

**PROPOSER SUMMARY SHEET**

RFP #24-069

Old Orland Corrugated Metal Pipe (CMP) Replacement

Business Name: Swallow Construction Corporation

Street Address: 490 Topsoil Drive

City, State, Zip: West Chicago, IL 60185

Contact Name: Anthony Rendina

Title: President

Phone: (630) 512-9900 Fax: \_\_\_\_\_

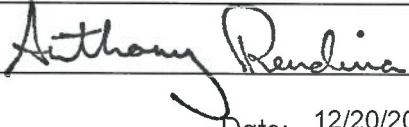
E-Mail address: anthony@swallowconstruction.net

**Price Proposal**

GRAND TOTAL PROPOSAL PRICE \$ 956,790.00

**AUTHORIZATION & SIGNATURE**

Name of Authorized Signee: Anthony Rendina

Signature of Authorized Signee: 

Title: President Date: 12/20/2024

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

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

The undersigned Anthony Rendina  
(Enter Name of Person Making Certification)

as President  
(Enter Title of Person Making Certification)

and on behalf of Swallow Construction Corporation  
(Enter Name of Business Organization)

certifies that Proposers is:

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

Federal Employer I.D. #: 36-3042988  
(or Social Security # if a sole proprietor or individual)

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

☐ Sole Proprietor  
☐ Independent Contractor (Individual)  
☐ Partnership  
☐ LLC  
☒ Corporation Illinois 10/31/1979  
(State of Incorporation) (Date of Incorporation)

2) **STATUS OF OWNERSHIP**

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

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

How are you certifying? Certificates Attached ☐ Self-Certifying ☐

## STATUS OF OWNERSHIP FOR SUBCONTRACTORS

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

|                    |                                                      |
|--------------------|------------------------------------------------------|
| Minority-Owned [ ] | Small Business [ ] ( <a href="#">SBA standards</a> ) |
| Women-Owned [ ]    | Prefer not to disclose [ ]                           |
| Veteran-Owned [ ]  | Not Applicable [ ]                                   |
| Disabled-Owned [ ] |                                                      |

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

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

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

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

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

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

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

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

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

The Proposer shall:

(I) not discriminate against any employee or applicant for employment because of race, color,

religion, sex, marital status, national origin or ancestry, age, or physical or mental handicap unrelated to ability, or an unfavorable discharge from military service; (II) examine all job classifications to determine if minority persons or women are underutilized and will take appropriate affirmative action to rectify any such underutilization; (III) ensure all solicitations or advertisements for employees placed by it or on its behalf, it will state that all applicants will be afforded equal opportunity without discrimination because of race, color, religion, sex, marital status, national origin or ancestry, age, or physical or mental handicap unrelated to ability, or an unfavorable discharge from military service; (IV) send to each labor organization or representative of workers with which it has or is bound by a collective bargaining or other agreement or understanding, a notice advising such labor organization or representative of the Vendor's obligations under the Illinois Human Rights Act and Department's Rules and Regulations for Public Contract; (V) submit reports as required by the Department's Rules and Regulations for Public Contracts, furnish all relevant information as may from time to time be requested by the Department or the contracting agency, and in all respects comply with the Illinois Human Rights Act and Department's Rules and Regulations for Public Contracts; (VI) permit access to all relevant books, records, accounts and work sites by personnel of the contracting agency and Department for purposes of investigation to ascertain compliance with the Illinois Human Rights Act and Department's Rules and Regulations for Public Contracts; and (VII) include verbatim or by reference the provisions of this Equal Employment Opportunity Clause in every subcontract it awards under which any portion of this Agreement obligations are undertaken or assumed, so that such provisions will be binding upon such subcontractor.

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

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

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

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

In the manner and to the extent required by law, this RFP is subject to the Illinois Prevailing Wage Act and to all laws governing the payment of wages to laborers, workers and mechanics of a Proposer or any subcontractor of a Proposer bound to this agreement who is performing services covered by this contract. If awarded the Contract, per 820 ILCS 130 et seq. as

amended, Proposer shall pay not less than the prevailing hourly rate of wages, the generally prevailing rate of hourly wages for legal holiday and overtime work, and the prevailing hourly rate for welfare and other benefits as determined by the Illinois Department of Labor or the Village and as set forth in the schedule of prevailing wages for this contract to all laborers, workers and mechanics performing work under this contract (available at <https://www2.illinois.gov/idol/Laws-Rules/CONMED/Pages/Rates.aspx>).

