3,880.00
Materials	\$23,191.00
Miscellaneous	\$1,750.00
Coating Installation	\$10,079.00
Final Clean Up	\$2,200.00
Total Cost	\$41,100.00



**TO:** Village of Orland Park

Who we are,

Anthony Roofing was founded in 1978 as a commercial roofing contractor and was a pioneer in the roofing industry by installing white single-ply membranes in the Chicago area. Anthony Roofing is one of the leading commercial roofing contractors in this market. Anthony has gained more knowledge and skills to provide a more extensive selection of services and roofing management. Our reputation for being the best has developed from our quality workmanship, years of experience, innovative solutions and from the consistent way in which we satisfy our customers.

Putting roofing aside, one of the most important aspects in today's construction market is Safety. As part of Tecta America Inc., we are proud of our EMR rating, .51, and this rate reflects our commitment to safety and the customers who value safety. Along with safety is our quality workmanship.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/13/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> HUB International Midwest Limited 1411 Opus Place, Suite 450 Downers Grove IL 60515	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): 630-468-5600		FAX (A/C, No):
	E-MAIL ADDRESS: CSUConstruction@hubinternational.com		
<b>INSURED</b> Anthony Roofing Tecta America, LLC 2555 White Oak Circle Aurora IL 60502	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	<b>INSURER A:</b> Liberty Mutual Fire Insurance Company		23035
	<b>INSURER B:</b> LM Insurance Corporation		33600
	<b>INSURER C:</b> Liberty Insurance Corporation		42404
	<b>INSURER D:</b> Navigators Insurance Company		42307
	<b>INSURER E:</b> Starr Indemnity and Liability		38318
<b>INSURER F:</b>			

**COVERAGES**

CERTIFICATE NUMBER: 329408302

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 SUBR INSD WYD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Contractual Liab <input checked="" type="checkbox"/> XCU Cov Included GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:		EB2-641-435487-43	3/31/2023	3/31/2024	EACH OCCURRENCE \$ 3,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 3,000,000 GENERAL AGGREGATE \$ 6,000,000 PRODUCTS - COMP/OP AGG \$ 6,000,000 \$
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		AS2-641-435487-44	3/31/2023	3/31/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 5,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
D E	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$		LA23EXCZ04Q52IC 1000586973231	3/31/2023 3/31/2023	3/31/2024 3/31/2024	EACH OCCURRENCE \$ 13,000,000 AGGREGATE \$ 13,000,000 \$
B C B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	WA5-64D-435487-393 (AOS) WA7-64D-435487-403 (MA) WC5-641-435487-413 (WI & MN)	3/31/2023 3/31/2023 3/31/2023	3/31/2024 3/31/2024 3/31/2024	<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

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

**CERTIFICATE HOLDER****CANCELLATION**

Proof of Insurance

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



# ORLAND PARK

## INSURANCE REQUIREMENTS

Please provide a policy Specimen Certificate of Insurance showing current coverage's along with this form

### WORKERS' COMPENSATION & EMPLOYER LIABILITY

Full Statutory Limits - Employers Liability  
\$500,000 – Each Accident \$500,000 – Each Employee  
\$500,000 – Policy Limit  
Waiver of Subrogation in favor of the Village of Orland Park

### AUTOMOBILE LIABILITY (ISO Form CA 0001)

\$1,000,000 – Combined Single Limit Per Occurrence  
Bodily Injury & Property Damage

### GENERAL LIABILITY (Occurrence basis) (ISO Form CG 0001)

\$1,000,000 – Combined Single Limit Per Occurrence  
Bodily Injury & Property Damage  
\$2,000,000 – General Aggregate Limit  
\$1,000,000 – Personal & Advertising Injury  
\$2,000,000 – Products/Completed Operations Aggregate  
Additional Insured Endorsements: (not applicable for Goods Only)  
ISO CG 20 10 or CG 20 26  
and  
CG 20 01 Primary & Non-Contributory  
Blanket Waiver of Subrogation in favor of the Village of Orland Park

CG 20 37 Additional Insured – Completed Operations (provide if box is checked)

In addition to the above, please provide the following coverage, if box is checked.

