CLERK'S CONTRACT and AGREEMENT COVER PAGE

Legistar File ID#: 2019-0835 **Innoprise Contract #:** C20-0004

Year: 2020-2025 **Amount:**

Department: HR - Stephana P

Contract Type: Professional Services

Contractors Name: Physicians Immediate Care LLC

Contract Description: Occupational Health Services program 2020 (with option to renew for 4 additional one year terms)

MAYOR
Keith Pekau

VILLAGE CLERK
John C. Mehalek

14700 S. Ravinia Avenue
Orland Park, IL 60462
708.403.6100
OrlandPark.org

ORLAND PARK

VILLAGE HALL

TRUSTEES
Kathleen M. Fenton
James V. Dodge
Daniel T. Calandriello
William R. Healy
Cynthia Nelson Katsenes
Michael R. Milani

January 3, 2020

Mr. Matt Middendorf
Physicians Immediate Care LLC
9701 W. Higgins Road, Suite 270
Rosemont, Illinois 60018

RE: *NOTICE TO PROCEED*
Occupational Health Services Program 2020-2025

Dear Mr. Middendorf:

This notification is to inform you that the Village of Orland Park has received all necessary contracts, certifications, and insurance documents in order for work to commence on the above stated project as of December 19, 2019.

Please contact Stephana Przybylski at 708-403-6166 with any questions or concerns about the program.

All invoices should be sent directly to the Accounts Payable Department at 14700 S. Ravinia Ave. Orland Park, IL 60462 or emailed to accountspayable@orlandpark.org.

For your records, I have enclosed one (1) original executed contract dated December 12, 2019. If you have any questions, please call me at 708-403-6173.

Sincerely,

Denise Domalewski
Purchasing & Contract Administrator

Encl:
cc: Stephana Przybylski

MAYOR
Keith Pekau

VILLAGE CLERK
John C. Mehalek

14700 S. Ravinia Avenue
Orland Park, IL 60462
708.403.6100
OrlandPark.org

ORLAND PARK

VILLAGE HALL

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December 12, 2019

Mr. Matt Middendorf
Physicians Immediate Care LLC
9701 W. Higgins Road, Suite 270
Rosemont, Illinois 60018

NOTICE OF AWARD – Occupational Health Services Program 2020-2025

Dear Mr. Middendorf:

This notification is to inform you that on December 2, 2019, the Village of Orland Park Board of Trustees approved awarding Physicians Immediate Care LLC the contract in accordance with the proposal you submitted dated November 5, 2019 for Occupational Health Services.

In order to begin this service, you must comply with the following within ten business days of the date of this Notice of Award, which is by December 30, 2019.

- I am attaching the Contract for Occupational Health Services. Please sign and return directly to me. I will obtain signatures to fully execute the Contract and one fully executed Contract will be returned to you.

- Please submit a Certificate of Insurance from your insurance company in accordance with all of the Insurance Requirements listed and agreed to in the RFP at minimum and endorsements for a) the additional insured status, b) the waiver of subrogation for General Liability and c) the waiver of subrogation for Workers Compensation.

- In order to properly document your vendor relationship with the Village of Orland Park, your company must provide the Village with a completed W-9 Form.

- I've also included an Electronic Funds Transfer (EFT) Authorization Form. Enrollment is optional, and by authorizing EFTs, you will receive payments from the Village faster and more securely. Additionally, the Village will be able to send you a detailed email notification when payment has been remitted. If you'd like to enroll in EFT payments, complete, sign and return the EFT Authorization Form along with the other documents.

Please deliver this information directly to me, Denise Domalewski, Purchasing & Contract Administrator, at Village Hall located at 14700 S. Ravinia Ave., Orland Park, IL 60462 or email to ddomalewski@orlandpark.org. The signed Contracts, Insurance Certificates and Endorsements and completed W-9 are required to be in place and received at my office prior to the commencement of work. If you have any questions, please do not hesitate to call me at 708-403-6173 or e-mail me at ddomalewski@orlandpark.org.

Sincerely,

Denise Domalewski
Purchasing & Contract Administrator

cc: Stephana Przybylski
Lisa Bright – Physicians Immediate Care

ORLAND PARK

Occupational Health Services Program
(Professional and Consulting Services Contract)

This Contract is made this 12th day of December, 2019 by and between The Village of Orland Park (hereinafter referred to as the "VILLAGE") and Physicians Immediate Care LLC (hereinafter referred to as the "PROVIDER").

WITNESSETH

In consideration of the promises and covenants made herein by the VILLAGE and the PROVIDER (hereinafter referred to collectively as the "PARTIES,") the PARTIES agree as follows:

SECTION 1: THE CONTRACT DOCUMENTS: This Contract shall include the following documents (hereinafter referred to as the "CONTRACT DOCUMENTS") however this Contract takes precedence and controls over any contrary provision in any of the CONTRACT DOCUMENTS. The Contract, including the CONTRACT DOCUMENTS, expresses the entire agreement between the PARTIES and where it modifies, adds to or deletes provisions in other CONTRACT DOCUMENTS, the Contract's provisions shall prevail. Provisions in the CONTRACT DOCUMENTS unmodified by this Contract shall be in full force and effect in their unaltered condition.

