

**BIDDER SUMMARY SHEET**  
**ITB #25-037**  
**2025 Sanitary Manhole Rehabilitation Program**

Business Name: Insituform Technologies USA, LLC

Street Address: 580 Goddard Avenue

City, State, Zip: Chesterfield, MO 63005

Contact Name: Patrizia H. Sordillo

Title: Contracting & Attesting Officer

Phone: 636-530-2863 Fax: 636-530-8701

E-Mail address: psordillo@azuria.com

**Price Proposal**

GRAND TOTAL BID PRICE \$ \_\_\_\_\_

**AUTHORIZATION & SIGNATURE**

Name of Authorized Signee: Patrizia H. Sordillo

Signature of Authorized Signee: 

Title: Contracting & Attesting Officer Date: June 18, 2025

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

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

The undersigned Patrizia H. Sordillo,  
(Enter Name of Person Making Certification)

as Contracting & Attesting Officer  
(Enter Title of Person Making Certification)

and on behalf of Insituform Technologies USA, LLC,  
(Enter Name of Business Organization)

certifies that Bidder is:

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

Federal Employer I.D. #: 43-1319597  
(or Social Security # if a sole proprietor or individual)

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

☐ Sole Proprietor  
☐ Independent Contractor (Individual)  
☐ Partnership  
☒ LLC  
☐ Corporation \_\_\_\_\_  
(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 <input type="checkbox"/> | Small Business <input type="checkbox"/> (SBA standards) |
| Women-Owned <input type="checkbox"/>    | Prefer not to disclose <input type="checkbox"/>         |
| Veteran-Owned <input type="checkbox"/>  | Not Applicable <input checked="" type="checkbox"/>      |
| Disabled-Owned <input type="checkbox"/> |                                                         |

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

**Unit Price Sheet****ITB #25-037****2025 Sanitary Manhole Rehabilitation Program**

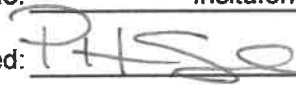
Proposer agrees to furnish to the VILLAGE all necessary materials, equipment, labor, etc. to complete the PROJECT in accordance with provisions, instructions, and specifications of the VILLAGE for the prices as follows:

| ITEM                          | DESCRIPTION                                   | QTY    | UNIT   | UNIT PRICE  | Cost                 |
|-------------------------------|-----------------------------------------------|--------|--------|-------------|----------------------|
| 1                             | Replace Frame & Cover (Paved)                 | 2      | EACH   | \$5,260.58  | \$ 10,521.16 -       |
| 2                             | Replace Frame & Cover (Unpaved)               | 6      | EACH   | \$3,552.61  | \$ 21,315.66 -       |
| 3                             | Replace Frame & Bolted Cover (Paved)          | 1      | EACH   | \$5,608.39  | \$ 5,608.39 -        |
| 4                             | Replace Frame & Bolted Cover (Unpaved)        | 2      | EACH   | \$ 3,788.61 | \$ 7,577.22 -        |
| 5                             | Seal & Adjust Manhole Frame (Paved)           | 32     | EACH   | \$ 4,620.86 | \$ 147,867.52 -      |
| 6                             | Seal & Adjust Manhole Frame (Unpaved)         | 26     | EACH   | \$ 2,906.68 | \$ 75,573.68 -       |
| 7                             | Internal Chimney Seal                         | 2      | EACH   | \$ 2,302.80 | \$ 4,605.60 -        |
| 8                             | Cementitious Manhole Sealing, 48" Dia.        | 200    | VF     | \$ 565.78   | \$ 113,156.00 -      |
| 9                             | Epoxy Coating                                 | 10     | VF     | \$ 1,879.20 | \$ 18,792.00 -       |
| 10                            | Grout Wall Joints                             | 39     | EACH   | \$ 2,255.46 | \$ 87,962.94 -       |
| 11                            | Grout Bottom 18"                              | 15     | EACH   | \$ 2,358.98 | \$ 35,384.70 -       |
| 12                            | Curtain Grout Manhole                         | 16     | EACH   | \$ 4,804.41 | \$ 76,870.56 -       |
| 13                            | Repair Bench & Trough                         | 1      | EACH   | \$ 2,550.55 | \$ 2,550.55 -        |
| 14                            | Install Barrel Section                        | 1      | EACH   | \$ 5,713.98 | \$ 5,713.98 -        |
| 15                            | Vacuum Testing                                | 5      | EACH   | \$ 2,780.44 | \$ 13,902.20 -       |
| 16                            | Plug Pipe with Mechanical Plug and Concrete C | 1      | EACH   | \$ 2,926.93 | \$ 2,926.93 -        |
| 17                            | Items Ordered by Engineer                     | 25,000 | DOLLAR | \$ 1.00     | \$ 25,000.00         |
| <b>*GRAND TOTAL BID PRICE</b> |                                               |        |        |             | <b>\$ 655,329.09</b> |

\*Please enter Total Cost on Bidder Summary Sheet

Proposer: Patrizia H. Sordillo

Firm Name: Insituform Technologies USA, LLC

Signed: 

Title: Contracting & Attesting Officer

Dated: 18-Jun-25

to the ownership of subcontractors.

Minority-Owned [ ]  
Women-Owned [ ]  
Veteran-Owned [ ]  
Disabled-Owned [ ]

Small Business [ ] (SBA standards)  
Prefer not to disclose [ ]  
Not Applicable ☒

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

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

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

The Bidder 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 ☒ 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 ☒ No [ ]

During the performance of this Project, Bidder 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 Bidder 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 Bidder 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 Bidder 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 Bidder and any person under which any portion of the Bidder'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 Bidder or other organization and its customers.