**LIABILITY UMBRELLA (Follow Form Policy)**  
 \$1,000,000 – Each Occurrence \$1,000,000 – Aggregate  
 \$2,000,000 – Each Occurrence \$2,000,000 – Aggregate  
 Other: \_\_\_\_\_

**EXCESS MUST COVER:** General Liability, Automobile Liability, Employers' Liability

**PROFESSIONAL LIABILITY**  
 \$1,000,000 Limit – Claims Made Form, Indicate Retroactive Date  
 \$2,000,000 Limit – Claims Made Form, Indicate Retroactive Date  
 Other: \_\_\_\_\_  
Deductible not-to-exceed \$50,000 without prior written approval

**BUILDERS RISK**  
Completed Property Full Replacement Cost Limits – Structures under construction

**ENVIRONMENTAL IMPAIRMENT/POLLUTION LIABILITY**  
\$1,000,000 Limit for bodily injury, property damage and remediation costs  
resulting from a pollution incident at, on or mitigating beyond the job site

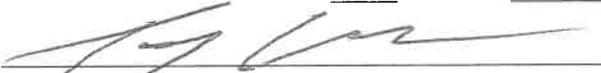
**CYBER LIABILITY**  
\$1,000,000 Limit per Data Breach for liability, notification, response,  
credit monitoring service costs, and software/property damage

Any insurance policies providing the coverages required of the Consultant, excluding Professional Liability, shall be specifically endorsed to identify "The Village of Orland Park, and their respective officers, trustees, directors, officials, employees, volunteers and agents as Additional Insureds on a primary/non-contributory basis with respect to all claims arising out of operations by or on behalf of the named insured." The required

Additional Insured coverage shall be provided on the Insurance Service Office (ISO) CG 20 10 or CG 20 26 endorsements or an endorsement at least as broad as the above noted endorsements as determined by the Village of Orland Park. Any Village of Orland Park insurance coverage shall be deemed to be on an excess or contingent basis as confirmed by the required (ISO) CG 20 01 Additional Insured Primary & Non-Contributory Endorsement. The policies shall also contain a Waiver of Subrogation in favor of the Additional Insureds in regard to General Liability and Workers' Compensation coverage. The certificate of insurance shall also state this information on its face. Any insurance company providing coverage must hold an A-, VII rating according to Best's Key Rating Guide. Each insurance policy required shall have the Village of Orland Park expressly endorsed onto the policy as a Cancellation Notice Recipient. Should any of the policies be cancelled before the expiration date thereof, notice will be delivered in accordance with the policy provisions. Permitting the contractor, or any subcontractor, to proceed with any work prior to our receipt of the foregoing certificate and endorsements shall not be a waiver of the contractor's obligation to provide all the above insurance.

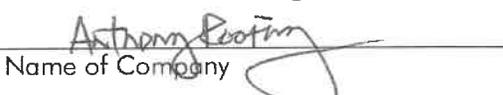
Consultant agrees that prior to any commencement of work to furnish evidence of Insurance coverage providing for at minimum the coverages, endorsements and limits described above directly to the Village of Orland Park, 14700 S. Ravinia Avenue, Orland Park, IL 60462. Failure to provide this evidence in the time frame specified and prior to beginning of work may result in the termination of the Village's relationship with the contractor.

ACCEPTED & AGREED THIS \_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_

  
\_\_\_\_\_  
Signature

Tony CLAUSEN - President  
Printed Name & Title

Authorized to execute agreements for:

  
\_\_\_\_\_  
Name of Company

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## ADDITIONAL INSURED - OWNERS, LESSEES OR CONTRACTORS - SCHEDULED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

### SCHEDULE

Name Of Additional Insured Person(s) Or Or	Location s Of Covered O erations
Information re uired to com plete this Schedule, f:ttpfshown above, will be shown in the Declarations.	

**A. Section II - Who Is An Insured** is r m,naed to include as an additional insure,d\_1be person(s) or organization(s) shown in the {Sc gte, ,but only with respect to liability for "bodlly\_1njury"i "property damage" or "personal and ady r§sing injury" caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

**B.** With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)
<div style="text-align: center;">  </div>

Information required to complete this Schedule --if-not-shown above, **will** be shown in the Declarations.

**A'**

**Section II - Who Is An Insured:** is permitted to include as an additional insured the person(s) or organization(s) shown in the Schedule. In addition, with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

- A. In the performance of your ongoing operations; or
- B. In connection with your premises owned by or rented to you.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**ADDITIONAL INSURED - OWNERS, LESSEES OR  
CONTRACTORS -AUTOMATIC STATUS WHEN  
REQUIRED IN CONSTRUCTION AGREEMENT WITH YOU**

This endorsement modifies insurance provided under the following:

**COMMERCIAL GENERAL LIABILITY COVERAGE PART**

**A. Section II - Who Is An Insured** is amended to include as an additional insured any person or organization for whom you are performing operations when you and such person or organization have agreed in writing in a contract or agreement that such person or organization be added as an additional insured on your policy. Such person or organization is an additional insured only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

- 1. Your acts or omissions; or
- 2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured.

