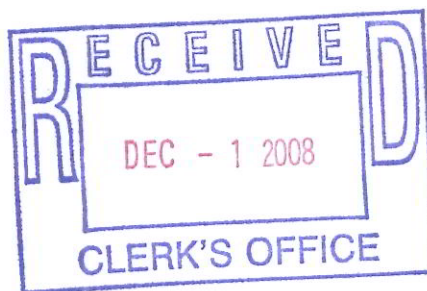


## Clerk's Contract and Agreement Cover Page

|                              |                                                                                                       |                           |             |
|------------------------------|-------------------------------------------------------------------------------------------------------|---------------------------|-------------|
| <b>Year:</b>                 | 2009-2                                                                                                | <b>Legistar File ID#:</b> | 2008-0607   |
| <b>Multi Year:</b>           | <input checked="" type="checkbox"/>                                                                   | <b>Amount</b>             | \$65,000.00 |
| <hr/>                        |                                                                                                       |                           |             |
| <b>Contract Type:</b>        | goods&services                                                                                        |                           |             |
| <b>Contractor's Name:</b>    | Des Plaines Printing, LLC                                                                             |                           |             |
| <b>Contractor's AKA:</b>     |                                                                                                       |                           |             |
| <b>Execution Date:</b>       | 11/13/2008                                                                                            |                           |             |
| <b>Termination Date:</b>     | 12/31/2011                                                                                            |                           |             |
| <b>Renewal Date:</b>         | 12/31/2009                                                                                            |                           |             |
| <b>Department:</b>           | Recreation                                                                                            |                           |             |
| <b>Originating Person:</b>   | Donna Rymut                                                                                           |                           |             |
| <b>Contract Description:</b> | 3 seasonal annual Recreation Program Brochures<br>beginning Spring/Summer 2009 and ending Winter 2011 |                           |             |



*Monday, December 01, 2008*

MAYOR  
Daniel J. McLaughlin

VILLAGE CLERK  
David P. Maher

14700 S. Ravinia Ave.  
Orland Park, IL 60462  
(708) 403-6100



VILLAGE HALL

TRUSTEES  
Bernard A. Murphy  
Kathleen M. Fenton  
Brad S. O'Halloran  
James V. Dodge  
Edward G. Schussler III  
Patricia Gira

December 1, 2008

Ms. Felicia Muresan  
Des Plaines Printing, LLC  
999 Commerce Court  
Buffalo Grove, Illinois 60089

**RE: *NOTICE TO PROCEED***  
***Recreation Program Brochures 2009-2011***

Dear Ms. Muresan:

This notification is to inform you that the Village of Orland Park has received all necessary contracts, certifications, and insurance documents in order for work to commence on the above stated project.

Please contact Lorri Padour at 708-403-6219 to arrange the commencement of the work.

The Village will be processing a Purchase Order for this contract/service and it will be faxed to your company. It is imperative that this number on the Purchase Order be noted on all invoices, correspondence, etc. All invoices should be sent directly to the Accounts Payable Department at 14700 S. Ravinia Ave. Orland Park, IL 60462. Also, your final invoice for this contract/service should state that it is the final invoice pertaining to that Purchase Order.

For your records, I have enclosed one (1) original executed contract dated November 13, 2008 in an amount not to exceed Sixty - Five Thousand and No/100 (\$65,000.00) Dollars for 2009. If you have any questions, please call me at 708-403-6173.

Sincerely,

Denise Domalewski  
Contract Administrator

cc: Donna Rymut  
Judy Konow

MAYOR  
Daniel J. McLaughlin

VILLAGE CLERK  
David P. Maher

14700 S. Ravinia Ave.  
Orland Park, IL 60462  
(708) 403-6100



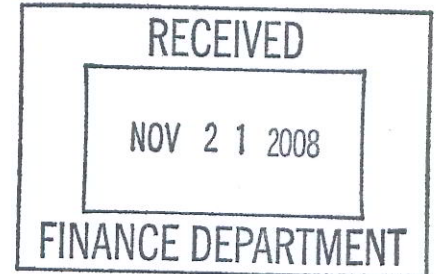
VILLAGE HALL

TRUSTEES  
Bernard A. Murphy  
Kathleen M. Fenton  
Brad S. O'Halloran  
James V. Dodge  
Edward G. Schussler III  
Patricia Gira

November 13, 2008

Ms. Felicia Muresan  
Des Plaines Printing, LLC  
~~1000 Executive Way~~  
Des Plaines, Illinois 60018

*999 Commerce Court*  
*Buffalo Grove, IL 60089*



**NOTICE OF AWARD – Recreation Program Brochures 2009-2011**

Dear Ms. Muresan:

This notification is to inform you that on November 3, 2008, the Village of Orland Park Board of Trustees approved awarding Des Plaines Printing, LLC the three (3) year contract in accordance with the proposal you submitted dated October 21, 2008, for printing Recreation Program Brochures for an amount not to exceed Sixty-Five Thousand and No/100 (\$65,000.00) Dollars for 2009 or the annual budgeted amount for years 2010 and 2011.

In order to begin this engagement, you must comply with the following within ten business days of the date of this Notice of Award, which is by December 1, 2008.

1. Enclosed is the three (3) year Contract for the Recreation Program Brochures. Please sign two (2) copies and return them both directly to me. I will obtain signatures to fully execute the Contract and one original executed Contract will be returned to you.
2. Submit a Certificate of Insurance from your insurance company in accordance with all of the Insurance Requirements listed and agreed to in the RFP at minimum and endorsements for a) the additional insured status, b) the waiver of subrogation for General Liability and c) the waiver of subrogation for Workers Compensation. Please have this faxed to my attention at 708-403-9212 for my review before sending the original. A current insurance certificate is required annually upon renewal of your policies.

**Please deliver this information directly to me, Denise Domalewski, Contract Administrator, at Village Hall located at 14700 S. Ravinia Ave., Orland Park, IL 60462.** The signed Contracts, Insurance Certificates and Endorsements are required to be in place and received at my office prior to the commencement of work on this project. You will be issued a *Notice to Proceed* letter and a purchase order when you are in full compliance with this process. Failure to comply with these conditions within the time specified will entitle the Village to consider your proposal abandoned and to annul this Notice of Award. If you have any questions, please do not hesitate to call me at 708-403-6173 or e-mail me at [ddomalewski@orland-park.il.us](mailto:ddomalewski@orland-park.il.us).

