

VILLAGE OF GRAYSLAKE
AVON TOWNSHIP HIGHWAY DEPARTMENT
SNOW REMOVAL – 2014/2015

The Avon Township Highway Department hereby agrees to provide snow removal services for the Village of Grayslake during the 2014/2015 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) Frances Drive (to Philip)
- 3) Philip Drive (Philip to Sheldon)
- 4) Washington Village Subdivision – Located off of Washington Street
- 5) 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.

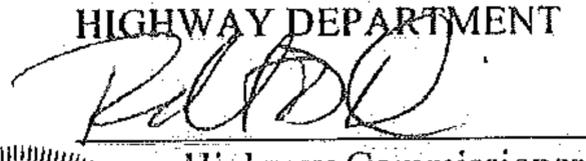
Further, Avon Township Highway Department will submit to the Village of Grayslake regular invoices, included an accounting on hours of snow removal services provided in the invoice period, for payment by the Village in accordance with Village procedures.

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.

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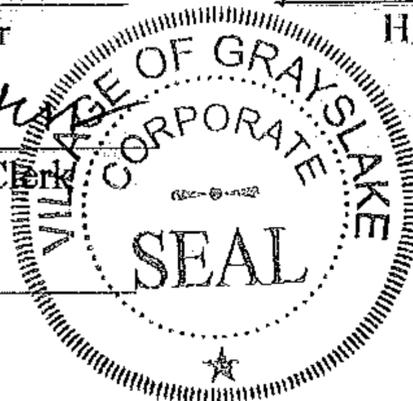

Village Manager


Highway Commissioner

ATTEST


Deputy Village Clerk

DATE 11-3-14



CERTIFICATE OF INSURANCE

Date: 11/26/2013

Producer:
 Insurance Program Managers Group, LLC
 225 Smith Road
 St. Charles, Illinois 60174
 630-377-5845

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:
 Avon Township
 433 E. Washington Street
 Round Lake Park, IL 60073

- Company
 A Illinois Counties Risk Management Trust
- Company
 B
- Company
 C
- Company
 D

Coverages

This is to certify that the policies of insurance listed below have been issued to the insured named above for the policy period indicated, not withstanding 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, conditions and exclusions of such policies. Limits shown may have been reduced by paid claims.

Co. Letter	Type of Insurance	Policy Number	Policy Effective Date	Policy Expiration Date	Limits	
A	General Liability <input checked="" type="checkbox"/> Commercial General Liability <input type="checkbox"/> Claims Made <input checked="" type="checkbox"/> Occur <input type="checkbox"/> Owner's & Contractor's Prod. <input type="checkbox"/> _____	ICRMT2014411	12/1/2013	12/1/2014	General Aggregate	\$9,000,000
					Products Comp/Ops Agg	\$1,000,000
					Personal & Adv Injury	\$1,000,000
					Each Occurrence	\$1,000,000
					Fire Damage (any one fire)	Included
					Med Expense (any one person)	\$5,000
A	Automobile Liability <input checked="" type="checkbox"/> Any Auto <input type="checkbox"/> All Owned Autos <input type="checkbox"/> Scheduled Autos <input checked="" type="checkbox"/> Hired Autos <input checked="" type="checkbox"/> Non-Owned Autos	ICRMT2012411	12/1/2013	12/1/2014	Combined Single Limit	\$1,000,000
					Bodily Injury (Per Person)	
					Bodily Injury (Per Accident)	
					Medical Payments	\$5,000
					Uninsured Motorists	\$100,000
					Underinsured Motorists	Incl in UM Limit
	Garagekeepers Liability <input type="checkbox"/> Any Auto <input type="checkbox"/> _____				Auto Only - Ea Accident	
					Other Than Auto Only:	
					Each Accident	
					Aggregate	
A	Excess Liability <input type="checkbox"/> Umbrella Form <input checked="" type="checkbox"/> Other Than Umbrella Form	ICRMT2012411	12/1/2013	12/1/2014	Each Occurrence	\$ 4,000,000
					Aggregate	\$ 4,000,000
	Workers Compensation and Employers Liability				WC Statutory Limits	
					<input type="checkbox"/> Other	
					EL Each Accident	
					EL Disease-Policy Limit	
					EL Disease-Ea Employee	

Description of Operations/Locations/Vehicles/Special Items

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 canceled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the certificate holder named to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

Authorized Representative