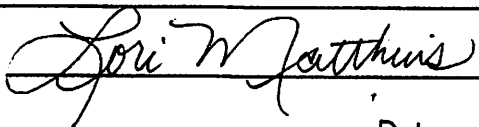


**BIDDER SUMMARY SHEET**  
**ITB #24-067**  
**Spoil Removal 2025-2026**

Business Name: Matthuis Trucking Inc.  
Street Address: 19408 Bryant Ct.  
City, State, Zip: Mokena, IL 60448  
Contact Name: Lori Matthuis  
Title: President  
Phone: 708-651-6510 Fax: \_\_\_\_\_  
E-Mail address: matthuis7@comcast.net

| Spoil Removal                          | Unit | 2025/2026 Price | 2027 Price<br>(Option year) |
|----------------------------------------|------|-----------------|-----------------------------|
| Clean Construction & Demolition Debris | Load | \$ 385.00       | \$ 395.00                   |
| Concrete                               | Load | \$ 385.00       | \$ 395.00                   |
| Asphalt                                | Load | \$ 385.00       | \$ 395.00                   |

**AUTHORIZATION & SIGNATURE**

Name of Authorized Signee: Lori Matthuis  
Signature of Authorized Signee:   
Title: President Date: 12/16/24

 **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 Lori Matthuis,  
(Enter Name of Person Making Certification)

as President  
(Enter Title of Person Making Certification)

and on behalf of Matthuis Trucking Inc.  
(Enter Name of Business Organization)

certifies that Bidder is:

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

Federal Employer I.D. #: 36-4354179  
(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 IL 2000  
(State of Incorporation) (Date of Incorporation)

2) **STATUS OF OWNERSHIP**

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

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

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

## STATUS OF OWNERSHIP FOR SUBCONTRACTORS

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

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

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

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

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

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

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

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

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

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

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

The Bidder shall:

(I) not discriminate against any employee or applicant for employment because of race, color, religion, sex, marital status, national origin or ancestry, age, or physical or mental handicap unrelated to ability, or an unfavorable discharge from military service; (II) examine all job classifications to determine if minority persons or women are underutilized and will take appropriate affirmative action to rectify any such underutilization; (III) ensure all solicitations

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

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

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

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

7) PREVAILING WAGE COMPLIANCE:      Yes ☒ No ☐

In the manner and to the extent required by law, this bid is subject to the Illinois Prevailing Wage Act and to all laws governing the payment of wages to laborers, workers and mechanics of a Bidder or any subcontractor of a Bidder bound to this agreement who is performing services covered by this contract. If awarded the Contract, per 820 ILCS 130 et seq. as amended, Bidder shall pay not less than the prevailing hourly rate of wages, the generally prevailing rate of hourly wages for legal holiday and overtime work, and the prevailing hourly rate for welfare and other benefits as determined by the Illinois Department

of Labor or the Village and as set forth in the schedule of prevailing wages for this contract to all laborers, workers and mechanics performing work under this contract (available at <https://www2.illinois.gov/idol/Laws-Rules/CONMED/Pages/Rates.aspx>).

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

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

The Village reserves the right to withhold payment due to Contractor until Contractor and its subcontractors display compliance with this provision of the Act.

8) **TAX COMPLIANT:** Yes ☒ No ☐

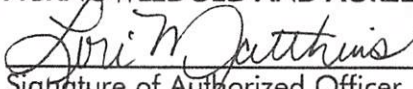
Bidder is current in the payment of any tax administered by the Illinois Department of Revenue, or if it is not: (a) it is contesting its liability for the tax or the amount of tax in accordance with procedures established by the appropriate Revenue Act; or (b) it has entered into an agreement with the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

Lori Matthuis  
\_\_\_\_\_  
Name of Authorized Officer

President  
\_\_\_\_\_  
Title

12/16/24  
\_\_\_\_\_  
Date

## REFERENCES

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

Bidder's Name: Matthuis Trucking Inc.  
(Enter Name of Business Organization)

