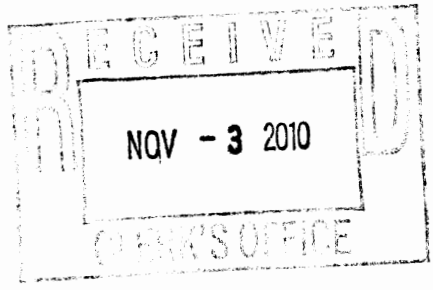
Clerk's Contract and Agreement Cover Page

Year:	2010	**Legistar File ID#:**	2010-0575
Multi Year:	☐	**Amount**	$24,937.00

Contract Type:	Addendum
Contractor's Name:	Bright Ideas Inc.
Contractor's AKA:	
Execution Date:	11/2/2010
Termination Date:	
Renewal Date:	
Department:	Media & Special Events
Originating Person:	Patty Vlazny

Contract Description: 2010 Holiday Lighting Addendum



November 3, 2010

Mr. T. Kevin Heffernan
Bright Ideas, Inc.
1305 Schoolhouse Rd. #3
New Lenox, Illinois 60451

RE: ***Addendum dated November 2, 2010***
'Holiday Lighting Displays'

Dear Mr. Heffernan:

Enclosed is a copy of the addendum dated November 2, 2010 to extend the term of the Holiday Lighting Displays 2007 contract to the 2010 season in an amount of Twenty Four Thousand Nine Hundred Thirty-Seven and No/100 ($24,937.00) Dollars. Please attach this to the original document dated November 30, 2007.

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

Sincerely,

Denise Domalewski
Contract Administrator

cc: Patty Vlazny

ADDENDUM C to
"Holiday Lighting Displays 2007 Contract"

Dated
November 30, 2007

Amended
October 22, 2008
October 28, 2009

Between
The Village of Orland Park, Illinois ("VILLAGE") and Bright Ideas, Inc. ("CONTRACTOR")

RE: Extension of contract term for 2010

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. Item 1: Scope of Project and Provision of Labor, Tools and Equipment, of said Agreement and all addenda shall be stricken in their entirety and replaced with the following:

   1. Scope of Project and Provision of Labor, Tools and Equipment. The Contractor agrees to furnish and pay all necessary expenses for all labor, tools and equipment for the installation and removal of holiday displays according to the Village's specifications at the locations shown on the attached drawings (sheet #1, 2 and 3) and the Village agrees to pay the Contractor the amounts indicated for the installation, removal and storage of all displays (hereinafter referred to as the "Work"):

   The work included in the "description of work" section below is included in the proposal for $24,937.00. These include all displays in the same areas (Centennial Park and Ravinia Avenue) per 2008 year plan.

   - Installation, maintenance, takedown, and storage $24,937.00

3. In Item 4: Description of Work, of said Agreement as amended October 28, 2009 the words "...for the 2009holiday season" shall be stricken and replaced with the words "...for the 2010 holiday season."

4. In Item 9: Contract Documents, of said Agreement as amended October 28, 2009 , the words "Contractor's Invoice dated October 6, 2009" shall be stricken and replaced with "Contractor's Invoice dated September 28, 2010".

5. Item 10: Period of Performance, of said Agreement as amended on October 28, 2009, shall be stricken in its entirety and replaced with the following:

ADDENDUM C to
"Holiday Lighting Displays 2007 Contract"

Dated
November 30, 2007

Amended
October 22, 2008
October 28, 2009

Between
The Village of Orland Park, Illinois ("VILLAGE") and Bright Ideas, Inc. ("CONTRACTOR")

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10. Period of Performance. Installation of decorations will begin on November 11, 2010 and will be completed and in good working order by November 27, 2010 in anticipation of the Village Lighting Ceremony on November 28, 2010. All displays along Ravinia Ave. and Centennial Park will be taken down beginning January 2, 2011 with removal complete no later than January 10, 2011.

6. Item 22: Term of Agreement, of said Agreement as amended October 28, 2009, the words in the last sentence "...up to March 12, 2010," shall be stricken and replaced with "...up to March 15, 2011,".

7. 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.

8. 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 **2nd day of November, 2010** shall be attached to and form a part of the Agreement dated the 30th day of November, 2007, amended October 22, 2008 and October 28, 2009 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: 11/2/10

FOR: THE CONTRACTOR

By: T Kevin Hefferon

Print Name: T. Kevin Hefferon

Its: Partner

Date: 10/29/10

OP ID: AB

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/27/10

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 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 M.S. LINDERMAN & ASSOC INC 517 N. WOLF RD. WHEELING, IL 60090- TOMISLAV SERVICES INC. 847-537-0200 847-537-9182	CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: PRODUCER CUSTOMER ID #: BRIGHT1
INSURED BRIGHT IDEAS OF ILLINOIS, INC. KEVIN HEFFERNAN 1305 S SCHOOLHOUSE RD UNIT 3 NEW LENOX, IL 60451-3243	INSURER(S) AFFORDING COVERAGE — NAIC # INSURER A : PEKIN INSURANCE CO — 24228 INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :

