

**BIDDER SUMMARY SHEET**  
**ITB #25-003**  
**Generator Transfer Switch and UPS Maintenance**

Business Name: Interstate Power Systems, Inc.

Street Address: 210 Alexandra Way

City, State, Zip: Carol Stream, IL 60188

Contact Name: Melissa Halagarda

Title: Field Service Supervisor

Phone: 262-505-2870 Fax: \_\_\_\_\_

E-Mail address: melissa.halagarda@istate.com

**Price Proposal**

| YEAR                                                    | DESCRIPTION                                                        | Cost              |
|---------------------------------------------------------|--------------------------------------------------------------------|-------------------|
| 1                                                       | 2025 - Generator Transfer Switch and UPS Maintenance               | 47,861.89         |
| 2                                                       | 2026 - Generator Transfer Switch and UPS Maintenance               | 48,204.29         |
| 3                                                       | 2027 - Generator Transfer Switch and UPS Maintenance               | 50,788.28         |
| 4                                                       | 2028 - Generator Transfer Switch and UPS Maintenance<br>(OPTIONAL) | 51,184.15         |
| 5                                                       | 2029 - Generator Transfer Switch and UPS Maintenance<br>(OPTIONAL) | 53,825.68         |
| <b>*GRAND TOTAL BID PRICE</b>                           |                                                                    | <b>251,864.29</b> |
| <i>*Please enter Total Cost on Bidder Summary Sheet</i> |                                                                    |                   |

|                                                                                                                                      |                                        |                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|-----------------------------------------------------|
| 6                                                                                                                                    | Standard Labor - Hourly Rate           | \$160.00                                            |
| 7                                                                                                                                    | Standard Labor - Emergency Hourly Rate | \$240.00 sat and after hours - \$320 sun & Holidays |
| <i>*All labor rates shall include vehicle, equipment and fuel surcharges; separate charges for these items shall not be allowed.</i> |                                        |                                                     |

**AUTHORIZATION & SIGNATURE**

Name of Authorized Signee: Larry J. Schwartz

Signature of Authorized Signee: 

Title: Chief Compliance Officer Date: 1/15/25

 **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 Larry J. Schwartz,  
(Enter Name of Person Making Certification)

as Chief Compliance Officer  
(Enter Title of Person Making Certification)

and on behalf of Interstate Power Systems, Inc.,  
(Enter Name of Business Organization)

certifies that Bidder is:

1) **A BUSINESS ORGANIZATION:** Yes [ ] No [ ]

Federal Employer I.D. #: 41-1634357  
(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 Minnesota 07/31/1989  
(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 [ ] | Small Business [ ] ( <a href="#">SBA standards</a> ) |
| Women-Owned [ ]    | Prefer not to disclose [ ]                           |
| Veteran-Owned [ ]  | Not Applicable [x]                                   |
| Disabled-Owned [ ] |                                                      |

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 [ ] (SBA standards)  
Women-Owned [ ]      Prefer not to disclose [ ]  
Veteran-Owned [ ]      Not Applicable ☒  
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) ~~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: \_\_\_\_\_~~

~~Brief Description of Program: \_\_\_\_\_~~

9) 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

Larry J. Schwartz  
Name of Authorized Officer

Chief Compliance Officer  
Title

1/15/25  
Date

## REFERENCES

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

**Bidder's Name:** Interstate Power Systems  
*(Enter Name of Business Organization)*

1. ORGANIZATION Village of Skokie  
ADDRESS 9050 Gross Point Road  
PHONE NUMBER Sokie, IL 60077  
CONTACT PERSON 847-922-8435  
YEAR OF PROJECT 2021-2024
2. ORGANIZATION Dupage County  
ADDRESS 421 N County Farm Road  
PHONE NUMBER Rob Quigley  
CONTACT PERSON \_\_\_\_\_  
YEAR OF PROJECT 2021-2024
3. ORGANIZATION Carol Stream Fire Dept  
ADDRESS 1045 Lies Road  
PHONE NUMBER 630-973-3991  
CONTACT PERSON Tim Cicero  
YEAR OF PROJECT 2022-2024



**ORLAND PARK**

**ITB #25-003**

**Generator Transfer Switch and UPS Maintenance**

**SUBMITTAL CHECKLIST**

In order to be responsive, each Bidder must submit the following items by 11:00 A.M. January 21, 2025:

1. Three (3) sealed hardcopies of the bid: Not later than the bid opening, Bidders must submit bids in a sealed envelope labeled ITB#25-003 Generator Transfer Switch and UPS Maintenance in the lower left hand corner and addressed to:

Village of Orland Park  
Attn: Clerk's Office  
14700 S. Ravinia Ave.  
Orland Park, IL 60462

2. Bid Bond for ten percent (10%) of the bid price. Include the original document in the unbound bid copy. Bid Bond is Not Applicable.
3. Signed and completed forms from *Section III*:
  - a. Bidder Summary Sheet
  - b. Certificate of Compliance
  - c. References (*3 total*)
  - d. Insurance Requirements Form and policy specimen Certificate of Insurance
  - e. Unit Price Sheet – Under Separate Cover