1. ORGANIZATION Mulch It  
ADDRESS 2085 S. Spencer Rd., New Lenox, IL  
PHONE NUMBER 1-815-250-6723  
CONTACT PERSON Shawn  
YEAR OF PROJECT 2010 - Current
2. ORGANIZATION Area Landscape Supply  
ADDRESS 18851 S. Wolf Rd., Mokena, IL  
PHONE NUMBER 1-815-405-4234  
CONTACT PERSON MATT  
YEAR OF PROJECT 2010 - Current
3. ORGANIZATION Village Of Orland Park  
ADDRESS 14700 S. Ravinia Ave, Orland Park, IL  
PHONE NUMBER \_\_\_\_\_  
CONTACT PERSON \_\_\_\_\_  
YEAR OF PROJECT 2022, 2023, 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b><u>WORKERS' COMPENSATION &amp; EMPLOYER LIABILITY</u></b><br>Full Statutory Limits - Employers Liability<br>\$500,000 – Each Accident<br>\$500,000 – Each Employee<br>\$500,000 – Policy Limit<br><b>Waiver of Subrogation in favor of the Village of Orland Park</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b><u>LIABILITY UMBRELLA</u></b> (Follow Form Policy)<br><input type="checkbox"/> \$1,000,000 – Each Occurrence<br>\$1,000,000 – Aggregate<br><br><input type="checkbox"/> \$2,000,000 – Each Occurrence<br>\$2,000,000 – Aggregate<br><br><input type="checkbox"/> Other: _____<br>EXCESS MUST COVER: General Liability, Automobile Liability, Employers' Liability                                                                                                                                                                                                                                                                                                                                                             |
| <b><u>AUTOMOBILE LIABILITY</u></b> (ISO Form CA 0001)<br>\$1,000,000 – Combined Single Limit Per Occurrence<br>Bodily Injury & Property Damage. Applicable for All Company Vehicles.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b><u>PROFESSIONAL LIABILITY</u></b><br><input type="checkbox"/> \$1,000,000 Limit – Claims Made Form, Indicate Retroactive Date<br><br><input type="checkbox"/> \$2,000,000 Limit – Claims Made Form, Indicate Retroactive Date<br><br><input type="checkbox"/> Other: _____<br>Deductible not-to-exceed \$50,000 without prior written approval                                                                                                                                                                                                                                                                                                                                                                                |
| <b><u>GENERAL LIABILITY</u></b> (Occurrence basis) (ISO Form CG 0001)<br>\$1,000,000 – Combined Single Limit Per Occurrence<br>Bodily Injury & Property Damage<br>\$2,000,000 – General Aggregate Limit<br>\$1,000,000 – Personal & Advertising Injury<br>\$2,000,000 – Products/Completed Operations Aggregate<br><br><b><u>ADDITIONAL INSURED ENDORSEMENTS:</u></b><br><i>(Not applicable for Goods Only Purchases)</i> <ul style="list-style-type: none"><li>• <b>ISO CG 20 10 or CG 20 26 (or Equivalent)</b><br/>Commercial General Liability Coverage</li><li>• <b>CG 20 01 Primary &amp; Non-Contributory (or Equivalent)</b> The Village must be named as the Primary Non-Contributory which makes the Village a priority and collects off the policy prior to any other claimants.</li><li>• <b>Blanket General Liability Waiver of Subrogation - Village of Orland Park</b> A provision that prohibits an insurer from pursuing a third party to recover damages for covered losses.</li></ul> | <input type="checkbox"/> <b><u>BUILDERS RISK</u></b><br>Completed Property Full Replacement Cost Limits – Structures under construction<br><br><input type="checkbox"/> <b><u>ENVIRONMENTAL IMPAIRMENT/POLLUTION LIABILITY</u></b><br>\$1,000,000 Limit for bodily injury, property damage and remediation costs resulting from a pollution incident at, on or mitigating beyond the job site<br><br><input type="checkbox"/> <b><u>CYBER LIABILITY</u></b><br>\$1,000,000 Limit per Data Breach for liability, notification, response, credit monitoring service costs, and software/property damage<br><br><input type="checkbox"/> <b>CG 20 37 ADDITIONAL INSURED</b> – Completed Operations (Provide only if box is checked) |