In the event of the Bidder'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 Bidder 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 bid is subject to the Illinois Prevailing Wage Act and to all laws governing the payment of wages to laborers, workers and mechanics of a Bidder or any subcontractor of a Bidder bound to this agreement who is performing services covered by this contract. If awarded the Contract, per 820 ILCS 130 et seq. as amended, Bidder 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 Bidder 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, Bidder shall maintain full compliance with its requirements.

**9) PARTICIPATION IN APPRENTICESHIP AND TRAINING PROGRAM:    Yes ☒    No ☐**

Bidder 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:** Insituform is a signatory to Labor's Local 2 and Operators Local 150

**Brief Description of Program:** Programs are through the local union hall

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**10) TAX COMPLIANT:    Yes ☒    No ☐**

Bidder 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 Bidder set forth on the Bidder Summary Sheet, that I have personal knowledge of all the information set forth

herein and that all statements, representations, that the bid 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 bid, 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

Patrizia H. Sordillo  
\_\_\_\_\_  
Name of Authorized Officer

Contracting & Attesting Officer  
\_\_\_\_\_  
Title

June 18, 2025  
\_\_\_\_\_  
Date

## REFERENCES

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

**Bidder's Name:** Insituform Technologies USA, LLC  
*(Enter Name of Business Organization)*

1. ORGANIZATION See Attachment  
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 \_\_\_\_\_



## Contract Qualification - Summary



[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

|        |                                |                         |                                                                                                                              |                                                                                                                                                                                 |            |            |       |              |            |     |           |
|--------|--------------------------------|-------------------------|------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------|-------|--------------|------------|-----|-----------|
| 121892 | BOLDER CONTRACTORS, ELGIN IL   | Andrade, Lindsay Dionne | Customer Account Name: Bolder Contractors-Cary, IL Address: 316 Cary Point Dr Phone: +1(847) 236-0785                        | Owner Account Name: City of Elgin, IL-Main Location Address: 150 Dexter Ct Phone: +1(847) 931-6100                                                                              | 4/28/2022  | 7/27/2022  | Sub   | 275,653.00   | 355,086.52 | 6   | 727.00    |
|        |                                |                         |                                                                                                                              |                                                                                                                                                                                 |            |            |       |              |            | 8   | 2,353.00  |
|        |                                |                         |                                                                                                                              |                                                                                                                                                                                 |            |            |       |              |            | 12  | 379.00    |
|        |                                |                         |                                                                                                                              |                                                                                                                                                                                 |            |            |       |              |            | 24  | 880.00    |
| 121893 | OAK LAWN IL 2022 CTSS2022-01   | Andrade, Lindsay Dionne | Customer Account Name: Village of Oak Lawn, IL Address: 5252 Dumke Dr Phone: +1(708) 499-7748                                | Owner Account Name: Village of Oak Lawn, IL Address: 5252 Dumke Dr Phone: +1(708) 499-7748                                                                                      | 6/14/2022  | 8/10/2022  | Prime | 1,069,970.00 | 711,369.90 | 8   | 2,444.00  |
|        |                                |                         |                                                                                                                              |                                                                                                                                                                                 |            |            |       |              |            | 10  | 11,598.00 |
| 121894 | PERFORMANCE PIPEL/MARSEILLES   | Andrade, Lindsay Dionne | Customer Account Name: Performance Pipelining Inc- Ottawa, IL Address: 209 Address: 1551 W Norris Dr Phone: +1(815) 795-2133 | Owner Account Name: City of Marseilles, IL Address: 209 Lincoln St Phone: +1(815) 795-2133                                                                                      | 6/6/2022   | 8/12/2022  | Sub   | 104,170.00   | 104,976.00 | 10  | 1,803.00  |
| 121896 | D CONSTRUCTION, DOT149         | Andrade, Lindsay Dionne | Customer Account Name: D Construction, Inc- Coal City, IL Address: 1488 S Broadway Ave Phone: +1(815) 634-2555               | Owner Account Name: Department of Transportation - State of Illinois, IL- District 1 Region (all)Springfield, IL- CO120NAR Address: 2300 S Dirksen Pkwy Phone: +1(847) 705-4131 | 1/21/2022  | 8/24/2022  | Sub   | 795,100.00   | 795,099.64 | 102 | 262.00    |
| 121897 | ADDISON IL BID 22 -6-6         | Andrade, Lindsay Dionne | Customer Account Name: Village of Addison, IL Address: 711 N Addison Rd Phone: +1(630) 543-4100                              | Owner Account Name: Village of Addison, IL Address: 711 N Addison Rd Phone: +1(630) 543-4100                                                                                    | 7/18/2022  | 8/23/2022  | Prime | 43,500.00    | 43,500.00  | 8   | 796.00    |
| 121899 | J NARDULLI CONCRETE- MAYWOOD   | Andrade, Lindsay Dionne | Customer Account Name: J. Nardulli- Cicero, IL Address: 3517 S 60th Ct Phone: +1(708) 652-3000                               | Owner Account Name: Village of Maywood, IL Address: 40 Madison St Phone: +1(708) 344-1200                                                                                       | 7/21/2022  | 9/28/2022  | Sub   | 60,500.00    | 57,390.00  | 9   | 586.00    |
| 121900 | MONTENAYOR CONST. BENSENVILLE  | Andrade, Lindsay Dionne | Customer Account Name: Montemayor Construction, Inc Address: 1655 N Lancaster Rd Phone: +1(847) 608-6000                     | Owner Account Name: Canadian Pacific-Franklin Park, IL Address: 10800 Franklin Ave Phone: +1(888) 333-8111                                                                      | 10/17/2022 | 10/21/2022 | Sub   | 81,090.00    | 79,560.00  | 18  | 327.00    |
| 121901 | NORTH AURORA IL, RIDGE RD STRM | Andrade, Lindsay Dionne | Customer Account Name: Village of North Aurora, IL Address: 25 E State St Phone: +1(630) 897-1457                            | Owner Account Name: Village of North Aurora, IL Address: 25 E State St Phone: +1(630) 897-1457                                                                                  | 10/25/2022 | 11/22/2022 | Prime | 132,187.00   | 132,439.00 | 18  | 111.00    |
|        |                                |                         |                                                                                                                              |                                                                                                                                                                                 |            |            |       |              |            | 21  | 790.00    |
| 121902 | CAMPANELLA SONS ZION IL        | Andrade, Lindsay Dionne | Customer Account Name: Campanella & Sons Inc- Wadsworth, IL Address: 39207 N Magnetics Blvd Phone: +1(847) 9698              | Owner Account Name: City of Zion, IL Address: 2828 Sheridan Rd Phone: +1(847) 746-4062                                                                                          | 10/19/2022 | 2/10/2023  | Sub   | 155,493.00   | 272,578.00 | 8   | 1,628.00  |

