

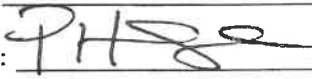
BIDDER SUMMARY SHEET
ITB #24-054
2024 I&I Sanitary Sewer Rehabilitation

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 \$ 731,613.65

AUTHORIZATION & SIGNATURE

Name of Authorized Signee: Patrizia H. Sordillo
Signature of Authorized Signee: 
Title: Contracting & Attesting Officer Date: June 28, 2024

 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 ☐	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 [X]
Disabled-Owned []

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

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

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

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

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

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

During the performance of this Project, 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) **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

9) **TAX COMPLIANT:** Yes ☒ No ☐

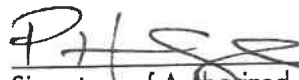
Bidder is current in the payment of any tax administered by the Illinois Department of Revenue, or if it is not: (a) it is contesting its liability for the tax or the amount of tax in accordance with procedures established by the appropriate Revenue Act; or (b) it has entered into an agreement with the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

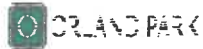
Name of Authorized Officer

Contracting & Attesting Officer

Title

June 28, 2024

Date



Unit Price Sheet - **AMENDED**

ITB #24-054

2024 I&I Sanitary Sewer Rehabilitation

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	UNIT	QTY	UNIT PRICE	Cost
1	PRE-CONSTRUCTION SEWER CLEANING AND TELEVISIONING	LF	7,700	\$6.19	\$ 47,663.00 -
2	HEAVY CLEANING	LF	50	\$10.61	\$ 530.50 -
3	POINT REPAIR PEBBLE 1, 8" DIA, 14' LENGTH, 13' DEPTH, GRASS, SIDEWALK AND DRIVEWAY RESTORATION	LSUM	1	\$34,620.49	\$ 34,620.49 -
4	POINT REPAIR PEBBLE 2, 8" DIA, 15' LENGTH, 16' DEPTH, GRASS AND SIDEWALK RESTORATION	LSUM	1	\$35,983.59	\$ 35,983.59 -
5	POINT REPAIR PEBBLE 3, 8" DIA, 24' LENGTH, 18' DEPTH, GRASS, SIDEWALK AND DRIVEWAY RESTORATION	LSUM	1	\$42,224.51	\$ 42,224.51 -
6	POINT REPAIR PEBBLE 4, 8" DIA, 20' LENGTH, 19' DEPTH, GRASS AND SIDEWALK RESTORATION	LSUM	1	\$41,320.82	\$ 41,320.82 -
7	ADDITIONAL 8" PVC SANITARY SEWER, ASTM 3034 SDR 26	LF	100	\$581.52	\$ 58,152.00 -
8	ADDITIONAL 6" PVC SANITARY LATERAL, ASTM 3034 SDR 26	LF	50	\$500.10	\$ 25,005.00 -
9	ADDITIONAL SERVICE CONNECTION REPAIR (WITHIN TRENCH)	EACH	4	\$744.35	\$ 2,977.40 -
10	ADJUST WATER SERVICE LINES WITHIN TRENCH	LF	20	\$46.52	\$ 930.40 -
11	P.C.C SIDEWALK REMOVAL AND REPLACEMENT	Sf	540	\$23.26	\$ 12,560.40 -
12	P.C.C DRIVEWAY PAVEMENT REMOVAL AND REPLACEMENT	SY	37	\$157.01	\$ 5,809.37 -
13	FULL DEPTH PATCHING, ASPHALT	SY	17	\$232.61	\$ 3,954.37 -
14	COMBINATION CONCRETE CURB AND GUTTER REMOVAL AND REPLACEMENT	LF	107	\$94.20	\$ 10,079.40 -
15	DYE TESTING OF EXISTING SERVICES	EACH	7	\$2,139.00	\$ 14,973.00 -
16	LATERAL LAUNCH SERVICES	EACH	2	\$636.71	\$ 1,273.42 -
17	CUT PROTRUDING TAPS	EACH	1	\$159.17	\$ 159.17 -
18	CUT PROTRUDING TAPS WITH SCHWALM ROBOT	EACH	1	\$931.52	\$ 931.52 -
19	AIR TEST AND GROUT MAINLINE JOINTS, 8"	EACH	15	\$1780.92	\$ 26,713.80 -
20	AIR TEST AND GROUT MAINLINE JOINTS, 10"	EACH	1	\$1,760.46	\$ 1,760.46 -
21	AIR TEST AND GROUT MAINLINE JOINTS, 18"	EACH	2	\$1,760.46	\$ 3,520.91 -
22	CURED-IN-PLACE SEWER LINER, 8" DIAMETER	FOOT	5,070	\$29.99	\$ 152,049.30 -
23	CURED-IN-PLACE SEWER LINER, 10" DIAMETER	FOOT	325	\$37.59	\$ 12,216.75 -
24	CURED-IN-PLACE SEWER LINER, 24" DIAMETER	FOOT	280	\$119.10	\$ 33,348.00 -
25	CURED-IN-PLACE SHORT LINER, 8" DIAMETER	EACH	2	\$9,851.03	\$ 19,702.06 -
26	INTERNAL SERVICE LATERAL REINSTATEMENT	EACH	92	\$95.14	\$ 8,752.88 -
27	CLEANOUT INSTALLATION	EACH	1	\$9,723.09	\$ 9,723.09 -
28	ROOT CUTTING FROM CLEANOUT	EACH	1	\$1,535.23	\$ 1,535.23 -
29	LATERAL CLEANING AND TELEVISIONING	EACH	1	\$5,757.12	\$ 5,757.12 -
30	LATERAL TELEVISIONING (PUSH CAMERA)	LF	10	\$54.67	\$ 546.70 -
31	CIPP LATERAL LINER INSTALLATION, 8"x6", 5-FOOT SHORTY	EACH	1	\$13,049.42	\$ 13,049.42 -
32	ADDITIONAL LATERAL LINER 6"	LF	10	\$83.16	\$ 831.60 -
33	AIR TEST AND GROUT SERVICE CONNECTION, 5-FOOT	EACH	95	\$997.00	\$ 94,715.00 -
34	PROJECT MANAGEMENT	HR	8	\$1,030.37	\$ 8,242.96 -
*GRAND TOTAL BID PRICE					\$ 731,613.65 -