The undersigned Proposer further stipulates and certifies that it has maintained a satisfactory record of Prevailing Wage Act compliance with no significant Prevailing Wage Act violations for the past three (3) years.

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

**8) EMPLOYMENT OF ILLINOIS WORKERS ON PUBLIC WORKS ACT:      Yes ☒    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 ☐**

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

**Name of A&T Program:** Chicagoland Laborers Apprenticeship Program, Operating Engineers Local 150 Apprenticeship Program, Illinois Teamsters Apprenticeship Fund

**Brief Description of Program:** \_\_\_\_\_

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10) TAX COMPLIANT: Yes ☒ No ☐

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

**AUTHORIZATION & SIGNATURE:**

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

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

**ACKNOWLEDGED AND AGREED TO:**



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

Anthony Rendina

\_\_\_\_\_  
Name of Authorized Officer

President

\_\_\_\_\_  
Title

12/20/2024

\_\_\_\_\_  
Date

## REFERENCES

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

**Proposer's Name:** Swallow Construction Corporation

*(Enter Name of Business Organization)*

- |                 |              |
|-----------------|--------------|
| 1. ORGANIZATION | See Attached |
| ADDRESS         |              |
| PHONE NUMBER    |              |
| CONTACT PERSON  |              |
| YEAR OF PROJECT |              |
| 2. ORGANIZATION |              |
| ADDRESS         |              |
| PHONE NUMBER    |              |
| CONTACT PERSON  |              |
| YEAR OF PROJECT |              |
| 3. ORGANIZATION |              |
| ADDRESS         |              |
| PHONE NUMBER    |              |
| CONTACT PERSON  |              |
| YEAR OF PROJECT |              |



490 Topsoil Drive  
West Chicago, IL 60185

#### References

| First | Last     | Title                                           | Company                         | Telephone      |
|-------|----------|-------------------------------------------------|---------------------------------|----------------|
| Kent  | Johnson  | PE, CFM Asstant Village Manager / City Engineer | City of Elmhurst                | (630) 530-3024 |
| Jeff  | Maczko   | PE, Village Engineer                            | Village of Bensenville          | (630) 594-1196 |
| Jason | Bauer    | PE, City Engineer                               | City of Aurora                  | (630) 701-4125 |
| James | Amelio   | PE                                              | Christopher B Burke Engineering | (847) 823-0500 |
| Brian | Grippio  | Superintendent of Utilities                     | Village of Elk Grove            | (847) 734-8048 |
| Shawn | Campbell | Superintendent of Water & Sewer                 | Village of Addison              | (630) 693-2308 |

# Document A310™ – 2010

Conforms with The American Institute of Architects AIA Document 310

## Bid Bond

### CONTRACTOR:

(Name, legal status and address)

Swallow Construction Corporation  
490 Topsoil Drive  
West Chicago, IL 60185

### SURETY:

(Name, legal status and principal place of business)

Atlantic Specialty Insurance Company  
605 Highway 169 North, Suite 800  
Plymouth, MN 55441  
Mailing Address for Notices

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.

### OWNER:

(Name, legal status and address)

Village of Orland Park  
14700 S. Ravinia Ave.  
Orland Park, IL 60462

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

### PROJECT:

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

RFP 24-069 Old Orland Corrugated Metal Pipe (CMP) Replacement

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 20th day of December, 2024

(Witness)

Swallow Construction Corporation

(Principal)

(Seal)

By:

(Title)

Atlantic Specialty Insurance Company

(Surety)

(Seal)

By:

(Title) James Moore

Attorney-in-Fact



State of Illinois

County of DuPage

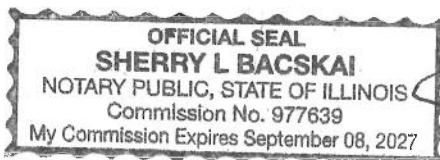
**SURETY ACKNOWLEDGEMENT (ATTORNEY-IN-FACT)**

I, Sherry L Bacskai Notary Public of DuPage County, in the State of Illinois,

do hereby certify that James Moore **Attorney-in-Fact, of the** Atlantic Specialty Insurance  
Company

who is personally known to me to be the same person whose  
name is subscribed to the foregoing instrument, appeared before me this day in person, and  
acknowledged that he signed, sealed and delivered said instrument, for and on behalf of the  
Atlantic Specialty Insurance Company for the uses and purposes therein set forth.