# 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>WORKERS' COMPENSATION &amp; EMPLOYER LIABILITY</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>LIABILITY UMBRELLA</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>AUTOMOBILE LIABILITY</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>PROFESSIONAL LIABILITY</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>GENERAL LIABILITY</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                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> <b>BUILDERS RISK</b><br>Completed Property Full Replacement Cost Limits – Structures under construction                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>ADDITIONAL INSURED ENDORSEMENTS:</b><br>(Not applicable for Goods Only Purchases) <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>ENVIRONMENTAL IMPAIRMENT/POLLUTION LIABILITY</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>CYBER LIABILITY</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 January, 2025

  
Signature

Larry J. Schwartz, Chief Compliance Officer

Printed Name & Title

Authorized to execute agreements for:

Interstate Power Systems, Inc.

Name of Company





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/1/2026

12/30/2024

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> Lockton Companies, LLC<br>Three City Place Drive, Suite 900<br>St. Louis MO 63141-7081<br>(314) 432-0500<br>midwestcertificates@lockton.com                                               | <b>CONTACT NAME:</b><br><b>PHONE (A/C, No, Ext):</b><br><b>E-MAIL ADDRESS:</b><br><b>FAX (A/C, No):</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                               |  |        |                                                    |  |       |                                                            |  |       |                                             |  |       |                                                            |  |       |             |  |  |             |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|--|--------|----------------------------------------------------|--|-------|------------------------------------------------------------|--|-------|---------------------------------------------|--|-------|------------------------------------------------------------|--|-------|-------------|--|--|-------------|--|--|
| <b>INSURED</b> 1324127 GDG Holdings, Inc.;<br>Interstate Companies, Inc.;<br>Interstate Power Systems, Inc.; I-State Truck, Inc<br>Interstate Assembly Systems, Inc.;<br>Interstate Bearing Systems, Inc. | <table><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A : The Charter Oak Fire Insurance Company</td><td></td><td>25615</td></tr><tr><td>INSURER B : Travelers Property Casualty Company of America</td><td></td><td>25674</td></tr><tr><td>INSURER C : The Travelers Indemnity Company</td><td></td><td>25658</td></tr><tr><td>INSURER D : The Travelers Indemnity Company of Connecticut</td><td></td><td>25682</td></tr><tr><td>INSURER E :</td><td></td><td></td></tr><tr><td>INSURER F :</td><td></td><td></td></tr></table> | INSURER(S) AFFORDING COVERAGE |  | NAIC # | INSURER A : The Charter Oak Fire Insurance Company |  | 25615 | INSURER B : Travelers Property Casualty Company of America |  | 25674 | INSURER C : The Travelers Indemnity Company |  | 25658 | INSURER D : The Travelers Indemnity Company of Connecticut |  | 25682 | INSURER E : |  |  | INSURER F : |  |  |
| INSURER(S) AFFORDING COVERAGE                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | NAIC #                        |  |        |                                                    |  |       |                                                            |  |       |                                             |  |       |                                                            |  |       |             |  |  |             |  |  |
| INSURER A : The Charter Oak Fire Insurance Company                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 25615                         |  |        |                                                    |  |       |                                                            |  |       |                                             |  |       |                                                            |  |       |             |  |  |             |  |  |
| INSURER B : Travelers Property Casualty Company of America                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 25674                         |  |        |                                                    |  |       |                                                            |  |       |                                             |  |       |                                                            |  |       |             |  |  |             |  |  |
| INSURER C : The Travelers Indemnity Company                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 25658                         |  |        |                                                    |  |       |                                                            |  |       |                                             |  |       |                                                            |  |       |             |  |  |             |  |  |
| INSURER D : The Travelers Indemnity Company of Connecticut                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 25682                         |  |        |                                                    |  |       |                                                            |  |       |                                             |  |       |                                                            |  |       |             |  |  |             |  |  |
| INSURER E :                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |  |        |                                                    |  |       |                                                            |  |       |                                             |  |       |                                                            |  |       |             |  |  |             |  |  |
| INSURER F :                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |  |        |                                                    |  |       |                                                            |  |       |                                             |  |       |                                                            |  |       |             |  |  |             |  |  |