Sincerely,  
*Denise Domalewski*  
Contract Administrator

cc: Donna Rymut

**VILLAGE OF ORLAND PARK**  
**Recreation Program Brochures**  
(Contract for Purchase of Goods and Services)

This Contract is made this 13<sup>th</sup> day of November, 2008 by and between the Village of Orland Park (hereinafter referred to as the "VILLAGE") and Des Plaines Printing, LLC (hereinafter referred to as the "VENDOR").

**WITNESSETH**

In consideration of the promises and covenants made herein by the VILLAGE and the VENDOR (hereinafter referred to collectively as the "PARTIES"), the PARTIES agree as follows:

**SECTION 1: THE CONTRACT DOCUMENTS:** This Contract shall include the following documents (hereinafter referred to as the "CONTRACT DOCUMENTS") however this Contract takes precedence and controls over any contrary provision in any of the CONTRACT DOCUMENTS. The Contract, including the CONTRACT DOCUMENTS, expresses the entire agreement between the PARTIES and where it modifies, adds to or deletes provisions in other CONTRACT DOCUMENTS, the Contract's provisions shall prevail. Provisions in the CONTRACT DOCUMENTS unmodified by this Contract shall be in full force and effect in their unaltered condition.

The Contract

The Terms and Conditions pertaining to the Contract

The Request for Proposals issued October 8, 2008

The Proposal dated October 21, 2008, as it is responsive to the VILLAGE's RFP requirements

All Certifications required by the VILLAGE

Certificates of Insurance

**SECTION 2: GOODS TO BE PURCHASED, COST AND DELIVERY, SCOPE OF THE WORK AND PAYMENT:** The VILLAGE agrees to purchase from the VENDOR the following:

*The VENDOR agrees to provide printing, binding, carrier route sorting and delivery of the Village of Orland Park Recreation and Parks Program Brochures for three (3) seasonal brochures per year according to specifications. The quantity printed is approximately 32,000 brochures, three times annually for an estimated total of 96,000 brochures, beginning with the Spring/Summer 2009 brochure. The brochure option selected for each year will be based on a combination of total dollars budgeted and the proposed cost per option for that specific year*

(hereinafter referred to as the "GOODS") as further described in the VILLAGE'S RFP requirements.

The VENDOR agrees to provide labor, equipment and materials necessary to provide the services as described in the CONTRACT DOCUMENTS (hereinafter referred to as the "WORK") and further described below:

VENDOR shall pick up and drop off brochure information at the Recreation and Parks Department, located at 14650 Ravinia Avenue, Orland Park, Illinois, 60462. VENDOR shall guarantee compliance with time schedule, specifically the number of days from the date of picking up the typed copy on disk, to the delivery of the printed brochures in carrier-route presorted bundles in accordance with schedule stated below and carrier routes provided by the VILLAGE. VENDOR shall deliver the printed and carrier-route sorted brochures to the Orland Park Post Office in one delivery mailing and deliver the remaining copies to the Recreation and Parks Department, 14650 Ravinia Avenue, Orland Park, Illinois.

| <b>SCHEDULE</b>                                                                                                                                    | <b>Spring/<br/>Summer<br/>2009*</b> | <b>Fall<br/>2009*</b> | <b>Winter<br/>2010*</b> |
|----------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-----------------------|-------------------------|
| <b>Proof and File sent to Printer</b>                                                                                                              | 1/30/09                             | 7/8/09                | 10/30/09                |
| <b>1<sup>st</sup> proof delivered to Recreation Administration Office by Printer</b>                                                               | 2/13/09                             | 7/20/09               | 11/13/09                |
| <b>Final Proof back to printer (same day back &amp; forth with Notice to Proceed with printing authorized by Recreation Administration Office.</b> | 2/13/06                             | 7/20/09               | 11/13/09                |
| <b>Brochures delivered to Orland Park Post Office by Printer</b>                                                                                   | 2/27/09                             | 7/31/09               | 11/25/09                |

\* dates are similar, but adjusted accordingly for years 2010 and 2011

The VILLAGE agrees to pay the VENDOR upon acceptance of the GOODS and WORK pursuant to the provisions of the Local Government Prompt Payment Act (50 ILCS 505/1 *et seq.*) the following for performance of the described services and upon acceptance of the GOODS:

**2009:**

TOTAL COST: an amount not to exceed Sixty-Five Thousand and No/100 (\$65,000.00) Dollars

**2010 and 2011:**

TOTAL COST: an amount not to exceed budgeted dollars based on the proposed option selected for that year

(hereinafter referred to as the "CONTRACT SUM"). The CONTRACT SUM shall not be increased without the express written consent of the VILLAGE.

**SECTION 3: ASSIGNMENT:** VENDOR shall not assign the duties and obligations involved in the performance of the WORK which is the subject matter of this Contract without the express written consent of the VILLAGE.

**SECTION 4: TERM OF THE CONTRACT:** This Contract shall commence on January 1, 2009. The WORK shall commence upon contract execution and continue expeditiously until final completion. This Contract shall terminate upon completion of the WORK or December 31, 2011, whichever occurs first, but may be terminated by either of the PARTIES for default upon failure to cure after ten (10) days prior written notice of said default from the aggrieved PARTY. The VILLAGE, for its convenience, may terminate this Contract with thirty (30) days prior written notice.

**SECTION 5: INDEMNIFICATION AND INSURANCE:** The VENDOR shall indemnify and hold harmless the VILLAGE, its trustees, officers, directors, agents, employees and representatives and assigns, from lawsuits, actions, costs (including attorneys' fees), claims or liability of any character, incurred due to the alleged negligence of the VENDOR, brought because of any injuries or damages received or sustained by any person, persons or property on account of any act or omission, neglect or misconduct of said VENDOR, its officers, agents and/or employees arising out of, or in performance of any of the provisions of the CONTRACT DOCUMENTS, including any claims or amounts recovered for any infringements of patent, trademark or copyright; or from any claims or amounts arising or recovered under the "Worker's Compensation Act" or any other law, ordinance, order or decree. In connection with any such claims, lawsuits, actions or liabilities, the VILLAGE, its trustees, officers, directors, agents, employees, representatives and their assigns shall have the right to defense counsel of their choice. The VENDOR shall be solely liable for all costs of such defense and for all expenses, fees, judgments, settlements and all other costs arising out of such claims, lawsuits, actions or liabilities.