Given under my hand and notarial seal at my office in the City of Downers Grove in  
said County, this 20th day of December, 2024.



[Signature]  
Notary Public

Sherry L Bacskai

My Commission expires: September 8, 2027



## Power of Attorney

Surety Bond No: Bid Bond

Principal: Swallow Construction Corporation

Obligee: Village of Orland Park

KNOW ALL MEN BY THESE PRESENTS, that ATLANTIC SPECIALTY INSURANCE COMPANY, a New York corporation with its principal office in Plymouth, Minnesota, does hereby constitute and appoint: James Moore, each individually if there be more than one named, its true and lawful Attorney-in-Fact, to make, execute, seal and deliver, for and on its behalf as surety, any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof; provided that no bond or undertaking executed under this authority shall exceed in amount the sum of: **sixty million dollars (\$60,000,000)** and the execution of such bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof in pursuance of these presents, shall be as binding upon said Company as if they had been fully signed by an authorized officer of the Company and sealed with the Company seal. This Power of Attorney is made and executed by authority of the following resolutions adopted by the Board of Directors of ATLANTIC SPECIALTY INSURANCE COMPANY on the twenty-fifth day of September, 2012:

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

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

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

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

IN WITNESS WHEREOF, ATLANTIC SPECIALTY INSURANCE COMPANY has caused these presents to be signed by an Authorized Officer and the seal of the Company to be affixed this fifth day of March, 2020.

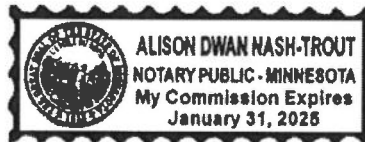
STATE OF MINNESOTA  
HENNEPIN COUNTY



By

Paul J. Brehm, Senior Vice President

On this fifth day of March, 2020, before me personally came Paul J. Brehm, Senior Vice President of ATLANTIC SPECIALTY INSURANCE COMPANY, to me personally known to be the individual and officer described in and who executed the preceding instrument, and he acknowledged the execution of the same, and being by me duly sworn, that he is the said officer of the Company aforesaid, and that the seal affixed to the preceding instrument is the seal of said Company and that the said seal and the signature as such officer was duly affixed and subscribed to the said instrument by the authority and at the direction of the Company.



Notary Public

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

Signed and sealed. Dated 20th day of December, 2024.



Christopher V. Jerry, Secretary



# ORLAND PARK

## INSURANCE REQUIREMENTS

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

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

| Standard Insurance Requirements                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Please provide the following coverage if box is checked.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b><u>WORKERS' COMPENSATION &amp; EMPLOYER LIABILITY</u></b><br/> Full Statutory Limits - Employers Liability<br/> \$500,000 – Each Accident<br/> \$500,000 – Each Employee<br/> \$500,000 – Policy Limit<br/> <b>Waiver of Subrogation in favor of the Village of Orland Park</b></p> <p><b><u>AUTOMOBILE LIABILITY</u></b> (ISO Form CA 0001)<br/> \$1,000,000 – Combined Single Limit Per Occurrence<br/> Bodily Injury &amp; Property Damage. Applicable for All Company Vehicles.</p> <p><b><u>GENERAL LIABILITY</u></b> (Occurrence basis) (ISO Form CG 0001)<br/> \$1,000,000 – Combined Single Limit Per Occurrence<br/> Bodily Injury &amp; Property Damage<br/> \$2,000,000 – General Aggregate Limit<br/> \$1,000,000 – Personal &amp; Advertising Injury<br/> \$2,000,000 – Products/Completed Operations Aggregate</p> <p><b><u>ADDITIONAL INSURED ENDORSEMENTS:</u></b><br/> <i>(Not applicable for Goods Only Purchases)</i></p> <ul style="list-style-type: none"> <li><b>ISO CG 20 10 or CG 20 26 (or Equivalent)</b><br/>Commercial General Liability Coverage</li> <li><b>CG 20 01 Primary &amp; Non-Contributory (or Equivalent)</b> The Village must be named as the Primary Non-Contributory which makes the Village a priority and collects off the policy prior to any other claimants.</li> <li><b>Blanket General Liability Waiver of Subrogation - Village of Orland Park</b> A provision that prohibits an insurer from pursuing a third party to recover damages for covered losses.</li> </ul> <p>Please note, the Archdiocese of Chicago <b>*MUST*</b> also be named additional insured.</p> | <p><b><u>LIABILITY UMBRELLA</u></b> (Follow Form Policy)<br/> <input type="checkbox"/> \$1,000,000 – Each Occurrence<br/> \$1,000,000 – Aggregate<br/> <input checked="" type="checkbox"/> \$2,000,000 – Each Occurrence<br/> \$2,000,000 – Aggregate<br/> <input type="checkbox"/> Other: _____<br/> EXCESS MUST COVER: General Liability, Automobile Liability, Employers' Liability</p> <p><b><u>PROFESSIONAL LIABILITY</u></b><br/> <input type="checkbox"/> \$1,000,000 Limit – Claims Made Form, Indicate Retroactive Date<br/> <input type="checkbox"/> \$2,000,000 Limit – Claims Made Form, Indicate Retroactive Date<br/> <input type="checkbox"/> Other: _____<br/> Deductible not-to-exceed \$50,000 without prior written approval</p> <p><input type="checkbox"/> <b><u>BUILDERS RISK</u></b><br/> Completed Property Full Replacement Cost Limits – Structures under construction</p> <p><input type="checkbox"/> <b><u>ENVIRONMENTAL IMPAIRMENT/POLLUTION LIABILITY</u></b><br/> \$1,000,000 Limit for bodily injury, property damage and remediation costs resulting from a pollution incident at, on or mitigating beyond the job site</p> <p><input type="checkbox"/> <b><u>CYBER LIABILITY</u></b><br/> \$1,000,000 Limit per Data Breach for liability, notification, response, credit monitoring service costs, and software/property damage</p> <p><input type="checkbox"/> <b>CG 20 37 ADDITIONAL INSURED</b> – Completed Operations (Provide only if box is checked)</p> |