**COVERAGES****CERTIFICATE NUMBER:** 18314377**REVISION NUMBER:** XXXXXXXX

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<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: | Y                                   | Y        | Y-630-3123P92A-COF-25 | 1/1/2025                | 1/1/2026                | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000<br>MED EXP (Any one person) \$ 10,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 2,000,000<br>PRODUCTS - COMP/OP AGG \$ 2,000,000<br>\$ |
| D        | <input checked="" type="checkbox"/> AUTOMOBILE LIABILITY<br><input checked="" type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY                           | Y                                   | Y        | 810-3123P92A-25-14    | 1/1/2025                | 1/1/2026                | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000<br>BODILY INJURY (Per person) \$ XXXXXXXX<br>BODILY INJURY (Per accident) \$ XXXXXXXX<br>PROPERTY DAMAGE (Per accident) \$ XXXXXXXX<br>\$ XXXXXXXX                                             |
| B        | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR<br><input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br><br>DED <input type="checkbox"/> RETENTION \$                                                                                           | N                                   | N        | CUP-5X178534-25-14    | 1/1/2025                | 1/1/2026                | EACH OCCURRENCE \$ 10,000,000<br>AGGREGATE \$ 10,000,000<br>\$ XXXXXXXX                                                                                                                                                                         |
|          | 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><input type="checkbox"/> N/A |          | NOT APPLICABLE        |                         |                         | PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/><br>E.L. EACH ACCIDENT \$ XXXXXXXX<br>E.L. DISEASE - EA EMPLOYEE \$ XXXXXXXX<br>E.L. DISEASE - POLICY LIMIT \$ XXXXXXXX                                                     |
| C        | Auto Dealers                                                                                                                                                                                                                                                                                                        | N                                   | N        | AD-9M249191-25-14     | 1/1/2025                | 1/1/2026                | \$1,000,000 per accident/\$3,000,000agg                                                                                                                                                                                                         |
| C        | Auto Dealers                                                                                                                                                                                                                                                                                                        |                                     |          | AD-5G646327-25-14     | 1/1/2025                | 1/1/2026                | \$1,000,000 per accident/\$3,000,000agg                                                                                                                                                                                                         |

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

\*CARRIER C - AUTO DEALERS - AD-3P624473-25-14 - Effective 1/1/2025 - 1/1/2026 - \$1,000,000 PER ACCIDENT/ \$3,000,000 AGGREGATE\*. Named Insureds Mailing Address for all entities shown on Certificate: 1340 Corporate Center Curve, Eagan, MN 55121. Garagekeepers Legal Liability provided for scheduled locations at the following limits: Comprehensive: \$ 2,000,000 MINUS \$5,000 DEDUCTIBLE FOR ALL PERILS FOR EACH CUSTOMER'S AUTO / Collision: \$2,000,000 MINUS \$5,000 DEDUCTIBLE FOR EACH CUSTOMER'S AUTO. \*SEE PAGE TWO\*

**CERTIFICATE HOLDER****CANCELLATION** See Attachments

18314377  
Village of Orland Park  
14700 Ravinia Avenue  
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

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RE: Proposed work for the Village of Orland Park. Village of Orland Park, its related entities and each of their respective officers, directors, employees and agents are included as additional insureds on a Primary and Non-contributory basis if required by written contract with respect to General Liability and Automobile Liability per the terms and conditions of the policy. A waiver of subrogation applies in favor of Village of Orland Park, its related entities and each of their respective officers, directors, employees and agents if required by written contract with respect to General Liability and Automobile Liability per the terms and conditions of the policy where permitted by state law. A 30-day notice of cancellation is included if required by written contract with respect to General Liability and Automobile Liability per the terms and conditions of the policy.



Village of Orland Park  
14700 Ravinia Avenue  
Orland Park IL 60462

## IMPORTANT NOTICE

**To whom it may concern:**

In our continued effort to provide timely certificate delivery, Lockton Companies is transitioning to paperless delivery of Certificates of Insurance going forward.

To ensure future renewals of this certificate, we need your email address. Please contact us via one of the methods below, referencing **Certificate ID 18314377**

- Email: [stl-edelivery@lockton.com](mailto:stl-edelivery@lockton.com)
- Phone: (866) 728-5657 (toll-free)

**If we do not receive your email address via one of the above methods prior to the client's next renewal, we will assume you no longer need the certificate.**

If you received this certificate through an internet link where the current certificate is viewable, we have your email and no further action is needed.

*The above inbox is for collecting email addresses for renewal electronic certificate delivery ONLY. You will not receive a response from this inbox.*

Thank you for your cooperation.

**Lockton Companies**

Excess Liability – Layer 1 (\$5M x \$10M)

Term: 1/1/2025 to 1/1/2026

Insurer: Lexington Insurance Company

Policy #: 027734638

Limit:

\$5,000,000 Each Claim, Each Occurrence or Each Wrongful Act

\$5,000,000 General Aggregate

\$5,000,000 Products and Completed Operations Aggregate

Retention: \$0

Excess Liability – Layer 2 (\$15M x \$15M)

Term: 1/1/2025 to 1/1/2026

Insurer: SiriusPoint Specialty Insurance Corp.

Policy #: TSX-001262-25

Limit:

\$7,500,000 Limit of Insurance part of \$15,000,000

\$7,500,000 Aggregate part of \$15,000,000

Insurer: Westfield Specialty Insurance Company

Policy #: XSL-460704R-00

Limit:

\$7,500,000 Limit of Insurance part of \$15,000,000

\$7,500,000 Aggregate part of \$15,000,000

Retention: \$0

## COMMERCIAL GENERAL LIABILITY

## 4. Other Insurance

If valid and collectible other insurance is available to the insured for a loss we cover under Coverages A or B of this Coverage Part, our obligations are limited as described in Paragraphs a. and b. below.

