

**VILLAGE OF GRAYSLAKE
WARREN TOWNSHIP HIGHWAY DEPARTMENT
SNOW REMOVAL – 2016/2017**

The Warren Township Highway Department hereby agrees to provide snow removal services for the Village of Grayslake during 2016/2017 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, including an accounting on hours of snow removal services provided in the invoice period, for payment by the Village in accordance with Village procedures.

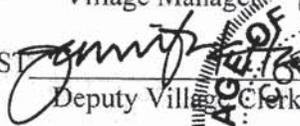
Warren Township Highway Department will carry all required insurance coverage and will provide to the Village of Grayslake adequate documentation of said insurance. The certificate of insurance shall name the Village of Grayslake as additional insured.

VILLAGE OF GRAYSLAKE

WARREN TOWNSHIP
HIGHWAY DEPARTMENT

BK 
Village Manager


Highway Commissioner

ATTEST 
Deputy Village Clerk

DATE: 10-3-16





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
9/13/2016

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 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 Carlson Mikuzis and Taylor Roger Taylor 2221 Lakeside Dr. Bannockburn IL 60015	CONTACT NAME: Sandi Lang PHONE (A/C, No, Ext): (847) 735-9988 E-MAIL: slang@cmtins.com ADDRESS: slang@cmtins.com	FAX (A/C, No): (847) 735-9933
INSURED Warren Township Warren Township Youth Services 17801 W. Washington Street Gurnee, IL 60031 Sue Simpson Supervisor	INSURER(S) AFFORDING COVERAGE INSURER A: Travelers Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC #

COVERAGES CERTIFICATE NUMBER: CL1652607253 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 INSD WVD	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 GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER		ZLP 15N92399	5/24/2016	5/24/2017	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 - COM/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		810 3031P11A	5/24/2016	5/24/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED RETENTION \$		ZUP 15N92406	5/24/2016	5/24/2017	EACH OCCURRENCE \$ 16,000,000 AGGREGATE \$ 16,000,000
A	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 <input type="checkbox"/> N/A	UB 5112N387	5/24/2016	5/24/2017	PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate holder is hereby shown as additional insured with respects to the snow plowing contract.

CERTIFICATE HOLDER

CANCELLATION

Village of Grayslake 10 S. Seymour Avenue Grayslake, IL 60030	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 Roger Taylor/BARB