# PROPOSER SUMMARY SHEET ITB #25-036

#### Cachey Park Court Repairs

Business Name:	U.S. Tennis Court Constr	ruction Co
Street Address: _	1301 Canal Street	· · · · · · · · · · · · · · · · · · ·
City, State, Zip:	Lockport, IL 60441	
	NO I III II III	
Title:	President	
	815-588-3700	Fax: n/a
E-Mail address:_	ustenniscourt@gmail.com	n
		Price Proposal
	<u>.</u>	rice rroposui
Cachey Park Bo	asketball Court	<b>\$</b> _112,000.00
Cachey Park Te	ennis Court	<b>\$</b> 7,000.00
Total Project Co	ost	<b>\$</b> 119,000.00
	AUTHORIZ	ZATION & SIGNATURE
Name of Authoriz	zed Signee: Michael	Laniosz
Signature of Auth	orized Signee:	
Title: President		Date: 6/16/25



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	Michael Laniosz ,
		(Enter Name of Person Making Certification)
as _		President
		(Enter Title of Person Making Certification)
and (	on behalf of	U.S. Tennis Court Construction Co.
		(Enter Name of Business Organization)
certif	fies that Proposers is:	
1) 🚣	BUSINESS ORGANIZ	ATION: Yes [X] No [ ]
F	Federal Employer I.D. 7	#: 36-3494401 (or Social Security # if a sole proprietor or individual)
T	he form of business or	rganization of the Proposer is (check one):
	Sole Proprietor Independent Contro Partnership LLC X Corporation	actor (Individual)  Illinois 1986
		e of Incorporation) (Date of Incorporation)
2) <u>S</u>	TATUS OF OWNERSHIP	
o fo cl	of Ownership" information of the	5, approved August 2021, requires the Village of Orland Park to collect "Status n. This information is collected for reporting purposes only. Please check the ne ownership of your business and include any certifications for the categories I. Business ownership categories are as defined in the Business Enterprise for Persons with Disabilities Act, 30 ILCS 575/0.01 et seq.
۷ ۷	Ainority-Owned [ ] Vomen-Owned [ ] Veteran-Owned [ ] Disabled-Owned [ ]	Small Business [ ] (SBA standards) Prefer not to disclose [ ] Not Applicable [X]
Н	low are you certifying?	Certificates Attached [ ] Self-Certifying [X]
<u>s</u>	TATUS 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 [X]
Veteran-Owned [ ]	Not Applicable [ ]
Disabled-Owned [ ]	

#### 3) <u>AUTHORIZED TO DO BUSINESS IN ILLINOIS</u>: Yes [X] No [ ]

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

#### 4) ELIGIBILE 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) <u>SEXUAL HARASSMENT POLICY COMPLIANT</u>: 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 [X] 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: <a href="https://www2.illinois.gov/idol/Laws-Rules/CONMED/Pages/certifiedtranscriptofpayroll.aspx">https://www2.illinois.gov/idol/Laws-Rules/CONMED/Pages/certifiedtranscriptofpayroll.aspx</a>. The Village reserves the right to with hold payment due to Contractor until Contractor and its subcontractors display compliance with this provision of the Act.

#### 8) EMPLOYMENT OF ILLINOIS WORKERS ON PUBLIC WORKS ACT: Yes [X] No [ ]

In the manner and to the extent required by law, this ITB/RFP is subject to the Employment of Illinois Workers on Public Works Act (30 ILCS 570/0.01 et seq.). If awarded the Contract, per 820 ILCS 130 et seq. as amended, and if the Employment of Illinois Workers on Public Works Act (30 ILCS 570/0.01) is in effect, Proposer shall maintain full compliance with its requirements.

#### 9) PARTICIPATION IN APPRENTICESHIP AND TRAINING PROGRAM: Yes [ ] No [X]

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.

