VILLAGE OF GRAYSLAKE
WARREN TOWNSHIP HIGHWAY DEPARTMENT
SNOW REMOVAL – 2015/2016

The Warren Township Highway Department hereby agrees to provide snow removal services for the Village of Grayslake during 2015/2016 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) **Old Plank Road**
2) **Sears Boulevard**

Warren Township Highway Department agrees to provide these snow removal services to the Village of Grayslake at a rate of **$70.00 per hour**.

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

Warren 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

BK

Village Manager

ATTEST:

Deputy Village Clerk

DATE: 10-7-15

WARREN TOWNSHIP
HIGHWAY DEPARTMENT

Highway Commissioner

VILLAGE OF GRAYSLAKE, ILL. CORPORATE SEAL

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/7/2015

PRODUCER
Carlson, Mikuzis and Taylor
2221 Lakeside Dr
Bannockburn, IL 60015
847-735-9955 FAX 847-735-9966

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED
WARREN TOWNSHIP
ATTN: SUE SIMPSON-SUPERVISOR
17801 W WASHINGTON ST
GURNEE, IL 60031
847-244-1101 FAX 847-244-2822

INSURERS AFFORDING COVERAGE	NAIC#
INSURER A: TRAVELERS INSURANCE COMPANY	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	X	GENERAL LIABILITY [X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC	GP 09310635	05-24-15	05-24-16	EACH OCCURRENCE	$1,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	$1,000,000
						MED EXP (Any one person)	$10,000
						PERSONAL & ADV INJURY	$1,000,000
						GENERAL AGGREGATE	$2,000,000
						PRODUCTS - COMP/OP AGG	$2,000,000
A	X	AUTOMOBILE LIABILITY [X] ANY AUTO [X] ALL OWNED AUTOS [X] SCHEDULED AUTOS [X] HIRED AUTOS [X] NON-OWNED AUTOS	GP 09310635	05-24-15	05-24-16	COMBINED SINGLE LIMIT (Ea accident)	$2,000,000
						BODILY INJURY (Per person)	$
						BODILY INJURY (Per accident)	$
						PROPERTY DAMAGE (Per accident)	$
		GARAGE LIABILITY [ ] ANY AUTO				AUTO ONLY - EA ACCIDENT	$
						OTHER THAN AUTO ONLY: EA ACC	$
						AGG	$
A		EXCESS/UMBRELLA LIABILITY [X] OCCUR [ ] CLAIMS MADE [ ] DEDUCTIBLE [ ] RETENTION $	GP 09310635	05-24-15	05-24-16	EACH OCCURRENCE	$15,000,000
						AGGREGATE	$15,000,000
							$
							$
							$
A		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	B-858	05-24-15	05-24-16	WC STATUTORY LIMITS [X] OTHER	
						E.L. EACH ACCIDENT	$2,500,000
						E.L. DISEASE - EA EMPLOYEE	$2,500,000
						E.L. DISEASE - POLICY LIMIT	$2,500,000
A		OTHER PROPERTY INS.	GP 09310635	05-24-15	05-24-16	$1,032,000 EQUIPMENT COVERAGE: ALL RISK RPL COST, $1,000 DED.	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

CERTIFICATE HOLDER IS HEREBY SHOWN AS ADDITIONAL INSURED AS RESPECTS THE THE SNOW PLOYING CONTRACT.

CERTIFICATE HOLDER

VILLAGE OF GRAYSLAKE
10 S SEYMOUR AVENUE
GRAYSLAKE, IL 60030

ATTN: BRETT L KRYSKA
PH: 847-223-8515

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

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