

## *Clerk's Contract and Agreement Cover Page*

**Year:** 2006

**Legistar File ID#:** 2006-0634

**Multi Year:**



**Amount**

\$10,480.00

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**Contract Type:**

Addendum

**Contractor's Name:**

Folgers Flag & Decorating, Inc.

**Contractor's AKA:**

**Execution Date:**

10/1/2006

**Termination Date:**

9/30/2007

**Renewal Date:**

10/1/2007

**Department:**

Media & Special Events

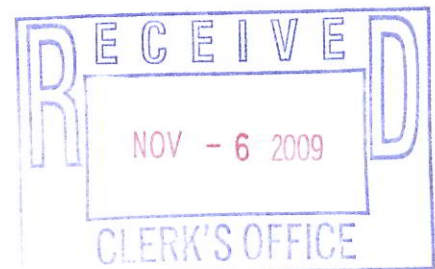
**Originating Person:**

Patty Vlazny

**Contract Description:**

Holiday pole decorations and banners on 159th, 151st, 94th, Ravinia Avenue and Beacon Avenue for 2006, 2007 and 2008.

10/30/09 addendum for 2009 \$9024 (2009-0476)



*Friday, November 06, 2009*

MAYOR  
Daniel J. McLaughlin

VILLAGE CLERK  
David P. Maher

14700 S. Ravinia Ave.  
Orland Park, IL 60462  
(708) 403-6100



VILLAGE HALL

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

November 6, 2009

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

**RE:   *Addendum dated October 30, 2009***  
          *Holiday Decorating 2009*

Dear Ms. Folgers:

Enclosed is a copy of the addendum dated October 30, 2009 to extend the 2006-2008 Holiday Decorating Contract to 2009 in an amount not to exceed Nine Thousand Twenty-Four and No/100 (\$9024.00) 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  
      Judy Konow

Encl:

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

**Dated**  
**November 15, 2006**

**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 28, 2009 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 2009*, 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 **30th day of October, 2009**, 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: Village Manager

Date: \_\_\_\_\_

**FOR: THE CONTRACTOR**

By: \_\_\_\_\_

Print Name: \_\_\_\_\_

Its: \_\_\_\_\_

Date: \_\_\_\_\_

# Proposal/Contract

Page No. 1 of 2 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<br>Village of Orland Park   | PHONE 403-6145<br>Fax 403-6169    | DATE<br>October 28, 2009 |
| STREET<br>14700 Ravinia                           | JOB NAME<br>Orland and Old Orland |                          |
| CITY, STATE AND ZIP CODE<br>Orland Park, IL 60462 | JOB LOCATION                      |                          |
| ARCHITECT<br>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 2009 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 agrland  
(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 above decorations

9024.00

## Payment Terms:

Amount due upon signing  
Amount due upon installation  
Amount due upon removal

4512.00  
2256.00  
2256.00

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 PG 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

Page: 1

## 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: 0014723-IN

INVOICE DATE: 10/28/2009

CUSTOMER NO: ORL001

**SOLD TO:**

Village of Orland Park  
14700 Ravinia  
Orland Park, IL 60462

**SHIP TO:**

Orland & Old Orland  
Christmas 2009

**CONFIRM TO:**

| CUSTOMER P.O.                                                              | SHIP VIA | F.O.B.  | TERMS       |          |           |          |
|----------------------------------------------------------------------------|----------|---------|-------------|----------|-----------|----------|
| Pattv Vlaznv                                                               |          |         | Net 15 Days |          |           |          |
| ITEM NO.                                                                   | UNIT     | ORDERED | SHIPPED     | BACK ORD | PRICE     | AMOUNT   |
| CHR002                                                                     | EACH     | 0.000   | 0.000       | 0.000    | 0.000     | 0.00     |
| Amount due for the 2009 Holiday Decorating Season per the 1 year contract. |          |         |             |          |           |          |
| Please pay from this invoice.<br>No other invocie will be sent.            |          |         |             |          |           |          |
| CHR002                                                                     | EACH     | 1.000   | 1.000       | 0.000    | 4,512.000 | 4,512.00 |
| Amount due upon signing                                                    |          |         |             |          |           |          |
| CHR002                                                                     | EACH     | 1.000   | 1.000       | 0.000    | 2,256.000 | 2,256.00 |
| Amount due upon installation                                               |          |         |             |          |           |          |
| CHR002                                                                     | EACH     | 1.000   | 1.000       | 0.000    | 2,256.000 | 2,256.00 |
| Amount due upon removal                                                    |          |         |             |          |           |          |

|                       |                 |
|-----------------------|-----------------|
| Net Invoice:          | 9,024.00        |
| Less Discount:        | 0.00            |
| Freight:              | 0.00            |
| Sales Tax:            | 0.00            |
| <b>Invoice Total:</b> | <b>9,024.00</b> |

# ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/15/2009

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 & Decorating Inc.  
2750 York  
Blue Island, IL 60406