This Contract
The VILLAGE'S Project Manual for the Work as described in Section 2 hereunder
- The Request for Proposals #19-025 dated October 23, 2019
- The Instructions to Proposers

The Proposal dated November 5, 2019 as it is responsive to the VILLAGE's RFP requirements
All Certifications required by the VILLAGE
Certificates of Insurance

SECTION 2: SCOPE OF THE WORK, SERVICES AND PAYMENT: The PROVIDER will perform for the benefit of the VILLAGE the services described in the Request for Proposals dated October 23, 2019, which is included and incorporated herein (the "SERVICES"). The PROVIDER must furnish all professional services, labor, materials, tools, equipment and supervision necessary or appropriate to fully perform the SERVICES and all other duties and responsibilities of the PROVIDER pursuant to this Contract (hereinafter referred to as the "WORK").

Exams
- Pre-employment medical evaluations for safety and non-safety sensitive employees.
- Return to Work (fitness-for-duty) examinations for safety and non-safety sensitive employees.
- U.S. Department of Transportation (DOT) physical exams (FMCSA and FTA) and Medical Examiner's Certification issuance.

- PACE Paratransit annual and bi-annual physical exams including age specific testing (ie. EKG, Audiometry, etc).
- Non-CDL driver fitness exams for child care drivers per applicable standards.
- Physical fitness examination program for patrol officer, sergeant, lieutenant, commander, deputy chief and police chief positions.
- Post-exposure exams and follow-up screenings provided immediately with ongoing monitoring after report of exposure with appropriate treatment options as defined by current medical standards.
- Audiometry and basic vision exams.
- TB screenings
- Respiratory exams consistent with OSHA standards.
- Audiogram, spirometry, respirator fit testing exams.
- Preventative vaccinations as required by industry standards for Village job classifications. For example Hepatitis B vaccine and Hepatitis B antibody, Hepatitis A, tetanus/diphtheria, etc.

Testing

- Pre-employment, DOT (FMCSA & FTA), and PACE Vanpool, NIDA-5 Panel and/or NIDA-10 Panel Split Drug Testing certified collection site performing: pre-employment, random, return-to-duty, reasonable suspicion/reasonable cause, post-accident, and follow-up (direct observation) drug screenings.
- Breath alcohol testing (BAT) certified collection site performing: pre-employment, random, return-to-duty, reasonable suspicion, post-accident, and follow-up alcohol testing.

Other

- Medical consultation to Village Human Resources staff.
- Provide multiple on-site drug and vision testing services each May to be performed at specified village location for approximately 150 seasonal employees, another for approximately 50 seasonal day camp counselors.
- Ability to handle influx of approximately 75 additional medical/drug/vision examinations between May and June.
- All medical services and testing shall be performed at Contractor's facility or facilities. Testing facilities must be certified to appropriate standards. Services shall be provided on an as-needed basis.
- Wellness programs/services and or/provide educational services, preferred.

Administration

Provider's program administration shall include, but is not to be limited to the following:

- Provide services Monday – Friday during normal business hours starting at 7:00 a.m. – 5:00 p.m. Evening and weekend hours are preferred.
- Provide high level of customer service to current and prospective Village employees receiving services. Must be able to schedule employees within 2 business days for return-to-work examinations. Clinic and walk-in scheduling is preferred.
- Provide urgent and after-hours care, weekend availability is also preferred.
- Provide high level of support to Village Human Resources staff regarding occupational health trends, requirements, and health issues impacting Village job classifications.
- Maintain confidential records of all employees/applicants examined by the office.

- Collection site to maintain supply of and ensure use of appropriate Chain of Custody (COC) form for each drug screening. Collection site to be responsible for selecting appropriate agency on each COC form.
- Collection site to take appropriate steps to correct any errors on COC forms in urgent manner following appropriate protocol.
- Provide program monitoring for DOT, PACE, and Non-CDL Driver Fitness exams, vaccination program follow-up, respirator testing record maintenance, etc.
- Maintain records of medical tests, examinations, evaluations, etc. for the retention period required by State and Federal laws and regulations.
- Provide accurate records and reports as required by State and Federal laws and regulations.
- Provide a system that allows for efficient communication and close coordination between the Human Resources staff and the provider's clinical, administrative and billing staff for day-to-day operational needs and questions.
- Meet with Village staff and designated representatives as reasonably requested.
- A minimum of 2 physicians must be on the National Registry of Certified Medical Examiners as required by DOT regulations for medical certification issuance.
- Staff shall be trained and experienced in urine specimen collection for drug testing and shall be breath alcohol technician certified. A minimum of 2 BAT certified staff in practice is required.
- Provide convenient online resources and support available, preferred.
- Comply with all state and federal laws and regulations pertaining to Occupational Health Services licensed in the state of Illinois.

Payment

The VILLAGE agrees to pay the PROVIDER based on the proposed rates pursuant to the provisions of the Local Government Prompt Payment Act (50 ILCS 505/1 *et seq.*).

SECTION 3: ASSIGNMENT: PROVIDER shall not assign the duties and obligations involved in the performance of the WORK which is the subject matter of this Contract without the written consent of the VILLAGE.

SECTION 4: TERM OF THE CONTRACT: This Contract shall commence on the date of its execution. The WORK shall commence on January 1, 2020 and continue expeditiously for one (1) year with an option for up to four (4) additional years subject to annual review by the Village. This Contract shall terminate upon completion of the WORK, but may be terminated by either of the PARTIES for default upon failure to cure after ten (10) days prior written notice of said default from the aggrieved PARTY. Either PARTY, for its convenience, may terminate this Contract with sixty (60) days prior written notice.

