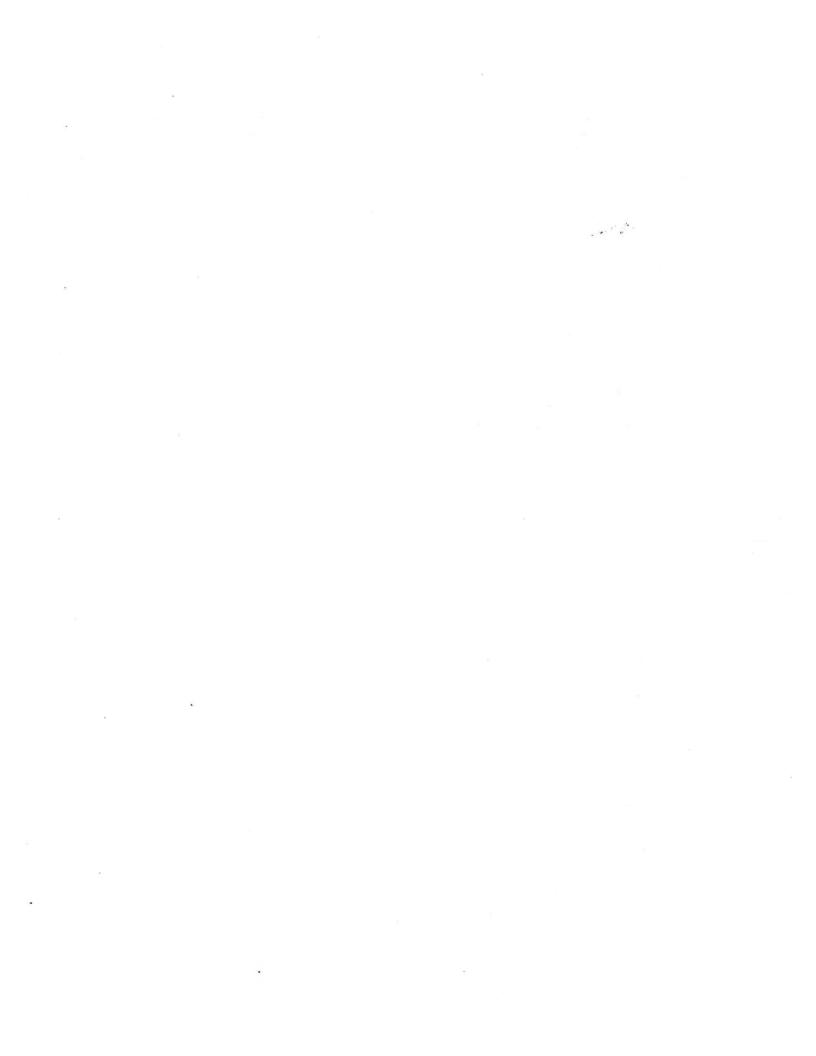
CLERK'S CONTRACT and AGREEMENT COVER PAGE

Legistar File ID#: 202	0-0719 Innoprise Contract #: C20-0144					
Year: 2020 - 2021	Amount:					
Department:	HR/Police					
Contract Type:	Services					
Contractors Name:	ARCpoint Labs of Orland Park, IL					
Contract Description:	Priority COVID-19 Testing (\$140/CDC Viral PCR; \$135/Rapid Covid-19 Antigen)					

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MAYOR Keith Pekau

VILLAGE CLERK John C. Mehalek

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



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

October 29, 2020

Dr. Ebonie Gist ARCpoint Labs of Orland Park 11006 W. 179th Street Orland Park, Illinois 60467

NOTICE TO PROCEED - Priority COVID-19 Testing

Dear Dr. Gist:

This notification is to inform you that the Village of Orland Park has received all necessary contracts, certifications, and insurance documents in order for wark to commence on the above stated project as af October 26, 2020.

Please contact Denise Maiolo at 708-403-6166 or Regina Kovie-Early at 708-403-6205 to arrange the cammencement of the work.