## INSURERS AFFORDING COVERAGE

NAIC #

INSURER A: Allied Insurance Group

INSURER B: AIG Insurance

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 INSRD | TYPE OF INSURANCE                                                                              | POLICY NUMBER    | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS                                                                                              |
|----------------------|------------------------------------------------------------------------------------------------|------------------|----------------------------------|-----------------------------------|-----------------------------------------------------------------------------------------------------|
| A                    | GENERAL LIABILITY                                                                              | ACP711171        | 12/31/2008                       | 12/31/2009                        | EACH OCCURRENCE \$ 1,000,000                                                                        |
|                      | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY                               |                  |                                  |                                   | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000                                                |
|                      | <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 type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |                  |                                  |                                   |                                                                                                     |
| A                    | AUTOMOBILE LIABILITY                                                                           | ACP711171        | 12/31/2008                       | 12/31/2009                        | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000                                                    |
|                      | <input type="checkbox"/> ANY AUTO                                                              |                  |                                  |                                   | BODILY INJURY (Per person) \$                                                                       |
|                      | <input checked="" type="checkbox"/> ALL OWNED AUTOS                                            |                  |                                  |                                   | BODILY INJURY (Per accident) \$                                                                     |
|                      | <input type="checkbox"/> SCHEDULED AUTOS                                                       |                  |                                  |                                   | PROPERTY DAMAGE (Per accident) \$                                                                   |
|                      | <input checked="" type="checkbox"/> HIRED AUTOS                                                |                  |                                  |                                   |                                                                                                     |
|                      | <input checked="" type="checkbox"/> NON-OWNED AUTOS                                            |                  |                                  |                                   |                                                                                                     |
|                      | <input checked="" type="checkbox"/> Physical Damage                                            |                  |                                  |                                   |                                                                                                     |
|                      | <input checked="" type="checkbox"/> Comp/Coll: \$250/500                                       |                  |                                  |                                   |                                                                                                     |
|                      | GARAGE LIABILITY                                                                               |                  |                                  |                                   | AUTO ONLY - EA ACCIDENT \$                                                                          |
|                      | <input type="checkbox"/> ANY AUTO                                                              |                  |                                  |                                   | OTHER THAN EA ACC \$                                                                                |
|                      |                                                                                                |                  |                                  |                                   | AUTO ONLY: AGG \$                                                                                   |
| A                    | EXCESS/UMBRELLA LIABILITY                                                                      | ACPCAA7111713105 | 12/31/2008                       | 12/31/2009                        | EACH OCCURRENCE \$ 2,000,000                                                                        |
|                      | <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE                 |                  |                                  |                                   | AGGREGATE \$ 2,000,000                                                                              |
|                      |                                                                                                |                  |                                  |                                   | \$                                                                                                  |
|                      | DEDUCTIBLE                                                                                     |                  |                                  |                                   | \$                                                                                                  |
|                      | RETENTION \$                                                                                   |                  |                                  |                                   | \$                                                                                                  |
|                      |                                                                                                |                  |                                  |                                   | \$                                                                                                  |
| B                    | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY                                                  | C43843278        | 12/31/2008                       | 12/31/2009                        | <input checked="" type="checkbox"/> WC 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                                                               |
|                      |                                                                                                |                  |                                  |                                   | 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 #ACP711171 issued by Allied Insurance Group on 12/31/08

## CERTIFICATE HOLDER

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 MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Scott Doerfler

## **IMPORTANT**

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

## **DISCLAIMER**

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

Department: Village Manager's Office  
Name of Committee: Community Events & Outreach  
Date of Meeting: October 12, 2009

## 2009 Holiday Pole Decorations

### **..History**

Folgers Flag Company has provided the unlit pole decorations and banners in the village for a number of years. Last year was the third year of a three year contract for these decorations.

### **..Financial Impact**

Folgers is offering a one-year extension of the existing decorations at a 20% cost reduction for the 2009 holiday season. The cost for 2009 would be \$9,024.00 this year as opposed to \$11,280.00 in 2008. The pole decorations are included in the 2008/09 budget.

### **..Recommended Action/Motion**

I move to recommend to the Village Board to approve accepting the proposal from Folgers Flag & Decorating Company for a one year extension of the existing unlit pole decorations and banners for the 2009 holiday season at a cost not to exceed \$9,024.00.

## Patty Vlazny

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**From:** Debra Folgers [folgersflag@att.net]  
**Sent:** Monday, June 15, 2009 2:50 PM  
**To:** Patty Vlazny  
**Subject:** 2009 Holiday

Patty,

I know budgets are being cut and money is tight. I did, however, want to offer you a 1 year extension of your existing decorations at a 20% reduction in cost for the 2009 holiday season as your 3 year contract has expired. The cost would be \$9,024.00 this year vs. \$11,280.00 last year.

It has been our privilege to work with you over the years and thank you for your consideration.

If you are unable to decorate this year please let me know at your earliest convenience so I can make the decorations available to others.

Folgers Flag & Decorating, Inc.

2748 York St.

Blue Island, IL 60406

708-388-1598 Fax: 708-388-9997

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[www.folgersflag.com](http://www.folgersflag.com)

Holiday decorations, flags, flagpoles, banners, hardware

Family owned and operated since 1961

Deb Folgers, Dan Folgers and remembering Wes