As used anywhere in this Coverage Part, other insurance means insurance, or the funding of losses, that is provided by, through or on behalf of:

- (i) Another insurance company;
- (ii) Us or any of our affiliated insurance companies, except when the Non cumulation of Each Occurrence Limit provision of Paragraph 5. of Section III — Limits Of Insurance or the Non cumulation of Personal and Advertising Injury Limit provision of Paragraph 4. of Section III — Limits of Insurance applies because the Amendment — Non Cumulation Of Each Occurrence Limit Of Liability And Non Cumulation Of Personal And Advertising Injury Limit endorsement is included in this policy;
- (iii) Any risk retention group; or
- (iv) Any self-insurance method or program, in which case the insured will be deemed to be the provider of other insurance.

Other insurance does not include umbrella insurance, or excess insurance, that was bought specifically to apply in excess of the Limits of Insurance shown in the Declarations of this Coverage Part.

As used anywhere in this Coverage Part, other insurer means a provider of other insurance. As used in Paragraph c. below, insurer means a provider of insurance.

## a. Primary Insurance

This insurance is primary except when Paragraph b. below applies. If this insurance is primary, our obligations are not affected unless any of the other insurance is also primary. Then, we will share with all that other insurance by the method described in Paragraph c. below, except when Paragraph d. below applies.

## b. Excess Insurance

(1) This insurance is excess over:

- (a) Any of the other insurance, whether primary, excess, contingent or on any other basis:
- (i) That is Fire, Extended Coverage, Builders Risk, Installation Risk or similar coverage for "your work";

(ii) That is insurance for "premises damage";

(iii) If the loss arises out of the maintenance or use of aircraft, "autos" or watercraft to the extent not subject to any exclusion in this Coverage Part that applies to aircraft, "autos" or watercraft;

(iv) That is insurance available to a premises owner, manager or lessor that qualifies as an insured under Paragraph 4. of Section II — Who Is An Insured, except when Paragraph d. below applies; or

(v) That is insurance available to an equipment lessor that qualifies as an insured under Paragraph 5. of Section II — Who Is An Insured, except when Paragraph d. below applies.

(b) Any of the other insurance, whether primary, excess, contingent or on any other basis, that is available to the insured when the insured is an additional insured, or is any other insured that does not qualify as a named insured, under such other insurance.

(2) When this insurance is excess, we will have no duty under Coverages A or B to defend the insured against any "suit" if any other insurer has a duty to defend the insured against that "suit". If no other insurer defends, we will undertake to do so, but we will be entitled to the insured's rights against all those other insurers.

(3) When this insurance is excess over other insurance, we will pay only our share of the amount of the loss, if any, that exceeds the sum of:

(a) The total amount that all such other insurance would pay for the loss in the absence of this insurance; and

(b) The total of all deductible and self-insured amounts under all that other insurance.

(4) We will share the remaining loss, if any, with any other insurance that is not described in this Excess Insurance provision and was not bought specifically to apply in excess of the Limits of Insurance shown in the Declarations of this Coverage Part.

COMMERCIAL GENERAL LIABILITY

c. Method Of Sharing

If all of the other insurance permits contribution by equal shares, we will follow this method also. Under this approach each insurer contributes equal amounts until it has paid its applicable limit of insurance or none of the loss remains, whichever comes first.

If any of the other insurance does not permit contribution by equal shares, we will contribute by limits. Under this method, each insurers share is based on the ratio of its applicable limit of insurance to the total applicable limits of insurance of all insurers.

d. Primary And Non-Contributory Insurance If Required By Written Contract

If you specifically agree in a written contract or agreement that the insurance afforded to an insured under this Coverage Part must apply on a primary basis, or a primary and non-contributory basis, this insurance is primary to other insurance that is available to such insured which covers such insured as a named insured, and we will not share with that other insurance, provided that:

- (1) The "bodily injury" or "property damage" for which coverage is sought occurs; and
- (2) The "personal and advertising injury" for which coverage is sought is caused by an offense that is committed;

subsequent to the signing of that contract or agreement by you.

5. Premium Audit

- a. We will compute all premiums for this Coverage Part in accordance with our rules and rates.
- b. Premium shown in this Coverage Part as advance premium is a deposit premium only. At the close of each audit period we will compute the earned premium for that period and send notice to the first Named Insured. The due date for audit and retrospective premiums is the date shown as the due date on the bill. If the sum of the advance and audit premiums paid for the policy period is greater than the earned premium, we will return the excess to the first Named Insured.
- c. The first Named Insured must keep records of the information we need for premium computation, and send us copies at such times as we may request.

6. Representations

By accepting this policy, you agree:

- a. The statements in the Declarations are accurate and complete;
- b. Those statements are based upon representations you made to us; and
- c. We have issued this policy in reliance upon your representations.

The unintentional omission of, or unintentional error in, any information provided by you which we relied upon in issuing this policy will not prejudice your rights under this insurance. However, this provision does not affect our right to collect additional premium or to exercise our rights of cancellation or nonrenewal in accordance with applicable insurance laws or regulations.

7. Separation Of Insureds

Except with respect to the Limits of Insurance, and any rights or duties specifically assigned in this Coverage Part to the first Named Insured, this insurance applies:

- a. As if each Named Insured were the only Named Insured; and
- b. Separately to each insured against whom claim is made or "suit" is brought.