*Please enter Total Cost on Bidder Summary Sheet

Proposer: Patrizia H. Sordillo

Firm Name: Insituform Technologies USA, LLC

Signed: PHSe
Title: Consulting & Attesting Officer
Dated: June 28, 2024



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.
<u>WORKERS' COMPENSATION & EMPLOYER LIABILITY</u> 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	<u>LIABILITY UMBRELLA</u> (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
<u>AUTOMOBILE LIABILITY</u> (ISO Form CA 0001) \$1,000,000 – Combined Single Limit Per Occurrence Bodily Injury & Property Damage. Applicable for All Company Vehicles.	<u>PROFESSIONAL LIABILITY</u> ☐ \$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
<u>GENERAL LIABILITY</u> (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	☐ <u>BUILDERS RISK</u> Completed Property Full Replacement Cost Limits – Structures under construction
<u>ADDITIONAL INSURED ENDORSEMENTS:</u> (Not applicable for Goods Only Purchases) • ISO CG 20 10 or CG 20 26 (or Equivalent) Commercial General Liability Coverage • CG 20 01 Primary & 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. • 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.	☐ <u>ENVIRONMENTAL IMPAIRMENT/POLLUTION LIABILITY</u> \$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 ☐ <u>CYBER LIABILITY</u> \$1,000,000 Limit per Data Breach for liability, notification, response, credit monitoring service costs, and software/property damage ☐ CG 20 37 ADDITIONAL INSURED – 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 28th DAY OF June, 2024

Signature

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

Authorized to execute agreements for:

Insituform Technologies USA, LLC
Name of Company



CERTIFICATE OF LIABILITY INSURANCE

7/1/2024

DATE (MM/DD/YYYY)

6/27/2023

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 Lockton Companies Three City Place Drive, Suite 900 St. Louis MO 63141-7081 (314) 432-0500	CONTACT NAME:	FAX (A/C, No):	
	PHONE (A/C, No, Ext):	E-MAIL ADDRESS:	
INSURED 1348057 Insituform Technologies USA, LLC 580 Goddard Avenue Chesterfield MO 63005	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: AGCS Marine Insurance Company		22837
	INSURER E:		
INSURER F:			

