| AZ | AGEND | A IT | EM EXECUTIVE SUMMARY | Agen | da Item number: *6.g |
|---|---|---|---|---|--|
| | Title: | | commendation to Award the B | id for | Fire Hydrant |
| ST. CHARLES | Presenter: | Tim | Wilson | | |
| Meeting: Governm | nent Services | Con | nmittee Date: August 26 | , 2019 | |
| Proposed Cost: \$62 | 2,153 | | Budgeted Amount: \$62,600 | | Not Budgeted: |
| Executive Summa | ry (if not but | dgete | d please explain): | | |
| received three bids completed fire hydromytraining for firms consumption on water utility pair. The unit cost provide bid from 2017 of \$8 | for this project rant painting completing painting project ded by Musc 87. Muscat l | over over ainting s. As at in has or | d a single sealed bid for Fire Hydra Muscat Painting was the low bidder the last two years. Recent state law g on public projects has limited the a result, the City only received one this current bid is fair and reasonabily applied a 2% annual increase to ithin industry standards of 2 to 5% | c. Muse change interest bid fo | cat has successfully ges requiring additional st of firms willing to bid or this project. comparison to their low |
| Muscat Past Bid: 2017 Bid- \$87/ Un | iit | | | | |
| Current Bid: 2019/2020 - \$88.79 2020/2021 - \$90.50 2021/2022 - \$92.50 | 6/ Unit | | | | |
| Typically the City of hydrants within the | - | 00 fire | e hydrants annually. This is about 3 | 0% of | the total number of fire |
| Attachments (plea | ise list). | | | | |

* Muscat Painting Bid 2019

Recommendation/Suggested Action (briefly explain):

Recommendation to approve Muscat unit cost bid for 2019/2020 Fire Hydrant Painting and additional two fiscal years based on annual budget approval.



Response Cover Page

This is page #1 of your response.

Fire Hydrant Painting

| Based on | |
|------------|--|
| Addendum # | |

Please do not submit punched or perforated pages, nor bind your proposal in anything other than paperclips.

| F | Proposal Prepared By: | Contacts: | | | | |
|---|--|--|--------------------------------|-----------|--|--|
| Firm Name | Muscat Painting & Decorating | Operations: | Scheduling and Managing the Wo | ork | | |
| DBA | Muscat Painting & Decorating | Contact Name Brett Muscat | | | | |
| Address | 555 Ashland Avenue | Contact Phone # | 8473617182 | | | |
| | | Contact E-mail | brett@muscatpainting.com | | | |
| City, St, Zip | East DUndee, Illinois 60118 | Sale | s: Price, Quality, and Service | | | |
| Signature | San Dan | Contact Name | same | | | |
| Print Name | Brett Muscat | Contact Phone # | | | | |
| Position | Owner | Contact E-Mail | | | | |
| Phone # | 8474286225 | Customer Service: Purchase Order, Invoicing, Payment | | | | |
| Fax # | 8474286225 | Contact Name | same | | | |
| E-mail Address | brett@muscatpainting.com | Contact Phone # | | | | |
| | | Contact E-Mail | | | | |
| This business | Firm is (check one) 🛛 An Individual 🔲 A Part | tnership 🔲 A Corp | oration An LLC | | | |
| Exceptions: (check one) This proposal meets and accepts all Requirements, Specifications, Terms and Conditions and Contract Language. We hereby take the following Exceptions to the Requirements, Specifications, Terms and Conditions and Contract Language (reference section name and identifying reference): | | | | | | |
| | | | For Oft S/G/B | fice Use: | | |

For Office Use: S/G/B Originator: CPR: CC: W9 COI

CC: W9 CO

This is page #1 of your response.

Response Cover Page



Signature Page

This is page #2 of your response.

Fire Hydrant Painting

Based on Addendum # __

The undersigned proposes and agrees, after having examined the requirements and specifications, to irrevocably offer to furnish the services in compliance to all terms, conditions, specifications and applicable addenda. I (we) hereby certify and affirm that being first duly sworn an oath, deposes and states that all statements made herein are made on behalf of the Offeror, that this despondent is authorized to make them and the statements contained herein are true and correct.

| If an Individual By: |
|--|
| Signature |
| Brett Muscat Owner |
| Title |
| If a Danta and in |
| If a Partnership |
| By: |
| -5 |
| Title |
| By: |
| Partner |
| |
| If a Corporation |
| By: |
| Signature of person authorized to sign |
| |
| Title |
| ATTEST |
| |
| If a Joint Venture |
| By: |
| Signature |
| Title |
| Title |
| By: |
| Signature |
| Title |
| Title |
| |
| |
| 8/11/2019 |
| DATE |
| |

Official Sent
Notary Public - State of Illingis
My Commission Expires Apr 12, 202

REGINA MUSCAT

Attach seal here.