SECTION 5: INDEPENDENT CONTRACTOR STATUS: To the fullest extent permitted by law, PROVIDER shall be an independent contractor hereunder and neither PROVIDER nor anyone acting on its behalf shall be deemed an agent, employee, joint employee or servant of VILLAGE. Neither VILLAGE nor PROVIDER shall have any right to act on behalf of or bind the other party for any purpose.

PROVIDER represents that all employees utilized by PROVIDER are fully trained. PROVIDER understands that no training will be provided by the VILLAGE. In performing its

obligations pursuant to this Contract, PROVIDER will do nothing that could adversely affect the goodwill or reputation of the VILLAGE.

SECTION 6: INDEMNIFICATION AND INSURANCE: With respect to services performed by the PROVIDER for the VILLAGE, the PROVIDER agrees to the fullest extent permitted by law to indemnify, defend and hold harmless the VILLAGE, its trustees, directors, officers, agents and employees against any and all claims, suits, actions, demands or losses against VILLAGE and pay all costs (including costs of defense) for damage to the property of, or personal injuries to, or death of, any person or persons, including the PROVIDER, if such claims, suits or losses are caused directly or indirectly by, are connected with, or arise out of the performance of this Contract by the PROVIDER, whether by negligence or otherwise. PROVIDER will also indemnify, defend and hold harmless the VILLAGE and its officers, directors, employees, agents, affiliates and representatives, from and against any and all claims, demands, suits, liabilities, injuries, causes of action, losses, expenses, damages or penalties, including, without limitation, court costs and reasonable attorneys' fees, arising or resulting from, or occasioned by or in connection with any and all claims which are based upon or make the contention that any of the Developments or other materials supplied to the VILLAGE or used by the VILLAGE in the manner recommended by the PROVIDER, in whole or in part, constitute infringement of any copyright, trademark, patent, trade secret or other proprietary rights of any third party. This indemnification, defense and hold harmless obligation will survive the termination or expiration of this Contract, whether by lapse of time or otherwise.

The indemnification obligation under this paragraph shall not be limited in any way by any limitations on the amount or type of damages, compensation or benefits payable by or for the benefit of PROVIDER or any indemnities under any Worker's Compensation Act, Occupational Disease Act, Disability Benefits Act, or any other employee benefits act. The PROVIDER further agrees to waive any and all liability limitations based upon the Worker's Compensation Act court interpretations or otherwise.

Execution of this Contract by the VILLAGE is contingent upon receipt of Insurance Certificates provided by the PROVIDER in compliance with the CONTRACT DOCUMENTS.

SECTION 7: COMPLIANCE WITH LAWS: PROVIDER agrees to comply with all federal, state and local laws, ordinances, statutes, rules and regulations including but not limited to the Illinois Human Rights Act as follows: PROVIDER hereby agrees that this Contract shall be performed in compliance with all requirements of the Illinois Human Rights Act, 775 ILCS 5/1-101 et seq., and that the PROVIDER and its subcontractors shall not engage in any prohibited form of discrimination in employment as defined in that Act and shall maintain a sexual harassment policy as the Act requires. The PROVIDER shall maintain, and require that its subcontractors maintain, policies of equal employment opportunity which shall prohibit discrimination against any employee or applicant for employment on the basis of race, religion, color, sex, national origin, ancestry, citizenship status, age, marital status, physical or mental disability unrelated to the individual's ability to perform the essential functions of the job, association with a person with a disability, or unfavorable discharge from military service. PROVIDER and all subcontractors shall comply with all requirements of the Act and of the Rules of the Illinois Department of Human Rights with regard to posting information on employees' rights under the Act. PROVIDER and all subcontractors shall place appropriate statements identifying their companies as equal opportunity employers in all advertisements for workers to be employed in work to be performed under this Contract.

The PROVIDER shall obtain all necessary local and state licenses and/or permits that may be required for performance of the WORK and provide those licenses to the VILLAGE prior to commencement of the WORK.

SECTION 8: NOTICE: Where notice is required by the CONTRACT DOCUMENTS it shall be considered received if it is delivered in person, sent by registered United States mail, delivery receipt requested, delivered by messenger or mail service with a signed receipt, sent by facsimile or e-mail with an acknowledgment of receipt, to the following:

To the VILLAGE:
Denise Domalewski
Purchasing &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@orlandpark.org

To the PROVIDER:
Matt Middendorf
Chief Financial Officer
Physicians Immediate Care LLC
9701 W. Higgins Road, Suite 270
Rosemont, Illinois 60018
Telephone: 847-232-6717
Facsimile: 847-692-3732
e-mail: mmiddendorf@visitphysicians.com
or Lisa Bright at lbright@visitphysicians.com

or to such other person or persons or to such other address or addresses as may be provided by either party to the other party.

SECTION 9: STANDARD OF SERVICE: SERVICES shall be rendered to the highest professional standards to meet or exceed those standards met by others providing the same or similar services in the Metropolitan Chicago area. Sufficient competent personnel shall be provided who with supervision shall complete the services required within the time allowed for performance. The PROVIDER'S personnel shall, at all times present a neat appearance and shall be trained to handle all contact with VILLAGE residents or VILLAGE employees in a respectful manner. At the request of the Village Manager or a designee, the PROVIDER shall replace any incompetent, abusive or disorderly person in its employ from the position of services under this agreement.

