

PROPOSER SUMMARY SHEET
RFP 24-031
Main Pump Station Roof Recoating

Business Name: Solaris Roofing Solutions, Inc
Street Address: 1n050 Linlar Drive
City, State, Zip: Elburn, IL 60119
Contact Name: Nick Haase
Title: Project Manager
Phone: 630-639-5400 Fax: 630-639-5406
E-Mail address: nhaase@solarisroofing.com

Price Proposal

GRAND TOTAL PROPOSAL PRICE \$ 52,700.00

AUTHORIZATION & SIGNATURE

Name of Authorized Signee: Scott Roberts
Signature of Authorized Signee: *Scott Roberts*
Title: President Date: 3-15-2024

 **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 **Scott Roberts**,
(Enter Name of Person Making Certification)

as **President**
(Enter Title of Person Making Certification)

and on behalf of **Solaris Roofing Solutions, Inc**,
(Enter Name of Business Organization)

certifies that Proposers is:

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

Federal Employer I.D. #: **36-4423444**
(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** **2001**
(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 [] ([SBA standards](#))
Women-Owned [] Prefer not to disclose []
Veteran-Owned [] Not Applicable []
Disabled-Owned []

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

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

4) **ELIGIBLE TO ENTER INTO PUBLIC CONTRACTS:** Yes [] 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 [] 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, 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) 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: Roofer's Union Local 11

Brief Description of Program: Roofer's Union Local 11

9) 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.

10) FALL PROTECTION POLICY: Yes No

As a component of this bid submission, all Bidders are required to provide documented evidence of both a company Fall Protection Policy and fall protection training for all employees who would be a part of this project.

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:

Scott Roberts

Signature of Authorized Officer

Scott Roberts

Name of Authorized Officer

President

Title

3-15-2024

Date

REFERENCES

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

Proposer's Name: **Solaris Roofing Solutions, Inc**

(Enter Name of Business Organization)

- | | |
|-----------------|---|
| 1. ORGANIZATION | Lankford Construction |
| ADDRESS | 1455 Karlens Way, Johnsburg IL 60051 |
| PHONE NUMBER | 847-497-0800 |
| CONTACT PERSON | Bob Wald |
| YEAR OF PROJECT | 2023 |
| 2. ORGANIZATION | Remsing Construction |
| ADDRESS | 3119 State Rte 31, Crystal Lake IL 60012 |
| PHONE NUMBER | 815-356-7400 |
| CONTACT PERSON | Bob Remsing |
| YEAR OF PROJECT | 2022 |
| 3. ORGANIZATION | Prager Moving |
| ADDRESS | 155 Fort Hill Drive, Naperville IL 60540 |
| PHONE NUMBER | 630-276-1200 |
| CONTACT PERSON | John Puscheck |
| YEAR OF PROJECT | 2023 |



Bond Number: 2570153

Bid Bond

KNOW ALL BY THESE PRESENTS, That We, Solaris Roofing Solutions Inc as Principal, and WEST BEND MUTUAL INSURANCE COMPANY, a corporation organized under the laws of the State of Wisconsin and having its principal office in West Bend, Wisconsin, in said State, as Surety, are held and firmly bound unto Village of Orland Park as Owner, in the full and just sum of Ten Percent (10 %) of amount bid for the payment whereof said Principal binds its heirs, administrators, and executors and said Surety binds itself, its successors and assigns firmly by these presents

WHEREAS, said Principal has submitted to said Owner a bid or proposal for Main Pump Station Roof Recoating

NOW THEREFORE, THE CONDITION OF THIS OBLIGATION IS SUCH that if within Sixty days hereof and in accordance with said proposal a contract shall be awarded to said Principal and the said Principal shall enter into a contract for said work and shall furnish bond with surety as required for its faithful performance then this obligation shall be void, otherwise remain in full force and virtue.

Signed and Sealed this 15 day of March, 2024

Principal:

Solaris Roofing Solutions Inc

By: Scott Roberts (SEAL)

Witness: [Signature]

Name Typed: Scott Roberts, President

Title

Surety:

West Bend Mutual Insurance Company

By: [Signature]

Witness: [Signature]
V. OConnor

Name Typed: CATHIE DEMITROPOULOS

Title



Agency Name: ASSURED PARTNERS OF ILLINOIS

Address: 4350 WEAVER PKWY

WARRENVILLE, IL 60555

Phone Number: (800) 894-9091

MICHIGAN ONLY: This policy is exempt from the filing requirements of Section 2236 of the Insurance Code of 1956, 1956 PA 218 and MCL 500.2236.

