

CLERK'S CONTRACT and AGREEMENT COVER PAGE

Legistar File ID#: 2012-0617

Innoprise Contract #: C12-0101

Year: 2012

Amount: \$9,154.00

Department: Administration

Contract Type: Addendum

Contractors Name: Folgers Flag & Decorating

Contract Description: 2012 Holiday Decorations

MAYOR
Daniel J. McLaughlin

VILLAGE CLERK
David P. Maher

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

www.orland-park.il.us



VILLAGE HALL

TRUSTEES

Kathleen M. Fenton
Brad S. O'Halloran
James V. Dodge
Edward G. Schussler III
Patricia A. Gira
Carole Griffin Ruzich

November 15, 2012

Ms. Debra Folgers
Folgers Flag & Decorating, Inc.
2748 W. York Street
Blue Island, Illinois 60406

**RE: *Addendum dated November 6, 2012
Holiday Decorating 2012***

Dear Debra:

Enclosed is a copy of the addendum dated November 6, 2012 to extend the 2006-2008 Holiday Decorating Contract to 2012 in an amount not to exceed Nine Thousand One Hundred Fifty-Four and No/100 (\$9,154.00) Dollars. Please attach this to the original 2006-2008 Holiday Decorating Season Agreement contract dated November 15, 2006.

If you have any questions, please call me at 708-403-6173.

Sincerely,

Denise Domalewski
Contract Administrator

cc: Chris McDonell

Encl:

ADDENDUM D to
Conditions of Contract
2006-2008 Holiday Decorating Season Agreement

Dated
November 15, 2006

Amended
October 30, 2009
October 19, 2010
October 19, 2011

Between
The Village of Orland Park, Illinois ("VILLAGE") and Folgers Flag & Decorating, Inc.
("CONTRACTOR")

-
1. In the event of any conflict or inconsistency between the provisions of this Addendum and the Agreement, the provisions of this Addendum shall control.
 2. The attached Proposal/Contract dated October 23, 2012 prepared by Folgers Flag & Decorating, Inc. is being attached to the "Conditions of Contract 2006-2008 Holiday Decorating Season Agreement" and becomes a part of the Contract Documents. To the extent of any conflict or inconsistency other than Scope of Work and Payment Terms between the *Conditions of Contract* and the *Proposal/Contract for 2012*, the terms of the *Conditions of Contract* prevail.
 3. All of the other terms, covenants, representations and conditions of said Agreement, not deleted or amended herein shall remain in full force and effect during the effective term of said Agreement.
 4. This Addendum may be executed in two or more counterparts, each of which taken together, shall constitute one and the same instrument.

This Addendum, made and entered into effective the **6th day of November, 2012**, shall be attached to and form a part of the Agreement dated the 15th day of November, 2006 and shall take effect upon signature below by duly authorized agents of both parties.

AGREED AND ACCEPTED

FOR: THE VILLAGE

By: _____

Print Name: Paul G. Grimes
Village Manager

Its: Village Manager

Date: 11/13/12

FOR: THE CONTRACTOR

By: _____

Print Name: Debra L. Folger

Its: President

Date: 11/9/12



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/16/2011

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 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 thorntonpowell 5550 West 147th St. Oak Forest IL 60452	CONTACT NAME: Janice Berglind
	PHONE (A/C No. Ext): (708) 597-2800 FAX (A/C No.): (708) 597-2945 E-MAIL ADDRESS: bergj@thorntonpowell.com
INSURED Folgers Flag & Decorating, Inc. 2748 York St. Blue Island IL 60406-1959	INSURER(S) AFFORDING COVERAGE
	INSURER A: Secura Insurance Co NAIC # 22543
	INSURER B: Hartford Insurance Co. of IL
	INSURER C:
	INSURER D:
	INSURER E:

COVERAGES CERTIFICATE NUMBER: CL11111600669 REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			20CP00171538-0	12/31/2011	12/31/2012	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 2,000,000
							\$
	AUTOMOBILE LIABILITY			20A003171539-0	12/31/2011	12/31/2012	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$
							Underinsured motorist \$ 1,000,000
A	UMBRELLA LIAB			20CU003171540-0	12/31/2011	12/31/2012	EACH OCCURRENCE \$
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> OCCUR					AGGREGATE \$
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$	<input type="checkbox"/> CLAIMS-MADE					\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			83WCCPX5830	12/31/2011	12/31/2012	WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N <input type="checkbox"/>	N/A				E.L. EACH ACCIDENT \$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

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

CERTIFICATE HOLDER (708) 403-6215 Village of Orland Park 14700 Ravinia Ave. Orland Park, IL 60462	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE Janice Berglind/JANB

Proposal/Contract

Page No. 1 of 2 Pages



Ph: (708) 388-1598
 OUTSIDE IL 1-800-344-7230
 FAX: (708) 388-9997

FLAG & DECORATING, INC.
 2748 W. YORK STREET, BLUE ISLAND, IL 60406

PROPOSAL SUBMITTED TO Village of Orland Park	PHONE 406-6145 Fax 403-6169	DATE October 23, 2012
STREET 14700 Ravinia	JOB NAME ORLAND & old orland	
CITY, STATE AND ZIP CODE Orland Park, IL 60462	JOB LOCATION	
ARCHITECT Attn: Patty Vlazny	PLAN DATE	PLAN NO. EST. NO.