SECTION 10: PAYMENTS TO OTHER PARTIES: The PROVIDER shall not obligate the VILLAGE to make payments to third parties or make promises or representations to third parties on behalf of the VILLAGE without prior written approval of the VILLAGE Manager or a designee.

SECTION 11: COMPANY PROPERTY: Upon expiration of this Contract or termination for any reason, PROVIDER will forthwith deliver and assign to the VILLAGE all the results performed by PROVIDER pursuant to this Contract including but not limited to all documents, records, notebooks and repositories of or containing secret, confidential or proprietary information concerning the VILLAGE or its business affairs or products, including all copies thereof in the PROVIDER's possession, whether prepared by the PROVIDER or others, and all other property of the VILLAGE in the PROVIDER's possession, including keys and access or security cards providing access to VILLAGE facilities or equipment. In the absence of permission by the VILLAGE, the PROVIDER will not at any time during the term or after termination of this Contract reveal, divulge or make known to any person outside the VILLAGE's business organization, or use for the

PROVIDER's own account, any secret, confidential or proprietary information concerning the VILLAGE or its business, affairs or products (whether or not developed in whole or in part by the PROVIDER's efforts). The PROVIDER will at no time, either during the term or after termination of this Contract make any use of any such information except for the benefit of the VILLAGE.

SECTION 12: COMPLIANCE: The PARTIES shall comply with all of the requirements of the CONTRACT DOCUMENTS including, but not limited to, all other applicable local, state and federal statutes, ordinances, codes, rules and regulations.

SECTION 13: FREEDOM OF INFORMATION ACT COMPLIANCE: The Illinois Freedom of Information Act (FOIA) has been amended and effective January 1, 2010. This amendment adds a new provision to Section 7 of the Act which applies to public records in the possession of a party with whom the VILLAGE has contracted. The VILLAGE will have only a very short period of time from receipt of a FOIA request to comply with the request, and there is a significant amount of work required to process a request including collating and reviewing the information.

The undersigned acknowledges the requirements of FOIA and agrees to comply with all requests made by the VILLAGE for public records (as that term is defined by Section 2(c) of FOIA) in the undersigned's possession and to provide the requested public records to the VILLAGE within two (2) business days of the request being made by the VILLAGE. The undersigned agrees to indemnify and hold harmless the VILLAGE from all claims, costs, penalty, losses and injuries (including but not limited to, attorney's fees, other professional fees, court costs and/or arbitration or other dispute resolution costs) arising out of or relating to its failure to provide the public records to the VILLAGE under this Contract.

SECTION 14: LAW AND VENUE: The laws of the State of Illinois shall govern this Contract and venue for legal disputes shall be Cook County, Illinois.

SECTION 15: MODIFICATION: This Contract may be modified only by a written amendment signed by both PARTIES.

SECTION 16: COUNTERPARTS: This Contract may be executed in two (2) or more counterparts, each of which taken together, shall constitute one and the same instrument.

This Contract shall become effective on the date first shown herein and upon execution by duly authorized agents of the parties.

FOR: THE VILLAGE OF ORLAND PARK

By: _____

Print Name: George Koczwara

Its: Village Manager

Date: 12/23/19

FOR: PHYSICIANS IMMEDIATE CARE LLC

By: _____

Print Name: Matthew R. Middlebrook

Its: CFO

Date: 12/18/19

ACORD

CERTIFICATE OF LIABILITY INSURANCE

7/1/2020

DATE (MM/DD/YYYY) 12/18/2019

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
Lockton Companies
8110 E. Union Avenue
Suite 700
Denver CO 80237
(303) 414-6000

CONTACT NAME:
PHONE (A/C, No, Ext):
FAX (A/C, No):
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Columbia Casualty Company	31127
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
1415233
Physicians Immediate Care LLC
9701 W. Higgins Road, Suite 270
Rosemont, IL 60018

COVERAGES **CERTIFICATE NUMBER:** 16466809 **REVISION NUMBER:** XXXXXXX

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	
	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO-JECT LOC OTHER:			NOT APPLICABLE			EACH OCCURRENCE	$ XXXXXXX
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$ XXXXXXX
							MED EXP (Any one person)	$ XXXXXXX
							PERSONAL & ADV INJURY	$ XXXXXXX
							GENERAL AGGREGATE	$ XXXXXXX
							PRODUCTS - COMP/OP AGG	$ XXXXXXX
								$
	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY SCHEDULED AUTOS HIRED AUTOS ONLY NON-OWNED AUTOS ONLY			NOT APPLICABLE			COMBINED SINGLE LIMIT (Ea accident)	$ XXXXXXX
							BODILY INJURY (Per person)	$ XXXXXXX
							BODILY INJURY (Per accident)	$ XXXXXXX
							PROPERTY DAMAGE (Per accident)	$ XXXXXXX
								$ XXXXXXX
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION $			NOT APPLICABLE			EACH OCCURRENCE	$ XXXXXXX
							AGGREGATE	$ XXXXXXX
								$ XXXXXXX
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		NOT APPLICABLE			PER STATUTE OTH-ER	
							E.L. EACH ACCIDENT	$ XXXXXXX
							E.L. DISEASE - EA EMPLOYEE	$ XXXXXXX
							E.L. DISEASE - POLICY LIMIT	$ XXXXXXX
A	Professional Liability	N	N	HPP4032311146-3	7/1/2019	7/1/2020	$1,000,000 Each Claim $3,000,000 Aggregate	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
The Each Claim and Aggregate Limit amounts above apply separately to each physician and each scheduled subsidiary. Non-physicians share in the limits. Indiana PCF Enrollees carry separate limits of $500K Each Claim/$1.5M Aggregate. Overall Policy Aggregate Limit is $20,000,000.

