

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

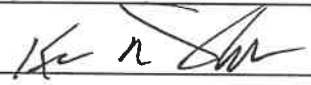
Business Name: KIM CONSTRUCTION COMPANY INC  
Street Address: 3142 HOLEMAN, P.O. Box 276  
City, State, Zip: STEEGER IL 60475  
Contact Name: KIM VALLOW  
Title: PRES  
Phone: 708 754-1181 Fax: 708-754-1183  
E-Mail address: info@kimconstruction.com

**Price Proposal**

**GRAND TOTAL BID PRICE**

\$ 397,110<sup>00</sup>

**AUTHORIZATION & SIGNATURE**

Name of Authorized Signee: KIM A VALLOW  
Signature of Authorized Signee:   
Title: PRES Date: 6-18-2025



ORLAND PARK

# Unit Price Sheet

ITB #25-037

## 2025 Sanitary Manhole Rehabilitation Program

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

| ITEM                   | DESCRIPTION                                   | QTY    | UNIT   | UNIT PRICE           | Cost                       |
|------------------------|-----------------------------------------------|--------|--------|----------------------|----------------------------|
| 1                      | Replace Frame & Cover (Paved)                 | 2      | EACH   | 3,850 <sup>00</sup>  | \$ 7,700 <sup>00</sup> -   |
| 2                      | Replace Frame & Cover (Unpaved) 34            | 6      | EACH   | 2,850 <sup>00</sup>  | \$ 17,100 <sup>00</sup> -  |
| 3                      | Replace Frame & Bolted Cover (Paved)          | 1      | EACH   | 3,960 <sup>00</sup>  | \$ 3,960 <sup>00</sup> -   |
| 4                      | Replace Frame & Bolted Cover (Unpaved)        | 2      | EACH   | 2,900 <sup>00</sup>  | \$ 5,800 <sup>00</sup> -   |
| 5                      | Seal & Adjust Manhole Frame (Paved)           | 32     | EACH   | 3,450 <sup>00</sup>  | \$ 110,400 <sup>00</sup> - |
| 6                      | Seal & Adjust Manhole Frame (Unpaved) 35      | 26     | EACH   | 2,400 <sup>00</sup>  | \$ 62,400 <sup>00</sup> -  |
| 7                      | Internal Chimney Seal                         | 2      | EACH   | 850 <sup>00</sup>    | \$ 1,700 <sup>00</sup> -   |
| 8                      | Cementitious Manhole Sealing, 48" Dia.        | 200    | VF     | 330 <sup>00</sup>    | \$ 66,000 <sup>00</sup> -  |
| 9                      | Epoxy Coating                                 | 10     | VF     | 600 <sup>00</sup>    | \$ 6,000 <sup>00</sup> -   |
| 10                     | Grout Wall Joints                             | 39     | EACH   | 650 <sup>00</sup>    | \$ 25,350 <sup>00</sup> -  |
| 11                     | Grout Bottom 18"                              | 15     | EACH   | 750 <sup>00</sup>    | \$ 11,250 <sup>00</sup> -  |
| 12                     | Curtain Grout Manhole                         | 16     | EACH   | 2,100 <sup>00</sup>  | \$ 33,600 <sup>00</sup> -  |
| 13                     | Repair Bench & Trough                         | 1      | EACH   | 700 <sup>00</sup>    | \$ 700 <sup>00</sup> -     |
| 14                     | Install Barrel Section                        | 1      | EACH   | 14,300 <sup>00</sup> | \$ 14,300 <sup>00</sup> -  |
| 15                     | Vacuum Testing                                | 5      | EACH   | 850 <sup>00</sup>    | \$ 4,250 <sup>00</sup> -   |
| 16                     | Plug Pipe with Mechanical Plug and Concrete C | 1      | EACH   | 1,600 <sup>00</sup>  | \$ 1,600 <sup>00</sup> -   |
| 17                     | Items Ordered by Engineer                     | 25,000 | DOLLAR | \$ 1.00              | \$ 25,000.00               |
| *GRAND TOTAL BID PRICE |                                               |        |        |                      | \$ 25,000.00               |

\*Please enter Total Cost on Bidder Summary Sheet

Proposer: KIM A. VALLOW

Firm Name: KIM CONSTRUCTION COMPANY INC

Signed: [Signature]

Title: PRES.

