

**BIDDER SUMMARY SHEET**  
**ITB #25-002**  
**CPAC Pool Chemicals - 2025**

Business Name: MacCARB, Inc.

Street Address: 275 Sola Drive

City, State, Zip: Gilberts, IL 60136

Contact Name: Orland McCarthy

Title: Director

Phone: 877-427-2499 ext:7001 Fax: \_\_\_\_\_

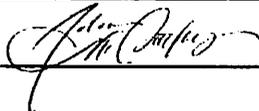
E-Mail address: omccarthy@maccarb.net

**Price Proposal**

**SEE ATTACHED UNIT PRICE SHEET**

**AUTHORIZATION & SIGNATURE**

Name of Authorized Signee: Adam McCarthy

Signature of Authorized Signee: 

Title: President Date: 01/09/2025

 **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 Adam McCarthy  
*(Enter Name of Person Making Certification)*

as President  
*(Enter Title of Person Making Certification)*

and on behalf of MacCARB, Inc.  
*(Enter Name of Business Organization)*

certifies that Bidder is:

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

Federal Employer I.D. #: 32-0070136  
*(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 Illinois 03/05/2003  
*(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 [ ]
- Women-Owned [ ]
- Veteran-Owned [ ]
- Disabled-Owned [ ]
- Small Business [ ] ([SBA standards](#))
- Prefer not to disclose [ ]
- Not Applicable [ ]

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 [ ]  
Women-Owned [ ]  
Veteran-Owned [ ]  
Disabled-Owned [ ]

Small Business [ ] (SBA standards)  
Prefer not to disclose [ ]  
Not Applicable [ ]

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

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 [ ]

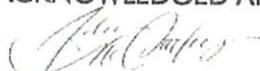
Bidder is current in the payment of any tax administered by the Illinois Department of Revenue, or if it is not: (a) it is contesting its liability for the tax or the amount of tax in accordance with procedures established by the appropriate Revenue Act; or (b) it has entered into an agreement with the 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

Adam McCarthy  
\_\_\_\_\_  
Name of Authorized Officer

**REFERENCES**

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

Bidder's Name: MacCARB, Inc.

*(Enter Name of Business Organization)*

- |                 |   |
|-----------------|---|
| 1. ORGANIZATION | <u>Elk Grove High School</u>                      |
| ADDRESS         | <u>500 W. Elk Grove Blvd. / EGV, IL 6007</u>      |
| PHONE NUMBER    | <u>847-718-4485</u>                               |
| CONTACT PERSON  | <u>Paul Valenzian</u>                             |
| YEAR OF PROJECT | <u>5 years</u>                                    |
| 2. ORGANIZATION | <u>City of West Chicago Water Plant</u>           |
| ADDRESS         | <u>475 Main St/ West Chicago, IL 60185</u>        |
| PHONE NUMBER    | <u>630-293-2255</u>                               |
| CONTACT PERSON  | <u>Eddie Ramos</u>                                |
| YEAR OF PROJECT | <u>2 years</u>                                    |
| 3. ORGANIZATION | <u>Buffalo Grove High School</u>                  |
| ADDRESS         | <u>1100 W. Dundee Rd, Buffalo Grove, IL 60089</u> |
| PHONE NUMBER    | <u>847-718-7766</u>                               |
| CONTACT PERSON  | <u>Deric Whiting</u>                              |
| YEAR OF PROJECT | <u>5 years</u>                                    |



**ORLAND PARK**

**Unit Price Sheet**

**ITB #25-002**

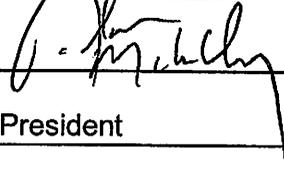
**CPAC Pool Chemicals - 2025**

Shipping, handling and delivery shall be included as a part of all proposed unit prices.
Provide Unit Pricing for 2025 only.

ITEM	DESCRIPTION	UNIT	2025
			UNIT PRICE
A	BULK: Sodium Hypochlorite (18%)	Gallon	
B	4x1Case: Sodium Hypochlorite (12.5 -15%)	Case	
C	Hydrochloric Acid 20BE 35% Non-Fuming	Gallon	
D	Liquid CO2	Pounds	0.35 per lb.

