

Clerk's Contract and Agreement Cover Page

Year: 2010

Legistar File ID#: 2010-0515

Multi Year:

Amount \$9,024.00

Contract Type:

Addendum

Contractor's Name:

Folgers Flag & Decorating

Contractor's AKA:

Execution Date:

10/19/2010

Termination Date:

1/15/2010

Renewal Date:

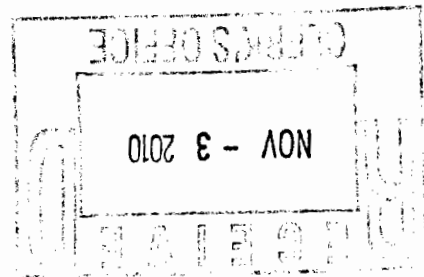
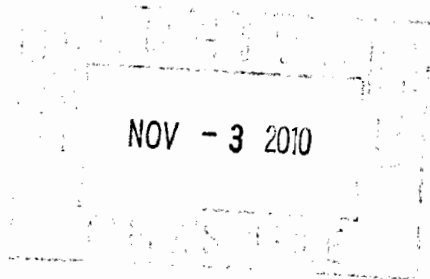
Department:

Media & Special Events

Originating Person:

Patty Vlazny

Contract Description: 2010 Holiday Pole Decorations



Wednesday, November 03, 2010

ADDENDUM B to
Conditions of Contract
2006-2008 Holiday Decorating Season Agreement

Dated
November 15, 2006

Amended
October 30, 2009

Between
The Village of Orland Park, Illinois ("VILLAGE") and Folgers Flag & Decorating, Inc.
("CONTRACTOR")

1. In the event of any conflict or inconsistency between the provisions of this Addendum and the Agreement, the provisions of this Addendum shall control.
2. The attached Proposal/Contract dated October 6, 2010 prepared by Folgers Flag & Decorating, Inc. is being attached to the "Conditions of Contract 2006-2008 Holiday Decorating Season Agreement" and becomes a part of the Contract Documents. To the extent of any conflict or inconsistency other than Scope of Work and Payment Terms between the *Conditions of Contract* and the *Proposal/Contract for 2010*, the terms of the *Conditions of Contract* prevail.
3. All of the other terms, covenants, representations and conditions of said Agreement, not deleted or amended herein shall remain in full force and effect during the effective term of said Agreement.
4. This Addendum may be executed in two or more counterparts, each of which taken together, shall constitute one and the same instrument.

This Addendum, made and entered into effective the **19th day of October, 2010**, shall be attached to and form a part of the Agreement dated the 15th day of November, 2006 and shall take effect upon signature below by duly authorized agents of both parties.

AGREED AND ACCEPTED

FOR: THE VILLAGE

By: _____

Print Name: _____

Its: _____

Paul G. Grimes

Village Manager

Village Manager

FOR: THE CONTRACTOR

By: _____

Print Name: _____

Its: _____

Debra Folger

President

President

ADDENDUM B to
Conditions of Contract
2006-2008 Holiday Decorating Season Agreement

Dated
November 15, 2006

Amended
October 30, 2009

Between
The Village of Orland Park, Illinois ("VILLAGE") and Folgers Flag & Decorating, Inc.
("CONTRACTOR")

ate: 10/29/10

Date: 10/28/10

Proposal/Contract

Page No. _____ of _____ Pages



Ph: (708) 388-1598
 OUTSIDE IL 1-800-344-7230
 FAX: (708) 388-9997

FLAG & DECORATING, INC.
 2748 W. YORK STREET, BLUE ISLAND, IL 60406

PROPOSAL SUBMITTED TO Village of Orland Park	PHONE 403-6145 Fax 403-6169	DATE October 6, 2010
STREET 14700 Ravinia	JOB NAME ORLAND & OLD ORLAND	
CITY, STATE AND ZIP CODE Orland Park, 60462	JOB LOCATION	
ARCHITECT Attn: Patty Vlazny	PLAN DATE	PLAN NO. EST. NO.

WE HEREBY SUBMIT SPECIFICATIONS AND ESTIMATES FOR:	UNIT	TOTAL
Folgers is pleased to provide this CONTRACT and AGREEMENT for the 2010 Holiday Decorating Season. This One year RENTAL CONTRACT includes Installation, Maintenance, Removal and / or disposal. OLD ORLAND: (8) poles to be decorated with (2) decorations per pole and pole trim garland as close to the ground as we can get. ORLAND: 159th Street (11) Fantasy trees and pole trim garland (11) Toy Soldiers and pole trim garland (30) Holiday banners installed 151st Street: (10) Toy Soldiers and pole trim garland (11) Fantasy trees and pole trim garland 94th Street: (13) Toy Soldiers and pole trim garland (13) Fantasy trees and pole trim garland Ravinia: (37) Fantasy trees and pole trim garland Total price for the above decorations		9,024.00
Payment Terms: Amount due upon signing		4,512.00
Amount due upon installation		2,256.00
Amount due upon removal		2,256.00

All material is guaranteed to be as specified. All work to be completed in a workmanlike manner according to standard practices. Any alteration or deviation from above specifications involving extra costs will be executed only upon written orders, and will become an extra charge over and above the estimate. All agreements contingent upon strikes, accidents, or delays beyond our control. Owner to carry fire, tornado and other necessary insurance. Our workers are fully covered by Workmen's Compensation Insurance.