|        |                                       |                            |                                                                                                                                             |                                                                                                                                          |           |           |       |            |            |    |          |
|--------|---------------------------------------|----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------|-------|------------|------------|----|----------|
| 121903 | A LAMP<br>CONCRETE/GLEN<br>ELLYN IL   | Andrade, Lindsay<br>Dionne | Customer Account<br>Name: A Lamp Co-<br>Schaumburg, IL<br>Address: 800 W<br>Irving Park<br>Phone: +1(847) 891-<br>6000                      | Owner Account<br>Name: Village of<br>Glen Ellyn, IL<br>Address: 30 S<br>Lambert Rd<br>Phone: +1(630) 469-6756                            | 3/7/2023  | 4/27/2023 | Sub   | 130,903.00 | 93,772.97  | 8  | 140.00   |
|        |                                       |                            |                                                                                                                                             |                                                                                                                                          |           |           |       |            |            | 12 | 676.00   |
|        |                                       |                            |                                                                                                                                             |                                                                                                                                          |           |           |       |            |            | 24 | 140.00   |
| 121904 | ILLINOIS<br>AMERICAN<br>WT/GRANITE C  | Reeves, Willis M           | Customer Account<br>Name: American<br>Water - Illinois<br>Belleville, IL<br>Address: 100 N<br>Water Works Dr<br>Phone: +1(618) 239-<br>3256 | Owner Account<br>Name: American<br>Water - Illinois<br>Belleville, IL<br>Address: 100 N<br>Water Works Dr<br>Phone: +1(618) 239-<br>3256 | 9/30/2022 | 2/16/2023 | Prime | 144,827.00 | 307,556.88 | 8  | 1,285.00 |
|        |                                       |                            |                                                                                                                                             |                                                                                                                                          |           |           |       |            |            | 15 | 515.00   |
| 121905 | ALSIP<br>IL/2023/REL22-<br>R0715      | Andrade, Lindsay<br>Dionne | Customer Account<br>Name: Village of<br>Alsip, IL<br>Address: 4500 W<br>123rd St<br>Phone: +1(708) 385-<br>6902                             | Owner Account<br>Name: Village of<br>Alsip, IL<br>Address: 4500 W<br>123rd St<br>Phone: +1(708) 385-<br>6902                             | 2/13/2023 | 4/7/2023  | Prime | 433,149.00 | 372,777.88 | 8  | 3,695.00 |
|        |                                       |                            |                                                                                                                                             |                                                                                                                                          |           |           |       |            |            | 10 | 609.00   |
|        |                                       |                            |                                                                                                                                             |                                                                                                                                          |           |           |       |            |            | 12 | 864.00   |
|        |                                       |                            |                                                                                                                                             |                                                                                                                                          |           |           |       |            |            | 15 | 185.00   |
| 121906 | BROOKFIELD<br>IL/VETERANS<br>CIRCLE   | Andrade, Lindsay<br>Dionne | Customer Account<br>Name: Village of<br>Brookfield, IL<br>Address: 8820<br>Brookfield Ave<br>Phone: +1(708) 465-<br>7344                    | Owner Account<br>Name: Village of<br>Brookfield, IL<br>Address: 8820<br>Brookfield Ave<br>Phone: +1(708) 465-<br>7344                    | 2/15/2023 | 3/6/2023  | Prime | 59,695.00  | 58,665.00  | 24 | 220.00   |
| 121907 | MILLEDGEVILLE<br>IL/3M DIAMETER       | Andrade, Lindsay<br>Dionne | Customer Account<br>Name: Village of<br>Milledgeville, IL<br>Address: 344 Main<br>Ave<br>Phone: +1(815) 225-<br>7231                        | Owner Account<br>Name: Village of<br>Milledgeville, IL<br>Address: 344 Main<br>Ave<br>Phone: +1(815) 225-<br>7231                        | 3/3/2023  | 3/9/2023  | Prime | 151,470.00 | 154,656.70 | 8  | 1,805.00 |
|        |                                       |                            |                                                                                                                                             |                                                                                                                                          |           |           |       |            |            | 10 | 847.00   |
|        |                                       |                            |                                                                                                                                             |                                                                                                                                          |           |           |       |            |            | 12 | 468.00   |
| 121908 | JOHN NERI<br>CONST./LOMBARD<br>IL     | Andrade, Lindsay<br>Dionne | Customer Account<br>Name: John Neri<br>Construction-<br>Addison, IL<br>Address: 770 W<br>Factory Rd<br>Phone: +1(630) 629-<br>8384          | Owner Account<br>Name: Village of<br>Lombard, IL<br>Address: 255 E<br>Wilson Ave<br>Phone: +1(630) 629-<br>8384                          | 3/6/2023  | 4/7/2023  | Sub   | 82,440.00  | 90,576.00  | 8  | 1,045.00 |
|        |                                       |                            |                                                                                                                                             |                                                                                                                                          |           |           |       |            |            | 10 | 476.00   |
| 121909 | PERFORMANCE<br>PIPELIN/SCHAUMB<br>URG | Andrade, Lindsay<br>Dionne | Customer Account<br>Name: Performance<br>Pipelining Inc-<br>Ottawa, IL<br>Address: 1551 W<br>Norris Dr<br>Phone: +1(815) 433-<br>0080       | Owner Account<br>Name: Village of<br>Schaumburg, IL<br>Address: 101<br>Schaumburg Ct<br>Phone: +1(847) 895-4500                          | 2/10/2023 | 5/15/2023 | Sub   | 314,909.00 | 311,046.70 | 8  | 2,698.00 |
|        |                                       |                            |                                                                                                                                             |                                                                                                                                          |           |           |       |            |            | 12 | 917.00   |
|        |                                       |                            |                                                                                                                                             |                                                                                                                                          |           |           |       |            |            | 15 | 404.00   |
|        |                                       |                            |                                                                                                                                             |                                                                                                                                          |           |           |       |            |            | 17 | 409.00   |
|        |                                       |                            |                                                                                                                                             |                                                                                                                                          |           |           |       |            |            | 18 | 310.00   |
| 121910 | MILLEDGEVILLE<br>IL/ADDNTL CIPP       | Andrade, Lindsay<br>Dionne | Customer Account<br>Name: Village of<br>Milledgeville, IL<br>Address: 344 Main<br>Ave<br>Phone: +1(815) 225-<br>7231                        | Owner Account<br>Name: Village of<br>Milledgeville, IL<br>Address: 344 Main<br>Ave<br>Phone: +1(815) 225-<br>7231                        | 4/26/2023 | 4/27/2023 | Prime | 160,255.00 | 159,884.90 | 8  | 2,471.00 |
|        |                                       |                            |                                                                                                                                             |                                                                                                                                          |           |           |       |            |            | 12 | 652.00   |
| 121914 | PERFORMANCE<br>PIPELINE/JOIET IL      | Andrade, Lindsay<br>Dionne | Customer Account<br>Name: Performance<br>Pipelining Inc-<br>Ottawa, IL<br>Address: 1551 W<br>Norris Dr<br>Phone: +1(815) 433-<br>0080       | Owner Account<br>Name: Southeast<br>Joliet Sanitary<br>District-Joliet, IL<br>Address: 1607<br>Moore Ave<br>Phone: +1(815) 433-<br>0080  | 3/3/2023  | 5/26/2023 | Sub   | 134,132.00 | 126,680.40 | 8  | 2,745.00 |