POWER OF ATTORNEY

Know all men by these Presents, That West Bend Mutual Insurance Company, a corporation having its principal office in the City of West Bend, Wisconsin does make, constitute and appoint:

CATHIE DEMITROPOULOS

lawful Attorney(s)-in-fact, to make, execute, seal and deliver for and on its behalf as surety and as its act and deed any and all bonds, undertakings and contracts of suretyship, provided that no bond or undertaking or contract of suretyship executed under this authority shall exceed in amount the sum of:

Twenty Million Dollars (\$20,000,000)

This Power of Attorney is granted and is signed and sealed by facsimile under and by the authority of the following Resolution adopted by the Board of Directors of West Bend Mutual Insurance Company at a meeting duly called and held on the 21st day of December, 1999.

Appointment of Attorney-In-Fact. The president or any vice president, or any other officer of West Bend Mutual Insurance Company may appoint by written certificate Attorneys-In-Fact to act on behalf of the company in the execution of and attesting of bonds and undertakings and other written obligatory instruments of like nature. The signature of any officer authorized hereby and the corporate seal may be affixed by facsimile to any such power of attorney or to any certificate relating therefore and any such power of attorney or certificate bearing such facsimile signatures or facsimile seal shall be valid and binding upon the company, and any such power so executed and certified by facsimile signatures and facsimile seal shall be valid and binding upon the company in the future with respect to any bond or undertaking or other writing obligatory in nature to which it is attached. Any such appointment may be revoked, for cause, or without cause, by any said officer at any time.

In witness whereof, the West Bend Mutual Insurance Company has caused these presents to be signed by its president undersigned and its corporate seal to be hereto duly attested by its secretary this 17th day of August, 2021.

Attest Christopher C. Zwygart
Christopher C. Zwygart
Secretary



Kevin A. Steiner
Kevin A. Steiner
Chief Executive Officer/President

State of Wisconsin
County of Washington

On the 17th day of August, 2021, before me personally came Kevin A. Steiner, to me known being by duly sworn, did depose and say that he resides in the County of Washington, State of Wisconsin; that he is the President of West Bend Mutual Insurance Company, the corporation described in and which executed the above instrument; that he knows the seal of the said corporation; that the seal affixed to said instrument is such corporate seal; that it was so affixed by order of the board of directors of said corporation and that he signed his name thereto by like order.



Matthew E. Carlton
Matthew E. Carlton
Senior Corporate Attorney
Notary Public, Washington Co., WI
My Commission is Permanent

The undersigned, duly elected to the office stated below, now the incumbent in West Bend Mutual Insurance Company, a Wisconsin corporation authorized to make this certificate, Do Hereby Certify that the foregoing attached Power of Attorney remains in full force effect and has not been revoked and that the Resolution of the Board of Directors, set forth in the Power of Attorney is now in force.

Signed and sealed at West Bend, Wisconsin this 15th day of March, 2024.



Heather A. Dunn
Heather Dunn
Vice President – Chief Financial Officer

Notice: Any questions concerning this Power of Attorney may be directed to the Bond Manager at West Bend Mutual Insurance Company.



Solaris Roofing Solutions, Inc.

March 15, 2024

RE: Roof Coating (Pump House) Upper roof and Lower roof Technical Proposal

Solaris Roofing Solutions, Inc. ("Solaris Roofing") proposes to:

- Clean and power wash membrane free of dirt and debris
- Apply GAF Multi-Purpose Primer over entire roof surface at a rate of 1 gal per sq
- Apply GAF silicone mastic around all projections, seams
- Install GAF Unisil High Solids silicone Roof Coating over entire roof at a rate of 2..5 gallons per square
- Clean up all debris associated with work performed
- Provide a 20 year Emerald Pledge Warranty



Orland Park Pump Station Upper & Lower Roof Sections, 8800 Thistlewood Lane, Orland Park, IL 60462