The VENDOR shall not make any settlement or compromise of a lawsuit or claim, or fail to pursue any available avenue of appeal of any adverse judgment, without the approval of the Village and any other indemnified party. The Village or any other indemnified party, in its or their sole discretion, shall have the option of being represented by its or their own counsel. If this option is exercised, then the VENDOR shall promptly reimburse the Village or other indemnified party, upon written demand, for any expenses, including but not limited to court costs, reasonable attorneys' and witnesses' fees and other expenses of litigation incurred by the Village or other indemnified party in connection therewith.

VENDOR agrees that a similar waiver of liability limitation will be incorporated in its agreements with sub-subcontractors or anyone directly or indirectly employed by them. VENDOR agrees that in the event it fails to incorporate such a waiver of liability limitation in its agreements with said sub-subcontractors and others, then it will be responsible for any additional liability arising out of said failure. The defense and indemnification obligations set forth in this provision shall survive the termination or expiration of this Agreement.

The indemnification obligation under this paragraph shall not be limited in any way by any

limitations on the amount or type of damages, compensation or benefits payable by or for the benefit of Subcontractor or any indemnities under any Worker's Compensation Act, Occupational Disease Act, Disability Benefits Act, or any other employee benefits act. The Subcontractor further agrees to waive any and all liability limitations based upon the Worker's Compensation Act court interpretations or otherwise.

Execution of this Contract by the VILLAGE is contingent upon receipt of any Insurance Certificates required by the VILLAGE in the CONTRACT DOCUMENTS.

**SECTION 6: COMPLIANCE WITH LAWS:** VENDOR agrees to comply with all federal, state and local laws, ordinances, statutes, rules and regulations including but not limited to the Illinois Human Rights Act as explained in the Terms and Conditions herein and as follows: VENDOR hereby agrees that this contract shall be performed in compliance with all requirements of the Illinois Human Rights Act, 775 ILCS 5/1-101 et seq., and that the VENDOR and its subcontractors and any suppliers shall not engage in any prohibited form of discrimination in employment as defined in that Act and shall maintain a sexual harassment policy as the Act requires.

The VENDOR shall maintain, and require that its subcontractors and suppliers maintain, policies of equal employment opportunity which shall prohibit discrimination against any employee or applicant for employment on the basis of race, religion, color, sex, national origin, ancestry, citizenship status, age, marital status, physical or mental disability unrelated to the individual's ability to perform the essential functions of the job, association with a person with a disability, or unfavorable discharge from military service. VENDOR and all subcontractors and suppliers shall comply with all requirements of the Act and of the Rules of the Illinois Department of Human Rights with regard to posting information on employees' rights under the Act. VENDOR and all subcontractors and suppliers shall place appropriate statements identifying their companies as equal opportunity employers in all advertisements for workers to be employed in work to be performed under this contract.

The VENDOR shall obtain all necessary local and state licenses and/or permits that may be required for performance of the WORK and provide those licenses to the VILLAGE prior to commencement of the WORK.

**SECTION 7: NOTICE:** Where notice is required by the CONTRACT DOCUMENTS, it requires that such notice be in writing. Notice shall be deemed received if it is 1) delivered in person, 2) sent by registered United States mail and a signed return receipt is received, 3) delivered by messenger or mail service and a signed receipt is received, 4) sent by facsimile and a printed acknowledgment of receipt is received, or 4) by e-mail if an acknowledgment of receipt is received. Notice shall be sent to the following:

To the VILLAGE:  
Denise Domalewski, Contract Administrator  
Village of Orland Park  
14700 South Ravinia Avenue  
Orland Park, Illinois 60462  
Telephone: 708-403-6173  
Facsimile: 708-403-9212  
e-mail: [ddomalewski@orland-park.il.us](mailto:ddomalewski@orland-park.il.us)

To the VENDOR:  
Felicia Muresan, Account Executive  
Des Plaines Printing, LLC  
~~1000 Executive Way~~ 999 Commerce Court  
~~Des Plaines, IL 60018~~ Buffalo Grove, IL, 60089  
Telephone: ~~847-824-1111 ext.104~~ 847-465-3300  
Facsimile: ~~847-824-1112~~ 847.465.3309 ext.182  
e-mail: ~~feliciam@dppe.com~~  
fmuresan@johnswiftprint.com

or to such other person or persons or to such other address or addresses as may be provided by either party to the other party under the requirements of this Section.

**SECTION 8: TERMINATION:** This Contract may be terminated by the VILLAGE for cause or convenience upon written notice to VENDOR and in the case of GOODS manufactured or modified to the VILLAGE'S specifications, only upon payment of the costs incurred, as approved by the VILLAGE, up to the date of termination.

**SECTION 9: STANDARD OF SERVICE:** Services shall be rendered to the highest professional standards to meet or exceed those standards met by others providing the same or similar services in the Chicagoland area. Sufficient competent personnel shall be provided who with supervision shall complete the services required within the time allowed for performance. The VENDOR'S personnel shall, at all times present a neat appearance and shall be trained to handle all contact with Village residents or Village employees in a respectful manner. At the request of the Village Manager or a designee, the VENDOR shall replace any incompetent, abusive or disorderly person in its employ.

**SECTION 10: PAYMENTS TO OTHER PARTIES:** The VENDOR shall not obligate the VILLAGE to make payments to third parties or make promises or representations to third parties on behalf of the VILLAGE without prior written approval of the Village Manager or a designee.

**SECTION 11: COMPLIANCE:** VENDOR shall comply with all of the requirements of the Contract Documents, including, but not limited to, the Illinois Prevailing Wage Act where applicable and all other applicable local, state and federal statutes, ordinances, codes, rules and regulations.