8. Transfer Of Rights Of Recovery Against Others To Us

If the insured has rights to recover all or part of any payment we have made under this Coverage Part, those rights are transferred to us. The insured must do nothing after loss to impair them. At our request, the insured will bring "suit" or transfer those rights to us and help us enforce them.

9. When We Do Not Renew

If we decide not to renew this Coverage Part, we will mail or deliver to the first Named Insured shown in the Declarations written notice of the nonrenewal not less than 30 days before the expiration date.

If notice is mailed, proof of mailing will be sufficient proof of notice.

SECTION V — DEFINITIONS

1. "Advertisement" means a notice that is broadcast or published to the general public or specific market segments about your goods, products or services for the purpose of attracting customers or supporters. For the purposes of this definition:
  - a. Notices that are published include material placed on the Internet or on similar electronic means of communication; and
  - b. Regarding websites, only that part of a website that is about your goods, products or services for the purposes of attracting customers or supporters is considered an advertisement.

## COMMERCIAL AUTO

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## BUSINESS AUTO EXTENSION ENDORSEMENT

This endorsement modifies insurance provided under the following:

### BUSINESS AUTO COVERAGE FORM

**GENERAL DESCRIPTION OF COVERAGE** — This endorsement broadens coverage. However, coverage for any injury, damage or medical expenses described in any of the provisions of this endorsement may be excluded or limited by another endorsement to the Coverage Part, and these coverage broadening provisions do not apply to the extent that coverage is excluded or limited by such an endorsement. The following listing is a general coverage description only. Limitations and exclusions may apply to these coverages. Read all the provisions of this endorsement and the rest of your policy carefully to determine rights, duties, and what is and is not covered.

- |                                                              |                                                                |
|--------------------------------------------------------------|----------------------------------------------------------------|
| A. BROAD FORM NAMED INSURED                                  | H. HIRED AUTO PHYSICAL DAMAGE — LOSS OF USE — INCREASED LIMIT  |
| B. BLANKET ADDITIONAL INSURED                                | I. PHYSICAL DAMAGE — TRANSPORTATION EXPENSES — INCREASED LIMIT |
| C. EMPLOYEE HIRED AUTO                                       | J. PERSONAL PROPERTY                                           |
| D. EMPLOYEES AS INSURED                                      | K. AIRBAGS                                                     |
| E. SUPPLEMENTARY PAYMENTS — INCREASED LIMITS                 | L. NOTICE AND KNOWLEDGE OF ACCIDENT OR LOSS                    |
| F. HIRED AUTO — LIMITED WORLDWIDE COVERAGE — INDEMNITY BASIS | M. BLANKET WAIVER OF SUBROGATION                               |
| G. WAIVER OF DEDUCTIBLE — GLASS                              | N. UNINTENTIONAL ERRORS OR OMISSIONS                           |

### PROVISIONS

#### A. BROAD FORM NAMED INSURED

The following is added to Paragraph A.1., Who Is An Insured, of SECTION II — COVERED AUTOS LIABILITY COVERAGE:

Any organization you newly acquire or form during the policy period over which you maintain 50% or more ownership interest and that is not separately insured for Business Auto Coverage. Coverage under this provision is afforded only until the 180th day after you acquire or form the organization or the end of the policy period, whichever is earlier.

#### B. BLANKET ADDITIONAL INSURED

The following is added to Paragraph c. in A.1., Who Is An Insured, of SECTION II — COVERED AUTOS LIABILITY COVERAGE:

Any person or organization who is required under a written contract or agreement between you and that person or organization, that is signed and executed by you before the "bodily injury" or "property damage" occurs and that is in effect during the policy period, to be named as an additional insured is an "insured" for Covered Autos Liability Coverage, but only for damages to which

this insurance applies and only to the extent that person or organization qualifies as an "insured" under the Who Is An Insured provision contained in Section II.

#### C. EMPLOYEE HIRED AUTO

1. The following is added to Paragraph A.1., Who Is An Insured, of SECTION II — COVERED AUTOS LIABILITY COVERAGE:

An "employee" of yours is an "insured" while operating an "auto" hired or rented under a contract or agreement in an "employees" name, with your permission, while performing duties related to the conduct of your business.

2. The following replaces Paragraph b. in B.5., Other Insurance, of SECTION IV — BUSINESS AUTO CONDITIONS:

b. For Hired Auto Physical Damage Coverage, the following are deemed to be covered "autos" you own:

- (1) Any covered "auto" you lease, hire, rent or borrow; and
- (2) Any covered "auto" hired or rented by your "employee" under a contract in an "employees" name, with your

## COMMERCIAL AUTO

permission, while performing duties related to the conduct of your business.

However, any "auto" that is leased, hired, rented or borrowed with a driver is not a covered "auto".

### D. EMPLOYEES AS INSURED

The following is added to Paragraph A.1., Who Is An Insured, of SECTION II — COVERED AUTOS LIABILITY COVERAGE:

Any "employee" of yours is an "insured" while using a covered "auto" you don't own, hire or borrow in your business or your personal affairs.