CERTIFICATE HOLDER

16466809
The Village of Orland Park
14700 S. Ravina Avenue
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

© 1988-2015 ACORD CORPORATION. All rights reserved.

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

7/1/2020

DATE (MM/DD/YYYY): 12/18/2019

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
Lockton Companies
8110 E. Union Avenue
Suite 700
Denver CO 80237
(303) 414-6000

CONTACT NAME:
PHONE (A/C, No, Ext):
FAX (A/C, No):
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Valley Forge Insurance Company	20508
INSURER B : The Continental Insurance Company	35289
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
1368588
Physicians Immediate Care LLC
9701 W. Higgins Road, Suite 270
Rosemont, IL 60018

COVERAGES **CERTIFICATE NUMBER:** 16466807 **REVISION NUMBER:** XXXXXXX

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	X COMMERCIAL GENERAL LIABILITY	Y	Y	6050208614	7/1/2019	7/1/2020	EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
							MED EXP (Any one person)	$ 15,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 2,000,000
	OTHER:							$
B	AUTOMOBILE LIABILITY	N	N	6050208628	7/1/2019	7/1/2020	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	X ANY AUTO						BODILY INJURY (Per person)	$ XXXXXXX
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$ XXXXXXX
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$ XXXXXXX
								$ XXXXXXX
B	X UMBRELLA LIAB X OCCUR	N	N	6050208645	7/1/2019	7/1/2020	EACH OCCURRENCE	$ 7,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$ 7,000,000
	DED RETENTION $							$ XXXXXXX
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		Y	6049768291	7/1/2019	7/1/2020	X PER STATUTE OTH-ER	
A	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N N	N/A		6050208631	7/1/2019	7/1/2020	E.L. EACH ACCIDENT	$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	$ 1,000,000

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, employees and agents are included 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 applies in favor of the certificate holder as respects General Liability and Workers Compensation. the named insured

CERTIFICATE HOLDER

16466807
The Village of Orland Park
14700 S. Ravina Avenue
Orland Park, IL 60462

CANCELLATION See Attachment

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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SCHEDULE OF LOCATIONS

3475 S. ALPINE RD, ROCKFORD, IL 61109
11475 N. 2ND ST., MACHESNEY PARK, IL 61115
1000 E. RIVERSIDE BLVD, LOVES PARK, IL 61111
1663/1677 BELVIDERE RD., BELVIDERE, IL 61008
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391 S. BOLINGBROOK DR., BOLINGBROOK, IL 60440
800 N. LARKIN AVE., JOLIET, IL 60435
9570 W. 159TH ST., SUITE A, ORLAND PARK, IL 60467
811 S. STATE ST., SUITE B, CHICAGO, IL 60605
621 E. LINCOLN HWY., NEW LENOX, IL 60451
13641 S. ROUTE 59, PLAINFIELD, IL 60544
2853 KIRK RD., AURORA, IL 60502
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121-125 W. NORTH AVE., CHICAGO, IL 60610
5226-5228 N. NORTHWEST HWY., CHICAGO, IL 60630
123 S. NORTHWEST HWY., PARK RIDGE, IL 60068
4800 W. 129TH ST., ALSIP, IL 60803
505 W. CLEVELAND RD., MISHAWAKA, IN 46545
900 JOHNSON ST., ELKHART, IN 46514
920 E. COLISEUM BLVD., FORT WAYNE, IN 46805
1245 E. IRELAND RD., SOUTH BEND, IN 46614
10343 INDIANAPOLIS BLVD, #104, HIGHLAND, IN 46322
2680 ESCALADE WAY, WARSAW, IN 46582
9701 W. HIGGINS RD., SUITE 270, ROSEMONT, IL 60018
1111 S. ALPINE RD., SUITE 504, ROCKFORD, IL 61108
FOSTER PLAZA 7, SUITE 300, 661 ANDERSEN DRIVE, PITTSBURGH, PA 15220
1009 FAIRWAY DRIVE, FREEPORT, IL 61032
6050 CATON FARM ROAD, PLAINFIELD, IL 60586

Technical Proposal

Physicians Immediate Care (Physicians) is dedicated to fulfilling the contract commitment with the Village of Orland Park. We have a proven track record of providing the requested services with attentive, quality care. Physicians Immediate Care was founded in 1987. We have grown to over 40 locations, with 37 in Illinois, and are rapidly expanding throughout the Midwest. Physicians currently employs over 700 employees. As one of the largest occupational health providers in the Midwest, we serve more than 7,000 employers in a wide variety of industries. All locations are open 7 days a week, up to 12 hours a day with after-hours service available. We are also open most holidays.

For over 25 years we've offered a full range of services including, but not limited to, pre placement medical examinations for safety and non-safety sensitive employees, fitness for duty examinations, DOT services, respiratory clearance exams, fit testing, physical ability assessements, x-rays, labs, vaccinations, audiograms, vision exams, workers' compensation injury care and urgent care. Appointments are not necessary.

Our clinics are certified collection sites to perform pre-employment, random, return-to-duty, reasonable suspicion/reasonable cause, post accident and follow-up (direct observation) drug screenings and breath alcohol testing.