**SECTION 12: LAW AND VENUE:** The laws of the State of Illinois shall govern this Contract and venue for legal disputes shall be Cook County, Illinois.

**SECTION 13: MODIFICATION:** This Contract may be modified only by a written amendment signed by both PARTIES.

**SECTION 14: COUNTERPARTS:** This Contract may be executed in two (2) or more counterparts, each of which taken together, shall constitute one and the same instrument.

This Contract shall become effective on the date first shown herein and upon execution by duly authorized agents of the PARTIES.

FOR: THE VILLAGE

By: 

Print Name: Paul Gimes

Its: Village Manager

Date: 11/26/08

FOR: THE VENDOR

By: 

Print Name: Michelle H. Ford

Its: \$25,000

Date: 11/14/08

**TERMS AND CONDITIONS OF THE CONTRACT FOR THE PURCHASE OF GOODS**

The VILLAGE may, if the VENDOR does not correct deficiencies in the GOODS with reasonable promptness after receiving a written notice from the VILLAGE, deduct the reasonable cost of the correction or cure from the amounts owed to the VENDOR or require the VENDOR to retrieve the GOODS at its sole expense and deduct the full amount of the returned GOODS from the CONTRACT SUM.

The VENDOR represents to its knowledge and belief that the GOODS are new, contain materials of good quality and that the GOODS conform to the CONTRACT DOCUMENTS. All manufacturers' guarantees and warranties shall be delivered to the VILLAGE prior to the issuance of final payment.

VENDOR shall comply with all local, state and federal statutes, ordinances, codes, rules, regulations and all case law pertaining to the provision of the GOODS to a public body, including but not limited to all of the applicable provisions of the Illinois Human Rights Act (775 ILCS 5/1-01 *et seq.*).

VENDOR will not be relieved of any obligation to the VILLAGE in performance of the Contract due to failure to examine or receive documents, visit or become familiar with conditions under which the GOODS shall be used or from facts of which VENDOR should have been aware and VILLAGE shall consider all incidents of nonperformance of the Contract related thereto as incidents of default and a breach of the Contract.

The VILLAGE is a public body and is exempt from excise, sales and use taxes; therefore, VENDOR shall not include any such taxes in its cost figures.

The VILLAGE shall have the right to inspect the GOODS and test the GOODS for suitability for use before acceptance. The VENDOR shall be responsible for the contracted quality and standards of all GOODS supplied under this contract up to the time of final acceptance by the VILLAGE. GOODS

not complying with the requirements of the CONTRACT DOCUMENTS may be rejected by the VILLAGE and upon rejection shall be removed at no cost to the Village.

All guarantees and warranties required shall be furnished by the VENDOR and shall be delivered to the VILLAGE before final voucher on the contract is issued.

Execution of the Contract between VILLAGE and VENDOR is contingent upon receipt of any certifications required by the VILLAGE.

The VILLAGE may, at any time, terminate the Contract for the VILLAGE'S convenience and without cause upon written notice to the VENDOR.

VILLAGE OF ORLAND PARK, ILLINOIS  
RECREATION PROGRAM BROCHURES  
REQUEST FOR PROPOSALS

ADDENDUM #1

October 17, 2008

Clarification:

1. Can you specify the size of the brochures and inserts?

The size of the seasonal program brochure is 8 1/8" X 10 7/8".

The live type area is 7 3/8" X 10".

I acknowledge the receipt of Addendum #1 for the above referenced project:

Signed: Julia Muresan

(name)

Name of Company Des Plaines Printing, LLC

Please submit this signed acknowledgment with your bid proposal.

## **II - REQUIRED PROPOSAL SUBMISSION DOCUMENTS**

## PROPOSAL SUMMARY SHEET

Recreation Program Brochures  
(Project Name)

IN WITNESS WHEREOF, the parties hereto have executed this proposal as of date shown below.

Organization Name: Des Plaines Printing, LLC  
Street Address: 1000 Executive Way  
City, State, Zip: Des Plaines IL 60018  
Contact Name: Felicia Muresan  
Phone: 847-824-1111 x104 Fax: 847.824.1112  
E-Mail address: feliciam@dppe.com  
FEIN#: 74-3207273

I agree that the attached Detailed Price Sheets are complete and accurate.

Signature of Authorized Signee: Felicia Muresan  
Title: Account Executive  
Date: 10/21/2008

ACCEPTANCE: This proposal is valid for 90 calendar days from the date of submittal.  
(Note: At least 60 days should be allowed for evaluation and approval)

**Detailed Price Sheet**  
**Recreation Program Brochures**

**YEAR 1**

All three (3) editions may be awarded based upon any one of the following "per edition" specifications: Each edition will require at least 32,000 copies to be printed. Please list your bid price based on the above stated specifications for 32,000 "per edition" copies of the brochure unless otherwise stated.

**OPTION 1**

Body stock shall be **50# white offset**. Cover shall be 8 point Carolina, coated on one side. Ink shall be **4 color process for the cover and back, and Black +1 spot color for the body copy**.

72 PAGES BODY COPY PLUS COVER: Per 32,000 brochures: \$ 18077  
Cost of each additional 1,000 brochures: \$ 443  
COST OF EACH ADDITIONAL  
4 PAGES OF BODY COPY: Per 32,000 brochures: \$ 682  
Cost of each additional 1,000 brochures: \$ 16

**OPTION 2**

Body stock shall be **50# white offset**. Cover shall be 8 point Carolina, coated on one side. Ink shall be **4 color process for the cover and back, and 4 color process for the body copy**.

72 PAGES BODY COPY PLUS COVER: Per 32,000 brochures: \$ 21,168  
Cost of each additional 1,000 brochures: \$ 455  
COST OF EACH ADDITIONAL  
4 PAGES OF BODY COPY: Per 32,000 brochures: \$ 762  
Cost of each additional 1,000 brochures: \$ 16

**OPTION 3**

Body stock shall be **35# alternate offset**. Cover shall be 8 point Carolina, coated on one side. Ink shall be **4 color process for the cover and back, and 4 color process for the body copy**.