Response Signature Page

This is page #2 of your response.



Response Price Proposal Page

This is page #3 of your response.

Fire Hydrant Painting

| Based on |
|------------|
| Addendum # |

I (we) propose to furnish all services as specified in the attached solicitation documents at the below price. No additional charges over said pricing will be accepted by the city without an authorized change order and written approval by the Purchasing Division Manager confirmed via purchase order amendment.

Unit Cost for Year 1 (May 1st 2019 -April 30th 2020)

| Item Letter | Items | Unit | Unit Price |
|----------------|---------------------------------|------|--------------------|
| Α | Commercial Blast | | Included in Item B |
| В | Commercial Priming and Painting | Each | 88.79 |

Unit Cost for Year 2 (May 1st 2020 - April 30th 2021)

| item Letter | Items | Unit | Unit Price |
|----------------|---------------------------------|------|--------------------|
| А | Commercial Blast | | Included in Item B |
| В | Commercial Priming and Painting | Each | 90.56 |

Unit Cost for Year 3 (May 1st 2021 – April 30th 2022)

| Item Letter | Items | Unit | Unit Price |
|----------------|---------------------------------|------|-------------|
| Α | Commercial Blast | | Included in |
| | | | Item B |
| В | Commercial Priming and Painting | Each | 92.55 |

Total Cost (For Bid Analysis Purposes Only) -

| Item | Items | Unit | Unit | Estimated | Annual Cost | | |
|---------|---------------------------------|------|-------|-----------|---------------|--|--|
| Letter | N | | Price | Quantity | | | |
| Year #1 | Commercial Priming and Painting | Each | \$ | 700 | \$ 62,153.00 | | |
| Year #2 | Commercial Priming and Painting | Each | \$ | 700 | \$ 63,392.00 | | |
| Year #3 | Commercial Priming and Painting | Each | \$ | 700 | \$ 64,785.00 | | |
| | THREE YEAR TOTAL- \$ | | | | \$ 190,330.00 | | |

| Please confirm that all fees, inclusive of but not limited to: shipping, handling, freight, stocking, mobilizations, delivery, fuel sur-charge, permits, warranty including replacement of shrubs and trees within warranty period; are included within the above prices X Yes No |
|---|
| We will accept payment via City of St. Charles credit card. X Yes No |
| We will allow a discount of $\frac{.5}{}$ % if payment is received within $\frac{7}{}$ days of invoice. |
| We allow these terms for all business conducted with the City of St. Charles. XYes No |
| Response Price Proposal Page This is page #3 of your response. |



Certification of Compliance

This is page #4 of your response.

- (A) The undersigned certifies that, pursuant to the **Equal Opportunity Employer** provisions of Section 2000(e) of Chapter 21, Title 42 of the United States Code and Federal Executive Order No. 11246 as amended by Executive Order No. 11375, the bidder is compliant with all Equal Employment Opportunity Commission ("EEOC") requirements.
- (B) The undersigned certifies that, pursuant to the Illinois Human Rights Act provisions of Section 775 ILCS 5/2-105, the bidder complies with and certifies that it is in compliance with all equal employment practice requirements contained therein, and that it has adopted a written sexual harassment policy that meets the minimum requirements.
- **(C)** The undersigned certifies that, pursuant to the **State of Illinois Law** provisions of Section 720 ILCS 5/33E prohibiting Bid-rigging or Bid-rotating, the bidder is not barred from bidding on this project, or entering into a contract for this project.
- (D) The undersigned certifies that, pursuant to the Illinois Department of Revenue Tax Laws provisions of Section 65 ILCS 5/11-42.1-1, the bidder is not barred from doing business with any unit of local government in the State of Illinois as a result of a delinquency in payment of any taxes unless the bidder is contesting, in accordance with the procedures established by the appropriate statute, its liability for the tax or the amount of the tax.
- (E) The undersigned certifies that, pursuant to the Illinois Drug Free Workplace Act provisions of Section 30 ILCS 580/3, the bidder deposes states and certifies that it will provide a drug free workplace, inclusive of all satellite locations as well as the City of St. Charles sites.
- **(F)** The undersigned certifies that, pursuant to the **Illinois Prevailing Wage Act** provisions of Section 820 ILCS 130/0.01 et seq, the bidder, when required, is in compliance with all requirements of, including provisions as to wages, medical and hospitalization insurance and retirement benefits for those trades covered in the Act. Pursuant to **Illinois Public Act** provisions of Section 94-0515 and all provisions of the **Employee Classification Act**, provisions of Section 820 ILCS 185/1 et seq., said bidder agrees to submit certified payroll records as required.
- (G) The undersigned certifies that, pursuant to the **Employment of Illinois Workers on Public Works Act** provisions of Section 30 ILCS 570/0.01, et seq., the bidder is in compliance with all requirements. Furthermore, the bidder certifies that it will demonstrate a good faith effort toward providing equal employment opportunities for City of St. Charles residents to work as crafts persons, consistent with the racial, ethnic, and gender demographics of the City's labor force.
- (H) The undersigned certifies that, pursuant to the **National Security/USA Patriot Act** as defined in Presidential Executive Order 13224, the bidder and all affiliated parties, are not working for or with, nor acting on behalf of, a Specially Designated National and Blocked Person.
- (I) The undersigned certifies that they have not colluded with or participated in any unethical practices with any person, firm or employee of the City of St Charles which would in any way be construed as an unethical business practice.