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) fully executed contract dated October 21, If you have any questions, please call me at 708-403-6173.

Sincerely,

Denee Danal

Denise Domalewski Purchasing & Contract Administrator

Encl:

cc: Regina Kovie-Early Denise Maiolo Troy Siewert



MAYOR Keith Pekau

VILLAGE CLERK John C. Mehalek

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

October 21, 2020

Dr. Ebonie Gist ARCpoint Labs of Orland Pork 11006 W. 179th Street Orland Park, Illinois 60467



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

NOTICE OF AWARD - Priority COVID-19 Testing

Dear Dr. Gist:

This notification is to inform you that the Village of Orland Park Boord of Trustees has opproved your proposal for *Priority COVID-19 Testing*.

In order to begin this engagement, you must comply with the following within ten business days of the dote of this Notice of Award, which is by November 4, 2020.

- Attoched is the Contract far Priority COVID-19 Testing. Please sign ond return directly to me. I will obtoin signatures to fully execute the Contract and one fully executed Contract will be returned to you.
- Alsa enclosed are the Certificate of Compliance and Insurance Requirements. Please complete and return them directly to me.
- Please submit a Certificate of Insurance from your insurance compony in accordance with all of the Insurance Requirements listed and agreed to 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 Villoge faster and more securely. Additionally, the Villoge will be able to send you a detailed email notification when payment has been remitted. If you'd like ta enroll in EFT payments, complete, sign and return the EFT Authorization Form along with the other documents.

Deliver this information directly to me, Denise Domolewski, Purchasing & Contract Administrator, at Village Hall located at 14700 S. Rovinia Ave., Orland Park, IL 60462. The signed Contracts, Certifications, Insurance Certificate and Endorsements, and completed W-9 are required to be in place and received at my office prior to the commencement of work on this project. You will be issued a Notice to Proceed letter when you are in full compliance with this process. If you have any questions, please do not hesitate to call me at 708-403-6173 or e-mail me at ddomalewski@orlandpork.org.

Sincerely,

Devise Domaluste.

Purchasing & Contract Administrator

cc: Denise Maiolo Troy Siewert Ahmod Zayyod



This Contract is made this 21st day of October, 2020 by and between the VILLAGE OF ORLAND PARK

(hereinafter referred to as the "VILLAGE") and ARCPOINT LABS OF ORLAND PARK (hereinafter referred to as the

"CONTRACTOR").

WITNESSETH

In consideration of the pramises and covenants mode herein by the VILLAGE and the CONTRACTOR (hereinafter referred to collectively as the "PARTIES"), the PARTIES agree as follows:

<u>SECTION 1: THE CONTRACT DOCUMENTS:</u> This Contract sholl include the following documents (hereinofter 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 ar 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 Propasal submitted October 1, 2020, to the extent it does not conflict with this contract Certificate of Campliance Certificates of insurance

<u>SECTION 2: SCOPE OF THE WORK AND PAYMENT:</u> The CONTRACTOR agrees to provide labor, equipment and materials necessary to provide the services as described in the CONTRACT DOCUMENTS and further described below:

Provide priarity COVID-19 testing to Village staff. ARCpoint shall offer two tests:

- Rapid COVID-19 Antigen test nasal cavity swab with 95-97% accuracy, results in 15-20 minutes
- CDC COVID-19 viral PCR ponel test throat swob with higher accuracy rate, results by end af following day (as late as 11:59pm)

(hereinafter referred to as the "WORK") and the VILLAGE agrees to pay the CONTRACTOR pursuant to the provisions of the Local Government Prompt Payment Act (50 ILCS 505/1 et seq.) the following amount for performance of the described services invoiced monthly:

- Rapid COVID-19 Antigen test:
 - CDC COVID-19 viral PCR panel test:

\$130.00 per test \$140.00 per test

Priority COVID-19 Testing - ARCpoint Labs

SECTION 3: ASSIGNMENT: CONTRACTOR 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 sholl commence on the date of its execution. The WORK shall commence upon receipt of a Notice to Proceed and continue expeditiously until such services are no longer required by the Village. This Contract shall terminate upon completion of the WORK or by December 31, 2021, whichever occurs first, 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. The VILLAGE, for its convenience, may terminate this Contract with thirty (30) days prior written notice.