Dated: JUNE 18, 2025

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

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

The undersigned KIM A VALLOW  
(Enter Name of Person Making Certification)

as PRESIDENT  
(Enter Title of Person Making Certification)

and on behalf of KIM CONSTRUCTION COMPANY INC  
(Enter Name of Business Organization)

certifies that Bidder is:

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

Federal Employer I.D. #: 36-3214877  
(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 DEC. 21, 1982  
(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 ☐

Women-Owned ☒

Veteran-Owned ☐

Disabled-Owned ☐

Small Business ☒ (SBA standards)

Prefer not to disclose ☐

Not Applicable ☐

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

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

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

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

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

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

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

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

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

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

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

The Bidder shall:

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

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

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

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

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

7) PREVAILING WAGE COMPLIANCE:      Yes ☒ No ☐

In the manner and to the extent required by law, this bid is subject to the Illinois Prevailing Wage Act and to all laws governing the payment of wages to laborers, workers and mechanics of a Bidder or any subcontractor of a Bidder bound to this agreement who is performing services covered by this contract. If awarded the Contract, per 820 ILCS 130 et seq. as amended, Bidder shall pay not less than the prevailing hourly rate of wages, the generally prevailing rate of hourly wages for legal holiday and overtime work, and the prevailing hourly rate for welfare and other benefits as determined by the Illinois Department of Labor or the Village and as set forth in the schedule of prevailing wages for this contract to all laborers, workers and mechanics performing work under this contract (available at <https://www2.illinois.gov/idol/Laws-Rules/CONMED/Pages/Rates.aspx>).

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

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

8) EMPLOYMENT OF ILLINOIS WORKERS ON PUBLIC WORKS ACT: Yes ☒ No ☐

In the manner and to the extent required by law, this ITB/RFP is subject to the Employment of Illinois Workers on Public Works Act (30 ILCS 570/0.01 *et seq.*). If awarded the Contract, per 820 ILCS 130 *et seq.* as amended, and if the Employment of Illinois Workers on Public Works Act (30 ILCS 570/0.01) is in effect, Bidder shall maintain full compliance with its requirements.

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

Bidder participates in apprenticeship and training programs applicable to the work to be performed on the project, which are approved by and registered with the United States Department of Labor's Office of Apprenticeship.

Name of A&T Program: ASSOCIATED BUILDERS AND CONTRACTORS

Brief Description of Program: US Dept of LABOR APPROVED

APPRENTICESHIP TRAINING PROGRAM

10) TAX COMPLIANT: Yes ☒ No ☐

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

AUTHORIZATION & SIGNATURE:

I certify that I am authorized to execute this Certificate of Compliance on behalf of the Bidder set forth on the Bidder Summary Sheet, that I have personal knowledge of all the information set forth



MEMBERSHIP | ADVOCACY | SAFETY | TRAINING

To Whom It May Concern,

Pursuant to Section 30-20 of the Illinois Procurement Code (30 ILCS 500/30-22 (6)), as well as any other applicable or relevant Responsible Bidder laws or ordinances that require "participation in an approved United States Department of Labor Apprenticeship Training Program," this letter is to verify that Kim Construction Company, Inc. is a member in good standing with Associated Builders & Contractors, IL ("ABCIL") until December 31, 2025. Please be advised that our Association maintains approved apprenticeship training programs certified by the U.S. Department of Labor. As a member in good standing with ABCIL, Kim Construction Company, Inc. has full access to such programs. Non-members and any members not in good standing do not have such access. ABCIL's certification is enclosed herein.

If you need any further information or verification, please feel free to contact me.

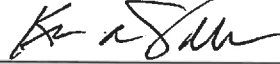
Sincerely,

Alicia Martin  
President  
ABC – Illinois

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

KIM A VALLOW

\_\_\_\_\_  
Name of Authorized Officer

PRES.

\_\_\_\_\_  
Title

6-18-25

\_\_\_\_\_  
Date

## REFERENCES

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

Bidder's Name: KIM CONSTRUCTION COMPANY INC.

(Enter Name of Business Organization)

1. ORGANIZATION VILL OF FRANKFORT, IL  
ADDRESS 100 SAMMEISTER RD. FRANKFORT, IL 60423  
PHONE NUMBER 630-346-2877  
CONTACT PERSON JOE SULLIVAN  
YEAR OF PROJECT 2023
  
2. ORGANIZATION VILLAGE OF ROMEOVILLE, IL  
ADDRESS 615 ANDERSON DR, ROMEOVILLE, IL 60446  
PHONE NUMBER 630-947-3541  
CONTACT PERSON MARK LAMMERS  
YEAR OF PROJECT 2020 + 2025
  
3. ORGANIZATION VILLAGE OF WORTH, IL  
ADDRESS 7112 W. 111<sup>th</sup> ST. WORTH, IL 60482  
PHONE NUMBER 708-448-4256  
CONTACT PERSON ED URBAN  
YEAR OF PROJECT 2025

# THE AMERICAN INSTITUTE OF ARCHITECTS

## AIA Document A310 Bid Bond

KNOW ALL MEN BY THESE PRESENTS, THAT WE Kim Construction Company, Inc.