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

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

ACCEPTED & AGREED THIS 20<sup>th</sup> DAY OF December, 2024

Anthony Rendina

Signature

Anthony Rendina, President

Printed Name & Title

Authorized to execute agreements for:

Swallow Construction

Name of Company



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/26/2024

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

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

|                                                                                                              |  |                                                                                                                                                  |               |
|--------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| <b>PRODUCER</b><br>HUB International Midwest Limited<br>1411 Opus Place, Suite 450<br>Downers Grove IL 60515 |  | <b>CONTACT NAME:</b> CSUConstruction<br><b>PHONE (A/C, No. Ext):</b> 630-468-5600<br><b>E-MAIL ADDRESS:</b> CSUConstruction@hubinternational.com |               |
|                                                                                                              |  | <b>INSURER(S) AFFORDING COVERAGE</b>                                                                                                             | <b>NAIC #</b> |
|                                                                                                              |  | INSURER A : Travelers Property Casualty Company of America                                                                                       | 25674         |
|                                                                                                              |  | INSURER B : Accident Fund General Insurance Company                                                                                              | 12304         |
|                                                                                                              |  | INSURER C : Selective                                                                                                                            |               |
|                                                                                                              |  | INSURER D :                                                                                                                                      |               |
|                                                                                                              |  | INSURER E :                                                                                                                                      |               |
|                                                                                                              |  | INSURER F :                                                                                                                                      |               |

**COVERAGES****CERTIFICATE NUMBER:** 43431712**REVISION NUMBER:**

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

| INSR LTR | TYPE OF INSURANCE                                                                                                                                                                                                                                                                                                                                                             | ADDL SUBR INSD WVD | POLICY NUMBER      | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                                                                                                                                                                                                                          |
|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|--------------------|-------------------------|-------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| C        | <input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> XCU Cov Included<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC<br>OTHER: |                    | S 2625986          | 5/3/2024                | 5/3/2025                | 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 - COMP/OP AGG \$ 2,000,000<br>\$ |
| C        | <b>AUTOMOBILE LIABILITY</b><br><input checked="" type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY                                                                                            |                    | S 2625986          | 5/3/2024                | 5/3/2025                | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$                                                                                 |
| A        | <input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR<br><input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br>DED <input checked="" type="checkbox"/> RETENTION \$ 10,000                                                                                                                                |                    | CUP-2T603342-24-NF | 5/3/2024                | 5/3/2025                | EACH OCCURRENCE \$ 10,000,000<br>AGGREGATE \$ 10,000,000<br>\$                                                                                                                                                                                  |
| B        | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below<br>Y/N<br>N N/A                                                                                                                                                                 |                    | AF WCP 100026462   | 5/3/2024                | 5/3/2025                | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER<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                                       |
| C        | Inland Marine                                                                                                                                                                                                                                                                                                                                                                 |                    | S 2625986          | 5/3/2024                | 5/3/2025                | Leased/Rented limit 150,000<br>Leased/Rented deduct. 2,500                                                                                                                                                                                      |