COMPONENT	TYPE	REQUIRED	ATTACHMENT	RATE OF APPLICATION
EXISTING SUBSTRATE	(Aged)Granulated Asphaltic	Prepare substrate as defined below.		
EXISTING SURFACE PREPARATION	GAF Cleaning Concentrate	Substrate must be clean and dry prior to installing coating materials.	Dilute at the rate of 1 part concentrate to 10 parts water. Apply diluted mixture under low pressure spray at 0.50 gallon per 100 sq. ft.	Rinse clean with water using high pressure. A minimum working pressure of 2,000 psi (3,000 psi for concrete, metal and EPDM) is to be used to remove all dirt, dust, chalking and waste products (oils, solvents, grease, animal fats, etc). All loose or delaminating coatings must be removed as part of the cleaning process. Allow at least 48 hours for drying after the cleaning process.
PRIMER 1	GAF Multi-Purpose Primer	Apply 1 coat over exposed substrate as required	Airless Sprayer, Brush or Roller	1.0 - 1.33 gallon per 100 sq. ft.
FLASHING - SEAM/JOINT TREATMENT	GAF Silicone Mastic with GAF Premium Fabric	As required	Approved roof brush or trowel	3-course loose seams only using 6" fabric and mastic at the rate of 1.25 gallons per 100 sq. ft. per course. All other seams must be treated with mastic only at the rate of 4 gallons per 100 sq. ft.
FLASHING - DETAILS AND PENETRATIONS	GAF Silicone Mastic	1 coat	Approved roof brush or trowel	4 gallons per 100 sq. ft. applied in one 12" wide course.
COATING 1	GAF Unisil High Solids Silicone Roof Coating Color: White	1 Coat	Airless Sprayer, Brush or Roller	2.5 gallon per 100 sq. ft. Coating may be applied in a single pass if substrate and slope conditions allow (no slumping), and the required DFT (dry mils) are met Approximately: 38.90 Dry Mils Approximately: 40.1 Wet Mils
GUARANTEE	Liquid-Applied Diamond Pledge™ NDL Roof Guarantee	20 years	Total System WMT: 40 Total System DFT: 39	Guarantee fee applicable

For silicone coatings, allow a maximum of 24 hours dry time prior to the application of subsequent coats. Inspect for defects, (gaps cracks, fishmouths, flaws or holidays etc.) and repair as required, prior to application of subsequent coats. Where multiple coats are applied, it is recommended that contrasting colors be used for each coat to ensure positive, uniform coverage. When contrasting colors are installed, GAF strongly recommends that the topmost layer(s) of coating contain 1 dry mil per year of guarantee duration. After application of final coat allow a minimum of 24 hours drying time prior to allowing foot traffic or inspection. *Dry time will vary depending on weather conditions.

****When installing HS silicone in a single pass, this is acceptable provided the substrate and slope conditions allow (no slumping) and the required DFT (dry mils) are met. Acceptance is pending based on the ability to meet the required millage. If dry mils are short, additional coating applications may be required.****

A moisture survey is required, and the results must be sent to GAF for review. Moisture surveys include IR scans, nuclear scans, test/core cuts and portable devices used to indicate moisture. If the moisture survey reveals more than 20% of the roof area is wet, GAF strongly recommends that you use other reroofing options. If moisture survey shows less than 20% wet, remove/replace all wet areas. Make typical repairs with original roof technology.

In order to be eligible to obtain the guarantee/warranty requested, contractors MUST be enrolled in GAF's Certified Contractor Program at the required level. Contact GAF at 877-423-7663 for more information. Additionally, all standard requirements for warranty or guarantee issuance must be satisfied. See the current edition of the relevant application and specification manual for specific requirements. Any supplemental or traffic surfacing installed over primary roof system is not covered under the Emerald Pledge or Diamond Pledge guarantee.