3142 Holeman Avenue Steger, IL 60475

as Principal, hereinafter called the Principal, and Western Surety Company

151 N. Franklin Street, Chicago, IL 60606

a corporation duly organized under the laws of the State of SD

as Surety, hereinafter called the Surety, are held and firmly bound unto Village of Orland Park

14700 South Ravinia Ave. Orland Park, IL 60462

as Obligor, hereinafter called the Obligor, in the sum of Ten Percent of Amount Bid

Dollars (\$ 10% ),

for the payment of which sum well and truly to be made, the said Principal and the said Surety, bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

WHEREAS, the Principal has submitted a bid for 2025 Sanitary Manhole Rehabilitation Program

NOW, THEREFORE, if the Obligor shall accept the bid of the Principal and the Principal shall enter into a Contract with the Obligor in accordance with the terms of such bid, and give such bond or bonds as may be specified in the bidding or Contract Documents with good and sufficient surety for the faithful performance of such Contract and for the prompt payment of labor and materials furnished in the prosecution thereof, or in the event of the failure of the Principal to enter such Contract and give such bond or bonds, if the Principal shall pay to the Obligor the difference not to exceed the penalty hereof between the amount specified in said bid and such larger amount for which the Obligor may in good faith contract with another party to perform the Work covered by said bid, then this obligation shall be null and void, otherwise to remain in full force and effect.

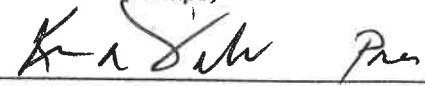
Signed and sealed this 18th day of June, 2025

  
(Witness)

Kim Construction Company, Inc.

(Principal)

(Seal)

By: 

Kim A. Vallow

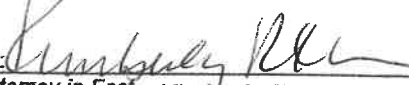
President

(Title)

Western Surety Company

(Surety)

(Seal)

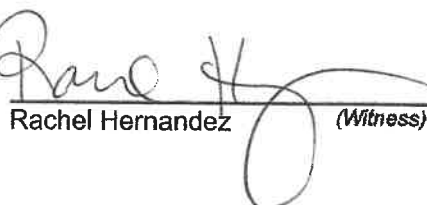
By: 

Attorney-in-Fact

Kimberly R. Holmes

(Title)



  
Rachel Hernandez  
(Witness)

SS

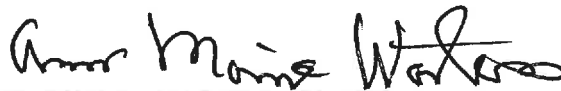
STATE OF ILLINOIS

COUNTY OF DuPAGE

I, Ann Marie Waters Notary Public of COOK County, in the State of  
Illinois, do hereby certify that Kimberly R. Holmes Attorney-in-Fact, of the  
Western Surety Company

who is personally known to me to be the same person whose name is  
subscribed to the foregoing instrument, appeared before me this day in person,  
and acknowledged that she signed, sealed and delivered said instrument, for and  
on behalf of the Western Surety Company  
for the used and purposes therein set forth.

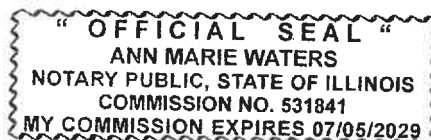
Given under my hand and notarial seal at my office in the City of  
Naperville in said County, this 18th day of JUNE A.D., 2025.



(Notary Public) Ann Marie Waters

My Commission expires: 07/05/2029

Notary Seal:



# Western Surety Company

## POWER OF ATTORNEY APPOINTING INDIVIDUAL ATTORNEY-IN-FACT

Now All Men By These Presents, That WESTERN SURETY COMPANY, a South Dakota corporation, is a duly organized and existing corporation having its principal office in the City of Sioux Falls, and State of South Dakota, and that it does by virtue of the signature and seal herein affixed hereby make, constitute and appoint **Berly R. Holmes, Individually** of Naperville, IL, its true and lawful Attorney(s)-in-Fact with full power and authority hereby conferred to sign, seal and execute for and on its behalf bonds, undertakings and other obligatory instruments of similar nature

**- In Unlimited Amounts -**

**Surety Bond No:** Bid Bond  
**Principal:** Kim Construction Company, Inc.  
**Obligee:** Village of Orland Park

and to bind it thereby as fully and to the same extent as if such instruments were signed by a duly authorized officer of the corporation and all the acts of said Attorney, pursuant to the authority hereby given, are hereby ratified and confirmed.