[illegible]

[illegible]



# 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <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>Waiver of Subrogation in favor of the Village of Orland Park                                                                                                                                                                                                                                                                                                                                                                                 | <b><u>LIABILITY UMBRELLA</u></b> (Follow Form Policy)<br><input checked="" type="checkbox"/> \$1,000,000 – Each Occurrence<br>\$1,000,000 – Aggregate<br><br><input type="checkbox"/> \$2,000,000 – Each Occurrence<br>\$2,000,000 – Aggregate<br><br><input type="checkbox"/> Other: _____<br>EXCESS MUST COVER: General Liability, Automobile Liability, Employers' Liability                                                                                                                                                                                                          |
| <b><u>AUTOMOBILE LIABILITY</u></b> (ISO Form CA 0001)<br>\$1,000,000 – Combined Single Limit Per Occurrence<br>Bodily Injury & Property Damage. Applicable for All Company Vehicles.                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b><u>PROFESSIONAL LIABILITY</u></b><br><input type="checkbox"/> \$1,000,000 Limit – Claims Made Form, Indicate Retroactive Date<br><br><input type="checkbox"/> \$2,000,000 Limit – Claims Made Form, Indicate Retroactive Date<br><br><input type="checkbox"/> Other: _____<br>Deductible not-to-exceed \$50,000 without prior written approval                                                                                                                                                                                                                                        |
| <b><u>GENERAL LIABILITY</u></b> (Occurrence basis) (ISO Form CG 0001)<br>\$1,000,000 – Combined Single Limit Per Occurrence<br>Bodily Injury & Property Damage<br>\$2,000,000 – General Aggregate Limit<br>\$1,000,000 – Personal & Advertising Injury<br>\$2,000,000 – Products/Completed Operations Aggregate                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> <b><u>BUILDERS RISK</u></b><br>Completed Property Full Replacement Cost Limits – Structures under construction                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b><u>ADDITIONAL INSURED ENDORSEMENTS:</u></b><br>(Not applicable for Goods Only Purchases) <ul style="list-style-type: none"><li>• ISO CG 20 10 or CG 20 26 (or Equivalent) Commercial General Liability Coverage</li><li>• CG 20 01 Primary &amp; Non-Contributory (or Equivalent) 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>• Blanket General Liability Waiver of Subrogation - Village of Orland Park A provision that prohibits an insurer from pursuing a third party to recover damages for covered losses.</li></ul> | <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<br><br><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<br><br><input type="checkbox"/> <b><u>CG 20 37 ADDITIONAL INSURED</u></b> – 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.