COVERAGES **CERTIFICATE NUMBER:** **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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY [X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [ ] PRO-JECT [ ] LOC	X		CL0126942	09/08/10	09/08/11	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 100,000 $ 5,000 $ 1,000,000 $ 2,000,000 $ 2,000,000
	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS [ ] HIRED AUTOS [ ] NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ $ $ $
A	[X] UMBRELLA LIAB [ ] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DEDUCTIBLE [ ] RETENTION $			CL0126942	10/27/10	10/27/11	EACH OCCURRENCE AGGREGATE	$ 1,000,000 $ 2,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N [ ] N/A If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					WC STATU-TORY LIMITS [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ $ $
A	EMPLOYEE BENEFITS COVERAGE			CL0126942	09/08/10	09/08/11	PER CLAIM AGGREGATE	25,000 75,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
VILLAGE OF ORLAND PARK IS ADDITIONAL INSURED IN REGARDS TO NAMED INSUREDS GENERAL LIABILITY POLICY. THOSE USUAL TO THE INSUREDS OPERATIONS; LIGHTING INSTALLATION.

CERTIFICATE HOLDER

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

CANCELLATION

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
TOMISLAV SERVICES INC.

CERTIFICATE OF INSURANCE

SUCH INSURANCE AS RESPECTS THE INTEREST OF THE CERTIFICATE HOLDER NAMED BELOW WILL NOT BE CANCELED OR OTHERWISE TERMINATED WITHOUT GIVING 10 DAYS PRIOR WRITTEN NOTICE TO THE CERTIFICATE HOLDER, BUT IN NO EVENT SHALL THIS CERTIFICATE BE VALID MORE THAN 30 DAYS FROM THE DATE WRITTEN. THIS CERTIFICATE OF INSURANCE DOES NOT CHANGE THE COVERAGE PROVIDED BY ANY POLICY DESCRIBED BELOW.

This certifies that:
- ☒ STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY of Bloomington, Illinois
- ☐ STATE FARM FIRE AND CASUALTY COMPANY of Bloomington, Illinois
- ☐ STATE FARM COUNTY MUTUAL INSURANCE COMPANY OF TEXAS of Dallas, Texas
- ☐ STATE FARM INDEMNITY COMPANY of Bloomington, Illinois, or
- ☐ STATE FARM GUARANTY INSURANCE COMPANY of Bloomington, Illinois

has coverage in force for the following Named Insured as shown below:

NAMED INSURED: LIGHTS UP ILLINOIS LLC

ADDRESS OF NAMED INSURED: 1305 S SCHOOLHOUSE RD, NEW LENOX, IL 60451

POLICY NUMBER	6134580-D16-13A	6134579-D16-13A		
EFFECTIVE DATE OF POLICY	10/16/10	10/16/10		
DESCRIPTION OF VEHICLE (Including VIN)	2002 GMC SAVANA 1GTEG15W721159468	2003 CHEVY C1500 1GCEC14X33Z282211		
LIABILITY COVERAGE	☒ YES ☐ NO	☒ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO
LIMITS OF LIABILITY a. Bodily Injury Each Person	100,000	100,000		
Each Accident	300,000	300,000		
b. Property Damage Each Accident	100,000	100,000		
c. Bodily Injury & Property Damage Single Limit Each Accident				
PHYSICAL DAMAGE COVERAGES a. Comprehensive	☒ YES ☐ NO $ 500 Deductible	☒ YES ☐ NO $ 500 Deductible	☐ YES ☐ NO $ Deductible	☐ YES ☐ NO $ Deductible
b. Collision	☒ YES ☐ NO $ 500 Deductible	☒ YES ☐ NO $ 500 Deductible	☐ YES ☐ NO $ Deductible	☐ YES ☐ NO $ Deductible
EMPLOYERS NON-OWNED CAR LIABILITY COVERAGE	☐ YES ☒ NO	☐ YES ☒ NO	☐ YES ☐ NO	☐ YES ☐ NO
HIRED CAR LIABILITY COVERAGE	☐ YES ☒ NO	☐ YES ☒ NO	☐ YES ☐ NO	☐ YES ☐ NO
FLEET - COVERAGE FOR ALL OWNED AND LICENSED MOTOR VEHICLES	☐ YES ☒ NO	☐ YES ☒ NO	☐ YES ☐ NO	☐ YES ☐ NO

Signature of Authorized Representative | LICENSED REP. (Title) | 1546/FO34 (Agent's Code Number) | 10/22/10 (Date)

Name and Address of Certificate Holder

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

Name and Address of Agent

TERRY LEMLEY
191 N. MARION ST.
OAK PARK, IL 604301

INTERNAL STATE FARM USE ONLY: ☐ Request permanent Certificate of Insurance for liability coverage.
☐ Request Certificate Holder to be added as an Additional Insured.

122429.3 Rev. 07-26-2005