This Power of Attorney is made and executed pursuant to and by authority of the Authorizing By-Laws and Resolutions printed at the bottom of this page, duly adopted, as indicated, by the shareholders of the corporation.

In Witness Whereof, WESTERN SURETY COMPANY has caused these presents to be signed by its Vice President and its corporate seal to be hereto affixed on this 10th day of January, 2024.



WESTERN SURETY COMPANY

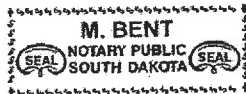
Larry Kasten, Vice President

State of South Dakota } ss  
County of Minnehaha

On this 10th day of January, 2024, before me personally came Larry Kasten, to me known, who, being by me duly sworn, did depose and say: that he resides in the City of Sioux Falls, State of South Dakota; that he is a Vice President of WESTERN SURETY COMPANY described in and which executed the above instrument; that he knows the seal of said corporation; that the seal affixed to the said instrument is such corporate seal; that it was so affixed pursuant to authority given by the Board of Directors of said corporation and that he signed his name thereto pursuant to like authority, and acknowledges same to be the act and deed of said corporation.

My commission expires

March 2, 2026



M. Bent, Notary Public

### CERTIFICATE

I, Paula Kolsrud, Assistant Secretary of WESTERN SURETY COMPANY do hereby certify that the Power of Attorney hereinabove set forth is still in force, and further certify that the By-Law and Resolutions of the corporation printed below this certificate are still in force. In testimony whereof I have hereunto subscribed my name and affixed the seal of the said corporation this 18th day of June, 2025.



WESTERN SURETY COMPANY

Paula Kolsrud, Assistant Secretary

### Authorizing By-Laws and Resolutions

#### ADOPTED BY THE SHAREHOLDERS OF WESTERN SURETY COMPANY

This Power of Attorney is made and executed pursuant to and by authority of the following By-Law duly adopted by the shareholders of the Company.

Section 7. All bonds, policies, undertakings, Powers of Attorney, or other obligations of the corporation shall be executed in the corporate name of the Company by the President, Secretary, and Assistant Secretary, Treasurer, or any Vice President, or by such other officers as the Board of Directors may authorize. The President, any Vice President, Secretary, any Assistant Secretary, or the Treasurer may appoint Attorneys in Fact or agents who shall have authority to issue bonds, policies, or undertakings in the name of the Company. The corporate seal is not necessary for the validity of any bonds, policies, undertakings, Powers of Attorney or other obligations of the corporation. The signature of any such officer and the corporate seal may be printed by facsimile.

This Power of Attorney is signed by Larry Kasten, Vice President, who has been authorized pursuant to the above Bylaw to execute power of attorneys on behalf of Western Surety Company.

This Power of Attorney may be signed by digital signature and sealed by a digital or otherwise electronic-formatted corporate seal under and by the authority of the following Resolution adopted by the Board of Directors of the Company by unanimous written consent dated the 27th day of April, 2022:

"RESOLVED: That it is in the best interest of the Company to periodically ratify and confirm any corporate documents signed by digital signatures and to ratify and confirm the use of a digital or otherwise electronic-formatted corporate seal, each to be considered the act and deed of the Company."

Go to [www.cnasurety.com](http://www.cnasurety.com) > Owner / Obligee Services > Validate Bond Coverage, if you want to verify bond authenticity.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/04/2025

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>Brown & Brown Insurance Services, Inc.<br>263 Shuman Blvd., Suite 110<br><br>Naperville IL 60563 |  | <b>CONTACT NAME:</b> Trecia Scott<br><b>PHONE (A/C, No, Ext):</b> (630) 245-4600<br><b>FAX (A/C, No):</b> (630) 245-4601<br><b>E-MAIL ADDRESS:</b> trecia.scott@bbrown.com                                                                                                                                                                            |  |
| <b>INSURED</b><br><br>Kim Construction Company, Inc.<br>PO Box 276<br><br>Steger IL 60475                           |  | <b>INSURER(S) AFFORDING COVERAGE</b><br><b>INSURER A:</b> American Casualty Company of Reading, Pennsylvania NAIC # 20427<br><b>INSURER B:</b> Continental Casualty Company 20443<br><b>INSURER C:</b> The Continental Insurance Company 35289<br><b>INSURER D:</b> Illinois Union Insurance Company 27960C<br><b>INSURER E:</b><br><b>INSURER F:</b> |  |

