	AGEND	A IT	la Item number: 4.h								
	Title: Recommendation to Extend the Agreement for Landsc Bed Maintenance with Cornerstone Partners										
ST. CHARLES	1 Tesenter. Aj Kenteking										
Meeting: Government Services Committee Date: April 24, 2017											
Proposed Cost: \$31,081.00 Budgeted Amount: \$32,000.00 Not Budgeted:											
Executive Summa	ry (if not bu	dgete	d please explain):								
•	cape beds ad		ape beds at 24 different sites throught to City buildings, streetscape beds		•						
	t consists of	weed	has been the City's landscape bed ling, fertilizing, adding and turning anup.								
increase to take effe	ect for option	nal ye	s for these services for the last two ears 3 and 4 (2017 & 2018). (Note: es of the next lowest bidder.)	-							
	•	-	ive vendor for the City. In additioning, and snow removal services as w		owing services, they						

Attachments (please list):

* 2015 Bid Tabulation * Cornerstone Bid Sheet

Recommendation/Suggested Action (briefly explain):

Recommendation to execute a two year contract extension for landscape bed maintenance services with Cornerstone Partners in the amount not to exceed \$31,081.00.

Landscape Bed Maintenance 2015-2016 Price Proposal Results

Company		Weekly Rate		Extended Rate		Cu Yd Mulch Rate		Extended Mulch Rate (100 yards)		Total Annual Extended Price	
St. Charles, IL	\$	890.00	\$	24,920.00	\$	61.61	\$	6,161.00	\$	31,081.00	
County Wide Landscaping											
Elburn, IL	\$	1,500.00	\$	42,000.00	\$	55.00	\$	5,500.00	\$	47,500.00	
Classic Landscape LTD											
West Chicago, IL	\$	1,890.00	\$	52,920.00	\$	55.00	\$	5,500.00	\$	58,420.00	
Acres Group											
Plainfield, IL	\$	2,025.50	\$	56,714.00	\$	48.00	\$	4,800.00	\$	61,514.00	
D. Reithel Co, Landscaping Inc											
Hampshire, IL	\$	2,142.00	\$	59,976.00	\$	70.00	\$	7,000.00	\$	66,976.00	
Green Scene											
St. Charles, IL	\$	2,304.00	\$	64,512.00	\$	65.00	\$	6,500.00	\$	71,012.00	
Pedersen Company											
St. Charles, IL	\$	3,050.00	\$	85,400.00	\$	40.00	\$	4,000.00	\$	89,400.00	
Countryside Industries											
Wauconda, IL	\$	3,095.00	\$	86,660.00	\$	60.00	\$	6,000.00	\$	92,660.00	
Skyline Tree Service & Landscaping											
St. Charles, IL	\$	7,350.00	\$	205,800.00	\$	50.00	\$	5,000.00	\$	210,800.00	

^{*}Cornerstone Price updated to Optional 2017 - 2019 Rates. All other rates listed indicate original 2015 bid prices



BUSINESS	ORGANIZATION:							
	Sole Proprietor: An individual whose signature is affixed. Partnership: State full names, titles and addresses of all responsible principals and/or partners on attached sheet. Corporation: The individual whose signature is affixed. Partnership: State of Incorporation: The individual whose signature is affixed.							
	Please provide your Federal Em	ployer Identific	cation Number (F.E.I.N.):					
Seal (affix se	eal below if applicable)							
	Vice	President e-President Secretary Treasurer	Jeff Randall					
Attest:	Mandell	Signatur	e of Secretary					



DISQUALIFICATION OF CERTAIN PROPOSER

PERSONS AND ENTITIES SUBJECT TO DISQUALIFICATION

No person or business entity shall be awarded a contract or subcontract, for a stated period of time, from the date of conviction or entry of a plea or admission of guilt, if the person or business entity,