### E. SUPPLEMENTARY PAYMENTS — INCREASED LIMITS

1. The following replaces Paragraph A.2.a.(2), of SECTION II — COVERED AUTOS LIABILITY COVERAGE:

(2) Up to \$3,000 for cost of bail bonds (including bonds for related traffic law violations) required because of an "accident" we cover. We do not have to furnish these bonds.

2. The following replaces Paragraph A.2.a.(4), of SECTION II — COVERED AUTOS LIABILITY COVERAGE:

(4) All reasonable expenses incurred by the "insured" at our request, including actual loss of earnings up to \$500 a day because of time off from work.

### F. HIRED AUTO — LIMITED WORLDWIDE COVERAGE — INDEMNITY BASIS

The following replaces Subparagraph (5) in Paragraph B.7., Policy Period, Coverage Territory, of SECTION IV — BUSINESS AUTO CONDITIONS:

(5) Anywhere in the world, except any country or jurisdiction while any trade sanction, embargo, or similar regulation imposed by the United States of America applies to and prohibits the transaction of business with or within such country or jurisdiction, for Covered Autos Liability Coverage for any covered "auto" that you lease, hire, rent or borrow without a driver for a period of 30 days or less and that is not an "auto" you lease, hire, rent or borrow from any of your "employees", partners (if you are a partnership), members (if you are a limited liability company) or members of their households.

(a) With respect to any claim made or "suit" brought outside the United States of America, the territories and possessions of the United States of America, Puerto Rico and Canada:

(i) You must arrange to defend the "insured" against, and investigate or settle any such claim or "suit" and keep us advised of all proceedings and actions.

(ii) Neither you nor any other involved "insured" will make any settlement without our consent.

(iii) We may, at our discretion, participate in defending the "insured" against, or in the settlement of, any claim or "suit".

(iv) We will reimburse the "insured" for sums that the "insured" legally must pay as damages because of "bodily injury" or "property damage" to which this insurance applies, that the "insured" pays with our consent, but only up to the limit described in Paragraph C., Limits Of Insurance, of SECTION II — COVERED AUTOS LIABILITY COVERAGE.

(v) We will reimburse the "insured" for the reasonable expenses incurred with our consent for your investigation of such claims and your defense of the "insured" against any such "suit", but only up to and included within the limit described in Paragraph C., Limits Of Insurance, of SECTION II — COVERED AUTOS LIABILITY COVERAGE, and not in addition to such limit. Our duty to make such payments ends when we have used up the applicable limit of insurance in payments for damages, settlements or defense expenses.

(b) This insurance is excess over any valid and collectible other insurance available to the "insured" whether primary, excess, contingent or on any other basis.

(c) This insurance is not a substitute for required or compulsory insurance in any country outside the United States, its territories and possessions, Puerto Rico and Canada.

## COMMERCIAL AUTO

You agree to maintain all required or compulsory insurance in any such country up to the minimum limits required by local law. Your failure to comply with compulsory insurance requirements will not invalidate the coverage afforded by this policy, but we will only be liable to the same extent we would have been liable had you complied with the compulsory insurance requirements.

- (d) It is understood that we are not an admitted or authorized insurer outside the United States of America, its territories and possessions, Puerto Rico and Canada. We assume no responsibility for the furnishing of certificates of insurance, or for compliance in any way with the laws of other countries relating to insurance.

## G. WAIVER OF DEDUCTIBLE — GLASS

The following is added to Paragraph D., Deductible, of SECTION III — PHYSICAL DAMAGE COVERAGE:

No deductible for a covered "auto" will apply to glass damage if the glass is repaired rather than replaced.

## H. HIRED AUTO PHYSICAL DAMAGE — LOSS OF USE — INCREASED LIMIT

The following replaces the last sentence of Paragraph A.4.b., Loss Of Use Expenses, of SECTION III — PHYSICAL DAMAGE COVERAGE:

However, the most we will pay for any expenses for loss of use is \$65 per day, to a maximum of \$750 for any one "accident".

## I. PHYSICAL DAMAGE — TRANSPORTATION EXPENSES — INCREASED LIMIT

The following replaces the first sentence in Paragraph A.4.a., Transportation Expenses, of SECTION III — PHYSICAL DAMAGE COVERAGE:

We will pay up to \$50 per day to a maximum of \$1,500 for temporary transportation expense incurred by you because of the total theft of a covered "auto" of the private passenger type.

## J. PERSONAL PROPERTY

The following is added to Paragraph A.4., Coverage Extensions, of SECTION III — PHYSICAL DAMAGE COVERAGE:

Personal Property

We will pay up to \$400 for "loss" to wearing apparel and other personal property which is:

- (1) Owned by an "insured"; and

- (2) In or on your covered "auto".

This coverage applies only in the event of a total theft of your covered "auto".

No deductibles apply to this Personal Property coverage.

## K. AIRBAGS

The following is added to Paragraph B.3., Exclusions, of SECTION III — PHYSICAL DAMAGE COVERAGE:

Exclusion 3.a. does not apply to "loss" to one or more airbags in a covered "auto" you own that inflate due to a cause other than a cause of "loss" set forth in Paragraphs A.1.b. and A.1.c., but only:

- If that "auto" is a covered "auto" for Comprehensive Coverage under this policy;
- The airbags are not covered under any warranty; and
- The airbags were not intentionally inflated.