Our providers are available to the Village Human Resource staff for medical consultations. We offer on-site services such as drug testing and vision testing. All medical services and testing can be performed at our clinic on an as-needed basis. Services can been completed on a walk-in basis, or scheduled in advance, depending on the client's preference.

Special Requirements

Our clinics require no appointments and have extended evening and weekend hours. Our clinics offer urgent care services for injuries and illnesses.

Our occupational health program is overseen by the direction of Dr. John Koehler, who is Board Certified in Occupational Medicine. Dr. Koehler has over two decades of experience in emergency and occupational medicine, and is the founder and director of occupational medicine for Physicians Immediate Care. Dr. Koehler completed his residency in occupational medicine at the University of California, San Francisco, and a residency in emergency medicine at Butterworth Hospital, Grand Rapids, Mich. He received his MD degree from The Pennsylvania State University College of Medicine and earned a bachelor's degree in biology at Wheaton College.

Protocol process and occupational medicine training is provided to all staff. All confidential medical records are maintained at the clinic for the retention period required by State and Federal laws and regulations. All results will be reported to Human Resource staff via secure email or secure fax.

All Physicians Immediate Care providers are on the National Registry of Certified Medical Examiners.

We build a relationship with our clients and keep them informed so they can effectively run their business. Our doctors contact you on the same day to discuss every first workers' comp visit. We provide accurate feedback with quick turnaround (typically within 24 hours) for work status reports,

medical records, drug screenings and physicals. We do provide all the services outlined in this request for proposal and can provide results in the timeline requested.

In addition to the staff available to support the Village, we offer convenient online resources. Medical authorization can be submitted online for any of our clinics. Additionally, employees can check current wait times at various clinic locations, including Orland Park, and can save their spot in line by registering online before arriving at the clinic.

Hours of operation:

Physicians Immediate Care - Orland Park

Monday – Friday	8:00 a.m. – 8:00 p.m.
Saturday & Sunday	8:00 a.m. – 4:00 p.m.

Key Personnel

John Koehler, MD

Board Certified in Occupational Medicine. Dr. Koehler has over two decades of experience in emergency and occupational medicine, and is the founder and director of occupational medicine for Physicians Immediate Care. Dr. Koehler completed his residency in occupational medicine at the University of California, San Francisco, and a residency in emergency medicine at Butterworth Hospital, Grand Rapids, Mich. He received his MD degree from The Pennsylvania State University College of Medicine and earned a bachelor's degree in biology at Wheaton College.

Stephen Epner, MD and Senior Medical Director

Dr. Epner has over 25 years of experience working in Occupational Medicine. After graduating from the Boston University School of Medicine and completing his residency at the University of Illinois Hospital in Chicago, Dr. Epner's first position was as an attending physician at Columbus Hospital included suturing wounds, setting sprains, and evaluating worker's compensation injuries. He continued his path in urgent care with positions at Concentra and Medworks before coming to Physicians Immediate Care. As an authorized Civil Surgeon, he also performs examinations for the United States Citizenship and Immigration Services. He attended Harvard University for coursework in Molecular Biology and Brandeis University for his undergraduate degree.

Andrzej Dudas, DO

Dr. Dudas in an onsite physician for Physicians Immediate Care at the company's Orland Park location. He received his medical degree from the Chicago College of Osteopathic Medicine. Dr. Dudas is Board Certified in Family Medicine and Osteopathic Medicine. After completing his residency at West Suburban Family Medicine, he went on to an urgent care fellowship through the University of Illinois. In this role, he sharpened his procedural and diagnostic skills and received specialized training in occupational and orthopedic medicine.

Lisa Bright, Director of Occupational Medicine Sales

Lisa has worked at Physicians for 11 years. Prior to this position she managed an occupational healthcare clinic for 4 years and 14 years in an Emergency Room.

Orland Park Clinic Staff:

Amy Kosnar-Parker, Nurse Practitioner

Rebecca Cooper, Regional Operations Director

Jerene Patton, Assistant Manager and Patient Care Technician

Mycola Jones, Radiology Technician

Elizabeth Gannon, Radiology Technician

Ciera Anderson, Patient Care Technician

Patricia Beard, Patient Care Technician

Alexandria Davidson, Patient Care Coordinator

Stephanie Madrigal, Patient Care Coordinator

OnDeya Smith, Patient Care Coordinator

physicians
immediate care™

CONTACTS FOR VILLAGE OF ORLAND PARK

For clinic locations please visit our website – www.visitphysicians.com

Debbie Brooks, Account Executive
(815) 222-1697

Sarah Kamer, Occupational Medicine Field Specialist
(224)220-4482

Lisa Bright, Director of Sales
(630) 470-5118

Dr. John Koehler, Medical Director
(815) 415-1234

Dr. Warren Wollin, Senior Medical Director
(847) 354-2606

Results:
Looking for results such as physical or drug tests?
Call the clinic and press option 1
EPS Processors can help if you need a copy of an employee's results.