SECTION 5: INDEMNIFICATION AND INSURANCE: The CONTRACTOR shall indemnify, defend and hald hormless the VILLAGE, its trustees, officials, directors, agents, employees and representatives and assigns, from lawsuits, actions, costs (including attarneys' fees), claims or liability af any character, incurred due to the olleged negligence of the CONTRACTOR, brought because of any injuries or damages received or sustained by any person, persons or property on account of any act or amission, neglect or misconduct of said CONTRACTOR, its officers, officials, agents and/or employees arising out of, or in performance of any of the pravisions of the CONTRACT DOCUMENTS, including any claims or amounts recovered for any infringements of potent, trademork or copyright; or from any claims or amounts arising or recovered under the "Warker's Compensation Act" or any other low, ordinance, order or decree. In connection with any such claims, lowsuits, actions or liabilities, the VILLAGE, its trustees, officers, directors, officiols, agents, employees, representatives and their assigns shall have the right to defense counsel of their choice. The CONTRACTOR shall be solely liable for oll costs of such defense and for oll expenses, fees, judgments, settlements and oll other costs arising out of such claims, lawsuits, actions or liabilities.

The Contractor shall not moke any settlement or compromise of o lawsuit or claim, or fail to pursue any available avenue of appeal of any adverse judgment, without the approval of the Village and any other indemnified party. The Village ar any other indemnified party, in its or their sole discretion, shall have the option of being represented by its or their own counsel. If this option is exercised, then the Cantractor shall promptly reimburse the Village or other indemnified porty, upon written demand, for any expenses, including but not limited to court costs, reasonable attorneys' and witnesses' fees and other expenses of litigation incurred by the Village or other indemnified porty in connection therewith.

The indemnification obligation under this paragraph shall not be limited in any woy by ony limitotions on the amount or type of domages, compensation or benefits payable by or for the benefit of Subcontroctor or any indemnities under any Worker's Compensation Act, Occupational Disease Act, Disability Benefits Act, or any other employee benefits act. The Subcontroctor further agrees to waive any ond 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 CONTRACTOR in compliance with the CONTRACT DOCUMENTS.

SECTION 6: COMPLIANCE WITH LAWS: CONTRACTOR 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: CONTRACTOR hereby agrees that this contract sholl be performed in compliance with all requirements of the Illinois Human Rights Act, 775 ILCS 5/1-101 et seq., and that the CONTRACTOR 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 os the Act requires. The CONTRACTOR sholl maintain, and require that its subcontractors maintain, policies of equal employment opportunity which shall prohibit discrimination ogoinst any employee or applicant for employment on the basis of race, religion, color, sex, national origin, ancestry, citizenship status, oge, morital status, physical or

2

Priority COVID-19 Testing - ARCpoint Labs

mental disability unrelated to the individual's ability to perform the essential functians of the job, association with a person with a disability, or unfavorable discharge from military service. CONTRACTOR 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. CONTRACTOR 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 CONTRACTOR 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 7: 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, return 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@arlandpark.org

Ta the CONTRACTOR: Dr. Ebonie J. Gist Owner ARCpoint Labs of Orland Park 11006 W. 179th Street Orland Park, Illinois 60467 Telephane: 708-963-1200 x100 Facsimile: 708-963-1204 e-moil: EGist@arcpointlabs.com

or to such other person or persons or to such other oddress or oddresses as may be provided by either porty to the other party.