Actual application rates will depend on the texture and porosity of the substrate. Adhesion testing (minimum 2 PLI) is required and results must be submitted to GAF with guarantee registration. Fastener pull tests may be required on projects with insulation. All substrates must be clean and dry prior to the application of flashing materials or coatings. Each roof has unique requirements. This specification is a graphic representation of products and their installation. To properly assess specific roofing needs, code compliance, system configurations and warranty eligibility, contact Design Services. Note: Your Field Services or Technical Services Managers are the only employees who can approve any deviation from GAF's published specification manual(s). Always review the appropriate Application & Specification Manual before commencing this project, as the

Manual may contain information that is important for a successful installation. This Cut Spec specification shall not waive, supersede or alter the requirements and recommendations found in the most current Application & Specification Manual(s) referenced above, printed technical bulletins or specific correspondence drafted for this project by Field Services or Technical Services Manager.

 **ORLAND PARK**
INSURANCE REQUIREMENTS

Please provide a policy Specimen Certificate of Insurance showing current coverage's along with this form

WORKERS' COMPENSATION & EMPLOYER LIABILITY

Full Statutory Limits - Employers Liability
\$500,000 – Each Accident \$500,000 – Each Employee
\$500,000 – Policy Limit
Waiver of Subrogation in favor of the Village of Orland Park

AUTOMOBILE LIABILITY (ISO Form CA 0001)

\$1,000,000 – Combined Single Limit Per Occurrence
Bodily Injury & Property Damage

GENERAL LIABILITY (Occurrence basis) (ISO Form CG 0001)

\$1,000,000 – Combined Single Limit Per Occurrence
Bodily Injury & Property Damage
\$2,000,000 – General Aggregate Limit
\$1,000,000 – Personal & Advertising Injury
\$2,000,000 – Products/Completed Operations Aggregate
Additional Insured Endorsements: *(not applicable for Goods Only)*
ISO CG 20 10 or CG 20 26
and
CG 20 01 Primary & Non-Contributory
Blanket Waiver of Subrogation in favor of the Village of Orland Park

CG 20 37 Additional Insured – Completed Operations (provide if box is checked)

In addition to the above, please provide the following coverage, if box is checked.

- LIABILITY UMBRELLA (Follow Form Policy)**
 \$1,000,000 – Each Occurrence \$1,000,000 – Aggregate
 \$2,000,000 – Each Occurrence \$2,000,000 – Aggregate
 Other: _____

EXCESS MUST COVER: General Liability, Automobile Liability, Employers' Liability

- PROFESSIONAL LIABILITY**
 \$1,000,000 Limit – Claims Made Form, Indicate Retroactive Date
 \$2,000,000 Limit – Claims Made Form, Indicate Retroactive Date
 Other: _____
Deductible not-to-exceed \$50,000 without prior written approval

BUILDERS RISK
Completed Property Full Replacement Cost Limits – Structures under construction

ENVIRONMENTAL IMPAIRMENT/POLLUTION LIABILITY
\$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

CYBER LIABILITY
\$1,000,000 Limit per Data Breach for liability, notification, response,
credit monitoring service costs, and software/property damage

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 ____ DAY OF _____, 20__

Scott Roberts

Signature

Authorized to execute agreements for:

Printed Name & Title

Name of Company

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - OWNERS, LESSEES OR CONTRACTORS - SCHEDULED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Or _____ :	Location s Of Covered O erations
SAMPLE	SAMPLE
Information re uired to com lete this Schedule, f:ttpfshown above, will be shown in the Declarations.	

A. Section II - Who Is An Insured is r,naed to include as an additional insure,d_1be person(s) or organization(s) shown in the {Sc gute, ,but only with respect to liability for "bodlly_1njury"i "property damage" or "personal and ady r§sing injury" caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)


Information required to complete this Schedule --if not shown above, will be shown in the Declarations.

A'

Section II - Who Is An Insured: is permitted to include as an additional insured the person(s) or organization(s) shown in the Schedule. Only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

- A.** In the performance of your ongoing operations; or
- B.** In connection with your premises owned by or rented to you.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED - OWNERS, LESSEES OR
CONTRACTORS -AUTOMATIC STATUS WHEN
REQUIRED IN CONSTRUCTION AGREEMENT WITH YOU**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

A. Section II - Who Is An Insured is amended to include as an additional insured any person or organization for whom you are performing operations when you and such person or organization have agreed in writing in a contract or agreement that such person or organization be added as an additional insured on your policy. Such person or organization is an additional insured only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured.