Check One: X There are no conflicts of interest and in the event that a conflict of interest is identified anytime during the duration of this award, or reasonable time thereafter, you, your firm or your firm's ownership, management or staff will immediately notify the City of St. Charles in writing. There is an affiliation or business relationship between you, your management or staff, your firm or your firm's ownership, and an employee, officer or elected official of the City of St. Charles who makes recommendations to the City of St. Charles with respect to expenditures of money, employment, and elected or appointed positions. Provide on a separate letter included with your response any and all affiliations or business relationships that might cause a conflict of interest or a ny potential conflict of interest. Include the name of each City of St Charles affiliate with whom you, your firm or your firm's ownership, management or staff has an affiliation or a business relationship.

Company Name

Muscat Painting & Decorating

Date_

8-11-2019

Certification of Compliance

This is page #4 of your response.



Service Provider Response Requirements

This, and the attached answers, is page #5 of your response.

Please provide the below information in the order requested, identifying each section number.

Experience and Capabilities

- 1. Experience as evidenced by a listing of five (5) references
- Attached a. References must be from projects similar in size and scope within the past five (5) years.
 - b. Include contact information (name, title, e-mail address, and phone #) for the individual who oversaw the quality of the work and authorized payment.
 - c. One business represents one reference regardless of number of projects completed for that business.
 - d. Individuals will not qualify as references,
 - e. The City of St. Charles does not qualify as a reference.
 - f. References within the greater Chicago area preferred.
 - g. Proposer may not be given credit for references if, upon checking references, those references do not reply within 3 business days.
 - If proposer provides fewer references than requested, or some of those references did not respond, the proposer will receive only a portion of the points for that evaluation criterion.

PPG

Tnemec

Crown Polymers

390 S EIGHTH ST

847-428-7001

WEST DUNDEE, IL 60118

2. Evidence of Financial Stability to fund this project and any and all continuing services this project may require throughout the standard life cycle: i.e. Annual Report; D&B Report, Credit Reference, Letter from Bank sherwin williams **PNC Bank**

tached 3. Provide a W9

Statement of Experience (not to exceed 3 pages)

- 4. How many years has your firm been in business under this name? since 1989
- 5. How many years has your firm been in business under: Any other name? Other ownership? Provide details, NA
- 6. What is the value of the firm's work: Completed in the past 12 months? Now under contract? 550k, 870k
- 7. What is the number of clients in your firm: Serviced in the past 12 months? Now under contract? 26, 38

Work Specific Knowledge

- 8. Credentials / Licenses National EPA License, MOT/TTC Licenses (multistate), Registar of Contractors License (commercial painting)
- 9. Attach a list of the areas of work that will be performed by a sub-contractor or other firm.

Safety Risk

- 10. Certificate of Insurance
- 11. A brief explanation of the following:
 - NA a. A time your organization failed to complete a contract
 - NA b. Bankruptcy or reorganization
 - NA c. Judgment claims or law suits against the firm: Awarded and Pending within past five (5) years
- 12. Samples of the following documents/reports:
- 13. Any other services your firm may offer that would benefit the City of St. Charles?

Decorative street light pole painting, traffic signal painting, mastarm, pool epoxy, garage floor coatings and epoxy.