- (A) has been convicted of an act committed, within the State of Illinois or any state within the United States, of bribery or attempting to bribe an officer or employee in the State of Illinois, or any state in the United States in that officer's or employee's official capacity;
- (B) has been convicted of an act committed, within the State of Illinois or any state within the United States, of bid rigging or attempting to rig proposals as defined in the Sherman Anti-Trust Act and Clayton Act 15 U.S.C.;
- (C) has been convicted of bid rigging or attempting to rig bids under the laws of the State of Illinois, or any state in the United States;
- (D) has been convicted of an act committed, within the State of Illinois or any state in the United States, of price-fixing or attempting to fix prices as defined by the Sherman Anti-Trust Act and Clayton Act 15 U.S.C. Sec. 1 et sig.;
- (E) has been convicted of price-fixing or attempting to fix prices under the laws of the State of Illinois, or any state in the United States;
- (F) has been convicted of defrauding or attempting to defraud any unit of state or local government or school district within the State of Illinois or in any state in the United States;
- (G) has made an admission of guilt of such conduct as set forth in subsection (A) through (F) above which admission is a matter of record, whether or not such person or business entity was subject to prosecution for the offense or offenses admitted to:
- (H) has entered a plea of <u>nolo contendere</u> to charges of bribery, price fixing, proposal rigging, proposal rotating, or fraud; as set forth in subparagraphs (A) through (F) above.

Business entity, as used herein, means a corporation, partnership, trust, association, unincorporated business or individually owned business.



CERTIFICATE OF NON-DISQUALIFICATION UNDER ILLINOIS COMPILED STATUTES, CH. 720, SEC. 33E-11

The undersigned, upon being first duly sworn, hereby certifies to the City of St. Charles, Kane and DuPage Counties, Illinois, that Contracting with any unit of State or local government, as a result of a violation of Ch. 720, Sec. 33E-11 of the Illinois Compiled Statutes.

Name of Proposer

State of State of

SS

County of Kane

Subscribed and sworn to before me

this $\frac{11}{\text{of } M \text{case } h}$ and $\frac{3015}{3015}$

Notary Public

CONNIE BILLUPS
OFFICIAL
MY COMMISSION EXPIRES
OF 100 OF 10

NOTE TO PROPOSER: Anyone who makes a false statement, material to this Certification, commits a Class 3 Felony under Illinois Compiled Statutes, Ch. 720, Sec. 33 E-11 (b).



CERTIFICATION OF COMPLIANCE

Title

THE	E UNDERSIGNED HEREBY CERTIFIES AS FOLLOWS:	
1,	That the undersigned has authority to make this certification on behalf of the propo	osal.
	Cornerstone Partners Horticultural Services Name of Company	
2.	That the undersigned has read the contents, in regard to disqualification of proposer, which are contained on the following pages of the documents.	certain
3.	That the undersigned knows of his own knowledge that the proposer is not disquired from proposing under the aforesaid sections.	ualified
	Authorized Signature Authorized Signature	_
	Type or Print Name	
	Secretary	

SEAL

Instructions: This is to be completely filled out and executed by the chief officer or the proposer authorized to submit the certification.



COMPLIANCE STATEMENT

Complete this form and submit it with Form of Proposal.

Offeror's N	ame: Jeff Randall Signature: Aff Kandall
ТО:	City of St Charles, Public Works Facility 200 Devereaux Way St Charles, IL 60174 ATTN: AJ Reineking, Public Works Manager
FROM:	Organization: Cornerstone Partners Horicultural Services Address: POPOX 745
	City, State, Zip Code: ST. Charles, TL 60174 Contact Person: Jeff Randall
	Telephone Number: 630 482- 9950
	Facsimile Number:

In compliance with this Request for Proposal, and subject to all conditions thereof, the undersigned offers and agrees, if this proposal is accepted, to furnish the services as outlined herein, for the City of St Charles in the amount indicated, subject to modification through negotiations which may be conducted pursuant to conditions set forth in the Request for Proposals.