COVERAGES INSTE02 **CERTIFICATE NUMBER:** 16609281 **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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ Independent Contractor ☒ XCU GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PRO-JECT ☒ LOC OTHER:	Y	Y	CGD300084908 BROAD FORM PD/CONTRACTUAL	7/1/2023	7/1/2024	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000 \$
B	☒ AUTOMOBILE LIABILITY ☒ ANY AUTO ☐ OWNED AUTOS ONLY ☐ HIRED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ NON-OWNED AUTOS ONLY	Y	Y	ISA H10816166	7/1/2023	7/1/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 5,000,000 BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX \$ XXXXXXXX
C	☒ UMBRELLA LIAB ☒ OCCUR ☒ EXCESS LIAB ☐ CLAIMS-MADE DED RETENTION \$	Y	Y	1000095154231	7/1/2023	7/1/2024	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$ XXXXXXXX
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	Y	WLR C53501047 (AOS) (EXCLUDING MONOPOLISTIC)	7/1/2023	7/1/2024	☒ PER STATUTE ☐ 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
D	INSTALLATION FLOATER	Y	Y	MXI93050922	7/1/2023	7/1/2024	SEE ATTACHED LIMITS DEDUCTIBLES: VARIOUS PER POLICY SCHEDULE

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
ADDITIONAL INSURED APPLIES TO GENERAL LIABILITY, AUTOMOBILE LIABILITY, EXCESS LIABILITY, AND INSTALLATION FLOATER AS REQUIRED BY WRITTEN CONTRACT, BUT ONLY WITH RESPECT TO LIABILITY ARISING OUT OF THE NAMED INSURED'S OPERATIONS. WAIVER OF SUBROGATION APPLIES UNDER GENERAL LIABILITY, AUTOMOBILE LIABILITY, EXCESS LIABILITY, WORKERS COMPENSATION WHERE PERMISSIBLE BY LAW, AND INSTALLATION FLOATER AS REQUIRED BY WRITTEN CONTRACT.

CERTIFICATE HOLDER**CANCELLATION** See Attachments16609281
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

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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 16609281**

- Email: 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

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

Summary

Parameters

Linear Feet Installed

1.3M

Total Revenue

67.6M

Total Customers

82

Linear Feet By Diameter

Linear Feet by Product

Linear Feet by Year

Louis Sewer District(MSD)-Saint Louis, MO
 Address: 2350 Market Street
 Phone: +1(314) 768-6200

10 8,187.00
 12 8,099.00
 15 2,460.00
 18 1,271.00
 21 150.00
 24 1,602.00
 27 96.00
 30 148.00
 36 28.00

102660 MSD12030-015121815,COCT B Reeves, Willis M
 Customer Account Name: Metropolitan St. Louis Sewer District(MSD)-Saint Louis, MO
 Address: 2350 Market Street
 Phone: +1(314) 768-6200
 Owner Account Name: Metropolitan St. Louis Sewer District(MSD)-Saint Louis, MO
 Address: 2350 Market Street
 Phone: +1(314) 768-6200
 9/17/2019 11/11/2019 Prime
 1,641,518.00 1,177,042.55 8
 17,486.00
 759.00
 2,374.00
 161.00
 79.00
 343.00
 480.00
 665.00
 379.00

10266406 JOHNSON COUNTY B OF CC,AUTH6 Smith, Brian S
 Customer Account Name: Johnson County Unified Wastewater Districts,-Olathe, KS
 Address: 11811 S Sunset Dr Ste 2500
 Phone: +1(913) 715-8500
 Owner Account Name: Johnson County Unified Wastewater Districts,-Olathe, KS
 Address: 11811 S Sunset Dr Ste 2500
 Phone: +1(913) 715-8500
 3/3/2023 3/3/2023 Prime
 1,996,741.00 1,146,929.58 8
 27,060.00
 629.00
 1,431.00
 448.00
 520.00