555 ASHLAND AVENUE EAST DUNDEE, ILLINOIS 60118 Ph 847-428-6225 Fax 847-428-6125 Providing Expert Finishes Since 1938

www.muscatpainting.com

REFERENCES

THIS IS A PRIVATE CLIENTEL LIST WITH PRIVILEDGED INFORMATION WITH REGARDS TO CONTACTS AND PRICING, OF WHICH MUSCAT PAINTING & DECORATING EARNS THEIR LIVLIHOOD, AND IS NOT TO BE RELEASED VIA F.O.I.A. FREEDOM OF INFORMATION ACT TO THE GENERAL PUBLIC. THIS DOCUMENT IS BEING FURNISHED AS A SEPARATE REFERENCE DOCUMENT ONLY AS REQUESTED THEREBY COMPLYING WITH "QUALIFICATION OF BIDDER" INFORMATION AND IS NOT PART OF PUBLIC RECORD PROPOSAL BID SUBMISSION WHICH IS SUBJECT TO F.O.I.A. AND MAY BE RELEASED TO THE GENERAL PUBLIC UPON A F.O.I.A. REQUEST FOR PROPOSAL. ALL PROJECTS WERE COMPLETED IN PRESCRIBED TIME AND IN WITHIN PRESCRIBED BUDGET.

QUALIFICATION OF BIDDER

Related scope of work References to the scope of Palm Bay's project;

Village of Addison years of service 2013-2014-2015-2016-2017 -2018
Stewart McLeod phone 630-620-2020 email smcleod@addison-il.org
1491 West Jeffrey Drive
Addison Illinois 60101-4331
~30,000 to ~50000 per year multi year contract
Sandblasting, priming, and painting fire ~2000 hydrants with Temp Traffic Control

City of Saint Charles year of service 2018
Tim Wilson phone 630-377-4918 email twilson@stcharlesil.gov
200 Devereaux Way
Saint Charles, Illinois 60174
~750 fire hydrants
Sandblasted, priming, and finish coated ~750 fire hydrants with Temp Traffic Control

City of Antioch
Sherry Hoban shoban@antioch.il.gov
Depot Street
Antioch, Illinois 60002
Sandblasted, primed, finish Coated ~ 50 31' and 16' light poles approx 30k
Sandblasted, primed, and finish coated approx 400 Fire hydrants (in process approx 40k)

City of Elgin year of service 2015 Eric Weis phone 847-931-6159

Misc painting of fire hydrants on site of plant &

5 million Gallon reservoir cleaning priming concrete repair and elastomeric coating PPG Touching up rusted areas on steel1-million-gallon reservoir epoxy primer and paint Riverside Water Treatment Plant

Elgin, Illinois 60123 847-931-6159

~\$75,000

Core & Main (previously HD Waterworks) multiple years of service ongoing Keith Lawrence phone 847-343-8891 email Keith.Lawrence@hdsupply.com Nick Hamilton phone 630-315-9493 email Nicholas.Hamilton@hdsupply.com 220 Westgate Dr.

Carol Stream, IL 60188

Hundreds of fire hydrants, multiple colors for multiple municipalities, some are completed At their facility, some are completed on project site of actual municipality with Temp Traffic Control

City of Naperville 2018
Kathy Rendek
Light poles
Naperville Illinois
various locations
pressure washing, spot priming and painting of ~ 40 light poles~ \$12000 with Temporary
Traffic Control
630-918-5251

City of Chandler, Arizona 2018
Chandler Arizona
Hector Peralta 602-639-1486 Hector.Peralta@chandleraz.gov
Sandblasting, priming, painting of Traffic Signal poles with Temp Traffic Control
Purchase order amount ~\$240,000

Chris Drey 815-378-4061 year of service 2017
Village of Shorewood
One Town Center Blvd
Shorewood, Illinois 60404
Light poles sandblasted primed painted with Temp Traffic Control ~\$35,000

Village of Mount Prospect 2017
50 South Emerson
Mount Prospect, Illinois
Parking garage pressure washing and painting with Temporary Traffic Control
~ \$50,000
Paul Fahey
847-875-0886

Village of Carpentersville
Chris Settapani
1075 Tamarac Drive 847-561-8756
Carpentersville, IL 60110 2017
Fire Hydrant Sandblasting Priming painting
139 Fire Hydrants with catalyzed rustoleum system
(200 scheduled, unable to finish due to weather and late release of contract in 2017)

Village of Huntley 2016-2017 11097 Main Street Huntley, Illinios ~100+ light poles macro poxy and 218 with Temp Traffic Control ~ \$55,000 cumulative years Robert 847-561-3801

Park District of Glendale Heights 2016-207 Sunset pool repaint Locker room Walls ~\$ 50,000 and ~\$7,000 multi year Gary Blum 224-381-9186

Village of Hinsdale 2017 19 E. Chicago Avenue Hinsdale, Illinois 60521

630-789-7000 | 630-789-7097

Gina Hassett Update, Gina is no longer there. Please Contact Sammy Hanzel in lieu of Gina

50 meter lap pool, dive well pool, 0 entry kiddie pool.