72 PAGES BODY COPY PLUS COVER: Per 32,000 brochures: \$ 19,168  
Cost of each additional 1,000 brochures: \$ 393  
COST OF EACH ADDITIONAL  
4 PAGES OF BODY COPY: Per 32,000 brochures: \$ 685  
Cost of each additional 1,000 brochures: \$ 15

**OPTION 4**

Body stock shall be **35# alternate offset**. Cover shall be 8 point Carolina, coated on one side. Ink shall be **4 color process for the cover and back, and Black +1 spot color for the body copy**.

72 PAGES BODY COPY PLUS COVER: Per 32,000 brochures: \$ 16,077  
Cost of each additional 1,000 brochures: \$ 381  
COST OF EACH ADDITIONAL  
4 PAGES OF BODY COPY: Per 32,000 brochures: \$ 614  
Cost of each additional 1,000 brochures: \$ 15

**COST OF COLOR INSERT – black type only**

(Astro-Brite, Bright Hue or Torch Glow 50# -- Per each 1,000 brochures)

4 PAGE INSERT \$ 891  
8 PAGE INSERT \$ 1600

**COST OF FULL COLOR INSERT**

(50# Offset with 4-color on all pages. -- Per each 1,000 brochures)

4 PAGE INSERT \$ 524  
8 PAGE INSERT \$ 599

Please specify the maximum number of pages that you are capable of binding:

*128+cvr for Saddle Stitching*  
*1000+cvr for Perfect Binding*

*2009 ←*

**Detailed Price Sheet**  
**Recreation Program Brochures**

**YEAR 2**

All three (3) editions may be awarded based upon any one of the following "per edition" specifications: Each edition will require at least 32,000 copies to be printed. Please list your bid price based on the above stated specifications for 32,000 "per edition" copies of the brochure unless otherwise stated.

**OPTION 1**

Body stock shall be **50# white offset**. Cover shall be 8 point Carolina, coated on one side. Ink shall be **4 color process for the cover and back, and Black +1 spot color for the body copy**.

72 PAGES BODY COPY PLUS COVER: Per 32,000 brochures: \$ 18439  
Cost of each additional 1,000 brochures: \$ 452  
COST OF EACH ADDITIONAL  
4 PAGES OF BODY COPY: Per 32,000 brochures: \$ 696  
Cost of each additional 1,000 brochures: \$ 17

**OPTION 2**

Body stock shall be **50# white offset**. Cover shall be 8 point Carolina, coated on one side. Ink shall be **4 color process for the cover and back, and 4 color process for the body copy**.

72 PAGES BODY COPY PLUS COVER: Per 32,000 brochures: \$ 21592  
Cost of each additional 1,000 brochures: \$ 465  
COST OF EACH ADDITIONAL  
4 PAGES OF BODY COPY: Per 32,000 brochures: \$ 778  
Cost of each additional 1,000 brochures: \$ 17

**OPTION 3**

Body stock shall be **35# alternate offset**. Cover shall be 8 point Carolina, coated on one side. Ink shall be **4 color process for the cover and back, and 4 color process for the body copy**.

72 PAGES BODY COPY PLUS COVER: Per 32,000 brochures: \$ 19552  
Cost of each additional 1,000 brochures: \$ 401  
COST OF EACH ADDITIONAL  
4 PAGES OF BODY COPY: Per 32,000 brochures: \$ 699  
Cost of each additional 1,000 brochures: \$ 16

**OPTION 4**

Body stock shall be **35# alternate offset**. Cover shall be 8 point Carolina, coated on one side. Ink shall be **4 color process for the cover and back, and Black +1 spot color for the body copy**.

72 PAGES BODY COPY PLUS COVER: Per 32,000 brochures: \$ 16399  
Cost of each additional 1,000 brochures: \$ 389  
COST OF EACH ADDITIONAL  
4 PAGES OF BODY COPY: Per 32,000 brochures: \$ 627  
Cost of each additional 1,000 brochures: \$ 16

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**COST OF COLOR INSERT – black type only**

(Astro-Brite, Bright Hue or Torch Glow 50# -- Per each 1,000 brochures)

4 PAGE INSERT \$ 909  
8 PAGE INSERT \$ 1632

**COST OF FULL COLOR INSERT**

(50# Offset with 4-color on all pages. -- Per each 1,000 brochures)

4 PAGE INSERT \$ 535  
8 PAGE INSERT \$ 611

**Detailed Price Sheet**  
**Recreation Program Brochures**

**YEAR 3**

All three (3) editions may be awarded based upon any one of the following "per edition" specifications: Each edition will require at least 32,000 copies to be printed. Please list your bid price based on the above stated specifications for 32,000 "per edition" copies of the brochure unless otherwise stated.

**OPTION 1**

Body stock shall be **50# white offset**. Cover shall be 8 point Carolina, coated on one side. Ink shall be **4 color process for the cover and back, and Black +1 spot color for the body copy**.

72 PAGES BODY COPY PLUS COVER: Per 32,000 brochures: \$ 18808  
Cost of each additional 1,000 brochures: \$ 462  
COST OF EACH ADDITIONAL  
4 PAGES OF BODY COPY: Per 32,000 brochures: \$ 710  
Cost of each additional 1,000 brochures: \$ 18

**OPTION 2**

Body stock shall be **50# white offset**. Cover shall be 8 point Carolina, coated on one side. Ink shall be **4 color process for the cover and back, and 4 color process for the body copy**.

72 PAGES BODY COPY PLUS COVER: Per 32,000 brochures: \$ 22024  
Cost of each additional 1,000 brochures: \$ 475  
COST OF EACH ADDITIONAL  
4 PAGES OF BODY COPY: Per 32,000 brochures: \$ 794  
Cost of each additional 1,000 brochures: \$ 18

**OPTION 3**

Body stock shall be **35# alternate offset**. Cover shall be 8 point Carolina, coated on one side. Ink shall be **4 color process for the cover and back, and 4 color process for the body copy**.

72 PAGES BODY COPY PLUS COVER: Per 32,000 brochures: \$ 19944  
Cost of each additional 1,000 brochures: \$ 410  
COST OF EACH ADDITIONAL  
4 PAGES OF BODY COPY: Per 32,000 brochures: \$ 713  
Cost of each additional 1,000 brochures: \$ 17

**OPTION 4**

Body stock shall be **35# alternate offset**. Cover shall be 8 point Carolina, coated on one side. Ink shall be **4 color process for the cover and back, and Black +1 spot color for the body copy**.