SECTION 8: 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 Chicogoland areo. Sufficient competent personnel shall be pravided who with supervision shall complete the services required within the time allowed for performance. The CONTRACTOR'S personnel shall, at all times present a neat appearance and shall be trained to handle all contact with Villoge residents or Village employees in a respectful manner. At the request of the Village Manager or a designee, the CONTRACTOR shall replace any incompetent, abusive or disorderly person in its employ.

<u>SECTION 9: PAYMENTS TO OTHER PARTIES:</u> The CONTRACTOR 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.

<u>SECTION 10: COMPLIANCE:</u> CONTRACTOR shall comply with all of the requirements of the Contract Documents, including, but not limited to, the Illinois Prevailing Wage Act where applicable and all other applicable local, state and federal statutes, ordinances, cades, rules and regulations.

<u>SECTION 11: FREEDOM OF INFORMATION ACT COMPLIANCE:</u> 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 of Orland Park has contracted. The Village of Orland Park 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.

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Priority COVID-19 Testing - ARCpoint Labs

The undersigned acknowledges the requirements of FOIA and agrees to comply with all requests made by the Village of Orland Park for public recards (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 of Orland Pork within two (2) business days of the request being made by the Village of Orland Park. The undersigned agrees to indemnify and hold harmless the Village of Orland Park from all claims, costs, penalty, losses and injuries (including but not limited to, attorney's fees, other professional fees, court casts and/ar arbitration or ather dispute resolution costs) arising out of or relating to its foilure to provide the public recards to the Village of Orland Park under this agreement.

SECTION 12: LAW AND VENUE: The laws of the State of Illinois shall govern this Cantract and venue for legal disputes shall be Cook County, Illinois.

SECTION 13: MODIFICATION: This Contract may be modified only by a written amendment signed by both PARTIES.

SECTION 14: 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 an the date first shown herein and upon execution by duly authorized ogents of the parties.

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FOR: NILAGE OF ORLAND PARK By:

Print Name: George Koczwara

Its: Village Manager Date: 10-26-20

FOR: ARCPOHNT LABS OF ORLAND PARK BINIE 6 Print Name: WWER Its: 120 10 Date:

Priority COVID-19 Testing - ARCpoint Labs

	CERTIFICATE OF COMPLIANCE						
	he undersigned <u>Ehmle GISA</u> (Enter Name of Person Making Certification), as <u>(Enter Title of Person Making Certification)</u> and on behalf of <u>ARCPUNT LAUS OF</u> DMAND Park, 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.#: 84-2424335 (or Social Security # if a sole proprietor or individual) The form of business organization of the Proposer is (check one):						
	Sole Proprietor Independent Controctor (Individual) Portnership LLC Corporation (State of Incorporation) (Date of Incorporation)						
2)	ELIGIBILITY TO ENTER INTO PUBLIC CONTRACTS: Yes 🖌 No []						
	The Propaser is eligible to enter into public contracts, ond 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 Cade, or af any similar offense af "Bid-rigging" ar "Bid-ratating" of any state or of the United States.						

3) SEXUAL HARRASSMENT POLICY: Yes 1 No []

Please be advised that Public Act 87-1257, effective July 1, 1993, 775 ILCS 5/2-105 (A) has been omended to pravide that every party to a public contract must have a written sexual horossment 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 horossment; (II) the definition of sexual horossment under State law; (III) a description of sexual horossment, utilizing examples; (IV) the vendor's internal complaint process including penalties; (V) the legal recourse, investigative and camplaint 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 (Illinais 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 subdivisians or any municipal corporation is a party."