~\$ 52,000.00

Northbrook Park District 2015-2016-2017 545 Academy Drive Northbrook Illinois 60062 Nicole Buch 847-291-2960 District wide 2015 painting project ~ \$33,000.00 and \$38,000 multiyear

Village Green Baseball fieldhouse, light poles and 50' netting poles. Tecny Praire Park warming shelter, concessions building, baseball announcing building, Main club house, skate board shelter, golf course shelter, tennis court shelter, Village Green Playground equipment, Meadow hill park main pool building. Day care building numerous outbuildings, fencing at various baseball parks

Village of Winfield 2015 Attn John Schwartz jschwarz@villageofwinfield.com Metra train station shelter repaints with pedestrian Temp Traffic Control ~ \$ 15,000

Park District of Highland Park 636 Ridge Rd Highland Park, IL 60035 Nick Meo 847.831.3810 25 meter lap pool, 0 entry combo ~\$25,000.00

Des Plaines Park District Corrie Guynn 847-390-4939 Mystic Waters 2222 Birch Street Des Plaines, Illinois Sand blasted pools 0 entry deep water and splash ~ \$40,000.00

Village of Wheeling 2 Commons Community Blvd Wheeling Illinios 60090

Lori Hazlewood Vince Hoffman Projects, Christine Bajor Contracts, Insurance, NTProceed etc.

847-279-6951 847-279-6942

~400+ Light Pole painting project 2015-2017 with Temp Traffic Control

Approx value total 60,000 over 3 years ~ 3 miles of cedar fencing two year project

City of Wilmette Guy Lam Public Works Department 711 Laramie Avenue Wilmette, Illinois 60091 847-853-7705

~700+ Multi Year Contract street light pole painting IDOT traffic control with Temp Traffic

Control

2015,2015,2016,2017,2018,2019

Batavia Park District Attention Jim Eby 327 W. Wilson St. Batavia, Illinois 60510 630-879-5235

Restoration of Train Depot Exterior with temporary pedestrian traffic control

~ 25,000

Oak Brook Park District
Darren
630-853-5507
Oak Brook Public Library Staining
~17,000

Mike Brady Superintendent Libertyville Public Works Streets and Utilities Division 600 North Avenue Libertyville, Illinois 847-918-2071 ~\$100,000 cumulative years

Multi year contract ~600+ Sternberg light poles with IDOT traffic control with Temp Traffic Control

Arlington Heights Park District Chris Nisbet 410 N. Arlington Heights Road Arlington Heights, Illinois 60004 847-398-7780 ~ \$12,000 Gymnasium tennis courts City of Geneva 2014 Jennifer Hilkemann 1800 South Street Geneva, Illinois 60134 630-232-1503

~\$36,000 Traffic signals and light poles with IDOT traffic control with Temporary Traffic Control, pedestrian and vehicle

Kane County Forest Preserve 2017-2016-2015-2014-2013 1996 S Kirk Rd # 320 Geneva, IL 60134-4118 Director of Operations and Maintenance John Goreth (630) 232-5983 Fabyan Windmill Restoration- Geneva Fabyan Villa- Geneva Tomo Chi Chi Lodge- Gilberts ~\$100,000 multiple projects cumulative

Dupage Forest Preserve 2015

Kline Creek Farm

Multiple Buildings Exteriors pressure washing scraping, painting with pedestrian Temporary Traffic Control

3S580 Naperville Road, Wheaton, Illinois 60189 630-988-7200 Wayne Miklausch Site Manager ~ \$35,000

Lombard Park District 2011
227 W Parkside Avenue
Lombard, IL 60148-2592
Bill Sosnowski 630-620-7322
complete water park nine pools and adjoinments
~ \$ 15,000

Village of Grayslake Kevin Timony Water Park approx 20,000 10 S Seymour Ave Grayslake, IL 60030 (847) 223-8515

Barrington Park District
235 Lions Drive
Barrington, Illinois 60010
- Pat McCord (847) 514-0065
Citizens Park/ Numerous Pavilion Exteriors and Lodges
~ \$50,000.00

Carpentersville Fire Department buildings John Skillman (847) 553-8212 Firehouse #2 Main St Carpentersville , Illinois 60110 ~\$ 5,000

Dundee Township Park District-270 Kennedy Drive Carpentersville, Illinois 60110 Larry Muscatto (847) 347-9285 Dolphins Cove/Numerous Exteriors and Indoor Swimming Pool ~\$50,000 CUMULATIVE

Itasca Park District
Joe McCan
Waterpark apprx 18,000
Village of Itasca, 550 W. Irving Park Rd, Itasca,
Illinois 60143-1795 | Ph: (630) 773-2257|
~\$75.000 cumulative

St Mary's Catholic Church 847-426-4808 Matteson Street and Galligan Road Gilberts, IL Entire Exterior restoration & stripping ~\$20,000