72 PAGES BODY COPY PLUS COVER: Per 32,000 brochures: \$ 16727  
Cost of each additional 1,000 brochures: \$ 397  
COST OF EACH ADDITIONAL  
4 PAGES OF BODY COPY: Per 32,000 brochures: \$ 640  
Cost of each additional 1,000 brochures: \$ 17

COST OF COLOR INSERT – black type only

(Astro-Brite, Bright Hue or Torch Glow 50# -- Per each 1,000 brochures)

4 PAGE INSERT \$ 928  
8 PAGE INSERT \$ 1665

COST OF FULL COLOR INSERT

(50# Offset with 4-color on all pages. -- Per each 1,000 brochures)

4 PAGE INSERT \$ 546  
8 PAGE INSERT \$ 624

**BUSINESS ORGANIZATION:**

\_\_\_\_\_ Sole Proprietor: An individual whose signature is affixed to this proposal.

\_\_\_\_\_ Partnership: Attach sheet and state full names, titles and address of all responsible principals and/or partners. Provide percent of ownership and a copy of partnership agreement.

X Corporation: State of incorporation: DELAWARE  
Provide a disclosure of all officers and principals by name and business address, date of incorporation and indicate if the corporation is authorized to do business in Illinois.

In submitting this proposal, it is understood that the Village of Orland Park reserves the right to reject any or all proposals, to accept an alternate proposal, and to waive any informalities in any proposal.

In compliance with your Request for Proposals, and subject to all conditions thereof, the undersigned offers and agrees, if this proposal is accepted, to furnish the services as outlined.

Des Plaines Printing, LLC (Corporate Seal)  
Business Name

Felicia Muresan  
Signature

Felicia Muresan  
Print or type name

Account Executive  
Title

10/21/2008  
Date

**CERTIFICATION OF ELIGIBILITY  
TO ENTER INTO PUBLIC CONTRACTS**

**IMPORTANT:      THIS CERTIFICATION MUST BE EXECUTED.**

I, Michael H. Ford., being first duly sworn certify and say  
that I am President  
(insert "sole owner," "partner," "president," or other proper title)  
of Des Plaines Printing, LLC, the Prime Contractor  
submitting this proposal, and that the Prime Contractor 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.

  
\_\_\_\_\_  
Signature of Person Making Certification

Subscribed and Sworn To  
Before Me This 21<sup>st</sup> Day  
of OCTOBER, 2008.

  
Notary Public



## SEXUAL HARASSMENT POLICY

Please be advised that pursuant to 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 written sexual harassment policies that shall include, 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) and the Commission (Human Rights 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:

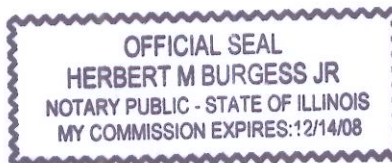
...every contract to which the State, any of its political subdivisions or any municipal corporation is a party."

Michael H. Ford., having submitted a proposal for  
Des Plaines Printing LLC (Name of Contractor) for  
Recreation Program Brochures (General Description of Work Proposed on) to the Village of  
Orland Park, hereby certifies that said contractor has a written sexual harassment policy in  
place in full compliance with 775 ILCS 5/2-105 (A) (4).

By: [Signature]  
Authorized Agent of Contractor

Subscribed and sworn to before  
me this 21<sup>st</sup> day of OCTOBER, 2008

[Signature]  
Notary Public



## EQUAL EMPLOYMENT OPPORTUNITY

**Section I.** This EQUAL EMPLOYMENT OPPORTUNITY CLAUSE is required by the Illinois Human Rights Act and the Rules and Regulations of the Illinois Department of Human Rights published at 44 Illinois Administrative Code Section 750, et seq.

**Section II.** In the event of the Contractor'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 (hereinafter referred to as the Department) the Contractor 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.

During the performance of this Agreement, the Contractor agrees:

- A. That it will not discriminate against any employee or applicant for employment because of race, color, religion, sex, national origin or ancestry; and further that it will examine all job classifications to determine if minority persons or women are underutilized and will take appropriate affirmative action to rectify any such underutilization.
- B. That, if it hires additional employees in order to perform this Agreement, or any portion hereof, it will determine the availability (in accordance with the Department's Rules and Regulations for Public Contracts) of minorities and women in the area(s) from which it may reasonably recruit and it will hire for each job classification for which employees are hired in such a way that minorities and women are not underutilized.
- C. That, in 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.
- D. That it will 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.
- E. That it will 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.
- F. That it will 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.

G. That it will 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 Vendor 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 Vendor 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.

**Section III.** For the purposes of subsection G of Section II, "subcontract" means any agreement, arrangement or understanding, written or otherwise, between the Vendor and any person under which any portion of the Vendor'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 Vendor or other organization and its customers.

ACKNOWLEDGED AND AGREED TO:

BY: 

DATE: October 21, 2008

Subscribed and Sworn to  
Before me this 21<sup>ST</sup>  
Day of OCTOBER, 2008





## TAX CERTIFICATION

I, Michael H. Ford, having been first duly sworn depose and state as follows:

I, Michael H. Ford, am the duly authorized agent for Des Plaines Printing, LLC, which has submitted a proposal to the Village of Orland Park for

Recreation Program Brochures and I hereby certify

that Des Plaines Printing, LLC is not

delinquent in the payment of any tax administered by the Illinois Department of Revenue, or if it is:

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.