However, the insurance afforded to such additional insured:

- 1. Only applies to the extent permitted by law; and
- 2. Will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

A person's or organization's status as an additional insured under this endorsement ends when your operations for that additional insured are completed.

**B.** With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to:

- 1. "Bodily injury", "property damage" or "personal and advertising injury" arising out of the rendering of, or the failure to render,

any professional architectural, engineering or surveying services, including:

- a. The preparing, approving, or failing to prepare or approve, maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawings and specifications; or
- b. Supervisory, inspection, architectural or engineering activities.

This exclusion applies even if the claims against any insured allege negligence or other wrongdoing in the supervision, hiring, employment, training or monitoring of others by that insured, if the "occurrence" which caused the "bodily injury" or "property damage", or the offense which caused the "personal and advertising injury", involved the rendering of or the failure to render any professional architectural, engineering or surveying services.

2. "Bodily injury" or "property damage" occurring after:

- a. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
- b. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

# ADDITIONAL INSURED - OWNERS, LESSEES OR CONTRACTORS- COMPLETED OPERATIONS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

## SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)	Location And Description Of Completed Operations
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

**Section II - Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury, or" property damage" caused, in whole or in part, by "your work" at the location designated and described in the schedule of this endorsement performed for that additional insured and included in the "products-completed operations hazard"



# Document A310™ – 2010

Conforms with The American Institute of Architects AIA Document 310

## Bid Bond

### CONTRACTOR:

(Name, legal status and address)

Anthony Roofing Tecta America LLC  
2555 White Oak Circle  
Aurora, IL 60502

### OWNER:

(Name, legal status and address)

Village of Orland Park  
14700 South Ravinia Ave 2nd floor  
Orland Park, IL 60462

### SURETY:

(Name, legal status and principal place of business)

Atlantic Specialty Insurance Company  
One State Street Plaza, Floor 31  
New York, NY 10004  
**Mailing Address for Notices**  
One State Street Plaza, Floor 31  
New York, NY 10004

This document has important legal consequences. Consultation with an attorney is encouraged with respect to its completion or modification.

Any singular reference to Contractor, Surety, Owner or other party shall be considered plural where applicable.

**BOND AMOUNT:** 10% Ten Percent of Amount Bid

### PROJECT:

(Name, location or address, and Project number, if any)

RFP 24-031 - Main Pump Station Roof Recoating

The Contractor and Surety are bound to the Owner in the amount set forth above, for the payment of which the Contractor and Surety bind themselves, their heirs, executors, administrators, successors and assigns, jointly and severally, as provided herein. The conditions of this Bond are such that if the Owner accepts the bid of the Contractor within the time specified in the bid documents, or within such time period as may be agreed to by the Owner and Contractor, and the Contractor either (1) enters into a contract with the Owner in accordance with the terms of such bid, and gives such bond or bonds as may be specified in the bidding or Contract Documents, with a surety admitted in the jurisdiction of the Project and otherwise acceptable to the Owner, for the faithful performance of such Contract and for the prompt payment of labor and material furnished in the prosecution thereof; or (2) pays to the Owner the difference, not to exceed the amount of this Bond, between the amount specified in said bid and such larger amount for which the Owner may in good faith contract with another party to perform the work covered by said bid, then this obligation shall be null and void, otherwise to remain in full force and effect. The Surety hereby waives any notice of an agreement between the Owner and Contractor to extend the time in which the Owner may accept the bid. Waiver of notice by the Surety shall not apply to any extension exceeding sixty (60) days in the aggregate beyond the time for acceptance of bids specified in the bid documents, and the Owner and Contractor shall obtain the Surety's consent for an extension beyond sixty (60) days.

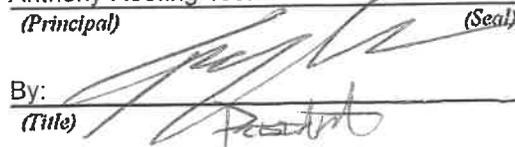
If this Bond is issued in connection with a subcontractor's bid to a Contractor, the term Contractor in this Bond shall be deemed to be Subcontractor and the term Owner shall be deemed to be Contractor.