CITY OF ST CHARLES, ILLINOIS TAX COMPLIANCE AFFIDAVIT

Jeff Randall	, being first duly sworn,
deposes and says: that he is	2)
of <u>Cornerstone</u> PARTNERS Hoof. Sensi	•
barred from contracting with the City of St Cha of any tax administered by the Department contesting, in accordance with the procedures entity making the proposal or bid understal delinquency in taxes is a Class A Misdemeand	going proposal or proposal certifies that he is no rles because of any delinquency in the payment of Revenue unless the individual or entity is established by the appropriate revenue act, on that making a false statement regarding or and, in addition, voids the contract and allows the individual or entity under the contract in civi
J.	M Kandell
(Name of Bidder if the Bidder is an I (Name of Partner if the Bidder is a P	artnership)
(Name of Officer if the Bidder is a Co	orporation)
The above statements must be subscrib	ed a sworn to before a notary public.
Subscribed and Sworn to this day of	KUNCH, 2015
CONNIE BILLUPS OFFICIAL MY COMMISSION EXPIRE OF ILLUPS OS/07/2016	ES Cinme & Wers S
SEAL	

Failure to complete and return this form may be considered sufficient reason for rejection of the proposal



<u>CITY OF ST CHARLES, ILLINOIS</u> <u>ANTI-COLLUSION AFFIDAVIT AND CERTIFICATION</u>

Jeff Randall	, being first duly sworn,
deposes and says: that he is	-
of Cornerstone Portwars Hope Services (Consultant)	
The party making the foregoing proposal or bid, certifies that such proposor collusive, or sham; that said proposer has not colluded, conspired, connior indirectly, with any proposer or person, to put in a sham proposal or to and has not in any manner, directly or indirectly, sought by agree communication or conference with any person; to fix the proposal proposal, or of that of any other proposer, or to secure any advanta proposer or any person interested in the proposed contract.	ved or agreed, directly refrain from proposing, ment or collusion, or price element of said
The undersigned certifies that he is not barred from proposing on this coconviction for the violation of State laws prohibiting bid-rigging or bid-rotate	ontract as a result of a ing.
(Name of Bidder if the Bidder is an Individual) (Name of Partner if the Bidder is a Partnership) (Name of Officer if the Bidder is a Corporation)	
The above statements must be subscribed and sworn to before a	notary public.
Subscribed and Sworn to this day of	ary Public

Failure to complete and return this form may be considered sufficient reason for rejection of the bid



REFERENCES

CITY OF ST CHARLES

01

General Information, list below current business references for whom you have performed work similar to that required by this proposal.

Facility: City of D1. Charles
Address: 200 Devereaux Way
City, State, Zip Code: St. Charles, IL 60174
Telephone Number: 630 377 - 4470
Contact Person: John Lochbaum
Dates of Service: May 1, 2014 - Present
Facility: Mill Creek SSA - County & Kane
Address: 719 S. Batavia Ave. BLD A
City, State, Zip Code: Geneua, IL 60134
Telephone Number: 630 485 - 0835
Contact Person: Mr Don Biggs
Dates of Service: 4/1/2013 - Present
Facility: Interestate laintweas of IL.
Address: 90 Prairie Varkway
City, State, Zip Code: Gilberts, IL 60136
Telephone Number: 847 428 - 5303
Contact Person: Pete thomas
Dates of Service: 4/1/2011 - Present



CERTIFICATE OF COMPLIANCE WITH SAFETY STANDARDS

The undersigned, upon being first duly sworn, hereby certifies to the City of St. Charles, Kane and DuPage Counties, Illinois, that Corner for Parties Her Superson (proposer) shall comply with all local, state and federal safety standards.

Cornerstone Partners Hord, Services

Name of Proposer

By: Al Kandall
Foff Randall

State of State of

SS

County of Kare

Subscribed and sworn to before me

this N

__ day

Notary Public

CONNIE BILLUPS
OFFICIAL
OFFICIAL
OFFICIAL
OFFICIAL
OFFICIAL
OS/07/2016



CERTIFICATE OF COMPLIANCE WITH PUBLIC ACT 87-1257 OF THE ILLINOIS HUMAN RIGHTS ACT

The undersigned, upon being first duly sworn, hereby certifies to the City of St. Charles, Kane and DuPage Counties, Illinois, that Cornerstone Paktues that Services (proposer) complies with the Illinois Human Rights Act as amended by Section 2-105, Public Act 87-1257 in relation to employment and human rights.

