

**VILLAGE OF GRAYSLAKE
AVON TOWNSHIP HIGHWAY DEPARTMENT
SNOW REMOVAL – 2018/2019**

The Avon Township Highway Department hereby agrees to provide snow removal services for the Village of Grayslake during the 2018/2019 winter season. Such services shall include all required manpower, equipment, and materials for completion of said snow removal in a complete and timely manner.

Snow removal will be provided on the following Village streets:

- 1) Sheldon Road
- 2) Francis Drive (Sheldon to Phillip)
- 3) Phillip Drive (Francis to Crozier)
- 4) Crozier Drive (Phillip to Sheldon)
- 5) Washington Village Subdivision – Located off of Washington Street
- 6) The Meadows Subdivision - Located off of Washington Street

Avon Township Highway Department agrees to provide these snow removal services to the Village of Grayslake at a rate of \$150.00 per hour and at a rate of \$175.00 per hour for required overtime hours.

Further, Avon Township Highway Department will submit to the Village of Grayslake regular invoices, including an accounting of hours of snow removal services provided in the invoice period, for payment by the Village in accordance with Village procedures.

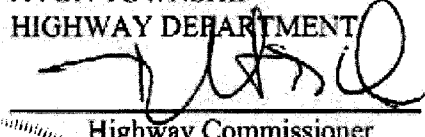
Avon Township Highway Department will carry all required insurance coverage and will provide to the Village of Grayslake adequate documentation of said insurance. The certificate of insurance shall name the Village of Grayslake as additional insured.

VILLAGE OF GRAYSLAKE

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Village Manager

AVON TOWNSHIP
HIGHWAY DEPARTMENT


Highway Commissioner

ATTEST 
Deputy Village Clerk

DATE 09/20/2018





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/01/2017

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 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 West's Insurance Agency, Inc. 1225 Tri State Parkway Gurnee IL 60031	CONTACT NAME: Kelly McGillivray PHONE (A/C, No. Ext): (847) 623-0456 FAX (A/C, No.): (847) 623-5600 E-MAIL ADDRESS: Kelly@westinsurance.com														
INSURER(S) AFFORDING COVERAGE															
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 80%;">INSURER A:</th> <th style="width: 20%;">NAIC #</th> </tr> <tr> <td>Argonaut Great Central Insuran</td> <td>19860</td> </tr> <tr> <td>INSURER B: Illinois Public Risk Fund</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>		INSURER A:	NAIC #	Argonaut Great Central Insuran	19860	INSURER B: Illinois Public Risk Fund		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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INSURER F:															
INSURED Avon Township 433 E. Washington St. Round Lake IL 60073															

COVERAGES **CERTIFICATE NUMBER:** Cert ID 5589 **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. SUBR. INSR	SUBR. Y/N	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 type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			PE463415602	12/01/2017	12/01/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP. (Any one person) \$ PERSONAL & ADV. INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			PE463415602	12/01/2017	12/01/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED. RETENTIONS			UMB463415602	12/01/2017	12/01/2018	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000 \$
B	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/A	P1386-2016	01/01/2016	01/01/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 3,000,000 E.L. DISEASE - EA EMPLOYEE \$ 3,000,000 E.L. DISEASE - POLICY LIMIT \$ 3,000,000 \$ \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Certificate Holder is an additional insured for General Liability only because of a written contract and evidenced by this COI with respect to liability incurred solely as a result of some act of omission on behalf of the Named Insured or as agreed upon in an "Insured Contract".

CERTIFICATE HOLDER Village of Grayslake 10 S. Seymour Avenue 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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