However, the insurance afforded to such additional insured:

1. Only applies to the extent permitted by law; and
2. Will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

A person's or organization's status as an additional insured under this endorsement ends when your operations for that additional insured are completed.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to:

1. "Bodily injury", "property damage" or "personal and advertising injury" arising out of the rendering of, or the failure to render,

any professional architectural, engineering or surveying services, including:

- a. The preparing, approving, or failing to prepare or approve, maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawings and specifications; or
- b. Supervisory, architectural or engineering inspection activities.

This exclusion applies even if the claims against any insured allege negligence or other wrongdoing in the supervision, hiring, employment, training or monitoring of others by that insured, if the "occurrence" which caused the "bodily injury" or "property damage", or the offense which caused the "personal and advertising injury", involved the rendering of or the failure to render any professional architectural, engineering or surveying services.

2. "Bodily injury" or "property damage" occurring after:

- a. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
- b. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - OWNERS, LESSEES OR CONTRACTORS- COMPLETED OPERATIONS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)	Location And Description Of Completed Operations
<p>EXAMPLE</p>	
<p>Information required to complete this Schedule, if not shown above, will be shown in the Declarations.</p>	

Section II - Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule; but, only with respect to liability for "bodily injury; or" "property damage" caused, in whole or in part, by "your work" at the location designated and described in the schedule of this endorsement performed for that additional insured and included in the "products-completed operations hazard".

GAF Liquid-Applied Roofing Guarantee and Warranty Pricing Guide

For Emerald Pledge™ Limited Warranties and Diamond Pledge™ NDL Roof Guarantees, products must be applied per GAF's specifications by contractors certified with GAF at the appropriate level. Other requirements and restrictions may apply. For more information please see the *GAF Liquid-Applied Manual* on gaf.com.

Liquid-Applied Roofing Guarantee/Warranty	Length of Coverage	\$ per Sq. Ft.	Minimum Charge
Liquid-Applied Diamond Pledge™ NDL Roof Guarantee	10 years	0.04	\$750
	15 years	0.06	\$1,000
	20 years	0.08	\$1,250
Liquid-Applied Emerald Pledge™ Limited Warranty	10 years	0.01	\$250
	15 years	0.02	\$500
	20 years	0.03	\$750
Liquid-Applied Limited Warranty	10 years	Free	Free
	15 years	Free	Free
	20 years	Free	Free

Administrative Fees

Guarantee Inspections	\$600 each for 3rd and any subsequent inspection
Inspections for PV Installations	\$600 each
Miscellaneous Inspections	\$600 each
Guarantee/Warranty Transfers	Liquid-Applied Diamond Pledge™ NDL Roof Guarantee: \$500 Liquid-Applied Emerald Pledge™ Limited Warranty: \$250 *

* Can only be transferred once

Contact information — Guarantee Services

Email: coatingsguarantee@gaf.com

Phone: 877-423-7663 Options 3-3



Visit gaf.com/Warranty

We protect what matters most™





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/5/2023

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

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

PRODUCER AssuredPartners of Illinois, LLC 4350 Weaver Pkwy. Warrenville IL 60555	CONTACT NAME: Certificate Team PHONE (A/C. No. Ext): 630-355-2077 E-MAIL ADDRESS: certs.apil@assuredpartners.com		FAX (A/C. No): 630-355-7996
	INSURER(S) AFFORDING COVERAGE		
INSURED Solaris Roofing Solutions Inc. 1N050 Linlar Drive Elburn IL 60119	SOLAROO-01	INSURER A : Motorists Insurance Group INSURER B : NorthStone Insurance Company INSURER C : INSURER D : INSURER E : INSURER F :	NAIC # 13331 13045

COVERAGES

CERTIFICATE NUMBER: 251956307

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			5000800566	3/14/2023	3/14/2024	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			5000800566	3/14/2023	3/14/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ N/A			5000801965	3/14/2023	3/14/2024	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			WCN6008504	3/14/2023	3/14/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Leased/Rented Equip - ACV			5000800566	3/14/2023	3/14/2024	Limit Deductible 235,000 500

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

SAMPLE

CERTIFICATE HOLDER**CANCELLATION**

Solaris Roofing Solutions Inc
 1N050 Linlar Drive
 Elburn IL 60119

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

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