We will pay up to a maximum of \$1,000 for any one "loss".

## L. NOTICE AND KNOWLEDGE OF ACCIDENT OR LOSS

The following is added to Paragraph A.2.a., of SECTION IV — BUSINESS AUTO CONDITIONS:

Your duty to give us or our authorized representative prompt notice of the "accident" or "loss" applies only when the "accident" or "loss" is known to:

- You (if you are an individual);
- A partner (if you are a partnership);
- A member (if you are a limited liability company);
- An executive officer, director or insurance manager (if you are a corporation or other organization); or
- Any "employee" authorized by you to give notice of the "accident" or "loss".

## M. BLANKET WAIVER OF SUBROGATION

The following replaces Paragraph A.5., Transfer Of Rights Of Recovery Against Others To Us, of SECTION IV — BUSINESS AUTO CONDITIONS:

## 5. Transfer Of Rights Of Recovery Against Others To Us

We waive any right of recovery we may have against any person or organization to the extent required of you by a written contract signed and executed prior to any "accident" or "loss", provided that the "accident" or "loss" arises out of operations contemplated by

COMMERCIAL AUTO

such contract. The waiver applies only to the person or organization designated in such contract.

N. UNINTENTIONAL ERRORS OR OMISSIONS

The following is added to Paragraph B.2., Concealment, Misrepresentation, Or Fraud, of  
SECTION IV — BUSINESS AUTO CONDITIONS:

The unintentional omission of, or unintentional error in, any information given by you shall not prejudice your rights under this insurance. However this provision does not affect our right to collect additional premium or exercise our right of cancellation or non-renewal.



# CERTIFICATE OF LIABILITY INSURANCE

Page 1 of 1

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).

PRODUCER  
Willis Towers Watson Midwest, Inc.  
c/o 26 Century Blvd  
P.O. Box 305191  
Nashville, TN 372305191 USA

CONTACT NAME: WTW Certificate Center  
PHONE (A/C, No, Ext): 1-877-945-7378 FAX (A/C, No): 1-888-467-2378  
E-MAIL ADDRESS: certificates@wtwco.com

INSURED  
GDG Holdings, Inc. d/b/a  
Interstate Companies, Inc., Interstate Power Systems, Inc.,  
Istate Truck, Inc., Interstate Assembly Systems, Inc. &  
Interstate Bearing Systems, Inc.

| INSURER(S) AFFORDING COVERAGE      | NAIC # |
|------------------------------------|--------|
| INSURER A: Sentry Casualty Company | 28460  |
| INSURER B:                         |        |
| INSURER C:                         |        |
| INSURER D:                         |        |
| INSURER E:                         |        |
| INSURER F:                         |        |

**COVERAGES**

CERTIFICATE NUMBER: W36731010

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 INSD WVD                   | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                                                          |
|----------|------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|---------------|-------------------------|-------------------------|---------------------------------------------------------------------------------|
|          | COMMERCIAL GENERAL LIABILITY                                                                                                       |                                      |               |                         |                         | EACH OCCURRENCE \$                                                              |
|          | <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR                                                                |                                      |               |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) \$                                    |
|          |                                                                                                                                    |                                      |               |                         |                         | MED EXP (Any one person) \$                                                     |
|          |                                                                                                                                    |                                      |               |                         |                         | PERSONAL & ADV INJURY \$                                                        |
|          | GEN'L AGGREGATE LIMIT APPLIES PER:                                                                                                 |                                      |               |                         |                         | GENERAL AGGREGATE \$                                                            |
|          | <input type="checkbox"/> POLICY <input type="checkbox"/> PRO. JECT <input type="checkbox"/> LOC                                    |                                      |               |                         |                         | PRODUCTS - COMP/OP AGG \$                                                       |
|          | OTHER:                                                                                                                             |                                      |               |                         |                         | \$                                                                              |
|          | AUTOMOBILE LIABILITY                                                                                                               |                                      |               |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$                                          |
|          | <input type="checkbox"/> ANY AUTO                                                                                                  |                                      |               |                         |                         | BODILY INJURY (Per person) \$                                                   |
|          | <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY                            |                                      |               |                         |                         | BODILY INJURY (Per accident) \$                                                 |
|          | <input type="checkbox"/> HIRED AUTOS ONLY                                                                                          |                                      |               |                         |                         | PROPERTY DAMAGE (Per accident) \$                                               |
|          |                                                                                                                                    |                                      |               |                         |                         | \$                                                                              |
|          | UMBRELLA LIAB                                                                                                                      | <input type="checkbox"/> OCCUR       |               |                         |                         | EACH OCCURRENCE \$                                                              |
|          | EXCESS LIAB                                                                                                                        | <input type="checkbox"/> CLAIMS-MADE |               |                         |                         | AGGREGATE \$                                                                    |
|          | DED <input type="checkbox"/> RETENTION \$                                                                                          |                                      |               |                         |                         | \$                                                                              |
| A        | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N <input type="checkbox"/> No N/A                                                  |                                      | 9015953-001   | 12/31/2024              | 12/31/2025              | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER |
|          | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below |                                      |               |                         |                         | E.L. EACH ACCIDENT \$ 1,000,000                                                 |
|          |                                                                                                                                    |                                      |               |                         |                         | E.L. DISEASE - EA EMPLOYEE \$ 1,000,000                                         |
|          |                                                                                                                                    |                                      |               |                         |                         | E.L. DISEASE - POLICY LIMIT \$ 1,000,000                                        |
| A        | Worker's Compensation and Employers Liability                                                                                      |                                      | 9015953-002   | 12/31/2024              | 12/31/2025              | EL Each Accident \$1,000,000                                                    |
|          | State of Wisconsin - Per Statute                                                                                                   |                                      |               |                         |                         | EL Disease-Pol Limit \$1,000,000                                                |
|          |                                                                                                                                    |                                      |               |                         |                         | EL Disease-Each Empl \$1,000,000                                                |