Payment Services – (855) 631-4563
Billing questions? Give our payment services team a call

Price Proposal

EXAMINATIONS

- DOT Examination (includes UA, vision) $88
- Non-DOT Examination (includes vision) $60
- Fit for Duty Examinations $150-$250
- Respirator Clearance Examination $60

TESTING AND SCREENINGS

- Pulmonary Function Test (spirometry) $65
- Respirator Fit Test $50
- Audiogram $35
- Titmus Vision $23
- Quantiferon Gold $75
- TB Skin Test $31
- Physical Ability Assessments $50
- Blood Draw Fee $22

DRUG AND ALCOHOL TESTING

- NIDA and non-NIDA Drug (collection only) $25
- NIDA DRUG (collection & analysis) $58
- Non-NIDA Drug (collection & analysis) $43
- Breath Alcohol Test (DOT and Non-DOT) $35

VACCINATIONS/TITERS

- MMR Vaccine $105
- Varicella Vaccine $170
- Hepatitis B Vaccine (includes admin fee) $95 each
- Tdap (includes admin fee) $50
- Flu Vaccine (includes admin fee) $33
- Hepatitis B Titer $43
- MMR Titer $89
- Varicella Titer $30
- Vaccine Administration Fee $22

WORK RELATED INJURY/ILLNESS CARE

*Fees based off the Illinois Work Comp Fee Schedule

- Office Visit New 99201 $67.35
- Office Visit New 99202 $92.45
- Office Visit New 99203 $132.14
- Office Visit New 99204 $195.44
- Office Visit New 99205 $241.09
- Office Visit Recheck 99211 $42.37
- Office Visit Recheck 99212 $59.23
- Office Visit Recheck 99213 $84.66
- Office Visit Recheck 99214 $124.98
- Office Visit Recheck 99215 $169.74

  Other diagnostics and testing based on the nature of the injury. Pricing available upon request.

POST EXPOSURE TESTING

- HIV Rapid 86703 $84.06
- Hepatitis B Surface Antibody 86317 $46.25
- Hepatitis B Surface Antigen 87341 $52.72
- Hepatitis C Surface Antibody 86803 $88.20
- Blood Draw Fee 36415 $16.53

ON-SITE TESTING

- Per Staff Member/Per Hour $60 per hour
- Plus cost of each test or service performed

AFTERHOURS DRUG/ALCOHOL TESTING

- Flat Fee $200 - Holidays $250

II – REQUIRED PROPOSAL SUBMISSION DOCUMENTS

PROPOSAL SUMMARY SHEET
RFP # 19-025
Occupational Health Services

IN WITNESS WHEREOF, the parties hereto have executed this proposal as of date shown below.

Organization Name: Physicians Immediate Care LLC

Street Address: 9701 W. Higgins Road, Suite 270

City, State, Zip: Rosemont, IL 60018

Contact Name: Matt Middendorf

Phone: 847-232-6717 Fax: 847-692-3732

E-Mail address: mmiddendorf@visitphysicians.com

See proposal for pricing

Signature of Authorized Signee:

Title: CFO

Date: 10/29/19

ACCEPTANCE: This proposal is valid for ninety (90) calendar days from the date of submittal.

CERTIFICATE OF COMPLIANCE

The undersigned Matt Middendorf, as CFO
(Enter Name of Person Making Certification) (Enter Title of Person Making Certification)

and on behalf of Physicians Immediate Care LLC, certifies that:
(Enter Name of Business Organization)

1) **BUSINESS ORGANIZATION:**

The Proposer is authorized to do business in Illinois: Yes [X] No [ ]

Federal Employer I.D. #: 45-5360601
(or Social Security # if a sole proprietor or individual)

The form of business organization of the Proposer is (*check one*):

__ Sole Proprietor
__ Independent Contractor (*Individual*)
__ Partnership
X LLC
__ Corporation Delaware 5/22/12
(State of Incorporation) (Date of Incorporation)

2) **ELIGIBILITY TO ENTER INTO PUBLIC CONTRACTS: Yes [X] No [ ]**

The Proposer 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.

3) **SEXUAL HARRASSMENT POLICY: Yes [X] 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."

4) <u>EQUAL EMPLOYMENT OPPORTUNITY COMPLIANCE</u>: Yes [X] No [ ]

During the performance of this Project, Proposer 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

Proposer 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 Proposer 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 Proposer 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 Proposer and any person under which any portion of the Proposer'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 Proposer or other organization and its customers. In the event of the Proposer'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 Proposer 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.

5) TAX CERTIFICATION: Yes [✓] No [ ]

Contractor 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.

6) AUTHORIZATION & SIGNATURE:

I certify that I am authorized to execute this Certificate of Compliance on behalf of the Contractor set forth on the Proposal, that I have personal knowledge of all the information set forth herein and that all statements, representations, that the Proposal 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, 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

Matt Mildenberg

Name of Authorized Officer

CFO

Title

10/29/19

Date

REFERENCES

ORGANIZATION	CITY OF JOLIET
ADDRESS	150 W JEFFERSON STREET
CITY, STATE, ZIP	JOLIET, IL 60431
PHONE NUMBER	815-724-4015
CONTACT PERSON	KRYSTAL WALSH
DATE OF PROJECT	JULY 2015 - PRESENT

ORGANIZATION	COUNTY OF WILL
ADDRESS	302 N CHICAGO STREET
CITY, STATE, ZIP	JOLIET, IL 60432
PHONE NUMBER	815-774-7470
CONTACT PERSON	REGINA MALONE
DATE OF PROJECT	2011 - PRESENT

ORGANIZATION	ROCKFORD PARK DISTRICT
ADDRESS	401 S MAIN STREET
CITY, STATE, ZIP	ROCKFORD, IL 61101
PHONE NUMBER	815-987-8810
CONTACT PERSON	LORI GASSAWAY
DATE OF PROJECT	2007 - PRESENT

