

## *Clerk's Contract and Agreement Cover Page*

**Year:** 2010

**Legistar File ID#:** 2010-0575

**Multi Year:**

**Amount** \$24,937.00

---

**Contract Type:**

Addendum

**Contractor's Name:**

Bright Ideas Inc.

**Contractor's AKA:**

**Execution Date:**

11/2/2010

**Termination Date:**

**Renewal Date:**

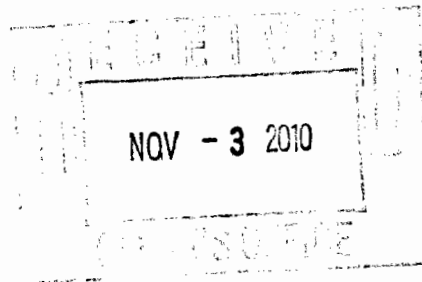
**Department:**

Media & Special Events

**Originating Person:**

Patty Vlazny

**Contract Description:** 2010 Holiday Lighting Addendum



*Wednesday, November 03, 2010*



# CERTIFICATE OF LIABILITY INSURANCE

OP ID: AB

DATE (MM/DD/YYYY)

10/27/10

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 <b>M.S. LINDERMAN &amp; ASSOC INC</b> 517 N. WOLF RD. WHEELING, IL 60090- TOMISLAV SERVICES INC.		847-537-0200 847-537-9182	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS: PRODUCER CUSTOMER ID #: <b>BRIGHT1</b>	FAX (A/C, No):
INSURED <b>BRIGHT IDEAS OF ILLINOIS, INC.</b> <b>KEVIN HEFFERNAN</b> 1305 S SCHOOLHOUSE RD UNIT 3 NEW LENOX, IL 60451-3243		INSURER(S) AFFORDING COVERAGE <b>INSURER A : PEKIN INSURANCE CO</b>		NAIC # <b>24228</b>
		INSURER B :		
		INSURER C :		
		INSURER D :		
		INSURER E :		
		INSURER F :		

**COVERAGES**

CERTIFICATE NUMBER:

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	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	X		CL0126942	09/08/10	09/08/11	EACH OCCURRENCE \$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
							MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COM/PO/AGG \$ 2,000,000
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$			CL0126942	10/27/10	10/27/11	EACH OCCURRENCE \$ 1,000,000
							AGGREGATE \$ 2,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below <input type="checkbox"/> Y <input type="checkbox"/> N		N/A				WC STATU-TORY LIMITS
							OTHER
							E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
A	EMPLOYEE BENEFITS COVERAGE			CL0126942	09/08/10	09/08/11	E.L. DISEASE - POLICY LIMIT \$
							PER CLAIM 25,000
							AGGREGATE 75,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 VILLAGE OF ORLAND PARK IS ADDITIONAL INSURED IN REGARDS TO NAMED INSUREDS GENERAL LIABILITY POLICY. THOSE USUAL TO THE INSUREDS OPERATIONS; LIGHTING INSTALLATION.

**CERTIFICATE HOLDER****CANCELLATION**

VILLAGE OF ORLAND PARK  
 14700 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.

AUTHORIZED REPRESENTATIVE  
 TOMISLAV SERVICES INC.

© 1988-2009 ACORD CORPORATION. All rights reserved.