Cornerstone Partuens Hopet. Dervice?

Name of Proposer

By: <u><</u>

State of Slunci

SS

County of

Subscribed and sworn to before me

this \\

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Notarv Public

CONNIE BILLUPS
OFFICIAL
MY COMMISSION EXPIRES
US/07/2016



AGREEMENT SIGNATURE SHEET

IN WITNESS WHEREOF, the parties hereto have executed this Agreement as of the day first mentioned above.

CITY OF ST CHARLES
By:
Ray Rogina, Mayor
Attest:
City Clerk
CONTRACTOR: Cornerstone Partners Hycheultural Services
By:
Tames F. Twcan, Hesident Print Name and Title: (If Corporate: Chairman, President or Vice President)
Attest
Terr Randall Secretary Print Name and Title (If Corporate: Secretary, Assistant Secretary, Chief Financial Officer or Assistant Treasurer)



B. Personnel and Equipment The approximate number of personnel who will be at the work site daily is
List of equipment:
1-F350 Ford Truck
1-12' Wells CARPO Trailer
Echo Blower
Echo Hedge Shear
Brown Bed Redefiner
HAND Tools C Spades Shovels, Cultivations, Rakes
HAND Primar, + Safety Equipment)
Safety Aren Board

C. If applicable, attach copies of Certified Landscape Technician certificates



January 20, 2015

James Turcan Cornerstone Partners Horticultural Services P.O. Box 745 Saint Charles, IL 60174 ID: 248739

Dear James,

Thank you for your recent recertification. We commend you for your commitment to maintaining your PLANET certification every two years through the recertification process. Please find your updated wallet card that reflects the new good-through date below.

Continuing education and industry service are critical to maintaining the active status of your PLANET certification. As you know, these activities are measured in Continuing Education Units (CEUs), and you are required to report 24 CEUs earned during your two-year cycle to maintain the active status of your certification. Your next recertification is due on or before December 31 at the end of your two-year certification renewal cycle as indicated by your good-through date.

Details on the recertification process including a recertification requirements list and frequently asked questions are available on PLANET's Web site in the Recertification Center at http://www.landcarenetwork.org/certification/recertification.cfm. Please visit often for updates and information. A CEU submission form is located online. This completed form and your recertification fee are all that you need to send to PLANET on or before your good-through date – you do not need to send in documentation unless requested per a random recertification audit. Please keep your attendance documentation on file.

If you have questions on the recertification process or would like information on other PLANET certification programs, please do not hesitate to contact PLANET at (800) 395-2522.

Again, congratulations!

Sincerely,

David Hupman

Landscape Industry Certified Manager & Technician

Chair, International Certification Council

P.S. Promote that you are Landscape Industry Certified! Here's the link to your marketing toolkit:

www.landcarenetwork.org/PLANET/Certification/Certificant-Toolkit.aspx

landscape industry

certified

PLANET

James Turcan

Ornamental & Turf Maintenance

Recertify by 12/31/2016

QUALIFIED · CONFIDENT · RECOGNIZED

landscape industry



James Turcan
Ornamental & Turf Maintenance

Recertify by 12/31/2016



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 02/24/2015

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(les) 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).

CONTACT NAME: Brian Dolewski						
PHONE (A/C, No, Ext): 630-782-1717 FAX (A/C, No): 630-	782-1797					
E-MAIL ADDRESS:						
INSURER(S) AFFORDING COVERAGE	NAIC#					
INSURER A : Illinois Emcasco Ins. Co.	32808					
INSURER B:						
INSURER C:						
INSURER D :						
INSURER E:						
INSURER F:						
	NAME: Brian Dolewski PHONE (A/C, No, Ext): 630-782-1717 E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A : Illinois Emcasco Ins. Co. INSURER B : INSURER C : INSURER C : INSURER C : INSURER C : INSURER E :					

COVERAGES

CERTIFICATE NUMBER: 1

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 SLICH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS

	EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.									
INSR LTR			ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
Α	X	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$ 1,000,000	
		CLAIMS-MADE X OCCUR	X		4D95374	07/01/2014	07/01/2015	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000	
								MED EXP (Any one person)	\$ 10,000	
								PERSONAL & ADV INJURY	\$ 1,000,000	
	GEI	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000	
1		POLICY X PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000	
		OTHER:							\$	
	AU.	TOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 2,000,000	
Α	X	ANY AUTO	X		4E95374	07/01/2014	07/01/2015	BODILY INJURY (Per person)	\$	
1		ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
1	X	HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
									\$	
	X	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$ 5,000,000	
Α		EXCESS LIAB CLAIMS-MADE			4J95374	07/01/2014	07/01/2015	AGGREGATE	\$ 5,000,000	
		DED RETENTION\$							\$	
		RKERS COMPENSATION EMPLOYERS' LIABILITY						X PER STATUTE OTH-		
Α	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A		4H95374	07/01/2014	07/01/2015	E.L. EACH ACCIDENT	\$ 1,000,000	
	(Mandatory in NH)		N, A					E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000	
Α	Rented/Leased Equi				4C95374	07/01/2014	07/01/2015	Limit	250,000	
								Any 1Item	25,000	
L										

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

The City of St. Charles is also an additional insured with respect to General Liability CG7174.3(10-13) and Auto Liability CA7270(3-07) Umbrella Liability follows form

CERTIFICATE HOLDER City of St. Charles Public Works Facility A.I Reineking		CANCELLATION
	CITYSTC	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

Delland Peter

200 Devereaux Way St. Charles, IL 60174

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – AUTOMATIC STATUS WHEN REQUIRED IN CONSTRUCTION CONTRACT OR AGREEMENT INCLUDING COMPLETED OPERATIONS – PRIMARY AND NONCONTRIBUTORY

This endorsement modifies the insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

- A. Section II Who Is An Insured is amended to include as an additional insured:
 - Any person or organization for whom you are performing operations when you and such person or organization have agreed in writing in a contract or agreement that such person or organization be added as an additional insured on your policy; and
 - 2. Any other person or organization you are required to add as an additional insured under the contract or agreement described in Paragraph 1. above.

Such person(s) or organization(s) is an additional insured only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

- a. Your acts or omissions; or
- The acts or omissions of those acting on your behalf;

in the performance of:

- a. your ongoing operations for the additional insured: or
- b. "Your work" for the additional insured and included in the "products – completed operations hazard".

However, the insurance afforded to such additional insured described above:

- a. Only applies to the extent permitted by law;
 and
- **b.** 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 exclusion applies:

This insurance does not apply to "bodily injury," "property damage" and "personal and advertising injury" arising out of the rendering of, or the failure to render, any professional architectural, engineering or surveying services including:

a. The preparing, approving, or failing to prepare or approve maps, shop drawings, opinions, reports,

surveys, field orders, change orders or drawings and specifications; or

Supervisory, inspection, architectural or engineering activities.

This exclusion applies even if the claims against any insured allege negligence or other wrongdoing in the supervision, hiring, employment, training or monitoring of others by the insured, if the "occurrence" which caused the "bodily injury" or "property damage", or the offense which caused the "personal and advertising injury", involved the rendering of, or the failure to render, any professional architectural, engineering or surveying services.

C. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance:

The most we will pay on behalf of the additional insured is the amount of insurance:

- Required by the contract or agreement described in Paragraph A.1.; 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.

D. The following is added to the Other Insurance Condition and supersedes any provision to the contrary:

Primary and Noncontributory Insurance

This insurance is primary to and will not seek contribution from any other insurance available to an additional insured under your policy provided that:

- (1) The additional insured is a Named Insured under such other insurance; and
- (2) You have agreed in writing in a contract or agreement that this insurance would be primary and would not seek contribution from any other insurance available to the additional insured.
- **E.** All other terms and conditions of this policy remain unchanged.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

COMMERCIAL AUTO AMENDMENT

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM

The BUSINESS AUTO COVERAGE FORM is amended to include the following clarifications and extensions of coverage. With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

A. BLANKET ADDITIONAL INSURED

SECTION II – LIABILITY COVERAGE, A.1. Who Is An Insured is amended by adding the following:

d. Any person or organization who is a party to a written agreement or contract with you in which you agree to provide the type of insurance afforded under this Business Auto Coverage Form.