Proposer's Name & Title: Lisa Bright, Director of Sales

Signature and Date: Lisa Bright 11-4-19

INSURANCE REQUIREMENTS

Please submit a policy Specimen Certificate of Insurance showing bidder's current coverage's

WORKERS COMPENSATION & EMPLOYER LIABILITY
$500,000 – Each Accident $500,000 – Policy Limit
$500,000 – Each Employee
Waiver of Subrogation in favor of the Village of Orland Park

AUTOMOBILE LIABILITY
$1,000,000 – Combined Single Limit
Additional Insured Endorsement in favor of the Village of Orland Park

GENERAL LIABILITY (Occurrence basis)
$1,000,000 – Each Occurrence $2,000,000 – General Aggregate Limit
$1,000,000 – Personal & Advertising Injury
$2,000,000 – Products/Completed Operations Aggregate
Additional Insured Endorsement & Waiver of Subrogation in favor of the Village of Orland Park

EXCESS LIABILITY (Umbrella-Follow Form Policy)
$2,000,000 – Each Occurrence $2,000,000 – Aggregate
EXCESS MUST COVER: General Liability, Automobile Liability, Workers Compensation

MALPRACTICE LIABILITY
$1,000,000 – Each Occurrence $3,000,000 – Aggregate
EXCESS MUST COVER: General Liability, Automobile Liability, Workers Compensation

Any insurance policies providing the coverages required of the Contractor shall be specifically endorsed to identify "The Village of Orland Park, and their respective officers, trustees, directors, employees 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." If the named insureds have other applicable insurance coverage, that coverage shall be deemed to be on an excess or contingent basis. The policies shall also contain a Waiver of Subrogation in favor of the Additional Insureds in regards to General Liability and Workers Compensation coverage's. 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. Permitting the contractor, or any subcontractor, to proceed with any work prior to our receipt of the foregoing certificate and endorsement however, shall not be a waiver of the contractor's obligation to provide all of the above insurance.

The proposer agrees that if they are the selected contractor, within ten days after the date of notice of the award of the contract and prior to the commencement of any work, you will furnish evidence of Insurance coverage providing for at minimum the coverages and limits described above directly to the Village of Orland Park, Denise Domalewski, Contract Administrator, 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 selected proposer.

ACCEPTED & AGREED THIS 29th DAY OF October, 2019

Signature

Matt Middendorf, CFO
Printed Name & Title

Authorized to execute agreements for:
Physicians Immediate Care LLC
Name of Company

CERTIFICATE OF LIABILITY INSURANCE

7/1/2020

DATE (MM/DD/YYYY) 6/25/2019

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
Lockton Companies
8110 E. Union Avenue
Suite 700
Denver CO 80237
(303) 414-6000

CONTACT NAME:
PHONE (A/C, No, Ext):
FAX (A/C, No):
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Valley Forge Insurance Company	20508
INSURER B : The Continental Insurance Company	35289
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
1371784
Physicians Immediate Care LLC
9701 W. Higgins Road, Suite 270
Rosemont, IL 60018

COVERAGES **CERTIFICATE NUMBER:** 12838377 **REVISION NUMBER:** XXXXXXX

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	X COMMERCIAL GENERAL LIABILITY	N	N	6050208614	7/1/2019	7/1/2020	EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
							MED EXP (Any one person)	$ 15,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 2,000,000
	OTHER:							$
B	AUTOMOBILE LIABILITY	N	N	6050208628	7/1/2019	7/1/2020	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	X ANY AUTO						BODILY INJURY (Per person)	$ XXXXXXX
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$ XXXXXXX
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$ XXXXXXX
								$ XXXXXXX
B	X UMBRELLA LIAB X OCCUR	N	N	6050208645	7/1/2019	7/1/2020	EACH OCCURRENCE	$ 7,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$ 7,000,000
	DED RETENTION $							$ XXXXXXX
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		N	6049768291	7/1/2019	7/1/2020	X PER STATUTE OTH-ER	
A	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N N	N/A		6050208631	7/1/2019	7/1/2020	E.L. EACH ACCIDENT	$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	$ 1,000,000
A	Property	N	N	6050208614	7/1/2019	7/1/2020	Building: $9,927,605 Business Personal Prop: $24,751,888 BIEE: $16,820,048	

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

CERTIFICATE HOLDER

12838377
For Information Only

CANCELLATION See Attachment

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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SCHEDULE OF LOCATIONS

3475 S. ALPINE RD, ROCKFORD, IL 61109
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4800 W. 129TH ST., ALSIP, IL 60803
505 W. CLEVELAND RD., MISHAWAKA, IN 46545
900 JOHNSON ST., ELKHART, IN 46514
920 E. COLISEUM BLVD., FORT WAYNE, IN 46805
1245 E. IRELAND RD., SOUTH BEND, IN 46614
10343 INDIANAPOLIS BLVD, #104, HIGHLAND, IN 46322
2680 ESCALADE WAY, WARSAW, IN 46582
9701 W. HIGGINS RD., SUITE 270, ROSEMONT, IL 60018
1111 S. ALPINE RD., SUITE 504, ROCKFORD, IL 61108
FOSTER PLAZA 7, SUITE 300, 661 ANDERSEN DRIVE, PITTSBURGH, PA 15220
1009 FAIRWAY DRIVE, FREEPORT, IL 61032
6050 CATON FARM ROAD, PLAINFIELD, IL 60586