By: 

Title: President

Subscribed and Sworn to  
Before me this 21<sup>ST</sup>  
Day of OCTOBER, 2008





## REFERENCES

(Please Print or Type)

ORGANIZATION

SEE ATTACHED

ADDRESS

CITY, STATE, ZIP

PHONE NUMBER

CONTACT PERSON

DATE OF PROJECT

ORGANIZATION

ADDRESS

CITY, STATE, ZIP

PHONE NUMBER

CONTACT PERSON

DATE OF PROJECT

ORGANIZATION

ADDRESS

CITY, STATE, ZIP

PHONE NUMBER

CONTACT PERSON

DATE OF PROJECT

Proposer's Name & Title:

Des Plaines Printing, LLC

Signature and Date:

Felicia Muresan 10/21/2008

Felicia  
Muresan  
Acct.  
Executive



**DES PLAINES PRINTING, LLC**  
**ELECTRONIC IMAGING, PRINTING AND MAILING**

1000 Executive Way, Des Plaines, IL 60018-1502 • 847-824-1111 • Fax 847-824-1112

Date: October 21, 2008

To: Mr. Nancy Flores (Director)

**REFERENCES:**

***Buffalo Grove Park District***  
*530 Bernard Drive, Buffalo Grove, IL 60089*  
Michael Terson  
847-850-2116

***Lincolnwood Recreation Dept***  
*6900 Lincoln Ave. Lincolnwood, IL 60712*  
Richard Quattrochi  
847.677.9740

***National-Louis University***  
*1000 Capital Drive, Wheeling, IL 60090*  
Rose-Lynn Jaffe  
847-947-5363

***Park District of Oak Park***  
*218 Madison Street, Oak Park, IL 60302*  
Diane Stanke  
708-725-2022

## INSURANCE REQUIREMENTS

*Please submit a policy Specimen Certificate of Insurance showing bidder's current coverage's*

### WORKERS COMPENSATION & EMPLOYER LIABILITY

\$500,000 – Each Accident

\$500,000 – Policy Limit

\$500,000 – Each Employee

Waiver of Subrogation in favor of the Village of Orland Park

### AUTOMOBILE LIABILITY

\$1,000,000 – Combined Single Limit

Additional Insured Endorsement in favor of the Village of Orland Park

### GENERAL LIABILITY (Occurrence basis)

\$1,000,000 – Each Occurrence

\$2,000,000 – General Aggregate Limit

\$1,000,000 – Personal & Advertising Injury

\$2,000,000 – Products/Completed Operations Aggregate

Additional Insured Endorsement & Waiver of Subrogation in favor of the Village of Orland Park

### EXCESS LIABILITY (Umbrella-Follow Form Policy)

\$2,000,000 – Each Occurrence

\$2,000,000 – Aggregate

*EXCESS MUST COVER:* General Liability, Automobile Liability, Workers Compensation

### PROFESSIONAL LIABILITY

~~\$1,000,000 Limit - Claims Made Form, Indicate Retroactive Date & Deductible~~

Any insurance policies providing the coverages required of the Contractor shall be specifically endorsed to identify "The Village of Orland Park, and their respective officers, trustees, directors, employees 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." If the named insureds have other applicable insurance coverage, that coverage shall be deemed to be on an excess or contingent basis. The policies shall also contain a Waiver of Subrogation in favor of the Additional Insureds in regards to General Liability and Workers Compensation coverage's. The certificate of insurance shall also state this information on its face. Certificates of insurance must state that the insurer shall provide the Village with thirty (30) days prior written notice of any change in, or cancellation of required insurance policies. The words "endeavor to" and "but failure to do so shall impose no obligation or liability of any kind upon the insurer, its agents or representatives" must be stricken from all Certificates of Insurance submitted to the Village. Any insurance company providing coverage must hold an A VII rating according to Best's Key Rating Guide. Permitting the contractor, or any subcontractor, to proceed with any work prior to our receipt of the foregoing certificate and endorsement however, shall not be a waiver of the contractor's obligation to provide all of the above insurance.

The bidder agrees that if they are the selected contractor, within ten days after the date of notice of the award of the contract and prior to the commencement of any work, you will furnish evidence of Insurance coverage providing for at minimum the coverages and limits described above directly to the Village of Orland Park, Denise Domalewski, Contract Administrator, 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 selected bidder and the bid will be awarded to the next lowest bidder or result in creation of a new bid.

ACCEPTED & AGREED THIS 21 DAY OF October, 2008

Signature

  
Michael H. Ford, President  
Printed Name & Title

Authorized to execute agreements for:

Des Plaines Printing, LLC  
Name of Company

**ACORD™ CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

11/17/2008

|                                                                                                                      |                                                                                                                                                                                                                    |                                 |
|----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|
| <b>PRODUCER</b><br>DS&P Insurance Services Inc<br>1530 E Dundee Rd Suite 200,<br>Palatine IL 60074<br>(847) 934-6100 | <b>THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.</b> |                                 |
| <b>INSURED</b><br>Des Plaines Printing LLC<br><br>1000 Executive Way<br>Des Plaines IL 60018                         | <b>INSURERS AFFORDING COVERAGE</b><br>INSURER A: Hartford Accident and Indemnity<br>INSURER B: Hartford Casualty Ins Co<br>INSURER C:<br>INSURER D:<br>INSURER E:                                                  | <b>NAIC #</b><br>22357<br>29424 |

**COVERAGES**

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR | ADD'L LTR | INSRD | TYPE OF INSURANCE                                                                                                                                                                                                                                                                                                                | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS                                                                                                                                                                                                                                   |
|------|-----------|-------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------------------|-----------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| B    |           |       | <b>GENERAL LIABILITY</b><br><input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC | 83UUNVO8554   | 8/15/2008                        | 8/15/2009                         | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000<br>MED EXP (Any one person) \$ 10,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 2,000,000<br>PRODUCTS - COM/OP AGG \$ 1,000,000 |
| B    |           |       | <b>AUTOMOBILE LIABILITY</b><br><input checked="" type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS                                                                          | 83UUNVO8554   | 8/15/2008                        | 8/15/2009                         | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$                                                                                |
|      |           |       | <b>GARAGE LIABILITY</b><br><input type="checkbox"/> ANY AUTO                                                                                                                                                                                                                                                                     |               |                                  |                                   | AUTO ONLY - EA ACCIDENT \$<br>OTHER THAN EA ACC \$<br>AUTO ONLY: AGG \$                                                                                                                                                                  |
| B    |           |       | <b>EXCESS/UMBRELLA LIABILITY</b><br><input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE<br><input type="checkbox"/> DEDUCTIBLE<br><input checked="" type="checkbox"/> RETENTION \$ 10,000                                                                                                             | 83XHUV09832   | 8/15/2008                        | 8/15/2009                         | EACH OCCURRENCE \$ 5,000,000<br>AGGREGATE \$ 5,000,000<br>\$<br>\$<br>\$                                                                                                                                                                 |
| A    |           |       | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?<br>If yes, describe under SPECIAL PROVISIONS below                                                                                                                                                             | 83WETI7327    | 8/15/2008                        | 8/15/2009                         | <input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER<br>E.L. EACH ACCIDENT \$ 1,000,000<br>E.L. DISEASE - EA EMPLOYEE \$ 1,000,000<br>E.L. DISEASE - POLICY LIMIT \$ 1,000,000                         |
| A    |           |       | <b>OTHER Property</b>                                                                                                                                                                                                                                                                                                            | 83UUNVO8554   | 8/15/2008                        | 8/15/2009                         | See below if applicable                                                                                                                                                                                                                  |