ACCEPTED & AGREED THIS 18th DAY OF June, 2025

  
Signature

Authorized to execute agreements for:

Patrizia H. Sordillo, Contracting & Attesting Officer  
Printed Name & Title

Insituform Technologies USA, LLC  
Name of Company



# CERTIFICATE OF LIABILITY INSURANCE

7/1/2025

DATE (MM/DD/YYYY)

6/26/2024

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> Lockton Companies<br>Three City Place Drive, Suite 900<br>St. Louis MO 63141-7081<br>(314) 432-0500<br>midwestcertificates@lockton.com | <b>CONTACT NAME:</b><br><b>PHONE (A/C, No, Ext):</b><br><b>E-MAIL ADDRESS:</b><br><b>FAX (A/C, No):</b>                                                                                                                                                                                                                                                                                                                                                                                                              |                               |        |                                        |       |                                            |       |                                                 |       |                                                     |       |                                             |       |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|--------|----------------------------------------|-------|--------------------------------------------|-------|-------------------------------------------------|-------|-----------------------------------------------------|-------|---------------------------------------------|-------|-------------|--|
| <b>INSURED</b> 1383150 Insituform Technologies USA, LLC<br>580 Goddard Avenue<br>Chesterfield MO 63005                                                 | <table><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A : XL Insurance America, Inc.</td><td>24554</td></tr><tr><td>INSURER B : ACE American Insurance Company</td><td>22667</td></tr><tr><td>INSURER C : Starr Indemnity &amp; Liability Company</td><td>38318</td></tr><tr><td>INSURER D : ACE Fire Underwriters Insurance Company</td><td>20702</td></tr><tr><td>INSURER E : Indian Harbor Insurance Company</td><td>36940</td></tr><tr><td>INSURER F :</td><td></td></tr></table> | INSURER(S) AFFORDING COVERAGE | NAIC # | INSURER A : XL Insurance America, Inc. | 24554 | INSURER B : ACE American Insurance Company | 22667 | INSURER C : Starr Indemnity & Liability Company | 38318 | INSURER D : ACE Fire Underwriters Insurance Company | 20702 | INSURER E : Indian Harbor Insurance Company | 36940 | INSURER F : |  |
| INSURER(S) AFFORDING COVERAGE                                                                                                                          | NAIC #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                               |        |                                        |       |                                            |       |                                                 |       |                                                     |       |                                             |       |             |  |
| INSURER A : XL Insurance America, Inc.                                                                                                                 | 24554                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |        |                                        |       |                                            |       |                                                 |       |                                                     |       |                                             |       |             |  |
| INSURER B : ACE American Insurance Company                                                                                                             | 22667                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |        |                                        |       |                                            |       |                                                 |       |                                                     |       |                                             |       |             |  |
| INSURER C : Starr Indemnity & Liability Company                                                                                                        | 38318                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |        |                                        |       |                                            |       |                                                 |       |                                                     |       |                                             |       |             |  |
| INSURER D : ACE Fire Underwriters Insurance Company                                                                                                    | 20702                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |        |                                        |       |                                            |       |                                                 |       |                                                     |       |                                             |       |             |  |
| INSURER E : Indian Harbor Insurance Company                                                                                                            | 36940                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |        |                                        |       |                                            |       |                                                 |       |                                                     |       |                                             |       |             |  |
| INSURER F :                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                               |        |                                        |       |                                            |       |                                                 |       |                                                     |       |                                             |       |             |  |

**COVERAGES****CERTIFICATE NUMBER:** 18832042**REVISION NUMBER:** XXXXXXXX

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 INSD | SUBR WVD | POLICY NUMBER                                                         | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                                                          |
|-------------|---------------------------------------------------------------------------------------------------------------------|-----------|----------|-----------------------------------------------------------------------|-------------------------|-------------------------|---------------------------------------------------------------------------------|
| A           | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY                                                    | N         | N        | CGD300084909                                                          | 7/1/2024                | 7/1/2025                | EACH OCCURRENCE \$ 2,000,000                                                    |
| A           | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR                                      |           |          | BROAD FORM PD/CONTRACTUAL                                             |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000                          |
|             | <input checked="" type="checkbox"/> Independent Contractor                                                          |           |          |                                                                       |                         |                         | MED EXP (Any one person) \$ 10,000                                              |
|             | <input checked="" type="checkbox"/> XCU                                                                             |           |          |                                                                       |                         |                         | PERSONAL & ADV INJURY \$ 2,000,000                                              |
|             | GEN'L AGGREGATE LIMIT APPLIES PER:                                                                                  |           |          |                                                                       |                         |                         | GENERAL AGGREGATE \$ 4,000,000                                                  |
|             | <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC |           |          |                                                                       |                         |                         | PRODUCTS - COMP/OP AGG \$ 4,000,000                                             |
|             | OTHER:                                                                                                              |           |          |                                                                       |                         |                         | \$                                                                              |
| B           | <b>AUTOMOBILE LIABILITY</b>                                                                                         | N         | N        | ISA H10835896                                                         | 7/1/2024                | 7/1/2025                | COMBINED SINGLE LIMIT (Ea accident) \$ 5,000,000                                |
|             | <input checked="" type="checkbox"/> ANY AUTO                                                                        |           |          |                                                                       |                         |                         | BODILY INJURY (Per person) \$ XXXXXXXX                                          |
|             | <input type="checkbox"/> OWNED AUTOS ONLY                                                                           |           |          |                                                                       |                         |                         | BODILY INJURY (Per accident) \$ XXXXXXXX                                        |
|             | <input type="checkbox"/> HIRED AUTOS ONLY                                                                           |           |          |                                                                       |                         |                         | PROPERTY DAMAGE (Per accident) \$ XXXXXXXX                                      |
|             | <input type="checkbox"/> SCHEDULED AUTOS                                                                            |           |          |                                                                       |                         |                         | \$ XXXXXXXX                                                                     |
|             | <input type="checkbox"/> NON-OWNED AUTOS ONLY                                                                       |           |          |                                                                       |                         |                         |                                                                                 |
| C           | <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR                                                      | N         | N        | 1000095154241                                                         | 7/1/2024                | 7/1/2025                | EACH OCCURRENCE \$ 10,000,000                                                   |
|             | <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE                                |           |          |                                                                       |                         |                         | AGGREGATE \$ 10,000,000                                                         |
|             | DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>                                                  |           |          |                                                                       |                         |                         | \$ XXXXXXXX                                                                     |
| B<br>D<br>D | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> Y/N <input checked="" type="checkbox"/> N                      | N         | N        | WLR C57242577 (AOS)<br>SCF C57240684 (WI)<br>(EXCLUDING MONOPOLISTIC) | 7/1/2024<br>7/1/2024    | 7/1/2025<br>7/1/2025    | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER |
|             | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)                                         | N/A       |          |                                                                       |                         |                         | E.L. EACH ACCIDENT \$ 1,000,000                                                 |
|             | If yes, describe under DESCRIPTION OF OPERATIONS below                                                              |           |          |                                                                       |                         |                         | E.L. DISEASE - EA EMPLOYEE \$ 1,000,000                                         |
| E<br>E<br>E | CONTR. PROF. LIAB.<br>CONTR. POLL. LIAB.                                                                            | N         | N        | CEO742002412<br>CEO742163301<br>(PROF - CLAIMS MADE)                  | 7/1/2024<br>7/1/2024    | 7/1/2025<br>7/1/2025    | E.L. DISEASE - POLICY LIMIT \$ 1,000,000                                        |
|             |                                                                                                                     |           |          |                                                                       |                         |                         | PER POLICY:<br>\$5,000,000 PER CLAIM/AGG<br>\$500,000 SIR EACH LOSS             |