Certificate of Compliance (Service)

Page 1

4) EQUAL EMPLOYMENT OPPORTUNITY COMPLIANCE: 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: (1) not discriminate against ony emplayee or applicant for employment because of race, color, religion, sex, marital status, national origin or ancestry, age, or physical or mental handicop unrelated to ability, or on 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 adventisements for employees placed by it or on its behalf, it will state that all opplicants will be afforded equal opportunity without discrimination because of race, color, religion, sex, marital status, national arigin or ancestry, age, or physical or mental handicap unrelated to ability, or an unfovorable discharge from military service; (IV) send to each labor organization or representative of workers with which it has or is bound by o collective bargaining or other agreement or understanding, a notice advising such labor arganization or representative of the Vendor's obligations under the Illinois Human Rights Act and Department's Rules and Regulations for Public Contract; (M) 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 ond work sites by personnel of the contracting ogency and Department for purposes of investigation to ascertain compliance with the Illinais 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 partian 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 opplicable 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, orrangement 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 Deportment of Humon Rights the Proposer may be declared non-responsible and therefore ineligible for future contracts or subcontracts with the State of Illinois or ony 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 penolties may be imposed or remedies involved os provided by statute or regulation.

5) TAX CERTIFICATION:

Yes [] No []

Proposer is current in the payment of any tox administered by the Illinois Department of Revenue, or if it is: (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 on agreement with the Department of Revenue for payment of all taxes due and is currently in compliance with that agreement.

Cartificate of Compliance (Service)

Page 2

6) AUTHORIZATION & SIGNATURE:

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I certify that I am authorized to execute this Certificate of Campliance on behalf of the Contractor set forth on the proposal, that I have personal knowledge of all the information set farth 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 workmonlike monner all of the work required for the Project.

ACKNOWLEDGED AND AGREED TO: EBIME GLST Name of Authorized Officer

Title 10/23/20 Date

Certificate of Compliance (Service)

Page 3



WORKERS COMPENSATION & EMPLOYER LIABILITY

Workers' Compensation – Statutory Limits Employers' Liability \$1,000,000 – Eoch Accident \$1,000,000 – Policy Limit \$1,000,000 – Eoch Employee Waiver of Subrogation in favor of the Village of Orland Park

AUTOMOBILE LIABILITY

\$1,000,000 - Combined Single Limit Per Occurrence

GENERAL LIABILITY (Occurrence basis)

\$1,000,000 – Combined Single Limit per Occurrence \$2,000,000 – General Aggregate Limit \$1,000,000 – Personal & Advertising Injury \$2,000,000 – Products/Completed Operations Aggregate Primory 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, Employer's Liability

PROFESSIONAL MEDICAL LIABILITY

\$1,000,000 Limit - Claims Made Form, Indicate Retroactive Date & Deductible

Any insurance policies providing the coverages required of the Contractor, excluding Professional Liability, shall be specifically endorsed to identify "The Village of Orland Park, and their respective officers, trustees, directors, officials, employees, volunteers and agents as Additional Insureds on a primary/non-contributory basis with respect to all claims arising aut of operations by or an behalf of the named insured." The required Additional Insured coverage shall be provided on the Insurance Service Office (ISO) CG 20 10 or CG 20 26 endorsements or an endorsement of least as broad as the above nated endorsements as determined by the Village of Orland Park. Any Village of Orland Park insurance coverage shall be deemed to be on an excess or contingent basis as confirmed by the required (ISO) CG 20 01 Additional Insured Primary & Non-Contributory Endarsement. The policies shall also contain a Waiver of Subrogation in favor of the Additional Insureds in regard to General Liability and Workers' Compensation coverage must hold an A, VII rating according to Best's Key Roting Guide. Each insurance policy required shall have the Village of Orland Park expressly endorsed onto the policy as a Cancellation Notice Recipient. Should any of the policies be cancelled before the expiration date thereof, notice will be delivered in accordance with the policy provisions. Permitting the contractor, or any subcontractor, to proceed with any work prior to our receipt of the foregoing certificate and endorsements shall not be a waiver of the contractor's obligation to provide all the above insurance.

Propaser agrees that prior to any commencement of work to furnish evidence of insurance coverage praviding 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. Foilure to provide this evidence in the time frame specified and prior to beginning of work may result in the termination of the Village's relationship with the contractor.

