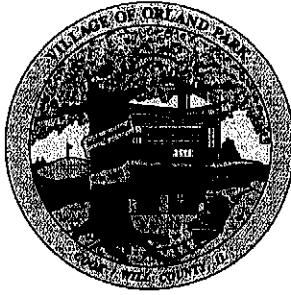


Clerk's Contract and Agreement Cover Page

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
2011 addendum (2011-0639)

MAYOR
Daniel J. McLaughlin
VILLAGE CLERK
David P. Maher
14700 S. Ravinia Ave.
Orland Park, IL 60462
(708) 403-6100
www.orland-park.il.us



VILLAGE HALL

TRUSTEES
Kathleen M. Fenton
Brad S. O'Halloran
James V. Dodge
Edward G. Schussler III
Patricia A. Gira
Carole Griffin Ruzich

October 25, 2011

Ms. Debra Folgers
Folgers Flag & Decorating, Inc.
2748 W. York Street
Blue Island, Illinois 60406

RE: *Addendum dated October 19, 2011*
Holiday Decorating 2011

Dear Debra:

Enclosed is a copy of the addendum dated October 19, 2011 to extend the 2006-2008 Holiday Decorating Contract to 2011 in an amount not to exceed Nine Thousand Twenty-Four and No/100 (\$9,024.00) Dollars. Please attach this to the original 2006-2008 Holiday Decorating Season Agreement contract dated November 15, 2006.

Please contact Patty Vlazny concerning this project at 708-403-6145.

If you have any questions, please call me at 708-403-6173.

Sincerely,

Denise Domalewski
Contract Administrator

cc: Patty Vlazny

Encl:

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

Dated
November 15, 2006

Amended
October 30, 2009
October 19, 2010

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 18, 2011 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 2011*, 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, 2011**, 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:  Paul G. Grimes

Print Name: Village Manager

Its: Village Manager

Date: 10/19/11

FOR: THE CONTRACTOR

By:  Debra L. Folger

Print Name: Debra L. Folger

Its: President

Date: 10/19/11

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 18, 2011
STREET 14700 Ravinia	JOB NAME ORLAND & 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:

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.

Please sign and return one copy along with the amount due to begin processing your order.

Thank you. Deb Folgers

UNIT	TOTAL
------	-------

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: _____

Signature _____

Signature _____

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

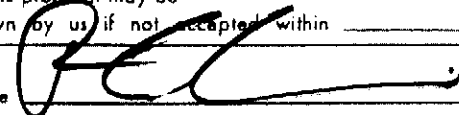
PROPOSAL SUBMITTED TO Village of Orland Park	PHONE 406-6145 Fax 403-6169	DATE October 18, 2011	
STREET 14700 Ravinia	JOB NAME ORLAND & OLD ORLAND		
CITY, STATE AND ZIP CODE Orland Park, IL 60462	JOB LOCATION		
ARCHITECT Attn: Patty Vlazny	PLAN DATE	PLAN NO.	EST. NO.

WE HEREBY SUBMIT SPECIFICATIONS AND ESTIMATES FOR: Folgers is pleased to provide this CONTRACT and AGREEMENT for the 2011 Holiday Decorating Season. This One year RENTAL CONTRACT includes Installation, Maintenance, Removal and/ or disposal.	UNIT	TOTAL
<p>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.</p> <p>ORLAND 159th Street: (11) Fantasy trees and pole trim garland (11) Toy Soldiers and pole trim garland (30) Holiday banners installed</p> <p>151st Street: (10) Toy Soldiers and pole trim garland (11) Fantasy trees and pole trim garland</p> <p>94th Street: (13) Toy Soldiers and pole trim garland (13) Fantasy trees and pole trim garland</p> <p>Ravinia: (37) Fantasy trees and pole trim garland.</p> <p>Total cost for the above decorations</p>		9,024.00
<p>Payment terms:</p> <p>Amount due upon signing</p> <p>Amount due upon installation</p> <p>Amount due upon removal</p>		4,512.00 2,256.00 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: 10/21/11

Signature 
 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: 0016398-IN
INVOICE DATE: 10/18/2011
CUSTOMER NO: ORL001

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

SHIP TO:
ORLAND & OLD ORLAND
, IL

CONFIRM TO:
Patty Vlazny

CUSTOMER P.O.	SHIP VIA	F.O.B.	TERMS Net 15 Days			
ITEM NO.	UNIT	ORDERED	SHIPPED	BACK ORD	PRICE	AMOUNT
CHR002 Amount due for the 2011 Holiday Decorating Season per contract. Please pay from this invoice. No other invoice will be sent.	EACH	0.000	0.000	0.000	0.000	0.00
CHR002 Amount due upon signing	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

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/10/2010

PRODUCER (708)597-2800 FAX (708)597-2945
thorntonpowell
5550 West 147th St.
Forest, IL 60452

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 & Decorating, Inc.
2748 York St.
Blue Island, IL 60406-1959

INSURERS AFFORDING COVERAGE

NAIC #

INSURER A: Secura Insurance Co

22543

INSURER B: Hartford Insurance Co. of IL

INSURER C:

INSURER D:

INSURER E:

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 INSER	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY	3171538	12/31/2010	12/31/2011	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 5,000
					PERSONAL & ADV INJURY \$ 1,000,000
					GENERAL AGGREGATE \$ 2,000,000
					PRODUCTS - COMP/OP AGG \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				
B	AUTOMOBILE LIABILITY	3171539	12/31/2010	12/31/2011	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> Co11 Ded \$500 <input checked="" type="checkbox"/> Comp Ded \$250				
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
					AUTO ONLY: AGG \$
B	EXCESS/UMBRELLA LIABILITY	3171540	12/31/2010	12/31/2011	EACH OCCURRENCE \$ 2,000,000
	<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$ 2,000,000
	<input type="checkbox"/> DEDUCTIBLE				\$
	RETENTION \$ 0				\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	NWCCA5882378	12/31/2010	12/31/2011	<input checked="" type="checkbox"/> W/C STATU-TORY LIMITS <input checked="" type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT \$ 500,000
	If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE \$ 500,000
	OTHER				E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

CERTIFICATE HOLDER

CANCELLATION

Village of Orland Park
14700 Ravinia Ave.
Orland Park, IL 60462

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE
Janice Berglind/JAN