Proposer: Adam McCarthy

Firm Name: MacCarb inc

Signed: 

Title: President

Dated: 1/10/2025



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/09/2025

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> Porter-Hay Insurance Agency, Inc. P. O. Box 118 314 Main Street Galva IL 61434		<b>CONTACT NAME:</b> Shayla Hallam <b>PHONE (A/C, No, Ext):</b> (309) 932-2134 <b>E-MAIL ADDRESS:</b> shallam@porterhayins.com		<b>FAX (A/C, No):</b> (309) 932-2136	
<b>INSURED</b> MacCarb, Inc. 275 Sola Dr Gilberts IL 60136		<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>	
		INSURER A: Indemnity		43575	
		INSURER B: ACE American		22667	
		INSURER C: Axis Surplus Insurance Company		26620	
		INSURER D: Illinois Union Insurance		27960	
		INSURER E:			
		INSURER F:			

**COVERAGES**

CERTIFICATE NUMBER: CL24101015645

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.

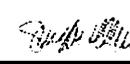
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	Y	D37719997	10/12/2024	10/12/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			H08518531	10/12/2024	10/12/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Medical payments \$ 5,000
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			P-100-001284308-02	10/12/2024	10/12/2025	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000 \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
D	Fumes Liability			G27301356	10/12/2024	10/12/2025	General Aggregate \$250,000 Each Occurrence \$250,000

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

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. A Waiver of Subrogation is in favor of Village of Orland Park.

Excess Layer \$2 million USXSL0066024- Upland NAIC 16988  
 Excess Layer \$5 million SEO-126558- Crum & Foster NAIC 31348

**CERTIFICATE HOLDER****CANCELLATION**

Village of Orland Park 14700 S Ravinia Ave Orland Park IL 60462	<b>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</b>  <b>AUTHORIZED REPRESENTATIVE</b> 
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AGENCY CUSTOMER ID: 00006976

LOC #: \_\_\_\_\_



### ADDITIONAL REMARKS SCHEDULE

Page \_\_\_\_ of \_\_\_\_

AGENCY Porter-Hay Insurance Agency, Inc.		NAMED INSURED MacCarb, Inc.	
POLICY NUMBER			
CARRIER	NAIC CODE	EFFECTIVE DATE:	

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**

**FORM NUMBER:** 25      **FORM TITLE:** Certificate of Liability Insurance

Total Excess \$10 million

## ADDITIONAL COVERAGES

Ref #	Description Underinsured motorist combined single limit	Coverage Code UNCSL	Form No.	Edition Date	
Limit 1 1,000,000	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
Ref #	Description CARGO COVERAGE	Coverage Code HAC-1	Form No.	Edition Date	
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
Ref #	Description Blanket Additional Insured w/ contract	Coverage Code	Form No.	Edition Date	
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
Ref #	Description Uninsured motorist combined single limit	Coverage Code UMCSL	Form No.	Edition Date	
Limit 1 1,000,000	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
Ref #	Description	Coverage Code	Form No.	Edition Date	
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
Ref #	Description	Coverage Code	Form No.	Edition Date	
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
Ref #	Description	Coverage Code	Form No.	Edition Date	
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
Ref #	Description	Coverage Code	Form No.	Edition Date	
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
Ref #	Description	Coverage Code	Form No.	Edition Date	
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
Ref #	Description	Coverage Code	Form No.	Edition Date	
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium

AGENCY CUSTOMER ID: 00006976

LOC #: \_\_\_\_\_



### ADDITIONAL REMARKS SCHEDULE

Page \_\_\_\_\_ of \_\_\_\_\_

AGENCY Porter-Hay Insurance Agency, Inc.		NAMED INSURED MacCarb, Inc.	
POLICY NUMBER			
CARRIER	NAIC CODE	EFFECTIVE DATE:	

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**

**FORM NUMBER:** 25      **FORM TITLE:** Certificate of Liability Insurance: Notes

Excess Layer \$2 million USXSL0066023- Upland NAIC 16988  
Excess Layer \$5 million SEO-126558- Crum & Foster NAIC 31348  
Total Excess \$10 million