ACCEPTED & AGREEP THIS 26 DAY OF UCHOBER, 2020

Signature (<u>BONIE GIS</u>, OWNER Printed Nome & Title

Authorized to execute agreements for ACPOINT Labs of trland Name of Compony



An important message from The Hartford

The document you requested showing proof of insurance for Gist Entities LLC DBA ARCpoint Labs of Orland Park is attached. Please contact us if you have any questions or concerns.

Thank you for selecting The Hartford for your business insurance needs.

Sincerely, The Hartford Services Team

Privacy Policy | Terms of Use | Contact Us This email was sent to: egist@arcpointlabs.com

Attached: CERTIFICATE OF INSURANCE (COI).Pdf You'il require Adobe[®] Reader in order to open PDF attachments. <u>Download</u> a free Adobe[®] Reader to your computer

This email was sent by: The Hartford One Hartford Plaza, Hartford, CT 06155 United States. © 2020 The Hartford.

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This is a customer service message from The Hartford. For security reasons, we kindly ask that you do not reply to this email



THE HARTFORD BUSINESS SERVICE CENTER 3600 WISEMAN BLVD SAN ANTONIO TX 78251

October 26, 2020

GIST ENTITIES LLC 21974 HERITAGE DR FRANKFORT IL 60423

Policy Information:

Policy Number: 20 WEC AE8JXW



Business Service Center Business Hours: Monday - Friday (7AM - 7PM Central Standard Time) Phone: (866) 467-8730 Fax: (888) 443-6112 Email: agency.services@thehartford.com Website: https://business.thehartford.com

Enclosed please find information pertaining to your policy. Please contact us if you have any questions or concerns.

Thank you for selecting The Hartford for your business insurance needs.

Sincerely,

Your Hartford Service Team

TH	HIS CERTIFICATE IS ISSUED AS HIS CERTIFICATE DOES NOT AF DLICIES BELOW. THIS CERTIFIC UTHORIZED REPRESENTATIVE	A MA	TTER C ATIVEL OF INS	Y OR NEGATIVE	LY A	LY AND CONFE MEND, EXTEN CONSTITUTE A	RS NO RIGH	THE COVERAGE AFF	ORDED BY THE
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	GRIFF INSURANCE SERVICES IN	C/PHS	3		NAME				
	57416		-		PHON		6) 467-8730	FAX (A/C, No)	(888) 443-6112
The	Hartford Business Service Center				(ACC, 1	No, Ext):		(A/C, NO,	-
	0 Wiseman Blvd				E-MAI				
San	Antonio, TX 78251			-	ADDR		JRER(S) AFFORD		214/200
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Gist	Entíties LLC DBA ARCpoint Labs of	of Orlar	nd Park					surance Company	29424
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INSR LTR	TYPE OF INSURANCE	INSR	SUBR WVD	POLICY NUMBER	2	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/Y YYY)	LIMI	rs
ļ	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$1,000,000
	CLAIMS-MADE X OCCUR				3JWX 12/			DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,00
	X General Liability	1	20 SBA AE8.				12/30/2020	MED EXP (Any one person)	\$10,00
A [x		20 SBA AE8JV		12/30/2019		PERSONAL & ADV INJURY	\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER]						GENERAL AGGREGATE	\$2,000,000
								PRODUCTS - COMP/OP AGO	\$2,000,000
	OTHER.							COMBINED SINGLE LIMIT	
								(Ea accident)	\$1,000,00
			20 SBA AE8J					BODILY INJURY (Per person)	
A	ALL OWNED SCHEDULED AUTOS AUTOS			JWX	12/30/2019	12/30/2020	BODILY INJURY (Per acciden	t)	
	X HIRED X NON-OWNED AUTOS							PROPERTY DAMAGE	
F								(Per accident)	
	X UMBRELLA LIAB X OCCUR		-					EACH OCCURRENCE	\$1,000,000
A	EXCESS LIAB CLAIMS-			20 SBA AE8JW	N N	12/30/2019	12/30/2020	AGGREGATE	\$1,000,000
· }	DED RETENTION \$ 10,000	-			~	12/30/2015	12/30/2020		\$1,000,000
\rightarrow	WORKERS COMPENSATION								
	AND EMPLOYERS' LIABILITY							X PER OTH STATUTE ER	
	ANY Y/N PROPRIETOR/PARTNER/EXECUTIVE	N/A			187	10/00/0040	10/00/0000	E L EACH ACCIDENT	\$1,000,000
	OFFICER/MEMBER EXCLUDED?	AUA		20 WEC AE8JX	. 4.4	12/30/2019	12/30/2020	E L DISEASE -EA EMPLOYE	E \$1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E L DISEASE - POLICY LIMIT	\$1,000,000
	Employment Practices Liability			20 SBA AE8JW	л	12/30/2019	12/30/2020	Each Claim Limit	\$25,000
	Insurance					_		Annual Aggregate Lim	it \$25,000
	RIPTION OF OPERATIONS / LOCATIONS / V Remarks Below	EHICLE	S (ACOR	D 101, Additional Rema	arks So	chedule, may be atta	ched if more spac	e is required)	
	Remarks Below.					01110			
	TIFICATE HOLDER					CANCELLA SHOULD ANY C		E DESCRIBED POLICIES	BE CANCELLED
	0 S RAVINIA AVE					BEFORE THE EX	PIRATION DAT	E THEREOF, NOTICE WI	L BE DELIVERED
RLA	AND PARK IL 60462-3134				BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
						AUTHORIZED REPR	ESENTATIVE		
						Sugar J.	Casta-	ida i	
					"				
						© 1981	3-2015 ACOR	D CORPORATION. A	Il rights reserved

