

## Clerk's Contract and Agreement Cover Page

Year: <sup>2007</sup>~~2008~~                      Legistar File ID#: 2007-0629  
 Multi Year:                       Amount                      \$9,540.00

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Contract Type:                      Services  
 Contractor's Name:                      Frontline Services  
 Contractor's AKA:                      Sound Works Productions - effective 2010  
 Execution Date:                      10/31/2007  
 Termination Date:                      8/31/2010  
 Renewal Date:  
 Department:                      Media & Special Events  
 Originating Person:                      Patty Vlazny

Contract Description:      Sound Stage and Lighting for Taste of Orland 2008-2010

2010 - name change to Sound Works Productions



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

April 22, 2010

Mr. Daniel Nickleski  
Sound Works Productions  
925 Lambrecht Road  
Frankfort, Illinois 60423

RE: *Addendum dated April 7, 2010*  
*Sound Stage and Lighting-Taste of Orland 2008-2010*

Dear Mr. Nickleski:

Enclosed is a copy of the addendum dated April 7, 2010 for the name change to from Frontline Services to Sound Works Productions. Please attach this to the original *Sound Stage and Lighting-Taste of Orland 2008-2010* contract dated October 31, 2007.

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

Sincerely,

Denise Domalewski  
Contract Administrator

cc: Patty Vlazny

**ADDENDUM to**  
***Sound Stage and Lighting for Taste of Orland 2008 – 2010 Contract***

**Dated**  
*October 31, 2007*

**Between**  
*The Village of Orland Park, Illinois (“VILLAGE”) and Frontline Services (“CONTRACTOR”)*

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RE: Name change per email dated March 30, 2010 to Patty Vlazny from Dan Nickleski of Sound Works Productions.

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. Effective March 1, 2010 Frontline Services has merged with Sound Works Productions and will operate under the name Sound Works Productions, Inc. The following sentence from said agreement shall be stricken in its entirety

This Contract is made this 31st day of October, 2007 by and between the Village of Orland Park (hereinafter referred to as the “VILLAGE”) and Frontline Services (hereinafter referred to as the “CONTRACTOR”).

And replaced with:

This Contract is made this 31st day of October, 2007 by and between the Village of Orland Park (hereinafter referred to as the “VILLAGE”) and Sound Works Productions (hereinafter referred to as the “CONTRACTOR”).

3. In **SECTION 7: NOTICE**, of said Agreement, the following shall be stricken in its entirety

To the VILLAGE:  
Denise Domalewski  
Contract Administrator  
Village of Orland Park  
14700 South Ravinia Avenue  
Orland Park, Illinois 60462  
Telephone: 708-403-6173  
Facsimile: 708-403-9212  
e-mail: [ddomalewski@orland-park.il.us](mailto:ddomalewski@orland-park.il.us)

To the CONTRACTOR:  
Dave Wilson  
Frontline Services  
925 Lambrecht Road  
Frankfort, IL 60423  
Telephone: 815-210-7651  
Facsimile: 815-469-8858  
e-mail:

and replaced with:

**ADDENDUM to**  
**Sound Stage and Lighting for Taste of Orland 2008 – 2010 Contract**

**Dated**  
*October 31, 2007*

**Between**  
*The Village of Orland Park, Illinois ("VILLAGE") and Frontline Services ("CONTRACTOR")*

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To the VILLAGE:  
Denise Domalewski  
Contract Administrator  
Village of Orland Park  
14700 South Ravinia Avenue  
Orland Park, Illinois 60462  
Telephone: 708-403-6173  
Facsimile: 708-403-9212  
e-mail: [ddomalewski@orland-park.il.us](mailto:ddomalewski@orland-park.il.us)

To the CONTRACTOR:  
Daniel Nickleski  
  
Sound Works Productions  
925 Lambrecht Road  
Frankfort, IL 60423  
Telephone: 708-308-5750  
Facsimile: 815-469-8858  
e-mail: [soundworksdan@mac.com](mailto:soundworksdan@mac.com)

4. A revised current Certificate of Insurance for Sound Works Productions shall be issued and must be received by the Contract Administrator prior to the 2010 Taste of Orland.
5. 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.
6. 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 **7th day of April, 2010**, shall be attached to and form a part of the Agreement dated the 31st day of October, 2007 and shall take effect upon signature below by duly authorized agents of both parties.

**AGREED AND ACCEPTED**

**FOR: THE VILLAGE**

By: 

Print Name: Paul G. Grimes

Its: Village Manager

Date: 4/20/10

**FOR: THE CONTRACTOR**

By: 

Print Name: Daniel Nickleski

Its: Secretary / Owner

Date: 4-8-10

# ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID MS  
SOUND-6

DATE (MM/DD/YYYY)  
04/20/10

<b>PRODUCER</b>  Esser Hayes Insurance Group, I 1811 High Grove, Suite 139 Naperville IL 60540-2830 Phone: 630-355-2077	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.	
	<b>INSURERS AFFORDING COVERAGE</b>	<b>NAIC #</b>
<b>INSURED</b>  Sound Works Productions, Inc. 925 Lambrecht Rd Frankfort IL 60423	INSURER A: WESTFIELD INSURANCE COMPANY	24112
	INSURER B:	
	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	X	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	CWP4451894	06/09/10	06/09/11	EACH OCCURRENCE	\$ 1000000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100000
						MED EXP (Any one person)	\$ 5000
						PERSONAL & ADV INJURY	\$ 1000000
						GENERAL AGGREGATE	\$ 2000000
						PRODUCTS - COMP/OP AGG	\$ 2000000
A		AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	CWP4451894	06/09/10	06/09/11	COMBINED SINGLE LIMIT (Ea accident)	\$ 1000000
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
						OTHER THAN EA ACC	\$
						AUTO ONLY: AGG	\$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE	\$
						AGGREGATE	\$
							\$
							\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATUTORY LIMITS	OTHER
						E.L. EACH ACCIDENT	\$
						E.L. DISEASE - EA EMPLOYEE	\$
						E.L. DISEASE - POLICY LIMIT	\$
		OTHER					

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

RE: TASTE OF ORLAND PARK 8/6/10-8/8/10. THE VILLAGE OF ORLAND PARK, AND THEIR RESPECTIVE OFFICERS, TRUSTEES, DIRECTORS, EMPLOYEES AND AGENTS ARE ADDITIONAL INSURED ON THE GENERAL LIABILITY ON A PRIMARY/NON-CONTRIBUTORY BASIS WITH RESPECTS TO ALL CLAIMS ARISING OUT OF OPERATIONS BY OR ON BEHALF OF THE NAMED INSURED.

### CERTIFICATE HOLDER

### CANCELLATION

VORLAND

VILLAGE OF ORLAND PARK  
14700 RAVINIA AVE.  
ORLAND PARK IL 60462

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

*Richard W. Kelley*