102677 MSD12033-015121861,COCT A Reeves, Willis M
 Customer Account Name: Metropolitan St. Louis Sewer District(MSD)-Saint Louis, MO
 Address: 2350 Market Street
 Owner Account Name: Metropolitan St. Louis Sewer District(MSD)-Saint Louis, MO
 Address: 2350 Market Street
 1/21/2020 3/5/2020 Prime
 2,647,713.00 1,902,224.54 8
 48,083.00
 2,032.00
 1,084.00

[illegible]

[illegible]

10279601	MSD13126-0151CITY,C22018	Reeves, Willis M	Customer Account Name: Metropolitan St. Louis Sewer District(MSD)-Saint Louis, MO Address: 2350 Market Street Phone: +1(314) 768-6200	Owner Account Name: Metropolitan St. Louis Sewer District(MSD)-Saint Louis, MO Address: 2350 Market Street Phone: +1(314) 768-6200	2/18/2021	4/5/2021	Prime	78,092.00	12,304.50	12	130.00
102860	MSD12590-0151CONT,A,C22044	Reeves, Willis M	Customer Account Name: Metropolitan St. Louis Sewer District(MSD)-Saint Louis, MO Address: 2350 Market Street Phone: +1(314) 768-6200	Owner Account Name: Metropolitan St. Louis Sewer District(MSD)-Saint Louis, MO Address: 2350 Market Street Phone: +1(314) 768-6200	8/12/2021	9/15/2021	Prime	3,207,005.00	2,553,955.89	6	13.00
102864	MSD13016-0151CONT,A,C22057	Reeves, Willis M	Customer Account Name: Metropolitan St. Louis Sewer District(MSD)-Saint Louis, MO Address: 2350 Market Street Phone: +1(314) 768-6200	Owner Account Name: Metropolitan St. Louis Sewer District(MSD)-Saint Louis, MO Address: 2350 Market Street Phone: +1(314) 768-6200	9/24/2021	12/20/2021	Prime	2,172,822.00	1,503,620.27	8	42,608.10
102911	MSD13127-0151CONT,A,C22146	Reeves, Willis M	Customer Account Name: Metropolitan St. Louis Sewer District(MSD)-Saint Louis, MO Address: 2350 Market Street Phone: +1(314) 768-6200	Owner Account Name: Metropolitan St. Louis Sewer District(MSD)-Saint Louis, MO Address: 2350 Market Street Phone: +1(314) 768-6200	2/9/2022	4/21/2022	Prime	1,705,236.00	1,304,173.19	12	9,827.00

[illegible]

[illegible]

103046	GLADEN CONSTRUCT, NAPOLEON ND	Reeves, Willis M	Phone: +1(913) 281-1814	Customer Account Name: Gladen Construction Inc- LaPorte, MN Address: 40739 US Ave E Hwy 71 Phone: +1(218) 754-2266 224-2337	Owner Account Name: City of Napoleon, ND Address: 225 Lake Ave E Phone: +1(701) 754-2266 224-2337	3/3/2023	5/22/2023	Sub	138,490.00	97,146.96	6	922.00
											8	643.00
103047	RED WING MN, 2023 SEWER LINING	Reeves, Willis M	Customer Account Name: City of Red Wing, MN Address: 229 Tyler Rd Phone: +1(612) 388-6734	Owner Account Name: City of Red Wing, MN Address: 229 Tyler Rd Phone: +1(612) 388-6734	5/16/2023	5/22/2023	Prime	255,729.00	224,245.01	6	716.00	
											8	2,083.00
											10	336.00
											12	156.00
											15	1,409.00
103048	MISSOURI-AMERICAN WATER, ARNOLD	Reeves, Willis M	Customer Account Name: American Water - Missouri America Water- Saint Louis, MO Address: 727 Craig Rd Phone: +1(314) 991-3404	Owner Account Name: American Water - Missouri America Water- Saint Louis, MO Address: 727 Craig Rd Phone: +1(314) 991-3404	5/19/2023	8/24/2023	Prime	662,561.00	515,357.09	8	7,707.00	
103049	OWATONNA MN, 2023 PROJ23010	Reeves, Willis M	Customer Account Name: City of Owatonna, MN Address: 540 W Hills Cir W Phone: +1(507) 444-4300	Owner Account Name: City of Owatonna, MN Address: 540 W Hills Cir W Phone: +1(507) 444-4300	5/10/2023	6/8/2023	Prime	233,865.00	146,286.08	8	2,353.00	
											10	1,000.00
103050	HAVENS CONST, VALLEY FALLS KS	Smith, Brian S	Customer Account Name: Havens Construction- Liberty, MO Address: 9400 Liberty Dr Phone: +1(816) 781-4769	Owner Account Name: City of Valley Falls, KS Address: 421 Mary St B Phone: +1(785) 945-6612	2/21/2023	6/6/2023	Sub	321,322.00	312,043.21	8	5,968.00	
											10	2,358.00
											12	402.00
											16	17.00
103057	VADNAIS HEIGHTS MN, VADNA 17246	Reeves, Willis M	Customer Account Name: City of Vadnais Heights, MN Address: 687 County Rd F E	Owner Account Name: City of Vadnais Heights, MN Address: 687 County Rd F E	5/25/2023	6/30/2023	Prime	165,986.00	126,261.54	8	3,552.00	