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

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

ACCEPTED & AGREED THIS 16 DAY OF December, 2024

Lori Matthuis  
Signature

Authorized to execute agreements for:

Lori Matthuis, President  
Printed Name & Title

Matthuis Trucking Inc.  
Name of Company



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/16/2024

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

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

|                                                                                        |                                                                                                                                                 |
|----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>PRODUCER</b><br>Mel Foster Insurance<br>3218 E 35TH Street Ct<br>Davenport IA 52807 | <b>CONTACT NAME:</b><br>PHONE (A/C No. Ext): 563-359-5446<br>FAX (A/C No): 563-359-6432<br>E-MAIL<br>ADDRESS: truckcerts@melfosterinsurance.com |
| <b>INSURED</b><br>MATTHUIS TRUCKING, INC.<br>19408 BRYANT CT<br>MOKENA IL 60448        | <b>INSURER(S) AFFORDING COVERAGE</b><br>INSURER A: ACUITY<br>INSURER B: ACCIDENT FUND<br>INSURER C:<br>INSURER D:<br>INSURER E:<br>INSURER F:   |

**COVERAGES**

CERTIFICATE NUMBER: 329613680

REVISION NUMBER:

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

| INSR LTR | TYPE OF INSURANCE                                                                                                                                                                                                                                                                                                     | ADDL SUBR (NSD) WVD | POLICY NUMBER  | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                                                                                                                                                                                                                         |
|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|----------------|-------------------------|-------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER:              |                     | X62999         | 2/18/2024               | 2/18/2025               | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000<br>MED EXP (Any one person) \$ 5,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 2,000,000<br>PRODUCTS - COMP/OP AGG \$ 2,000,000<br>\$ |
| A        | <input checked="" type="checkbox"/> AUTOMOBILE LIABILITY<br><input checked="" type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY<br><input checked="" type="checkbox"/> HIRED AUTOS ONLY<br><input type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY |                     | X62999         | 2/18/2024               | 2/18/2025               | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$                                                                                |
|          | <input type="checkbox"/> UMBRELLA LIAB<br><input type="checkbox"/> EXCESS LIAB<br><input type="checkbox"/> OCCUR<br><input type="checkbox"/> CLAIMS-MADE<br><input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$                                                                                        |                     |                |                         |                         | EACH OCCURRENCE \$<br>AGGREGATE - \$<br>\$                                                                                                                                                                                                     |
| B        | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below                                                                                                                                | Y/N<br>Y            | ARP12002537405 | 7/23/2024               | 7/23/2025               | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER<br>E.L. EACH ACCIDENT \$ 1,000,000<br>E.L. DISEASE - EA EMPLOYEE \$ 1,000,000<br>E.L. DISEASE - POLICY LIMIT \$ 1,000,000                                      |
| A        | Cargo                                                                                                                                                                                                                                                                                                                 |                     | X62999         | 2/18/2024               | 2/18/2025               | Limit Deductible 15,000 500                                                                                                                                                                                                                    |

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

CERTIFICATE HOLDER IS LISTED AS ADDITIONAL INSURED TO THE GENERAL LIABILITY POLICY AS PRIMARY AND NON-CONTRIBUTORY. A WAIVER OF SUBROGATION IN FAVOR OF THIS CERTIFICATE HOLDER APPLIES.

**CERTIFICATE HOLDER****CANCELLATION**

The Village of Orland Park Officials, Employees & Agents  
Financial Management Analyst  
14700 S Ravinia Ave  
Orland Park IL 60462

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