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS**

ADDITIONAL INSURED WITH RESPECT TO GENERAL LIABILITY ON A PRIMARY AND NON CONTRIBUTORY BASIS AS REQUIRED BY WRITTEN CONTRACT: VILLAGE OF ORLAND PARK AND THEIR RESPECTIVE OFFICERS, TRUSTEES, DIRECTORS, EMPLOYEES AND AGENTS. WAIVER OF SUBROGATION WITH RESPECT TO GENERAL LIABILITY AS REQUIRED BY WRITTEN CONTRACT IN FAVOR OF: VILLAGE OF ORLAND PARK AND THEIR RESPECTIVE OFFICERS, TRUSTEES, DIRECTORS, EMPLOYEES AND AGENTS.

**CERTIFICATE HOLDER****CANCELLATION**

|                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Village of Orland Park</b><br><br>Attn: Denise Domalewski<br>14700 S Ravinia Ave<br>Orland Park IL 60462 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.<br>AUTHORIZED REPRESENTATIVE  |
|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

## **IMPORTANT**

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

## **DISCLAIMER**

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

**ACORD™ CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

11/17/2008

|                                                                                                                      |                                                                                                                                                                                                                    |                                 |
|----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|
| <b>PRODUCER</b><br>DS&P Insurance Services Inc<br>1530 E Dundee Rd Suite 200,<br>Palatine IL 60074<br>(847) 934-6100 | <b>THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.</b> |                                 |
| <b>INSURED</b><br>Des Plaines Printing LLC<br><br>1000 Executive Way<br>Des Plaines IL 60018                         | <b>INSURERS AFFORDING COVERAGE</b><br>INSURER A: Hartford Accident and Indemnity<br>INSURER B: Hartford Casualty Ins Co<br>INSURER C:<br>INSURER D:<br>INSURER E:                                                  | <b>NAIC #</b><br>22357<br>29424 |

**COVERAGES**

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| INSR | ADD'L LTR | INSRD | TYPE OF INSURANCE                                                                                                                                                                                                                                                                                                                | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YYYY) | POLICY EXPIRATION DATE (MM/DD/YYYY) | LIMITS                                                                                                                                                                                                                                   |
|------|-----------|-------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|------------------------------------|-------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| B    |           |       | <b>GENERAL LIABILITY</b><br><input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC | 83UUNVO8554   | 8/15/2008                          | 8/15/2009                           | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000<br>MED EXP (Any one person) \$ 10,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 2,000,000<br>PRODUCTS - COM/OP AGG \$ 1,000,000 |
| B    |           |       | <b>AUTOMOBILE LIABILITY</b><br><input checked="" type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS                                                                          | 83UUNVO8554   | 8/15/2008                          | 8/15/2009                           | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$                                                                                |
|      |           |       | <b>GARAGE LIABILITY</b><br><input type="checkbox"/> ANY AUTO                                                                                                                                                                                                                                                                     |               |                                    |                                     | AUTO ONLY - EA ACCIDENT \$<br>OTHER THAN EA ACC \$<br>AUTO ONLY: AGG \$                                                                                                                                                                  |
| B    |           |       | <b>EXCESS/UMBRELLA LIABILITY</b><br><input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE<br><input type="checkbox"/> DEDUCTIBLE<br><input checked="" type="checkbox"/> RETENTION \$ 10,000                                                                                                             | 83XHUV09832   | 8/15/2008                          | 8/15/2009                           | EACH OCCURRENCE \$ 5,000,000<br>AGGREGATE \$ 5,000,000<br>\$<br>\$<br>\$                                                                                                                                                                 |
| A    |           |       | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?<br>If yes, describe under SPECIAL PROVISIONS below                                                                                                                                                             | 83WETI7327    | 8/15/2008                          | 8/15/2009                           | <input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER<br>E.L. EACH ACCIDENT \$ 1,000,000<br>E.L. DISEASE - EA EMPLOYEE \$ 1,000,000<br>E.L. DISEASE - POLICY LIMIT \$ 1,000,000                         |
| A    |           |       | <b>OTHER Property</b>                                                                                                                                                                                                                                                                                                            | 83UUNVO8554   | 8/15/2008                          | 8/15/2009                           | See below if applicable                                                                                                                                                                                                                  |

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS**

ADDITIONAL INSURED WITH RESPECT TO GENERAL LIABILITY ON A PRIMARY AND NON CONTRIBUTORY BASIS AS REQUIRED BY WRITTEN CONTRACT: VILLAGE OF ORLAND PARK AND THEIR RESPECTIVE OFFICERS, TRUSTEES, DIRECTORS, EMPLOYEES AND AGENTS. WAIVER OF SUBROGATION WITH RESPECT TO GENERAL LIABILITY AS REQUIRED BY WRITTEN CONTRACT IN FAVOR OF: VILLAGE OF ORLAND PARK AND THEIR RESPECTIVE OFFICERS, TRUSTEES, DIRECTORS, EMPLOYEES AND AGENTS.

**CERTIFICATE HOLDER**

Village of Orland Park  
  
 Attn: Denise Domalewski  
 14700 S Ravinia Ave  
 Orland Park IL 60462

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE



## **IMPORTANT**

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