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

Named Insureds Mailing Address for all entities shown on Certificate: 1340 Corporate Center Curve, Eagan, MN 55121-1233

Worker's Compensation and Employers Liability Includes Stop-Gap Coverage in ND, OH and WY

**CERTIFICATE HOLDER****CANCELLATION**

|                                                                         |                                                                                                                                                                                                     |
|-------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Village of Orland Park<br>14700 Ravinia Avenue<br>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.<br><br>AUTHORIZED REPRESENTATIVE<br> |
|-------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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# AIA<sup>®</sup> Document A310<sup>™</sup> – 2010

## Bid Bond

### CONTRACTOR:

(Name, legal status and address)

Interstate Power Systems, Inc.

1340 Corporate Center Curve  
Eagan, MN 55121

### OWNER:

(Name, legal status and address)

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

**BOND AMOUNT:** Ten Percent of the Total Amount Bid (10%)

### PROJECT:

(Name, location or address, and Project number, if any)

ITB #25-003, Generator Transfer Switch and UPS Maintenance, Orland Park, IL

### SURETY:

(Name, legal status and principal place of business)

Western Surety Company  
151 N Franklin St.  
Chicago, IL 60606

This document has important legal consequences. Consultation with an attorney is encouraged with respect to its completion or modification.

Any singular reference to Contractor, Surety, Owner or other party shall be considered plural where applicable.

The Contractor and Surety are bound to the Owner in the amount set forth above, for the payment of which the Contractor and Surety bind themselves, their heirs, executors, administrators, successors and assigns, jointly and severally, as provided herein. The conditions of this Bond are such that if the Owner accepts the bid of the Contractor within the time specified in the bid documents, or within such time period as may be agreed to by the Owner and Contractor, and the Contractor either (1) enters into a contract with the Owner in accordance with the terms of such bid, and gives such bond or bonds as may be specified in the bidding or Contract Documents, with a surety admitted in the jurisdiction of the Project and otherwise acceptable to the Owner, for the faithful performance of such Contract and for the prompt payment of labor and material furnished in the prosecution thereof; or (2) pays to the Owner the difference, not to exceed the amount of this Bond, between the amount specified in said bid and such larger amount for which the Owner 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. The Surety hereby waives any notice of an agreement between the Owner and Contractor to extend the time in which the Owner may accept the bid. Waiver of notice by the Surety shall not apply to any extension exceeding sixty (60) days in the aggregate beyond the time for acceptance of bids specified in the bid documents, and the Owner and Contractor shall obtain the Surety's consent for an extension beyond sixty (60) days.

If this Bond is issued in connection with a subcontractor's bid to a Contractor, the term Contractor in this Bond shall be deemed to be Subcontractor and the term Owner shall be deemed to be Contractor.

When this Bond has been furnished to comply with a statutory or other legal requirement in the location of the Project, any provision in this Bond conflicting with said statutory or legal requirement shall be deemed deleted herefrom and provisions conforming to such statutory or other legal requirement shall be deemed incorporated herein. When so furnished, the intent is that this Bond shall be construed as a statutory bond and not as a common law bond.

Signed and sealed this 15th day of January, 2025

  
(Witness)

  
(Witness) Michelle Morrison

Interstate Power Systems, Inc.

(Principal)

(Title) Larry J. Schwartz, CFO

Western Surety Company

(Surety)

(Title) Jessie Allen, Attorney-in-Fact

**CAUTION:** You should sign an original AIA Contract Document, on which this text appears in RED. An original assures that changes will not be obscured.



Init.

# Western Surety Company

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

Know 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

**Douglas Muth, Greg Krier, Grace Rasmussen, Jessie Allen, Bailey Beach, Individually**

of Sioux Falls, IA, 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 -

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 1st day of March, 2024.



WESTERN SURETY COMPANY

Larry Kasten, Vice President

State of South Dakota }  
County of Minnehaha } ss

On this 1st day of March, 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 15th day of January, 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 / Obligor Services > Validate Bond Coverage, if you want to verify bond authenticity.