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

Installation Floater, AGCS Marine Insurance Company, #MXI93050922, 7/1/2024 to 7/1/2025. See attached for limits. Deductibles various per policy schedule.

**CERTIFICATE HOLDER****CANCELLATION** See Attachments

18832042

For Informational Purposes Only

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

© 1988-2015 ACORD CORPORATION. All rights reserved.

Installation Floater, No Co-Insurance, Replacement Cost, Special Perils Form including Flood & EQ

Limits:

\$10,000,000 any one installation site

\$10,000,000 any one loss, disaster, or casualty

Sublimits (including but not limited to:)

\$1,000,000 In Transit

\$1,000,000 Temporary Storage

\$1,000,000 Soft Costs (Delay of Use)/\$1,000,000 Aggregate

\$2,000,000 Rigging (\$500,000 Temporary Storage/\$500,000 Transit)



For Informational Purposes Only

## IMPORTANT NOTICE

**To whom it may concern:**

In our continued effort to provide timely certificate delivery, Lockton Companies is transitioning to paperless delivery of Certificates of Insurance going forward.

To ensure future renewals of this certificate, we need your email address. Please contact us via one of the methods below, referencing **Certificate ID 18832042**

- Email: [stl-edelivery@lockton.com](mailto:stl-edelivery@lockton.com)
- Phone: (866) 728-5657 (toll-free)

**If we do not receive your email address via one of the above methods prior to the client's next renewal, we will assume you no longer need the certificate.**

If you received this certificate through an internet link where the current certificate is viewable, we have your email and no further action is needed.

*The above inbox is for collecting email addresses for renewal electronic certificate delivery ONLY. You will not receive a response from this inbox.*

Thank you for your cooperation.

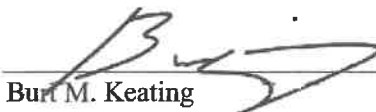
**Lockton Companies**

**INSITUFORM TECHNOLOGIES, LLC**  
**PRESIDENT APPOINTMENT OF**  
**CONTRACTING AND ATTESTING OFFICERS**

The undersigned, being the President of Insituform Technologies, LLC, a Delaware Limited Liability Company (the "Company"), and pursuant to the authority set forth in the Limited Liability Company Operating Agreement of the Company, hereby determines that:

1. Christlanda Adkins, Janet Hass, Diane Partridge, Whitney Schulte, Ursula Youngblood and Patrizia Sordillo are appointed as Contracting and Attesting Officers of the Company, each with the authority, individually and in the absence of the others, subject to the control of the Board of Managers of the Company, to: (i) certify and attest to the signature of any officer of the Company; (ii) enter into and bind the Company to perform pipeline rehabilitation activities of the Company and all matters related thereto, including the maintenance of one or more offices and facilities of the Company; (iii) execute and to deliver documents on behalf of the Company; and (iv) take such other action as is or may be necessary and appropriate to carry out the project, activities and work of the Company.
2. Any person previously appointed or serving as a Contracting and Attesting Officer of the Company prior to the date hereof and who is not named above is hereby removed from any such appointment.

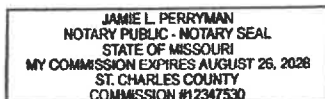
Dated: March 04, 2025

  
Burt M. Keating  
President

STATE OF MISSOURI    )  
                                  )  
COUNTY OF ST. LOUIS    )

On this 4<sup>th</sup> day of March, 2025, before me, the undersigned notary public, personally appeared Burt M. Keating, known to me to be the person whose name is subscribed to the within instrument and acknowledged that he executed the same for the purposes therein contained.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.



  
Jamie L. Perryman, Notary



**Product/Manufacturer/Installer**

Insituform Technologies USA, LLC has been repairing sewers and pressure pipes in the Midwest since 1983. The local area office is located at 1334 Enterprise Dr., Romeoville, IL 60446. Your local representative is Wesley Baker. He can be reached at 815-258-6630. The corporate headquarters is located at 580 Goddard Avenue, Chesterfield, Missouri. The telephone number is 636-530-8000 and the fax number is 636-530-8701.