St Catherine of Siena School- 845 West Main Street West Dundee, IL 60118 Margaret Sanders/ Renee Link 847-426-4808 Hallways, Bathrooms, Heaters, Gymnasium, stairways Multiple Phases multiple prices

St Edward Central Catholic High School 335 Locust Street, Elgin Illinois Father Ed Siszer 847-741-7536 Gymnasium Walls and Ceiling ~\$15,000

Village Green Condominiums 605 Barrington Avenue East Dundee Illinois 60118 Frank Mesio 847-844-3801 Complete exterior 100+ units ~\$36,000 Conrad Fischer Elementary School Elmhurst School District 205 Elmhurst Illinois Gymnasium Jerry Christopherson 630-730-0558 ~\$15,000

Schaumburg Park District
John Safakas
Multiple Buildings Interior and Exteriors
235 E Beech Dr
Schaumburg, IL
847-985-2115
~\$125,000 cumulative

If you need more references, please let us know. Respectfully Submitted,

Brett M. Muscat

Muscat Painting & Decorating

www.muscatpainting.com

888-PAINT-11

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

| interna | Revenue Service Go to www.irs.gov/FormW9 for ins | tructions and the late | est inform | nati | on. | | - 1 | | | | |
|---|--|--|---------------------|-------|---------------------|---|------------------|-------------|--|------------------|--|
| | 1 Name (as shown on your income tax return). Name is required on this line; de | o not leave this line blank. | ē | | | | _ | | | | |
| | Brett Muscat | | | | | | | | | | |
| | 2 Business name/disregarded entity name, if different from above | | | | | | | | | | |
| esi | DBA Muscat Painting & Decorating | | | | | | | | | | |
| n page 3 | Check appropriate box for federal tax classification of the person whose nan following seven boxes. Individual/sole proprietor or | | | | | 4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): | | | | | |
| . o | single-member LLC | | | | | | | | anul | | |
| ype | Limited liability company. Enter the tax classification (C=C corporation, S | -S corporation D-Partne | robin) | | | Exempl | payee | code (if | any) _ | | |
| Print or type. Specific Instructions on page | Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. | | | | | | | | Exemption from FATCA reporting code (if any) | | |
| eci. | ☐ Other (see instructions) ▶ | | | | | (Applies to | account | s maintaine | d outside | the U.S.) | |
| တ္တ | 5 Address (number, street, and apt. or suite no.) See instructions. | | Requeste | | | | | | | | |
| See | 555 Ashland Avenue | | City | of | St C | harle | es, I | Illinoi | S | | |
| | 6 City, state, and ZIP code | | Ī | | | | | | | | |
| | East Dundee, Illinois 60118 | | Illinois | DN | R | | | | | | |
| | 7 List account number(s) here (optional) | | | | | | | | | | |
| 10.70 | | | | | | | | | | | |
| Par | The state of the s | | | _ | | | | | | | |
| backu | your TIN in the appropriate box. The TIN provided must match the nam p withholding. For individuals, this is generally your social security num | ie given on line 1 to av iber (SSN). However if | roid L | 500 | ial secu | rity nui | nber | 1 [| _ | | |
| reside | nt alien, sole proprietor, or disregarded entity, see the instructions for I | Part I. later. For other | - 1 | | | 1= | | 1-1 | | | |
| entitie TIN, la | s, it is your employer identification number (EIN). If you do not have a r | number, see How to ge | | | | J L | _1 |] | | | |
| 2001 COM | If the account is in more than one name, see the instructions for line 1, | Also see What Name | | Emr | olover i | er identification number | | | | | |
| Numb | er To Give the Requester for guidelines on whose number to enter. | Also see What Walle | a, 10 | | | | T | | T | | |
| | | | | 0 | 6 - | 1 7 | 7 7 | 8 8 | 5 | 1 | |
| Part | II Certification | | | | | | | | | | |
| Under | penalties of perjury, I certify that: | | | | | | | | | | |
| 2. I am Sen | number shown on this form is my correct taxpayer identification number not subject to backup withholding because: (a) I am exempt from backice (IRS) that I am subject to backup withholding as a result of a failure onger subject to backup withholding; and | kup withholding, or (b) |) I have no | at b | een no | tified b | v the | Interna | I Reve me th | enue iat I am | |
| 3. Lam | a U.S. citizen or other U.S. person (defined below); and | | | | | | | | | | |
| | FATCA code(s) entered on this form (if any) indicating that I am exemp | | | | | | | | | | |
| you ha acquis | cation instructions. You must cross out item 2 above if you have been no ve failed to report all interest and dividends on your tax return. For real est ition or abandonment of secured property, cancellation of debt, contribution than interest and dividends, you are not required to sign the certification, by | ate transactions, item 2 ons to an individual retire | does not ement arra | app | oly. For ement (| mortga IRA), ar | ige int | terest pa | aid, payme | ents | |
| Sign Here | Signature of U.S. person ▶ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | ľ | Date ► | 4 | 1-3 | 0 | $\tilde{\alpha}$ | 01 | 9 | | |
| Ger | neral Instructions | • Form 1099-DIV (div funds) | vidends, i | inclu | uding tl | nose fr | om st | ocks or | r mutu | ıal | |
| Sectio noted. | n references are to the Internal Revenue Code unless otherwise | • Form 1099-MISC (| various ty | /pes | of inc | ome, p | rizes, | awards | s, or ç | gross | |
| elateo | e developments. For the latest information about developments to Form W-9 and its instructions, such as legislation enacted | Form 1099-B (stoc transactions by brok | | ual f | und sa | es and | certa | ain othe | ŧΓ | | |
| | ney were published, go to www.irs.gov/FormW9. | • Form 1099-S (proc | • | n re | al esta | te trans | sactic | ns) | | | |
| Purp | oose of Form | • Form 1099-K (merc | chant car | d ar | nd third | party | netwo | ork tran | sactic | ns) | |
| nform | ividual or entity (Form W-9 requester) who is required to file an ation return with the IRS must obtain your correct taxpayer | Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition) | | | | | | rest), | | | |
| uentifi SSN). | cation number (TIN) which may be your social security number individual taxpayer identification number (ITIN), adoption | Form 1099-C (cand | celed deb | ot) | | | | | | | |
| axpay | er identification number (ATIN), or employer identification number | • Form 1099-A (acqu | | | | | | | | | |
| EIN), t amoun | o report on an information return the amount paid to you, or other traportable on an information return. Examples of information | Use Form W-9 only alien), to provide you | ır correct | TIN | l. | | | | | | |
| | include, but are not limited to, the following. 1099-INT (interest earned or paid) | If you do not return be subject to backup later. | | | | | | | | | |