103064	WISCONSIN RAPIDS WI,2023 PROJ	Reeves, Willis M	Customer Account Name: City of Wisconsin Rapids, WI Address: 2540 First St S Phone: +1(715) 421-8209	Owner Account Name: City of Wisconsin Rapids, WI Address: 2540 First St S Phone: +1(715) 421-8209	6/29/2023	7/25/2023	Prime	276,067.00	215,597.52	15	2,655.00
103066	HWCONTRACTINGSIOUXFALLS	Reeves, Willis M	Customer Account Name: H & W Contracting, LLC- Sioux Falls, SD Address: 4612 W 12th St Phone: +1(605) 339-8834	Owner Account Name: City of Sioux Falls, SD Address: 224 W 9th St Phone: +1(605) 367-8600	8/8/2023	8/29/2023	Sub	460,398.00	273,395.76	6	224.00
103067	VINTON CONSTRUCTION - GREEN BAY	Reeves, Willis M	Customer Account Name: Vinton Construction Co- Manitowoc, WI Address: 2705 N Rapids Rd Phone: +1(920) 682-0375	Owner Account Name: City of Green Bay, WI Address: 100 N Jefferson St Phone: +1(920) 448-3100	7/11/2023	8/9/2023	Sub	499,412.00	464,214.88	8	6,428.00
103069	BUFFALO MN,2023,CITY PJ2202-8	Reeves, Willis M	Customer Account Name: City of Buffalo, MN Address: 212 Central Ave Phone: +1(612) 682-1181	Owner Account Name: City of Buffalo, MN Address: 212 Central Ave Phone: +1(612) 682-1181	5/23/2023	8/17/2023	Prime	242,934.00	212,748.93	8	164.00
103071	ROCK CREEK PUB SWR DST,PHASE 9	Reeves, Willis M	Customer Account Name: Rock Creek Public Sewer District-Arnold, MO Address: 4133 W Outer Rd Phone: +1(636) 464-3305	Owner Account Name: Rock Creek Public Sewer District-Arnold, MO Address: 4133 W Outer Rd Phone: +1(636) 464-3305	7/25/2023	8/21/2023	Prime	790,218.00	280,721.60	8	3,312.00