Insituform Technologies® USA, LLC (ITUSA) is directly affiliated with Insituform Technologies®, LLC (IT). As such, ITUSA has all of the same technology, engineering, research and development and manufacturing tools at its disposal and can provide the services to your city that make Insituform® the leading provider of trenchless solutions for your underground infrastructure. ITUSA can meet all of your bonding, insurance and financial requirements.

Since Insituform's founding in 1971, Insituform Technologies®, LLC has been a pioneer in the growing field of trenchless technology. Our flagship Insituform® Process has been used to reconstruct more than 53 million feet of underground pipe infrastructure throughout the world. Recent tests of our very first installation in London have proven that the Insituform® process is a durable, long-term solution to the problems of deteriorating sewers.

Insituform Technologies USA, LLC's Federal Tax ID # is 43-1319597.



## OFFICE OF THE SECRETARY OF STATE

JANUARY 20, 2012

JESSE WHITE • Secretary of State

0381859-4

ILLINOIS CORPORATION SERVICE C  
801 ADLAI STEVENSON DRIVE  
SPRINGFIELD, IL 62703-4261

RE INSITUFORM TECHNOLOGIES USA, LLC

DEAR SIR OR MADAM:

IT HAS BEEN OUR PLEASURE TO APPROVE YOUR REQUEST TO TRANSACT BUSINESS IN THE STATE OF ILLINOIS. ENCLOSED PLEASE FIND THE APPROVED APPLICATION FOR ADMISSION.

PLEASE NOTE! THE LIMITED LIABILITY COMPANY MUST FILE AN ANNUAL REPORT PRIOR TO THE FIRST DAY OF THIS MONTH OF QUALIFICATION NEXT YEAR. FAILURE TO TIMELY FILE WILL RESULT IN A \$300 PENALTY AND/OR REVOCATION. A PRE-PRINTED ANNUAL REPORT WILL BE MAILED TO THE REGISTERED AGENT AT THE ADDRESS ON OUR RECORDS APPROXIMATELY 45 DAYS BEFORE THE DUE DATE.

MANY OF OUR SERVICES ARE AVAILABLE AT OUR CONTINUOUSLY UPDATED WEBSITE. VISIT [WWW.CYBERDRIVEILLINOIS.COM](http://WWW.CYBERDRIVEILLINOIS.COM) TO VIEW THE STATUS OF THIS COMPANY, PURCHASE A CERTIFICATE OF GOOD STANDING, OR EVEN FILE THE ANNUAL REPORT REFERRED TO IN THE EARLIER PARAGRAPH.

SINCERELY YOURS,

A handwritten signature in cursive script that reads "Jesse White".

JESSE WHITE  
SECRETARY OF STATE  
DEPARTMENT OF BUSINESS SERVICES  
LIMITED LIABILITY DIVISION  
(217) 524-8008

Form  
June 2010

**LLC-45.5**

Secretary of State  
Department of Business Services  
Limited Liability Division  
501 S. Second St., Rm. 351  
Springfield, IL 62756  
217-524-8008  
www.cyberdriveillinois.com

Payment must be made by certified check, cashier's check, Illinois attorney's check, C.P.A.'s check or money order payable to Secretary of State.

Illinois Limited Liability Company Act  
**Application for Admission to Transact Business**

**SUBMIT IN DUPLICATE**

Type or Print Clearly.

This space for use by Secretary of State.

Filing Fee: \$500

Penalty: \$ —

Approved: jd

FILE #:

03818594

This space for use by Secretary of State.

**FILED**

**JAN 20 2012**

**JESSE WHITE  
SECRETARY OF STATE**

1. Limited Liability Company Name: INSITUFORM TECHNOLOGIES USA, LLC

2. Assumed Name: \_\_\_\_\_

(This item is only applicable if the company name in item 1 is not available for use in Illinois, in which case form LLC 1.20 must be completed and submitted with this application.)

3. Jurisdiction of Organization: Delaware

4. Date of Organization: 12/22/1983

5. Period of Duration: Perpetual

(Enter Perpetual unless there is a Date of Dissolution provided in the agreement, in which case enter that date.)

6. Address of the Office required to be maintained in the jurisdiction of its organization or, if not required, of the Principal Place of Business: (P.O. Box alone or c/o is unacceptable.)

17988 Edison Ave.

Number

Street

Suite #

Chesterfield, MO 63005

City, State

ZIP Code

7. Registered Agent: Illinois Corporation Service Company

First Name

Middle Name

Last Name

Registered Office: 801 Adlai Stevenson Drive

(P.O. Box alone or c/o is unacceptable.)

Number

Street

Suite #

Springfield

City

Sangamon County

Illinois

62703

Zip Code

8. If applicable, Date on which Company first conducted business in Illinois: Upon Filing

(continued on back)

03818594  
01/20/12

LLC-45.5

9. Purpose(s) for which the Company is Organized and Proposes to Conduct Business in Illinois: \_\_\_\_\_

Any act or activity for which limited liability companies may be organized, under the Limited Liability Company Act of Delaware and permitted under the Illinois Limited Liability Act.

10. The Limited Liability Company: (check one)

a. ☒ Is managed by the manager(s) (List names and addresses.)

Joe Burgess 17988 Edison Ave., Chesterfield, MO 63005

David F. Morris 17988 Edison Ave., Chesterfield, MO 63005

David Martin 17988 Edison Ave., Chesterfield, MO 63005

b. ☐ has management vested in the members(s) (List names and addresses.)

11. The Illinois Secretary of State is hereby appointed the agent of the Limited Liability Company for service of process under circumstances set forth in subsection (b) of Section 1-50 of the Illinois Limited Liability Company Act.