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

**CERTIFICATE HOLDER****CANCELLATION**

|        |                                                                                                                                                                |
|--------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Sample | 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<br>                                                                                                                                  |

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# Unit Price Sheet - **AMENDED**

RFP # 24-069

## Old Orland Corrugated Metal Pipe (CMP) Replacement

The undersigned, having become familiar with the Documents, Construction PLans, and Specifications as designated in RFP #24-069, hereby 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 and the work described in the following schedule in connection with the construction of the Old Orland Corrugated Metal Pipe (CMP) Replacement.

| ITEM      | DESCRIPTION                                                        | UNIT  | QTY    | UNIT PRICE                     | Cost                 |
|-----------|--------------------------------------------------------------------|-------|--------|--------------------------------|----------------------|
| 20100110  | TREE REMOVAL (6 TO 15 UNITS DIAMETER)                              | UNIT  | 60     | \$ 50.00                       | \$ 3,000.00          |
| 20200500  | EARTH EXCAVATION                                                   | CU YD | 250    | \$ 90.00                       | \$ 22,500.00         |
| *20800150 | TRENCH BACKFILL, SPECIAL                                           | CU YD | 1,700  | \$ 48.00                       | \$ 81,600.00         |
| 21101505  | TOPSOIL FURNISH AND PLACEMENT                                      | CU YD | 35     | \$ 100.00                      | \$ 3,500.00          |
| 20101100  | TREE TRUNK PROTECTION                                              | EACH  | 7      | \$ 250.00                      | \$ 1,750.00          |
| 25000110  | SEEDING, CLASS 1A                                                  | ACRE  | 0.04   | \$ 25,000.00                   | \$ 1,000.00          |
| 25100630  | EROSION CONTROL BLANKET                                            | SY    | 340    | \$ 2.00                        | \$ 680.00            |
| 28000510  | INLET FILTERS                                                      | EACH  | 11     | \$ 250.00                      | \$ 2,750.00          |
| *42400200 | PORTLAND CEMENT CONCRETE SIDEWALK 5 INCH                           | SF    | 115    | \$ 35.00                       | \$ 4,025.00          |
| *42400200 | PORTLAND CEMENT CONCRETE STEPS REMOVAL AND REPLACEMENT             | SF    | 125    | \$ 35.00                       | \$ 4,375.00          |
| 44000300  | CURB REMOVAL                                                       | LF    | 560    | \$ 5.00                        | \$ 2,800.00          |
| 44000600  | SIDEWALK REMOVAL                                                   | SF    | 115    | \$ 1.00                        | \$ 115.00            |
| 54213657  | PRECAST REINFORCED CONCRETE FLARED END SECTION, 12" (WITH RIPRAP)  | EACH  | 1      | \$ 2,500.00                    | \$ 2,500.00          |
| 55100400  | STORM SEWER REMOVAL 10"                                            | FOOT  | 10     | \$ 4.00                        | \$ 40.00             |
| 55100500  | STORM SEWER REMOVAL 12"                                            | FOOT  | 85     | \$ 4.00                        | \$ 340.00            |
| 55100700  | STORM SEWER REMOVAL 15"                                            | FOOT  | 50     | \$ 4.00                        | \$ 200.00            |
| 55101900  | STORM SEWER REMOVAL, 48"                                           | FOOT  | 680    | \$ 18.00                       | \$ 12,240.00         |
| 550A0040  | STORM SEWERS, CLASS A, TYPE 1 10"                                  | FOOT  | 10     | \$ 150.00                      | \$ 1,500.00          |
| 550A0050  | STORM SEWERS, CLASS A, TYPE 1 12"                                  | FOOT  | 350    | \$ 170.00                      | \$ 59,500.00         |