CERTIFICATE OF LIABILITY INSURANCE

7/30/2019

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).

| | | | | erms and conditions of the con | uch endorsement(s | | require air elluorseinent | . A Sli | arement ou |
|-------------|---|---|----------------------------------|--|---|----------------------------|--|-----------|-------------|
| | DUCER | . B | | | CONTACT NAME: | | | | |
| 24 | 0 Commerce | | Services | s, Inc. | PHONE (A/C, No. Ext); 815-45 | 9-3300 | FAX (A/C, No): | 815-459 | 9-3360 |
| Cr | ystal Lake IL | 60014 | | | ADDRESS: | | | | |
| | | | | | | | RDING COVERAGE | | NAIC# |
| | | | MUCODALO | | INSURER A : Deposito | ors Insurance | Company | | 42587 |
| | IRED Iscat Paintinc | And Decorating | MUSCPAI-0 | И | INSURER B : | | | | |
| | 5 Ashland Av | | | | INSURER C : | | | | |
| Ea | st Dundee IL | 60118 | | | INSURER D : | | | | |
| | | | | | INSURER E : | | | | |
| | | | | | INSURER F : | | | | |
| | VERAGES | | | E NUMBER: 1899461488 | | | REVISION NUMBER: | | |
| C | IDICATED. NO ERTIFICATE M | TWITHSTANDING ANY RE AY BE ISSUED OR MAY | EQUIREMI PERTAIN, POLICIES | RANCE LISTED BELOW HA ENT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE | OF ANY CONTRACT | OR OTHER | DOCUMENT WITH RESPECT | T TO V | VHICH THIS |
| INSR LTR | TYP | E OF INSURANCE | ADDL SUB INSD WVI | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMTS | s | |
| A | | AL GENERAL LIABILITY | 1100 1101 | ACP 3009274950 | 4/5/2019 | 4/5/2020 | EACH OCCURRENCE | \$ 1,000, | 000 |
| | CLAIM | S-MADE X OCCUR | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 100,00 | |
| | | 12 | | am | | | MED EXP (Any one person) | \$ 5,000 | |
| | | | | | | | PERSONAL & ADV INJURY | \$ 1,000, | 000 |
| | GEN'L AGGREG | TE LIMIT APPLIES PER: | | | | | GENERAL AGGREGATE | \$ 2,000, | |
| | X POLICY | PRO- JECT LOC | | | | | PRODUCTS - COMP/OP AGG | \$2,000, | 000 |
| | OTHER: | A1 34 | | | | | | \$ | |
| Α | AUTOMOBILE LI | ABILITY | | ACP 3009274950 | 4/5/2019 | 4/5/2020 | COMBINED SINGLE LIMIT (Ea accident) | \$ 1,000, | 000 |
| | X ANY AUTO | | | | | | | \$ | |
| | OWNED AUTOS ONI | Y SCHEDULED AUTOS | | | | | | \$ | |
| | HIRED AUTOS ONI | NON-OWNED | | | | | PROPERTY DAMAGE (Per accident) | \$ | |
| | AUTOS ON | Y AUTOS ONLY | | | | | (Per accident) | \$ | |
| Α | X UMBRELLA | LIAB X OCCUR | | ACP 3009274950 | 4/5/2019 | 4/5/2020 | EACH OCCURRENCE | \$2,000, | 000 |
| | EXCESS LIA | COOCIN | | | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | WO'LULU | AGGREGATE | \$ 2,000, | |
| | DED X | | 1 1 | | | | AGGREGATE | | 000 |
| A | WORKERS COMP | THE PERSON NAMED IN COURT | | ACP 3009274950 | 4/5/2019 | 4/5/2020 | X PER STATUTE ER | \$ | |
| | AND EMPLOYERS | | | 7101 0000274000 | 4/0/2019 | 4/3/2020 | | * 4 000 | 000 |
| | OFFICER/MEMBEI | VPARTNER/EXECUTIVE REXCLUDED? | N/A | | | | E.L. EACH ACCIDENT | \$ 1,000, | |
| | If ves. describe un | der | | | | | E.L. DISEASE - EA EMPLOYEE | | |
| _ | DESCRIPTION OF | OPERATIONS below | | | | | E.L. DISEASE - POLICY LIMIT | \$ 1,000, | 000 |
| | | | | | | | | | |
| DESC | RIPTION OF OPE | RATIONS / LOCATIONS / VEHICL | ES (ACOPI | D 101, Additional Remarks Schedu | le, may be attached if more | anace le require | ed) | | |