The ACORD name and logo are registered marks of ACORD

AGENCY CUSTOMER ID:

LOC# :

Page 2 of 2



ADDITIONAL REMARKS SCHEDULE

AGENCY		NAMED INSURED			
MCGRIFF INSURANCE SERVICES	S INC/PHS	GIST ENTITIES LLC DBA ARCPOINT LABS OF ORLAND PARK			
POLICY NUMBER		21974 HERITAGE DR			
SEE ACORD 25		FRANKFORT IL 60423-8519			
CARRIER SEE ACORD 25	NAIC CODE				
SEE ACORD 23		EFFECTIVE DATE: SEE ACORD 25			

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM

FORM NUMBER: ACORD 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

The Village of Orland Park, nd their respective officers, trustees, directors, officials, employees, volunteers and agents is an additional insured per the Business Liability Coverage Form SS0008 attached to this policy. Coverage is primary and noncontributory per the Business Liability Coverage Form SS0008, attached to this policy. Alro Steel Corporation is an additional insured per the Business Liability Coverage Form SS0008 attached to this policy RE: Alro Steel Corporation 3100 E High St, Jackson, MI 49203

				TE OF LIAB				DATE (MM/DD/YYY) 04/01/2020
B	HIS CERTIFICATE IS ISSUED AS A I ERTIFICATE DOES NOT AFFIRMAT ELOW. THIS CERTIFICATE OF INSU EPRESENTATIVE OR PRODUCER, A	RANC	or n E do	EGATIVELY AMEND, EX ES NOT CONSTITUTE A	TEND OR ALTER	THE COVERA	GE AFFORDED BY THE	POLICIES
lî	MPORTANT: If the certificate holder SUBROGATION IS WAIVED, subjec his certificate does not confer any ri	t to the	e tern	is and conditions of the	policy, certain pol	icies may reo	L INSURED provisions uire an endorsement. A	or be endorsed. statement on
	DUCER				CONTACT NAME:			
	Griff Insurance Services Dixie Street				PHONE (A/C, No, Ext): 770 214-1991 FAX (A/C, No): 888-7 E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A : Evanston Insurance (Genesee)			
	rrollton, GA 30117							
	214-1991							
INSURED Gist Entities LLC dba ARCpoint Labs of Orland Park 21974 Heritage Drive					INSURER B :			
					INSURER C :			
					INSURER D ;		·	
	Frankfort, IL 60423				INSURER E :			
-					INSURER F :			
	VERAGES CE			NUMBER:			REVISION NUMBER:	
	ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUC TYPE OF INSURANCE	PERTA H POLI ADDL	CIES.	HE INSURANCE AFFORDED LIMITS SHOWN MAY HAV POLICY NUMBER	E BEEN REDUCED	BY PAID CLA POLICY EXP (MM/DD/YYYY)	HEREIN IS SUBJECT TO	
	COMMERCIAL GENERAL LIABILITY		T				EACH OCCURRENCE	5
	CLAIMS-MADE OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	5
		_					MED EXP (Any one person)	\$
		-					PERSONAL & ADV INJURY	\$
	GEN'L AGGREGATE LIMIT APPLIES PER.						GENERAL AGGREGATE	5