•	3	-12	
ef Description of I	rogram:	 	

#### 10) TAX COMPLIANT: Yes [X] 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.

#### **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:
Mill I
Signature of Authorized Officer
Michael Laniosz
Name of Authorized Officer
President
Title
6/17/2025
Date

#### **REFERENCES**

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

Proposer's Name:	
	(Enter Name of Business Organization)
1. ORGANIZATION	Village of Orland Park
ADDRESS	14700 Ravinia Ave, Orland Park, IL 60462
PHONE NUMBER	708-403-6240
CONTACT PERSO	N Beau Breunig   Athletics Operations Manager
YEAR OF PROJEC	<u>2024</u>
2. ORGANIZATION	Park District of Oak Park
ADDRESS	218 Madison Street, Oak Park, IL 60302
PHONE NUMBER	708-725-2050
CONTACT PERSO	N Chris Lindgren   Superintendent of Parks & Planning
YEAR OF PROJEC	2024
3. ORGANIZATION	Talamore by Lennar
ADDRESS	12121 Talamore Blvd, Huntley, IL 60142
PHONE NUMBER	630-247-6114
CONTACT PERSO	N Mary Breedlove   Property Manager
YEAR OF PROJECT	2024



#### INSURANCE REQUIREMENTS

Please sign and provide a policy Specimen Certificate of Insurance showing current coverages.

If awarded the contract, all <u>Required Policy Endorsements</u> noted in the left column in <u>red bold</u> type <u>MUST</u> be provided.

Standard Insurance Requirements	Please provide the following coverage if box is checked.		
WORKERS' COMPENSATION & EMPLOYER LIABILITY	LIABILITY UMBRELLA (Follow Form Policy)		
Full Statutory Limits - Employers Liability	\$1,000,000 - Each Occurrence		
\$500,000 – Each Accident	\$1,000,000 - Aggregate		
\$500,000 – Each Employee	00 0		
\$500,000 - Policy Limit	\$2,000,000 – Each Occurrence		
Waiver of Subrogation in favor of the Village of Orland	\$2,000,000 - Aggregate		
Park	\$2,000,000 Figging City		
I dik	Other:		
AUTOMOBILE LIABILITY (ISO Form CA 0001)	EXCESS MUST COVER: General Liability,		
\$1,000,000 – Combined Single Limit Per Occurrence	Automobile Liability, Employers' Liability		
Bodily Injury & Property Damage. Applicable for All	7.0.0		
Company Vehicles.	PROFESSIONAL LIABILITY		
Company vonicies.	\$1,000,000 Limit – Claims Made Form, Indicate		
GENERAL LIABILITY (Occurrence basis) (ISO Form CG 0001)	Retroactive Date		
\$1,000,000 – Combined Single Limit Per Occurrence	Nonogento Balo		
Bodily Injury & Property Damage	\$2,000,000 Limit – Claims Made Form, Indicate		
\$2,000,000 – General Aggregate Limit	Retroactive Date		
\$1,000,000 - Personal & Advertising Injury	Renductive Dute		
\$2,000,000 - Products/Completed Operations	Other:		
	Deductible not-to-exceed \$50,000 without prior		
Aggregate	written approval		
ADDITIONAL INSURED ENDORSEMENTS:	William approval		
(Not applicable for Goods Only Purchases)	☐ BUILDERS RISK		
, to approach to account to the control of the cont	Completed Property Full Replacement Cost Limits –		
<ul> <li>ISO CG 20 10 or CG 20 26 (or Equivalent)</li> </ul>	Structures under construction		
Commercial General Liability Coverage			
, ,	☐ ENVIRONMENTAL IMPAIRMENT/POLLUTION		
• CG 20 01 Primary & Non-Contributory (or	LIABILITY		
Equivalent) The Village must be named as the	\$1,000,000 Limit for bodily injury, property		
Primary Non-Contributory which makes the Village a	damage and remediation costs resulting from a		
priority and collects off the policy prior to any other	pollution incident at, on or mitigating beyond the		
claimants.	job site		
Blanket General Liability Waiver of Subrogation -	CYBER LIABILITY		
Village of Orland Park A provision that prohibits an	\$1,000,000 Limit per Data Breach for liability,		
insurer from pursing a third party to recover	notification, response, credit monitoring service		
damages for covered loses.	costs, and software/property damage		
-			
	☐ CG 20 37 ADDITIONAL INSURED – Completed		
	Operations (Provide only if box is checked)		

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.