| PO | LUTION COV | ERAGE PER FORM | LES (ACORI | D 101, Additional Remarks Schedu | ie, may be attached it more | space is require | ea) | | |
| RE: | 2019 Streetlig | ht Pole Painting | roop oot- | Conoral Linkille II- | entions to and miles a | fa the section | e terms a fight | | ai . |
| exc | lusions. The in | surance provided in the C | eneral Li | General Liability policy, pur ability policy is primary and | any other insurance | shall be exce | ess only and not contributi | ng Wa | ver of |
| Sub | rogation applie | es to certificate holder, as | respects | to Workers Compensation | policy, pursuant to ar | nd subject to | the policy's terms, definition | ons, con | ditions and |
| exc | usions. | | | | | | | | |
| | | | | | | | | | |
| CET | TIEICATE | OI DED | | | 04110511.451511 | | | | |
| CE | RTIFICATE H | ULDER | | | CANCELLATION | | | | |
| | | of Wheaton | | | | DATE THE | ESCRIBED POLICIES BE CA EREOF, NOTICE WILL B Y PROVISIONS. | | |
| | | nace Department | | | AUTHORIZED DEDDESES | TATIVE | | | |
| | 303 W Wesley Street Wheaton IL 60187 | | | | AUTHORIZED REPRESENTATIVE | | | | |

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

BLANKET WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US (WAIVER OF SUBROGATION)

This endorsement modifies insurance provided under the following:

AUTO DEALERS COVERAGE FORM BUSINESS AUTO COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

The **Transfer Of Rights Of Recovery Against Others To Us** Condition does not apply to any person(s) or organization(s) to the extent that subrogation is waived prior to any "accident" or "loss" under a written contract with that person or organization.

(Ed. 04-84)

WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

This agreement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

Schedule

City of Wheaton, Illinois

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective 4/5/2019 Policy No. ACP3009274950 Endorsement No. Premium

Insurance Company Countersigned by _ Jay Eshelman ______

NATIONWIDE MUTUAL

WC 00 03 13 (Ed. 04-84)

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COMMERCIAL GENERAL LIABILI Y CG 20 01 04 13

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PRIMARY AND NONCONTRIBUTORY – OTHER INSURANCE CONDITION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

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:

 The additional insured is a Named Insured under such other insurance; and (2) You have agreed in writing in a contract o agreement that this insurance would be primary and would not seek contribution from any other insurance available to the additional insured.

All terms and conditions of this policy apply unless modified by this endorsement.

WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

SCHEDULE

Name Of Person Or Organization:

City of Wheaton, Illinois

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The following is added to Paragraph 8. Transfer Of Rights Of Recovery Against Others To Us of Section IV – Conditions:

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "products-completed operations hazard". This waiver applies only to the person or organization shown in the Schedule above.

All terms and conditions of this policy apply unless modified by this endorsement.