



March 29, 2018


Geary Electric, Inc.  
Attn: Harry Crawford  
3151 Commercial Ave  
Northbrook, IL 60062


**RE: Street Light Maintenance FY 2018/19**

Mr. Crawford,


This letter is to notify you that the Special Provisions of the Contract, Section III, "Contract Time", indicates that the current Street Light Maintenance contract may be renewed for another year between the Village of Grayslake and Geary Electric, Inc. In addition, as provided for in the contract, the contract price shall increase from \$105/hr to \$107.50/hr.

Please return this letter with your signature, below, constituting your agreement to extend the Village of Grayslake Street Light Maintenance contract from April 30, 2018 to April 30, 2019. Thank you for your assistance.

  
\_\_\_\_\_  
Harry Crawford  
Geary Electric, Inc.

UBK  
  
\_\_\_\_\_  
Michael J. Ellis  
Village Manager

Sincerely,  
Chase Muscato

  
\_\_\_\_\_  
Management Analyst  
Village of Grayslake

Mayor Rhett Taylor  
Trustees: Shawn M. Vogel ~ Ronald L. Jarvis ~ Kevin D. Waldenstrom ~ Elizabeth Davies ~ Adam R. Shores ~ Heather S. Nicodemus  
Village Clerk: Cynthia E. Lee

Ten South Seymour Avenue ~ Grayslake, Illinois 60030 ~ (847) 223-8515 ~ Fax: (847) 223-4821 ~ [www.villageofgrayslake.com](http://www.villageofgrayslake.com)



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
6/23/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Jeff Vukovich Insurance Agency 422 N. Northwest Hwy. Ste 170 Park Ridge, IL 60068	CONTACT NAME:		
	PHONE (A/C No. Ext):	847-825-4783	FAX (A/C No.): 847-698-6248
E-MAIL ADDRESS:			
INSURER(S) AFFORDING COVERAGE			NAIC#
INSURER A: Nationwide Mutual Ins. Co.			02358
INSURER B:			
INSURER C:			
INSURER D:			
INSURER E:			
INSURER F:			

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:  
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL RFD	SUBR WRD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X	Y	Nationwide 58-2625320	6-25-17	6-25-18	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPROP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANYAUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	X	Y	Nationwide 58-2625320	6-25-17	6-25-18	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	X	Y	Nationwide 58-2625320	6-25-17	6-25-18	EACH OCCURRENCE \$10,000,000 AGGREGATE \$10,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	Y Nationwide 58-2625320	6-25-17	6-25-18	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 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)  
 Project: 2017/2018 Street Light Maintenance, Various Locations in the Village of Grayslake

CERTIFICATE HOLDER Village of Grayslake Ten South Seymour Ave. Grayslake, IL 60030	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 
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**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**ADDITIONAL INSURED – OWNERS, LESSEES OR  
CONTRACTORS – SCHEDULED PERSON OR  
ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

**SCHEDULE**

Name Of Additional Insured Person(s) Or Organization(s)
Village of Grayslake
Location(s) Of Covered Operations
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

**A. Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and

2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

**B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:**

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or

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2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.
- C. With respect to the Insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**
- If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
  2. Available under the applicable Limits of Insurance shown in the Declarations;
- whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

**All terms and conditions apply unless modified by this endorsement.**

STATE OF ILLINOIS }  
                                  } SS  
COUNTY OF LAKE }

**ATTACHMENT D**  
**CERTIFICATIONS OF INSURANCE COVERAGE**

GEARY ELECTRIC, INC., as Contractor, and \_\_\_\_\_, as representative of contractor's insurer \_\_\_\_\_ ("Contractor's Insurer"), being first duly sworn on oath, depose and state that all statements herein made are made on behalf of Contractor and its insurer, that the deponent is authorized to make them, and that the statements contained herein are true and correct.

Contractor and Contractor's Insurer depose, state, and certify that Contractor has obtained insurance coverage as required pursuant to Section 4 of this Contract and provided certificates of insurance evidencing the minimum insurance coverages and limits set forth in Section VI of Attachment A to this Contract as required pursuant to Section 4 of this Contract.

Dated this 5TH day of \_\_\_\_\_, 2017.

Attest/Witness

By: \_\_\_\_\_

Title: \_\_\_\_\_

CONTRACTOR

By: Juan L. Crump

Title: PRESIDENT

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 2017.  
My Commission Expires:

\_\_\_\_\_  
Notary Public

SEAL

Attest/Witness

By: \_\_\_\_\_

Title: \_\_\_\_\_

CONTRACTOR'S INSURER

By: [Signature]

Title: [Signature]

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 2017.  
My Commission Expires:

\_\_\_\_\_  
Notary Public

SEAL