Phone: +1(417)
864-1000

Phone: +1(417)
864-1000

103072	SPRINGFIELD MO, GROUP 5, BATCH 4	Smith, Brian S	Customer Account Name: City of Springfield, MO- Utilities Address: 301 E Central Phone: +1(417) 831-8376	Owner Account Name: City of Springfield, MO- Utilities Address: 301 E Central Phone: +1(417) 831-8376	6/27/2023	9/11/2023	Prime	5,658,166.00	3,185,102.50	8	72,028.00
										10	3,569.00
										12	2,543.00
										15	842.00
										18	1,330.00
										24	416.00
										30	449.00
										36	1,777.00
103075	MINNEAPOLIS MN, 2023 LARGE DIAM	Reeves, Willis M	Customer Account Name: City of Minneapolis, MN Address: 4300 Marshall St NE Phone: +1(612) 673-2405	Owner Account Name: City of Minneapolis, MN Address: 4300 Marshall St NE Phone: +1(612) 673-2405	6/28/2023	10/3/2023	Prime	2,708,766.00	1,268,406.41	20	399.00
										21	387.00
										24	647.00
										25	164.00
										30	520.00
										33	659.00
										36	322.00
										39	323.00
103077	HAVENS CONSTR, KC MO, OUTF 0054	Smith, Brian S	Customer Account Name: Havens Construction- Liberty, MO Address: 9400 Liberty Dr Phone: +1(816) 781-4769	Owner Account Name: City of Kansas City, MO- KCMO Water and Pollution Address: 4800 E 63rd St Phone: +1(816) 513-2297	3/7/2023	10/12/2023	Sub	477,793.00	425,399.47	8	2,880.00
										10	938.00
										12	1,081.00
										15	883.00
										18	126.00
										21	351.00
										24	175.00
										30	37.00
103082	EMCON INC, TOPEKA KS	Smith, Brian S	Customer Account Name: EmCon Inc.-Berryton, KS Address: PO Box 36 Phone: +1(785) 862-7711	Owner Account Name: City of Topeka, KS Address: 215 SE 7th St Phone: +1(785) 368-3851	9/7/2023	11/8/2023	Sub	321,699.00	245,578.53	27	326.00
										53	305.00
103083	HAVENS CONSTR, EDGERTON KS	Smith, Brian S	Customer Account Name: Havens	Owner Account Name: City of	9/6/2023	11/10/2023	Sub	83,338.00	81,452.44	8	2,442.00

103095	SHAKOPEE MN,PROJ SEWER-23-001	Reeves, Willis M	Phone: 6126695862	Customer Account Name: City of Shakopee, MN Address: 129 Holmes St S Phone: +1(952) 233-9300	Owner Account Name: City of Shakopee, MN Address: 129 Holmes St S Phone: +1(952) 233-9300	2/15/2024	3/12/2024	Prime	442,797.00	2,291.50	8	250.00
											12	341.00
											15	951.00
											21	156.00
103096	RODRIGUEZ MECHANICAL LENEXA KS	Smith, Brian S		Customer Account Name: Rodriguez Mechanical Inc- Kansas City, KS Address: 541 S 11th St Kansas City Ks 66105 Phone: +1(913) 281-1814	Owner Account Name: City of Lenexa, KS Address: 12350 W 87th Pkwy Phone: +1(913) 477-7500	1/30/2024	3/13/2024	Sub	21,000.00	16,084.52	8	153.00
103099	UNION MO,FY2024 SANITREHAB	Reeves, Willis M		Customer Account Name: City of Union, MO Address: 500 E Locust Phone: +1(636) 583-3522	Owner Account Name: City of Union, MO Address: 500 E Locust Phone: +1(636) 583-3522	2/29/2024	3/15/2024	Prime	263,807.00	130,461.83	8	7,764.00
103100	HAVENS CONSTR,KC MO,PROJECT 2	Smith, Brian S		Customer Account Name: Havens Construction- Liberty, MO Address: 9400 Liberty Dr Phone: +1(816) 781-4769	Owner Account Name: City of Kansas City, MO- KCMO Water and Pollution Address: 4800 E 63rd St Phone: +1(816) 513-2297	11/7/2023	3/21/2024	Sub	2,466,974.00	15,288.47	8	8,355.00
											10	138.00
121859	RW DUNTEMAN, IDOT CT61H0Z	Andrade, Lindsay Dionne		Customer Account Name: R W Dunteman Co- Addison, IL Address: 600 S Lombard Rd Phone: +1(630) 953-1500	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	7/30/2021	11/10/2021	Sub	336,600.00	401,975.00	42	765.00
121896	D CONSTRUCTION,IDOT149	Andrade, Lindsay Dionne		Customer Account Name: D Construction, Inc-	Owner Account Name: Department of Transportation -	1/21/2022	8/24/2022	Sub	799,100.00	760,894.31	102	262.00