When this Bond has been furnished to comply with a statutory or other legal requirement in the location of the Project, any provision in this Bond conflicting with said statutory or legal requirement shall be deemed deleted herefrom and provisions conforming to such statutory or other legal requirement shall be deemed incorporated herein. When so furnished, the intent is that this Bond shall be construed as a statutory bond and not as a common law bond.

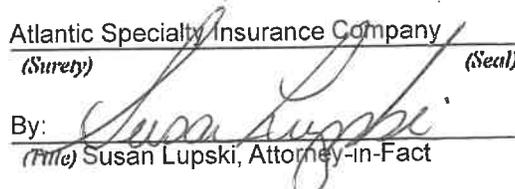
Signed and sealed this 12th day of March, 2024.

  
\_\_\_\_\_  
(Witness) Ron Zwart

Anthony Roofing Tecta America LLC  
(Principal) \_\_\_\_\_ (Seal)

By:   
\_\_\_\_\_  
(Title)

Atlantic Specialty Insurance Company  
(Surety) \_\_\_\_\_ (Seal)

By:   
\_\_\_\_\_  
(Title) Susan Lupski, Attorney-in-Fact





# Power of Attorney

KNOW ALL MEN BY THESE PRESENTS, that ATLANTIC SPECIALTY INSURANCE COMPANY, a New York corporation with its principal office in Plymouth, Minnesota, does hereby constitute and appoint: **Gerard S. Macholz, Thomas Bean, Susan Lupski, Robert T. Pearson, Camille M. Maitland, George O. Brewster, Vincent A. Walsh, Colette R. Chisholm, Peter F. Jones, Lee Ferrucci, Dana Granice, Michelle Wannamaker, Katherine Acosta, Desiree Cardlin, Ian Williams**, each individually if there be more than one named, its true and lawful Attorney-in-Fact, to make, execute, seal and deliver, for and on its behalf as surety, any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof; provided that no bond or undertaking executed under this authority shall exceed in amount the sum of: **unlimited** and the execution of such bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof in pursuance of these presents, shall be as binding upon said Company as if they had been fully signed by an authorized officer of the Company and sealed with the Company seal. This Power of Attorney is made and executed by authority of the following resolutions adopted by the Board of Directors of ATLANTIC SPECIALTY INSURANCE COMPANY on the twenty-fifth day of September, 2012:

Resolved: That the President, any Senior Vice President or Vice-President (each an "Authorized Officer") may execute for and in behalf of the Company any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof, and affix the seal of the Company thereto; and that the Authorized Officer may appoint and authorize an Attorney-in-Fact to execute on behalf of the Company any and all such instruments and to affix the Company seal thereto; and that the Authorized Officer may at any time remove any such Attorney-in-Fact and revoke all power and authority given to any such Attorney-in-Fact.

Resolved: That the Attorney-in-Fact may be given full power and authority to execute for and in the name and on behalf of the Company any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof, and any such instrument executed by any such Attorney-in-Fact shall be as binding upon the Company as if signed and sealed by an Authorized Officer and, further, the Attorney-in-Fact is hereby authorized to verify any affidavit required to be attached to bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof.

This power of attorney is signed and sealed by facsimile under the authority of the following Resolution adopted by the Board of Directors of ATLANTIC SPECIALTY INSURANCE COMPANY on the twenty-fifth day of September, 2012:

Resolved: That the signature of an Authorized Officer, the signature of the Secretary or the Assistant Secretary, and the Company seal may be affixed by facsimile to any power of attorney or to any certificate relating thereto appointing an Attorney-in-Fact for purposes only of executing and sealing any bond, undertaking, recognizance or other written obligation in the nature thereof, and any such signature and seal where so used, being hereby adopted by the Company as the original signature of such officer and the original seal of the Company, to be valid and binding upon the Company with the same force and effect as though manually affixed.

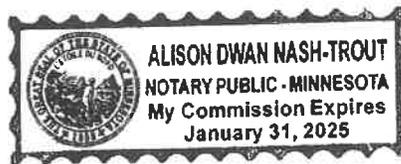
IN WITNESS WHEREOF, ATLANTIC SPECIALTY INSURANCE COMPANY has caused these presents to be signed by an Authorized Officer and the seal of the Company to be affixed this first day of January, 2023.