Printed Name & Title	Name of Company
Michael Laniosz, President	U.S. Tennis Court Construction Co
Signature	Authorized to execute agreements for:
Metel	
ACCEPTED & AGREED THIS 17th DAY OF _	<u>June</u> , 20 <u>25</u>

**BKOZIOLCZYK** 



#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/10/2022

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

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

PRODUCER	CONTACT Barb Koziolczyk				
Downers Grove, IL-Cooper & Allison-Hub International Midwest West	PHONE (AJC, No, Ext): (630) 908-4286	FAX (A/C, No):			
1411 Opus PI Suite #450 Downers Grove, IL 60515	E-MAIL ADDRESS: barb.koziolczyk@hubinternational.com				
	INSURER(S) AFFORDING COVERAGE		NAIC#		
	INSURER A : Pekin Insurance Company				
INSURED	INSURER 8 : State Auto Mutual		25135		
U S Tennis Court Construction	INSURER C:				
204 Industrial Drive Lockport, IL 60441	INSURER D :				
	INSURER E :				
	INSURER F:				
COVERAGES CERTIFICATE NUMBER:	REVISIO	N 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.

	TYPE OF INSURANCE	INSD	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	TIMLI	S	
Х	COMMERCIAL GENERAL LIABILITY	IIISD	WVD		(Managari 111)	CHIMID BY LITTE	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR	х	х	006139235	11/15/2022	11/15/2023	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
	-						MED EXP (Any one person)	\$	5,000
							PERSONAL & ADV INJURY	\$	1,000,000
GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	POLICY X PRO-						PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:		0					\$	
AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO	x		005861542	11/15/2022	11/15/2023	BODILY INJURY (Per person)	\$	1,000,000
	OWNED X SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	1,000,000
_	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	1,000,000
								\$	
Х	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
	EXCESS LIAB CLAIMS-MADE			005898340	11/15/2022	11/15/2023	AGGREGATE	\$	5,000,000
	DED X RETENTION\$ 10,000							\$	
WOR	EMOLOVEDS, LIVER ILA						X PER STATUTE OTH-		
ANY PROPRIETOR/PARTNER/EYECHTIVE			Х	10154950WC	11/15/2022	11/15/2023	E.L. EACH ACCIDENT	\$	1,000,000
		R/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
If yes, DESC	, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
1000	X X X X X X X X X X X X X X X X X X X	CLAIMS-MADE X OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO- OTHER:  AUTOMOBILE LIABILITY  ANY AUTO OWNED AUTOS ONLY  X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY X UMBRELLA LIAB EXCESS LIAB  DED X RETENTION \$ 10,000  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE	GEN'L AGGREGATE LIMIT APPLIES PER:  POLICY X PRO- OTHER:  AUTOMOBILE LIABILITY  ANY AUTO OWNED AUTOS ONLY  X HIRED AUTOS ONLY  X HIRED AUTOS ONLY  X UMBRELLA LIAB EXCESS LIAB  DED X RETENTION \$ 10,000  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?  (Mandatory in NH) (fives, describe under	CLAIMS-MADE X OCCUR X X  GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PROT LOC OTHER:  AUTOMOBILE LIABILITY  ANY AUTO OWNED AUTOS ONLY X AUTOS X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION\$ 10,000  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N OFFICER/MEMBER EXCLUDED?	CLAIMS-MADE X OCCUR X 006139235  GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PROT LOC OTHER:  AUTOMOBILE LIABILITY  ANY AUTO OWNED AUTOS ONLY X AUTOS X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION \$ 10,000  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE Y N/A ANY PROPRIETOR/PARTNER/EXECUTIVE Y N/A COFFICER/MEMBER EXCLUDED?  (Mandatory in NH) (If yes, describe under	CLAIMS-MADE X OCCUR X 006139235  GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PROT LOC OTHER:  AUTOMOBILE LIABILITY  ANY AUTO OWNED AUTOS ONLY X NON-OWNED AUTOS ONLY X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION \$ 10,000  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N IN/A X 10154950WC  11/15/2022	CLAIMS-MADE X OCCUR X X 006139235 11/15/2022 11/15/2023  GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PROTOLOC OTHER:  AUTOMOBILE LIABILITY  ANY AUTO OWNED AUTOS ONLY X NON-OWNED AUTOS ONLY X HOTOS ONLY X NON-OWNED AUTOS ONLY X NON-OWNED AUTOS ONLY X HOTOS ONLY X NON-OWNED AUTOS ONLY X NON-OWNED AUTOS ONLY X NON-OWNED AUTOS ONLY X 11/15/2022 11/15/2023  X UMBRELLA LIAB CLAIMS-MADE DED X RETENTION \$ 10,000  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTINER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) (If yes, describe under	CLAIMS-MADE X OCCUR X DAMAGE TO RENTED PREMISES (Ea sociurence)  GEN'L AGGREGATE LIMIT APPLIES PER:  POLICY X JEC: LOC  OTHER:  AUTOMOBILE LIABILITY  ANY AUTO  OWNED AUTOS ONLY X NON-OWNED AUTOS ONLY X NON-OWNED EXCESS LIAB  EXCESS LIAB X OCCUR  EXCESS LIAB X RETENTION \$ 10,000  WORKERS COMPENSATION AND EMPLOYERS LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N AND POPPLETOR/PARTNER/EXECUTIVE Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N (Mandatory in NH)  (Ves. describe under	CLAIMS-MADE X OCCUR  X 006139235  11/15/2022  11/15/2023  PAMAGE TO RENTED PREMISES (Ea DOCUTRED) \$ MED EXP (ANY one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE LIMIT APPLIES PER: POLICY X JECT LOC OTHER:  AUTOMOBILE LIABILITY  ANY AUTO OWNED AUTOS ONLY X A