**COVERAGES****CERTIFICATE NUMBER:** 2024-2025**REVISION NUMBER:**

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

| INSR LTR | TYPE OF INSURANCE                                                                                         | ADDL INSD                                | SUBR WVD | POLICY NUMBER   | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                                                          |
|----------|-----------------------------------------------------------------------------------------------------------|------------------------------------------|----------|-----------------|-------------------------|-------------------------|---------------------------------------------------------------------------------|
| A        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY                                          |                                          |          |                 |                         |                         | EACH OCCURRENCE \$ 2,000,000                                                    |
|          | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR                            |                                          |          |                 |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000                            |
|          | <input checked="" type="checkbox"/> XCU Underground Explosion & Coll                                      |                                          |          |                 |                         |                         | MED EXP (Any one person) \$ 15,000                                              |
|          | <input type="checkbox"/> Hazard                                                                           | Y                                        | Y        | 5084947020      | 09/30/2024              | 09/30/2025              | PERSONAL & ADV INJURY \$ 2,000,000                                              |
|          | GEN'L AGGREGATE LIMIT APPLIES PER:                                                                        |                                          |          |                 |                         |                         | GENERAL AGGREGATE \$ 4,000,000                                                  |
|          | <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |                                          |          |                 |                         |                         | PRODUCTS - COMP/OP AGG \$ 4,000,000                                             |
|          | OTHER:                                                                                                    |                                          |          |                 |                         |                         | \$                                                                              |
| B        | <b>AUTOMOBILE LIABILITY</b>                                                                               |                                          |          |                 |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000                                |
|          | <input checked="" type="checkbox"/> ANY AUTO                                                              |                                          |          | 5084946983      | 09/30/2024              | 09/30/2025              | BODILY INJURY (Per person) \$                                                   |
|          | <input type="checkbox"/> OWNED AUTOS ONLY                                                                 |                                          |          |                 |                         |                         | BODILY INJURY (Per accident) \$                                                 |
|          | <input checked="" type="checkbox"/> HIRED AUTOS ONLY                                                      | <input type="checkbox"/> SCHEDULED AUTOS |          |                 |                         |                         | PROPERTY DAMAGE (Per accident) \$                                               |
|          | <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY                                                  |                                          |          |                 |                         |                         | \$                                                                              |
| C        | <input checked="" type="checkbox"/> UMBRELLA LIAB                                                         |                                          |          |                 |                         |                         | EACH OCCURRENCE \$ 5,000,000                                                    |
|          | <input checked="" type="checkbox"/> EXCESS LIAB                                                           |                                          |          | 5084947065      | 09/30/2024              | 09/30/2025              | AGGREGATE \$ 5,000,000                                                          |
|          | <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000                      | Y                                        | Y        |                 |                         |                         | \$                                                                              |
|          | <input type="checkbox"/> CLAIMS-MADE                                                                      |                                          |          |                 |                         |                         |                                                                                 |
| B        | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>                                                      | Y/N                                      |          |                 |                         |                         | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER |
|          | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)                               | N                                        | N/A      | 6045872902      | 09/30/2024              | 09/30/2025              | E.L. EACH ACCIDENT \$ 1,000,000                                                 |
|          | If yes, describe under DESCRIPTION OF OPERATIONS below                                                    |                                          |          |                 |                         |                         | E.L. DISEASE - EA EMPLOYEE \$ 1,000,000                                         |
|          |                                                                                                           |                                          |          |                 |                         |                         | E.L. DISEASE - POLICY LIMIT \$ 1,000,000                                        |
| D        | Contractor's Pollution                                                                                    |                                          |          | CPYG27846506010 | 05/02/2025              | 05/02/2026              | Per Occurrence \$2,000,000<br>Aggregate \$2,000,000                             |

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

25-037 2025 Sanitary Manhole Rehab Program

The Village of Orland Park and its officers, officials, employees, agents and volunteers are included as additional insureds on a primary and non-contributory basis with respects to the General Liability as required by written contract.

Waiver of subrogation is granted in favor of the same with respects to the General Liability and Workers Compensation as required by written contract.

Umbrella is follow form. 30 day notice of cancellation is provided to the certificate holder with respects to the General Liability.

**CERTIFICATE HOLDER****CANCELLATION**

|                                                                                                                    |                                                                                                                                                                                                                   |
|--------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| The Village of Orland Park Office of the Village Clerk<br>14700 S Ravinia Ave<br>2nd Floor<br>Orland Park IL 60462 | <b>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</b><br><br><b>AUTHORIZED REPRESENTATIVE</b><br> |
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