121925	ROMEIOVILLE IL, 2023 PROJECT	Andrade, Lindsay Dionne	Address: 1019 E 31st St Phone: +1(708) 453-8000 354-0544	Thatcher Ave Phone: +1(708) 453-8000	Customer Account Name: Village of Romeoville, IL Address: 13 Montrose Phone: +1(815) 886-7200	Owner Account Name: Village of Romeoville, IL Address: 13 Montrose Phone: +1(815) 886-7200	9/12/2023	10/12/2023	Prime	254,811.00	228,998.96	48	674.00
121926	ANCHOR MECHANICAL, HINSDALE IL	Andrade, Lindsay Dionne	Customer Account Name: Anchor Mechanical Inc. Address: 255 North California Avenue Phone: 3124926994	Owner Account Name: Metropolitan Water Reclamation District of Greater Chicago(MWRDGC)- Chicago, IL-East Erie Address: 100 E Erie St Phone: +1(312) 751-3132	Customer Account Name: Anchor Mechanical Inc. Address: 255 North California Avenue Phone: 3124926994	Owner Account Name: Metropolitan Water Reclamation District of Greater Chicago(MWRDGC)- Chicago, IL-East Erie Address: 100 E Erie St Phone: +1(312) 751-3132	8/15/2023	11/2/2023	Sub	115,275.00	105,000.79	24	431.00
121927	ARMY CORPS ENG,CAHOKIA HEIGHTS	Reeves, Willis M	Customer Account Name: US Army Corps of Engineers(USACE) - St. Louis, MO Address: 1222 Spruce St Phone: +1(314) 331-8506	Owner Account Name: US Army Corps of Engineers(USACE) - St. Louis, MO Address: 1222 Spruce St Phone: +1(314) 331-8506	Customer Account Name: US Army Corps of Engineers(USACE) - St. Louis, MO Address: 1222 Spruce St Phone: +1(314) 331-8506	Owner Account Name: US Army Corps of Engineers(USACE) - St. Louis, MO Address: 1222 Spruce St Phone: +1(314) 331-8506	12/12/2023	2/26/2024	Prime	4,628,116.00	62,973.52	24	790.00
121928	EDWARDSVILLE IL,2023 SEWLINE	Reeves, Willis M	Customer Account Name: City of Edwardsville, IL Address: 118 Hillsboro Ave Phone: +1(618) 692-7535	Owner Account Name: City of Edwardsville, IL Address: 118 Hillsboro Ave Phone: +1(618) 692-7535	Customer Account Name: City of Edwardsville, IL Address: 118 Hillsboro Ave Phone: +1(618) 692-7535	Owner Account Name: City of Edwardsville, IL Address: 118 Hillsboro Ave Phone: +1(618) 692-7535	11/9/2023	1/3/2024	Prime	506,176.00	412,737.55	8	908.00
												10	2,724.00
												12	3,752.00
												15	864.00
121929	GENOA, IL, SANITARY SEWER 2023	Andrade, Lindsay Dionne	Customer Account Name: City of Genoa, IL Address: 113 N Genoa St Phone: +1(815) 784-2327	Owner Account Name: City of Genoa, IL Address: 113 N Genoa St Phone: +1(815) 784-2327	Customer Account Name: City of Genoa, IL Address: 113 N Genoa St Phone: +1(815) 784-2327	Owner Account Name: City of Genoa, IL Address: 113 N Genoa St Phone: +1(815) 784-2327	11/15/2023	2/2/2024	Prime	46,165.00	37,558.65	8	1,158.00

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.



OFFICE OF THE SECRETARY OF STATE

JESSE WHITE • Secretary of State

JANUARY 20, 2012

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 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 **LLC-45.5**
June 2010

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 Sangamon County Illinois 62703
City 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
at corp.delaware.gov/authver.shtml




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

111355550

You may verify this certificate online
at corp.delaware.gov/authver.shtml




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 9264916

DATE: 12-30-11

INSITUFORM TECHNOLOGIES USA, LLC

**PRESIDENT APPOINTMENT OF
CONTRACTING AND ATTESTING OFFICERS**

The undersigned, being the President of Insituform Technologies USA, 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, Whittney 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: September 30, 2022


Burt M. Keating
President



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

JESSE WHITE • Secretary of State

JANUARY 20, 2012

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 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 black ink that reads "Jesse White".

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

Form **LLC-45.5**
June 2010

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 Sangamon County Illinois 62703
City Zip Code
8. If applicable, Date on which Company first conducted business in Illinois: Upon Filing

(continued on back)