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
The Village of Orland Park, and their respective officers, trustees, directors, employees and agents—are included as Additional Insured on a
Primary/Non-Contributory Basis with Waiver of Subrogation in regards to the General Liability per the attached forms CG2010 0704 and CG5036 0807; Additional Insured on a Primary/Non-Contributory Basis in regards to the Auto Liability per the attached form 4106 0513. Waiver of Subrogation applies under the Worker's Compensation per the attached form WC 00 03 13 (04-84)

Umbrella policy follows form.

CERTIFICATE HOLDER	CANCELLATION
Village of Orland Park 14700 S. Ravinia Ave Orland Park. IL 60462	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Offaria Faik, iL 00402	AUTHORIZED REPRESENTATIVE
IK	Bane Just

POLICY NUMBER: CL0237629

#### 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 Organization(s):	Location(s) Of Covered Operations
The Village of Orland Park, and their respective officers, trustees, directors, employees and agents	All locations
Information required to complete this Schedule, if not shown a	above, will be shown in the Declarations.

- A. 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", "property damage" or "personal and advertising injury" caused, in whole or in part, by:
  - 1. Your acts or omissions; or
  - 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:

- 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. COMMERCIAL GENERAL LIABILITY

### CONTRACTORS ADDITIONAL INSURED/ WAIVER OF RIGHTS OF RECOVERY EXTENSION ENDORSEMENT

This endorsement modifies insurance provided under the following:

#### **COMMERCIAL GENERAL LIABILITY COVERAGE PART**

- Additional Insured When Required By Written Construction Contract For Ongoing Operations Performed By You For An Additional Insured and/or Your Completed Operations
  - A. With respect to coverage afforded under this section of the endorsement, Section II - Who Is An Insured is amended to include as an insured any person or organization for whom you are performing operations, when you and such person or organization have agreed in a written contract effective during the policy period stated on the Declarations Page (hereinafter referred to as the "Policy Period") and executed prior to the "bodily injury" or "property damage" for which coverage is sought, that you must add that person or organization as an additional insured on a policy of liability insurance (hereinafter referred to as the "Additional Insured").

The Additional Insured is covered only with respect to vicarious liability for "bodily injury" or "property damage" imputed from You to the Additional Insured as a proximate result of:

- (1) Your ongoing operations performed for that Additional Insured during the Policy Period; or
- (2) "Your work" performed for the Additional Insured during the Policy Period, but only for "bodily injury" or "property damage" within the "products completed operations hazard."
- B. It is further understood that the designation of any person or organization as an Additional Insured:

- does not increase the scope or limits of coverage afforded by this policy; and
- (2) does not apply if the person or organization is specifically named as an additional insured under any other provision of this policy.
- **C.** With respect to the coverage afforded to the Additional Insured, the following additional exclusions apply:

This insurance does not apply to:

- (1) Liability for "bodily injury" or "property damage" arising out of the rendering of, or the failure to render, any professional services, including, but not limited to:
  - (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.
- (2) Liability for "bodily injury" or "property damage" arising out of or in any way attributable to the claimed negligence or statutory violation of the Additional Insured, other than vicarious liability which is imputed to the Additional Insured solely by virtue of the acts or omissions of the Named Insured.
- (3) Liability for "bodily injury" or "property damage" proximately caused by your ongoing operations, which takes place, in whole or in part, after the earlier of:

- (a) the date that all work called for in the written contract with the Additional Insured has been completed, as defined in the definition of "products-completed operations hazard" herein; or
- (b) the end of the Policy Period.
- (4) Liability for "bodily injury" or "property damage" proximately caused by "your work" included in the "products-completed operations hazard" after the earlier of:
  - (a) the conclusion of the period during which the written contract requiring such coverage requires it or
  - (b) 1 year after completion of "your work" performed for the Additional Insured, as defined in the "products - completed operations hazard."
- D. Section III Limits Of Insurance is amended to include:
  - (1) The limits of insurance applicable to the Additional Insured are;
    - (a) those specified in the written contract that requires the person or organization to be added as an Additional Insured; or
    - (b) as stated on the Declarations Page of this policy, whichever is less.

These limits of insurance are inclusive of, and not in addition to the limits of insurance shown on the Declarations Page. If other insurance of any type is written by us and applicable to the Insured, the maximum Additional recovery under all coverage forms or policies combined may equal but not exceed the highest applicable per occurrence and aggregate limit of insurance under one coverage form or policy providing coverage, whether primary or excess.

- E. Section IV Other Insurance is amended to include:
  - (1) When required under a written contract with the Additional Insured which is executed prior to "bodily injury" or "property damage" for which coverage is sought by the

Additional Insured hereunder, the coverage provided to the Additional Insured under this section of the endorsement shall apply on a primary and noncontributory basis with any other insurance upon which the Additional Insured is listed as a Named Insured.

- F. Section IV Transfer Of Rights Of Recovery Against Others To Us is amended to include:
  - (1) When required under a written contract executed prior to the "occurrence" for which we make payment under this coverage part, we waive any right of recovery we may have against any person or organization who is an Additional Insured because of payments we make under this section of the endorsement.

# 2. Additional Insured - State Or Political Subdivisions - Permits

- A. With respect to coverage afforded under this section of the endorsement, Section II - Who Is An Insured is amended to include as an insured any state or political subdivision which has issued a permit to you when you and such state or political subdivision have agreed in a written contract or agreement effective during the policy period stated on the Declarations Page and executed prior to "bodily injury," "property damage," or "personal and advertising injury" for which coverage is sought that you must add the state or political subdivision as an additional insured on a policy of liability Such state or political insurance. subdivision is an insured only with respect to operations performed by you or on your behalf for which the state or political subdivision has issued a permit.
- B. With respect to the coverage afforded to the additional insured provided by this section of the endorsement, the following additional exclusions apply:

This insurance does not apply to:

(1) "Bodily injury," "property damage," or "personal and advertising injury" arising out of operations performed for the state, municipality, or political subdivision; or (2) "Bodily injury" or "property damage" included within the "products-completed operations hazard".

If an additional insured endorsement is attached to this coverage part or policy that specifically names a state or political subdivision as an insured or additional insured, then coverage under this endorsement does not apply for adding the state or political subdivision as an additional insured if the state or political subdivision would, in whole or in part, also be covered as an additional insured under this endorsement.

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

# ADDITIONAL INSURED-PERSONS OR ORGANIZATIONS WHEN REQUIRED IN A WRITTEN CONTRACT WITH YOUPRIMARY AND NONCONTRIBUTORY

This endorsement modifies insurance provided under the following:

#### **BUSINESS AUTO INSURANCE POLICY**

With respect to coverage provided by this endorsement, the provisions applying to the **Business Auto Insurance Policy** apply unless modified by this endorsement.

- Under PART IV-LIABILITY INSURANCE, Section D. WHO IS AN INSURED is amended by the addition of the following:
  - A. Any person or organization is an insured for liability coverage as afforded under PART IV-LIABILITY INSURANCE, when you and such person or organization have agreed in a written contract executed prior to the bodily injury or property damage for which coverage is sought, that you must add that person or organization as an additional insured on a policy of automobile liability insurance (hereinafter referred to as the "Additional Insured").