| 550A0190  | STORM SEWERS, CLASS A, TYPE 1 48"                                  | FOOT  | 560    | \$ 205.00                      | \$ 114,800.00        |
| 550A4710  | STORM SEWERS, CLASS A, TYPE 1 EQUIVALENT ROUND-SIZE 48"            | FOOT  | 120    | \$ 400.00                      | \$ 48,000.00         |
| 550B0070  | STORM SEWERS, CLASS B, TYPE 1 15"                                  | FOOT  | 50     | \$ 120.00                      | \$ 6,000.00          |
| *55200200 | STORM SEWER, 12" (DIRECTIONAL BORE)                                | FOOT  | 130    | \$ 350.00                      | \$ 45,500.00         |
| *60200105 | CATCH BASINS, TYPE A, 4' DIAMETER, TYPE 1 FRAME, OPEN LID          | EACH  | 5      | \$ 4,850.00                    | \$ 24,250.00         |
| *60201105 | CATCH BASINS, TYPE A, 4' DIAMETER, TYPE 11 FRAME & GRATE, OPEN LID | EACH  | 1      | \$ 7,000.00                    | \$ 7,000.00          |
| *60201105 | CATCH BASINS, TYPE A, 8' DIAMETER, TYPE 11 FRAME & GRATE, OPEN LID | EACH  | 1      | \$ 25,000.00                   | \$ 25,000.00         |
| *60218400 | MANHOLES, TYPE A, 4'-DIAMETER, TYPE 1 FRAME, OPEN LID              | EACH  | 1      | \$ 4,000.00                    | \$ 4,000.00          |
| *60218400 | MANHOLES, TYPE A, 8'-DIAMETER, TYPE 1 FRAME, CLOSED LID            | EACH  | 10     | \$ 16,500.00                   | \$ 165,000.00        |
| 60600605  | CONCRETE CURB, TYPE B                                              | LF    | 30     | \$ 110.00                      | \$ 3,300.00          |
| 60603500  | COMBINATION CONCRETE CURB AND GUTTER, TYPE B-6.06                  | LF    | 30     | \$ 110.00                      | \$ 3,300.00          |
| 60603800  | COMBINATION CONCRETE CURB AND GUTTER, TYPE B-6.12                  | LF    | 230    | \$ 110.00                      | \$ 25,300.00         |
| 63301215  | REMOVE AND REERECT STEEL PLATE BEAM GUARDRAIL, TYPE B              | FOOT  | 30     | \$ 160.00                      | \$ 4,800.00          |
| 67100100  | MOBILIZATION                                                       | L.SUM | 1      | \$ 54,000.00                   | \$ 54,000.00         |
| 78001100  | PAINT PAVEMENT MARKING - LETTERS AND SYMBOLS                       | SQ FT | 50     | \$ 10.00                       | \$ 500.00            |
| 78001110  | PAINT PAVEMENT MARKING - LINE 4"                                   | FOOT  | 1,800  | \$ 2.00                        | \$ 3,600.00          |
| *NA       | PAVER REMOVAL AND REINSTALL                                        | SQ FT | 100    | \$ 62.25                       | \$ 6,225.00          |
| *NA       | ITEMS ORDERED BY ENGINEER                                          | UNIT  | 25,000 | \$ 1.00                        | \$ 25,000.00         |
| *NA       | LILAC TREE, 2.5"                                                   | EACH  | 2      | \$ 750.00                      | \$ 1,500.00          |
| *X0018700 | DRAINAGE STRUCTURE TO BE REMOVED                                   | EACH  | 15     | \$ 750.00                      | \$ 11,250.00         |
| *X7010216 | TRAFFIC CONTROL AND PROTECTION, (SPECIAL)                          | L.SUM | 1      | \$ 65,000.00                   | \$ 65,000.00         |
| *XX003668 | PRECONSTRUCTION VIDEOTAPING                                        | L.SUM | 1      | \$ 6,500.00                    | \$ 6,500.00          |
| *XX009224 | CLASS D PATCHES, 6 INCH (SPECIAL)                                  | SQ YD | 1,225  | \$ 70.00                       | \$ 85,750.00         |
| *Z0013798 | CONSTRUCTION LAYOUT                                                | L.SUM | 1      | \$ 12,500.00                   | \$ 12,500.00         |
| *Z0050100 | REMOVE AND REERECT EXISTING HANDRAIL                               | FOOT  | 10     | \$ 430.00                      | \$ 4,300.00          |
|           |                                                                    |       |        | <b>**GRAND TOTAL BID PRICE</b> | <b>\$ 956,790.00</b> |

\*Denotes Special Provision

\*\*Please enter Total Cost on Bidder Summary Sheet

Proposer: Anthony Rendina  
Firm Name: Suslow Construction  
Signed: Anthony Rendina  
Title: President  
Dated: 12/20/24