Authorized Signature

Note: This proposal may be withdrawn by us if not accepted within _____ days.

Acceptance of Proposal - The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined above.

Date of Acceptance: 10/29/10

Signature _____

Signature _____



Ph: (708) 388-1598
 OUTSIDE IL 1-800-344-7230
 FAX: (708) 388-9997

FLAG & DECORATING, INC.
 2748 W. YORK STREET, BLUE ISLAND, IL 60406

PROPOSAL SUBMITTED TO Village of Orland Park	PHONE 403-6145 Fax 403-6169	DATE October 6, 2010
STREET 14700	JOB NAME ORLAND AND OLD ORLAND	
CITY, STATE AND ZIP CODE Orland Park, Il 60462	JOB LOCATION	
ARCHITECT Attn: Patty Vlazny	PLAN DATE	PLAN NO.
		EST. NO.

WE HEREBY SUBMIT SPECIFICATIONS AND ESTIMATES FOR:	UNIT	TOTAL
<p>Folgers is fully insured and assumes full responsibility for any and all liabilities incurred during the term of the contract, excluding those relating to theft, vandalism, and weather related conditions beyond our control, such as unseasonably warm temperatures and / or high winds.</p> <p>Please sign and return one copy along with the amount due to begin processing your order.</p> <p>Thank you. Deb Folgers</p>		

All material is guaranteed to be as specified. All work to be completed in a workmanlike manner according to standard practices. Any alteration or deviation from above specifications involving extra costs will be executed only upon written orders, and will become an extra charge over and above the estimate. All agreements contingent upon strikes, accidents, or delays beyond our control. Owner to carry fire, tornado and other necessary insurance. Our workers are fully covered by Workman's Compensation Insurance.

Authorized Signature

Note: This proposal may be withdrawn by us if not accepted within _____ days.

Acceptance of Proposal - The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined above.
 Date of Acceptance: _____

Signature _____

Signature _____

INVOICE

FOLGERS FLAG AND DECORATING, INC.

2748 W. YORK ST.
 BLUE ISLAND, IL 60406
 Ph. (708) 388-1598
 Fax:(708)388-9997
 www.folgersflag.com

INVOICE NUMBER: 0015533-IN
 INVOICE DATE: 10/06/2010
 CUSTOMER NO: ORL001

SOLD TO:
 Village of Orland Park
 14700 Ravinia
 Orland Park, IL 60462

SHIP TO:
 Orland and Old Orland

CONFIRM TO:

CUSTOMER P.O.	SHIP VIA	F.O.B.	TERMS			
Pattv Vlazin			Net 15 Days			
ITEM NO.	UNIT	ORDERED	SHIPPED	BACK ORD	PRICE	AMOUNT
CHR002 Amount due for the 2010 holiday decorating season per contract. Please pay from this invoice. No other invoice will be sent.	EACH	1.000	1.000	0.000	0.000	0.00
CHR002 Amount due upon signig	EACH	1.000	1.000	0.000	4,512.000	4,512.00
CHR002 Amount due upon installation	EACH	1.000	1.000	0.000	2,256.000	2,256.00
CHR002 Amount due upon removal	EACH	1.000	1.000	0.000	2,256.000	2,256.00

Net Invoice:	9,024.00
Less Discount:	0.00
Freight:	0.00
Sales Tax:	0.00
Invoice Total:	9,024.00



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
1/7/2010

PRODUCER (708)798-2009 FAX: (708)798-2077
 Doerfler Insurance Agency
 2034 Ridge Road 2nd Floor
 P. O. Box 919
 Homewood IL 60430

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED
 FOLGERS FLAG AND DECORATING INC
 2748 YORK ST

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Aidco Insurance	42579
INSURER B: Allied Group	
INSURER C: Ace Fire Underwriters Ins.	
INSURER D:	
INSURER E:	

BLUE ISLAND IL 60406-1959

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A X	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	ACP7151713104	12/31/2009	12/31/2010	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPROP AGG \$ 2,000,000
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> Coll. Ded. = \$500 <input checked="" type="checkbox"/> Comp. Ded. = \$250	ACPBAPC7131713104	12/31/2009	12/31/2010	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC AGG \$
B	EXCESS / UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$	ACPCAA713713104	12/31/2009	12/31/2010	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 \$ \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below Y/N <input type="checkbox"/>	NWCCA5882378	12/31/2009	12/31/2010	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input checked="" type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
	OTHER				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 LIMITS AT POLICY INCEPTION. Additional Insured Vendor with respect to General Liability Only on a on a Primary/Non-Contributory basis and includes a Waiver of Subrogation on both the GL and Work Comp. Village of Orland Park, its officers, directors, employees and agents This Certificate of Insurance neither affirmatively nor negatively amends, extends, or alters coverage afforded by policy #ACP7151713104 issued by Allied Insurance Group on 12/31/09

CERTIFICATE HOLDER

(708)403-6220
 Village of Orland Park
 Attn: Kerrie Petzo
 14700 Ravinia Avenue
 Orland Park, IL 60462

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE
 Scott T. Doerfler

ACORD 25 (2009/01)
 INS025 (200901)

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