The Additional Insured is covered, only with respect to liability for **bodily injury** or **property damage** resulting from **your** ownership, maintenance, or use of a covered **auto**, and only to the extent that the person or organization qualifies as an **insured** under **D**. **WHO IS AN INSURED** provision contained in **PART IV-LIABILITY INSURANCE**.

- B. It is further understood that the designation of any person or organization as an Additional Insured does not increase the scope or limits of coverage afforded by this policy.
- C. When required under a written contract with the Additional Insured which is executed prior to **bodily injury** or **property damage** for which coverage is sought by the Additional Insured hereunder, the coverage provided to the Additional Insured under this endorsement shall apply on a primary and noncontributory basis with any other insurance upon which the Additional Insured is listed as a Named Insured.

# WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

This agreement shall not operate directly or indirectly to benefit any one not named in the Schedule.

#### Schedule

Any person or organization for whom you are performing work when you and such person or organization have agreed in a written contract, executed prior to the accident or loss for which we make payment under this workers compensation policy, that you must add that person or organization under a Waiver Of Our Right To Recover From Others Endorsement on a policy of Workers Compensation insurance.

State: Illinois

2DGI vmh

#### Repair and Construction







Date:

6/17/2025

To:

Village of Orland Park

RE:

ITB #25-036

**Cachey Park Court Repairs** 

Unit Pricing:

Furnish & install one pair of Douglas DTP-37 tennis posts with Douglas TN-30 tennis net and center strap: \$1,025.00 per set



#### CONTRACTOR:

(Name, legal status and address)
U.S. Tennis Court Construction Company

1301 Canal Street Lockport, IL 60441

#### OWNER:

(Name, legal status and address)
Village of Orland Park

14700 Ravinia Avenue Orland Park, IL 60462

# **Bid Bond**

#### SURETY:

(Name, legal status and principal place of business)
The Ohio Casualty Insurance Company
175 Berkeley Street
Boston, MA 02116

#### **MAILING ADDRESS FOR NOTICES:**

Liberty Mutual Surety Claims P.O. Box 34526 Seattle, WA 98124 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% of Bid Amount Ten Percent of Bid Amount

#### PROJECT:

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

ITB #25-036 Cachey Park Court Repairs

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 17th day of June		
Witness M. Laving	U.S. Tennis Court Construction Company (Contractor as Principal)	(Seal)
Kiena 4. Pumpling	(Title) The Ohio Casualty Insurance Company	SHATTY INSULA
(Witness) Kiana M. Pumphrey	(Surety)  Timothy A. Mikolajewski, Assistant Secretary	1919 CO THE PARTY OF THE PARTY

# Not valid for mortgage, note, loan, letter of credit, currency rate, interest rate or residual value guarantees.



#### POWER OF ATTORNEY

The Ohio Casualty Insurance Company

Principal: U.S. Tennis Court Construction Company

Agency Name: JM Wilson Corporation

Bond Number: BID-0031089

Obligee: Village of Orland Park

Bid Bond Amount: (10% of Bid Amount ) Ten Percent of Bid Amount

KNOW ALL PERSONS BY THESE PRESENTS: that The Ohio Casualty Insurance Company, a corporation duly organized under the laws of the State of New Hampshire (herein collectively called the "Company"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint Timothy A. Mikolajewski in the city and state of Seattle, WA, each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Company in their own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Company and the corporate seal of the Company has been affixed thereto this 17th day of June, 2025.

INSUR

The Ohio Casualty Insurance Company

Nathan J. Zangerle, Assistant Secretary

STATE OF PENNSYLVANIA COUNTY OF MONTGOMERY

On this 17th day of June, 2025, before me personally appeared Nathan J. Zangerle, who acknowledged himself to be the Assistant Secretary of The Ohio Casualty Insurance Company and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as duly authorized

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at Plymouth Meeting, Pennsylvania, on the day and year first above written.



Commonwealth of Pennsylvania - Notary Sea Teresa Pastella, Notary Public Montgomery County My commission expires March 28, 2029 Commission number 1126044

Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-law and Authorizations of The Ohio Casualty Insurance Company, which is now in full force and effect reading as follows:

#### ARTICLE IV - OFFICERS: Section 12. Power of Attorney.

bond and/or Power of Attorney (POA) verification inquiries, ise call 610-832-8240 or email HOSUR@libertymutual.com Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall For bon please have full power to bind the Corporation by their signature and executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

Certificate of Designation - The President of the Company, acting pursuant to the Bylaws of the Company, authorizes Nathan J. Zangerle, Assistant Secretary to appoint such attomeys-in-fact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surely any and all undertakings, bonds, recognizances and other surety obligations.