							PRODUCTS - COMP/OP AGG	\$
_	OTHER:			· · · -			001422122 01101 0111	5
							COMBINED SINGLE LIMIT (Ea accident)	s
	ANY AUTO						BODILY INJURY (Per person)	5
							BODILY INJURY (Per accident) PROPERTY DAMAGE	
i							(Per accident)	\$
_		++			· · · · · · · · · · · · · · · · · · ·			5
							EACH OCCURRENCE	s
							AGGREGATE	<u>s</u>
1	DED RETENTION \$						PER OTH-	\$
-1	WORKERS COMPENSATION						STATUTE ER	
_	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE							
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						5
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) if yas, describe under	N/A					E.L. DISEASE - EA EMPLOYEE	5
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A		SM935446	03/30/2020	03/30/2021	E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	5 S
sc ec c	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE (Mandatory in NN) if yas, describe under DESCRIPTION OF OPERATIONS below	CLES (A	cord al He Baci	101, Additional Remarks Schedu ealth and Wellness Set kground & MVR Check	le, may be attached if m rvices, Training/	ore space is requ Consulting	EL DISEASE - EA EMPLOYEE EL DISEASE - POLICY LIMIT \$1,000,000 Each Cla \$3,000,000 Aggrega	s im
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NN) (If yas, describe under DESCRIPTION OF OPERATIONS below Professional CRIPTION OF OPERATIONS / LOCATIONS / VEHI Sical Laboratory Services, Occu ohol Testing, Fingerprinting, orc ims Made; Retro Date: 03/30/20;	CLES (A	cord al He Baci	101, Additional Remarks Schedu ealth and Wellness Se kground & MVR Check e: \$0 Each Claim	le, may be attached if m rvices, Training/	ore space is requ Consulting	EL DISEASE - EA EMPLOYEE EL DISEASE - POLICY LIMIT \$1,000,000 Each Cla \$3,000,000 Aggrega	s im
sc ec a	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE (Mandatory in NN) if yas, describe under DESCRIPTION OF OPERATIONS / LOCATIONS / VEHI dical Laboratory Services, Occup ohol Testing, Fingerprinting, orc ims Made; Retro Date: 03/30/20; R INFORMATION ONLY CITIFICATE HOLDER Gist Entities LLC dba All Labs of Orland Park	CLES (A Dation lering Dedu	cord al He Baci ctibl	101, Additional Remarks Schedu ealth and Wellness Se kground & MVR Check e: \$0 Each Claim	Ie, may be attached if m rvices, Training/ (s, X-Rays and M <u>CANCELLATION</u> SHOULD ANY OF THE EXPIRATION	ore space is requ Consulting Iedical Revi Iedical Revi Iedical Revi Date The	EL DISEASE - EA EMPLOYEE EL DISEASE - POLICY LIMIT \$1,000,000 Each Cla \$3,000,000 Aggrega	s s im te
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