WE HEREBY SUBMIT SPECIFICATIONS AND ESTIMATES FOR:

Folgers is pleased to provide this CONTRACT and AGREEMENT for the 2012 Holiday Decorating Season. This one year RENTAL CONTRACT includes Installation, Maintenance, Removal and / or Disposal.

OLD ORLAND:(8) poles to be decorated with (2) decorations per pole and pole trim garland as close to the ground as we can get.

ORLAND 159th Street:
 (11) Fantasy trees and pole trim garland
 (11) Toy Soldiers and pole trim garland
 (30) Holiday banners installed

151st Street:
 (10) Toy Soldiers and pole trim garland
 (11) Fantasy trees and pole trim garland
 (02) at 157 Street and Harlem Ave East side

94th Street:
 (13) Toy Soldiers and pole trim garland
 (13) Fantasy trees and pole trim garland

Ravinia:
 (37) Fantasy trees and pole trim garland

	UNIT	TOTAL
Total cost for the above decorations		9154.00
Payment Terms: Amount due upon signing		4577.00
Amount due upon installation		2289.00
Amount due upon removal		2288.00

All material is guaranteed to be as specified. All work to be completed in a workable manner according to provided practices. Any alteration or damage from above specifications resulting extra work will be executed only upon written order, and will become an extra charge over and above the estimate. All agreements, contingent upon strikes, accidents, or delays beyond our control. Owner to carry fire, tornado and other necessary insurance. Our workers are fully covered by Workman's Compensation Insurance.

Authorized
Signature

Note: This proposal may be withdrawn by us if not accepted within _____ days.

Acceptance of Proposal - The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined above.

Signature _____

Date of Acceptance: _____

Signature _____

Proposal/Contract



Ph: (708) 388-1598
 OUTSIDE IL 1-800-344-7230
 FAX: (708) 388-9997

FLAG & DECORATING, INC.
 2748 W. YORK STREET, BLUE ISLAND, IL 60406

PROPOSAL SUBMITTED TO Village of Orland Park	PHONE 406-6145 Fax 403-6169	DATE October 23, 2012
STREET 14700 Ravinia	JOB NAME ORLAND & OLD ORLAND	
CITY, STATE AND ZIP CODE Orland Park, IL 60462	JOB LOCATION	
ARCHITECT Attn: Patty Vlazny	PLAN DATE	PLAN NO.
		EST. NO.

WE HEREBY SUBMIT SPECIFICATIONS AND ESTIMATES FOR:

Folgers is fully insured and assumes full responsibility for any and all liabilities incurred during the term of the contract, excluding those relating to theft, vandalism, and weather related conditions beyond our control, such as unseasonably warm temperatures and / or high winds.

Please sign and return one copy along with the amount due to begin processing your order.

Thank you. Deb Folgers

UNIT	TOTAL
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All material is guaranteed to be as specified. All work to be completed in a workable manner according to standard practices. Any alteration or deviation from above specifications involving extra costs will be executed only upon written orders, and will become our responsibility once and above the purchase. All agreements contingent upon strikes, accidents, or delays beyond our control. Owner to carry fire, theft and other necessary insurance. Our workers are fully covered by Workers' Compensation Insurance.

Authorized Signature

Note: This proposal may be withdrawn by us if not accepted within _____ days.

Acceptance of Proposal - The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined above.

Date of Acceptance: _____

Signature _____

Signature _____

INVOICE

FOLGERS FLAG AND DECORATING, INC.

2748 W. YORK ST.
 BLUE ISLAND, IL 60406
 Ph. (708) 388-1598
 Fax: (708) 388-9997
 www.folgersflag.com

INVOICE NUMBER: 0017302-IN
 INVOICE DATE: 10/23/2012
 CUSTOMER NO: ORL001

SOLD TO:
 Village of Orland Park
 14700 Ravinia
 Orland Park, IL 60462

SHIP TO:
 Orland & Old Orland

CONFIRM TO:

CUSTOMER P.O.	SHIP VIA	F.O.B.	TERMS				
					Net 15 Days		
ITEM NO.	UNIT	ORDERED	SHIPPED	BACK ORD	PRICE	AMOUNT	
CHR002	EACH	0.000	0.000	0.000	0.000	0.00	
Amount due for the 2012 Holiday Decorating Season per contract. Please pay from this invoice. No other invoice will be sent.							
CHR002	EACH	1.000	1.000	0.000	4,577.000	4,577.00	
Amount due upon signing							
CHR002	EACH	1.000	1.000	0.000	2,289.000	2,289.00	
Amount due upon installation							
CHR002	EACH	1.000	1.000	0.000	2,288.000	2,288.00	
Amount due upon removal							

Net Invoice:	9,154.00
Less Discount:	0.00
Freight:	0.00
Sales Tax:	0.00
Invoice Total:	9,154.00