This provision applies to claims for "bodily injury" or "property damage" which occur after the execution of any written agreement or contract.

B. NEWLY FORMED OR ACQUIRED ORGANIZATIONS SECTION II – LIABILITY COVERAGE, A.1. Who Is An Insured is amended by adding the following:

- e. Any organization which you acquire or form after the effective date of this policy in which you maintain ownership or majority interest. However:
 - (1) Coverage under this provision is afforded only up to 180 days after you acquire or form the organization, or to the end of the policy period, whichever is earlier.
 - (2) Any organization you acquire or form will not be considered an "insured" if:
 - **A.** The organization is a partnership or a joint venture; or
 - **B.** That organization is covered under other similar insurance.
 - (3) Coverage under this provision does not apply to any claim for "bodily injury" or "property damage" resulting from an "accident" that occurred before you formed or acquired the organization.

C. SUBSIDIARIES AS INSUREDS

SECTION II – LIABILITY COVERAGE, A.1. Who Is An Insured is amended by adding the following:

f. Any legally incorporated subsidiary in which you own more than 50% of the voting stock on the effective date of this policy. However, "insured" does not include any subsidiary that is an "insured" under any other automobile liability policy or was an "insured" under such a policy but for termination of that policy or the exhaustion of the policy's limits of liability.

D. COVERAGE EXTENSIONS – SUPPLEMENTARY PAYMENTS

SECTION II – LIABILITY COVERAGE, A.2.a. Coverage Extensions, Supplementary Payments (2) and (4) are replaced by the following:

- (2) Up to \$3,000 for the cost of bail bonds (including bonds for related traffic law violations) required because of an "accident" we cover. We do not have to furnish these bonds.
- (4) All reasonable expenses incurred by the "insured" at our request, including actual loss of earnings up to \$350 a day because of time off from work.

E. PHYSICAL DAMAGE - TOWING

SECTION III – PHYSICAL DAMAGE COVERAGE, A.2. Towing is replaced with the following:

We will pay for towing and labor costs incurred, subject to the following:

- **a.** Up to \$100 each time a covered "auto" of the private passenger type is disabled; or
- **b.** Up to \$500 each time a covered "auto" other than the private passenger type is disabled.

However, the labor must be performed at the place of disablement.

F. PHYSICAL DAMAGE - TRANSPORTATION EXPENSES

SECTION III – PHYSICAL DAMAGE COVERAGE, A.4. Coverage Extensions subparagraph a. Transportation Expenses is replaced by the following:

(1) We will pay up to \$75 per day to a maximum of \$1,000 for temporary transportation expense incurred by you because of the total theft of a covered "auto" of the private passenger type. We will pay only for those covered "autos" for which you carry either Comprehensive or Specified Cause of Loss Coverage. We will pay for temporary transportation expenses incurred during the period beginning 48 hours after the theft and ending, regardless of the policy's expirations, when the covered "auto" is returned to use or we pay for its "loss."

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

COMMERCIAL AUTO AMENDMENT

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM

The BUSINESS AUTO COVERAGE FORM is amended to include the following clarifications and extensions of coverage. With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

A. BLANKET ADDITIONAL INSURED

SECTION II – LIABILITY COVERAGE, A.1. Who Is An Insured is amended by adding the following:

d. Any person or organization who is a party to a written agreement or contract with you in which you agree to provide the type of insurance afforded under this Business Auto Coverage Form.

This provision applies to claims for "bodily injury" or "property damage" which occur after the execution of any written agreement or contract.