Authorization - By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature or electronic signatures of any assistant secretary of the Company or facsimile or mechanically reproduced or electronic seal of the Company, wherever appearing upon a certified copy of any power of attorney or bond issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, of The Ohio Casualty Insurance Company do hereby certify that this power of attorney executed by said Company is in full force and effect and has not been revoked.

2025 IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Company this 17th day of June



Renee C. Llewellyn, Assistant Secretary



#### **CONTRACTOR:**

(Name, legal status and address)
U.S. Tennis Court Construction Company

1301 Canal Street Lockport, IL 60441

#### OWNER:

(Name, legal status and address)
Village of Orland Park

14700 Ravinia Avenue Orland Park, IL 60462

# **Bid Bond**

#### SURETY:

(Name, legal status and principal place of business)
The Ohio Casualty Insurance Company
175 Berkeley Street
Boston, MA 02116

#### **MAILING ADDRESS FOR NOTICES:**

Liberty Mutual Surety Claims P.O. Box 34526 Seattle, WA 98124 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% of Bid Amount Ten Percent of Bid Amount

#### PROJECT:

(Name, location or address, and Project number, if any)
ITB #25-036 Cachey Park Court Repairs

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 17th	day of June		
Tweethy M. Lawrey		U.S. Tennis Court Construction Company  (Contractor on Principal)	(Cap.1)
(Witness) b	A PUNCAL SERVICE	(Title) Personer	(Seal)
Kiana 4. Rumpherez	PIBLIC PROPERTY OF THE PROPERT	The Ohio Casualty Insurance Company (Surety)	CARREL SOR
(Witness) Kiana M. Pumphrey		(Title) Timothy A. Mikolajewski, Assistant Secretary	W.C.





#### POWER OF ATTORNEY

The Ohio Casualty Insurance Company

Principal: U.S. Tennis Court Construction Company

Agency Name: JM Wilson Corporation Bond Number: BID-0031089

Oblique: Village of Orland Park

Bid Bond Amount: (10% of Bid Amount ) Ten Percent of Bid Amount

KNOW ALL PERSONS BY THESE PRESENTS: that The Ohio Casualty Insurance Company, a corporation duly organized under the laws of the State of New Hampshire (herein collectively called the "Company"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint Timothy A. Mikolajewski in the city and state of Seattle, WA, each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Company in their own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Company and the corporate seal of the Company has been affixed thereto this 17th day of June, 2025.

INSUA

The Ohio Casualty Insurance Company

Nathan J. Zangerle, Assistant Secretary

STATE OF PENNSYLVANIA COUNTY OF MONTGOMERY

nd and/or Power of Attorney (POA) verification inquiries, call 610-832-8240 or email HOSUR@ilbertymutual.com On this 17th day of June, 2025, before me personally appeared Nathan J. Zangerle, who acknowledged himself to be the Assistant Secretary of The Ohio Casualty Insurance Company and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as duly authorized

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at Plymouth Meeting, Pennsylvania, on the day and year first above written.



Commonwealth of Pennsylvania - Notary Seni Teresa Pastella, Notary Public Montgomery County My commission expires March 28, 2029 Commission number 1126044

eresa Pastella, Notary Public

pond ;

For bor please

This Power of Attorney is made and executed pursuant to and by authority of the following By-law and Authorizations of The Ohio Casualty Insurance Company, which is now in full force and effect reading as follows:

#### ARTICLE IV - OFFICERS: Section 12. Power of Attorney.

Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

Certificate of Designation - The President of the Company, acting pursuant to the Bylaws of the Company, authorizes Nathan J. Zangerle, Assistant Secretary to appoint such attorneys-in-fact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

Authorization - By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature or electronic signatures of any assistant secretary of the Company or facsimile or mechanically reproduced or electronic seal of the Company, wherever appearing upon a certified copy of any power of attorney or bond issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, of The Ohio Casualty Insurance Company do hereby certify that this power of attorney executed by said Company is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Company this 17th day of June 2025



Renee C. Llewellyn, Assistant Secretary