STATE OF MINNESOTA  
HENNEPIN COUNTY



By   
Sarah A. Kolar, Vice President and General Counsel

On this first day of January, 2023, before me personally came Sarah A. Kolar, Vice President and General Counsel of ATLANTIC SPECIALTY INSURANCE COMPANY, to me personally known to be the individual and officer described in and who executed the preceding instrument, and she acknowledged the execution of the same, and being by me duly sworn, that she is the said officer of the Company aforesaid, and that the seal affixed to the preceding instrument is the seal of said Company and that the said seal and the signature as such officer was duly affixed and subscribed to the said instrument by the authority and at the direction of the Company.



  
Notary Public

I, the undersigned, Secretary of ATLANTIC SPECIALTY INSURANCE COMPANY, a New York Corporation, do hereby certify that the foregoing power of attorney is in full force and has not been revoked, and the resolutions set forth above are now in force.

Signed and sealed. Dated 12th day of March, 2024.



This Power of Attorney expires  
January 31, 2025

  
Kara L.B. Barrow, Secretary

ACKNOWLEDGEMENT OF SURETY COMPANY

STATE OF NEW YORK

COUNTY OF NASSAU

On this March 12, 2024, before me personally came  
Susan Lupski to me known, who, being by me duly sworn,  
did depose and say; that he/she resides in Nassau County, State of New York that  
he/she is the Attorney-In-Fact of the Atlantic Specialty Insurance Company

the corporation described in which executed the above instrument; that he/she knows the seal of said corporation; that the seal affixed to said instrument is such corporate seal; that it was so affixed by the Board of Directors of said corporation; and that he/she signed his/her name thereto by like order; and the affiant did further depose and say that the Superintendent of Insurance of the State of New York, has, pursuant to Section 1111 of the Insurance Law of the State of New York, issued to Atlantic Specialty Insurance Company (Surety) his/her certificate of qualification evidencing the qualification of said Company and its sufficiency under any law of the State of New York as surety and guarantor, and the propriety of accepting and approving it as such; and that such Certificate has not been revoked.



Notary Public

STEFANIE WEBER  
Notary Public, State of New York  
Registration No. 01WE6432035  
Qualified in Nassau County  
Commission Expires April 25, 2026



**Atlantic Specialty Insurance Company**  
Period Ended 12/31/2022

Dollars displayed in thousands

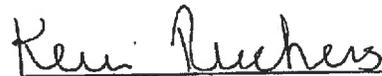
<b>Admitted Assets</b>		<b>Liabilities and Surplus</b>	
Investments:		<b>Liabilities</b>	
Bonds	\$ 2,216,201	Loss Reserves	\$ 1,093,968
Preferred Stocks	-	Loss Adjustment Expense Reserves	347,884
Common Stocks	752,567	<b>Total Loss &amp; LAE Reserves</b>	<u>1,441,852</u>
Mortgage Loans	-	Unearned Premium Reserve	735,813
Real Estate	-	<b>Total Reinsurance Liabilities</b>	42,785
Contract Loans	-	Commissions, Other Expenses, and Taxes due	88,767
Derivatives	-	Derivatives	-
Cash, Cash Equivalents & Short Term Investments	306,498	Payable to Parent, Subs or Affiliates	-
Other Investments	20,805	All Other Liabilities	632,508
<b>Total Cash &amp; Investments</b>	<u>3,296,071</u>	<b>Total Liabilities</b>	<u>2,921,725</u>
Premiums and Considerations Due	332,718	<b>Capital and Surplus</b>	
Reinsurance Recoverable	39,231	Common Capital Stock	9,001
Receivable from Parent, Subsidiary or Affiliates	2,250	Preferred Capital Stock	-
All Other Admitted Assets	79,777	Surplus Notes	-
<b>Total Admitted Assets</b>	<u>3,750,047</u>	Unassigned Surplus	174,558
		Other Including Gross Contributed	644,763
		<b>Capital &amp; Surplus</b>	<u>828,322</u>
		<b>Total Liabilities and C&amp;S</b>	<u>3,750,047</u>

State of Minnesota  
County of Hennepin

I, Kara L.B. Barrow, Secretary of Atlantic Specialty Insurance Company do hereby certify that the foregoing statement is a correct exhibit of the assets and liabilities of the said Company, on the 31<sup>st</sup> day of December, 2022, according to the best of my information, knowledge and belief.

  
 \_\_\_\_\_  
 Secretary

Subscribed and sworn to, before me, a Notary Public of the State of Minnesota on this 16th day of March, 2023.

  
 \_\_\_\_\_  
 Notary Public