- B. NEWLY FORMED OR ACQUIRED ORGANIZATIONS SECTION II – LIABILITY COVERAGE, A.1. Who Is An Insured is amended by adding the following:
 - e. Any organization which you acquire or form after the effective date of this policy in which you maintain ownership or majority interest. However:
 - (1) Coverage under this provision is afforded only up to 180 days after you acquire or form the organization, or to the end of the policy period, whichever is earlier.
 - (2) Any organization you acquire or form will not be considered an "insured" if:
 - **A.** The organization is a partnership or a joint venture; or
 - **B.** That organization is covered under other similar insurance.
 - (3) Coverage under this provision does not apply to any claim for "bodily injury" or "property damage" resulting from an "accident" that occurred before you formed or acquired the organization.

C. SUBSIDIARIES AS INSUREDS

SECTION II – LIABILITY COVERAGE, A.1. Who is An insured is amended by adding the following:

f. Any legally incorporated subsidiary in which you own more than 50% of the voting stock on the effective date of this policy. However, "insured" does not include any subsidiary that is an "insured" under any other automobile liability policy or was an "insured" under such a policy but for termination of that policy or the exhaustion of the policy's limits of liability.

D. COVERAGE EXTENSIONS – SUPPLEMENTARY PAYMENTS

SECTION II – LIABILITY COVERAGE, A.2.a. Coverage Extensions, Supplementary Payments (2) and (4) are replaced by the following:

- (2) Up to \$3,000 for the cost of bail bonds (including bonds for related traffic law violations) required because of an "accident" we cover. We do not have to furnish these bonds.
- (4) All reasonable expenses incurred by the "insured" at our request, including actual loss of earnings up to \$350 a day because of time off from work.

E. PHYSICAL DAMAGE - TOWING

SECTION III – PHYSICAL DAMAGE COVERAGE, **A.2. Towing** is replaced with the following:

We will pay for towing and labor costs incurred, subject to the following:

- **a.** Up to \$100 each time a covered "auto" of the private passenger type is disabled; or
- **b.** Up to \$500 each time a covered "auto" other than the private passenger type is disabled.

However, the labor must be performed at the place of disablement.

F. PHYSICAL DAMAGE - TRANSPORTATION EXPENSES

SECTION III – PHYSICAL DAMAGE COVERAGE, A.4. Coverage Extensions subparagraph a. Transportation Expenses is replaced by the following:

(1) We will pay up to \$75 per day to a maximum of \$1,000 for temporary transportation expense incurred by you because of the total theft of a covered "auto" of the private passenger type. We will pay only for those covered "autos" for which you carry either Comprehensive or Specified Cause of Loss Coverage. We will pay for temporary transportation expenses incurred during the period beginning 48 hours after the theft and ending, regardless of the policy's expirations, when the covered "auto" is returned to use or we pay for its "loss."

IV. PROPOSAL/CONTRACT FORM

The undersigned Contractor offers to provide to the City of St. Charles, Landscape Maintenance Services conforming to the specifications, terms and conditions set forth herein.

A. Unit Prices and Extensions					
Cornerstone	PARTNERS	Hortrultural	Services		
YEAR	ESTIMATED CYCLES	UNIT (WEEKLY) PRICE	EXTENSION		
Base: May 1, 2015 to April 30, 2016	28	\$ 845.00	\$ 23,660 °°		
Optional: May 1, 2016 to April 30, 2017	28	\$ 845.00	\$ 23,6600		
Optional: May 1, 2017 to April 30, 2018	28	\$ 890,00	\$ 24,92000		
Optional: May 1, 2018 to April 30, 2019	28	\$890.00	\$ 24,92000		
Additional Landscape Maintenance	Hourly	\$ 31.74 per	2015 2016 only		

Price per cubic yard of mulch: \$ 6161 instalkd (Cornerstone Blended Handwood Mulch) Price per cubic yardofmulch: \$ 42.00 hr (City of ST Charles supplied maleh) Actual award will be based on unit prices of the base bid term. The actual quantity will be

*Above fee's include spraying a post emergent herbicide on turf where trees have no existing tree ring, once turf is dead weed whipping down dead turf. Excludes installation of mulch as it may differ from City mulch to contestors mulch

to contrators mulch depending on location.

determined by the need and budgetary funds available.

* Excludes installing mulch in newly mulched North City Parking Lot as it has now mulch now.