12. This application is accompanied by a Certificate of Good Standing or Existence, duly authenticated within the last 60 days, by the officer of the state or county wherein the LLC is formed.

13. The undersigned affirms, under penalties of perjury, having authority to sign hereto, that this application for admission to transact business is to the best of my knowledge and belief, true, correct and complete.

Dated: January 9, 2012  
Month, Day, Year

David F. Morris  
Signature

David F. Morris, Manager  
Name and Title (type or print)

If applicant is signing for a Company or other Entity, state Name of Company and indicate whether it is a member or manager of the LLC.

# Delaware

PAGE 1

*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE DO HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF CONVERSION OF A DELAWARE CORPORATION UNDER THE NAME OF "INSITUFORM TECHNOLOGIES USA, INC." TO A DELAWARE LIMITED LIABILITY COMPANY, CHANGING ITS NAME FROM "INSITUFORM TECHNOLOGIES USA, INC." TO "INSITUFORM TECHNOLOGIES USA, LLC", FILED IN THIS OFFICE ON THE THIRTIETH DAY OF DECEMBER, A.D. 2011, AT 11:35 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF CONVERSION IS THE THIRTY-FIRST DAY OF DECEMBER, A.D. 2011, AT 11:58 O'CLOCK P.M.

2024080 8100V

111355550

You may verify this certificate online  
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Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 9264916

DATE: 12-30-11

# Delaware

PAGE 2

*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE DO HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF CERTIFICATE OF FORMATION OF "INSITUFORM TECHNOLOGIES USA, LLC" FILED IN THIS OFFICE ON THE THIRTIETH DAY OF DECEMBER, A.D. 2011, AT 11:35 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF FORMATION IS THE THIRTY-FIRST DAY OF DECEMBER, A.D. 2011, AT 11:58 O'CLOCK P.M.

2024080 8100V

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Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 9264916

DATE: 12-30-11

**Unit Price Sheet****ITB #25-037****2025 Sanitary Manhole Rehabilitation Program**

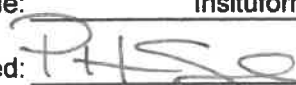
Proposer agrees to furnish to the VILLAGE all necessary materials, equipment, labor, etc. to complete the PROJECT in accordance with provisions, instructions, and specifications of the VILLAGE for the prices as follows:

| ITEM | DESCRIPTION                                   | QTY    | UNIT   | UNIT PRICE                    | Cost         |
|------|-----------------------------------------------|--------|--------|-------------------------------|--------------|
| 1    | Replace Frame & Cover (Paved)                 | 2      | EACH   |                               | \$ -         |
| 2    | Replace Frame & Cover (Unpaved)               | 6      | EACH   |                               | \$ -         |
| 3    | Replace Frame & Bolted Cover (Paved)          | 1      | EACH   |                               | \$ -         |
| 4    | Replace Frame & Bolted Cover (Unpaved)        | 2      | EACH   |                               | \$ -         |
| 5    | Seal & Adjust Manhole Frame (Paved)           | 32     | EACH   |                               | \$ -         |
| 6    | Seal & Adjust Manhole Frame (Unpaved)         | 26     | EACH   |                               | \$ -         |
| 7    | Internal Chimney Seal                         | 2      | EACH   |                               | \$ -         |
| 8    | Cementitious Manhole Sealing, 48" Dia.        | 200    | VF     |                               | \$ -         |
| 9    | Epoxy Coating                                 | 10     | VF     |                               | \$ -         |
| 10   | Grout Wall Joints                             | 39     | EACH   |                               | \$ -         |
| 11   | Grout Bottom 18"                              | 15     | EACH   |                               | \$ -         |
| 12   | Curtain Grout Manhole                         | 16     | EACH   |                               | \$ -         |
| 13   | Repair Bench & Trough                         | 1      | EACH   |                               | \$ -         |
| 14   | Install Barrel Section                        | 1      | EACH   |                               | \$ -         |
| 15   | Vacuum Testing                                | 5      | EACH   |                               | \$ -         |
| 16   | Plug Pipe with Mechanical Plug and Concrete C | 1      | EACH   |                               | \$ -         |
| 17   | Items Ordered by Engineer                     | 25,000 | DOLLAR | \$ 1.00                       | \$ 25,000.00 |
|      |                                               |        |        | <b>*GRAND TOTAL BID PRICE</b> | <b>\$</b>    |

\*Please enter Total Cost on Bidder Summary Sheet

Proposer: Patrizia H. Sordillo

Firm Name: Insituform Technologies USA, LLC

Signed: 

Title: Contracting & Attesting Officer

Dated: 18-Jun-25



ORLAND PARK

ITB #25-037

**2025 Sanitary Manhole Rehabilitation Program**

**SUBMITTAL CHECKLIST**

In order to be responsive, each Bidder must submit the following items by 11:00 A.M. June 18, 2025:

1. Three (3) sealed hardcopies of the bid: Not later than the bid opening, Bidders must submit bids in a sealed envelope labeled ITB#25-037 2025 Sanitary Manhole Rehabilitation Program in the lower left hand corner and addressed to:

Village of Orland Park  
Attn: Clerk's Office  
14700 S. Ravinia Ave.  
Orland Park, IL 60462

2. Bid Bond for ten percent (10%) of the bid price. Include the original document in the unbound bid copy. Bid Bond is Applicable.
3. Signed and completed forms from *Section III*:
  - a. Bidder Summary Sheet
  - b. Certificate of Compliance
  - c. References (*3 total*)
  - d. Insurance Requirements Form and policy specimen Certificate of Insurance
  - e. Unit Price Sheet – Under Separate Cover