



March 6, 2019


The YMI Group, Inc.
Attn: George Zasadil
2483 Greenleaf Ave
Elk Grove Village, IL 60007


RE: HVAC Maintenance FY 19/20

Mr. Zasadil,


This letter is to notify you that the Special Provisions of the Contract, Section B, "Contract Time", indicates that the current HVAC Maintenance contract may be renewed for another year between the Village of Grayslake and The YMI Group, Inc. In addition, as provided for in the contract, the contract price shall increase from \$12,999.92 to \$13,143.

Please return this letter with your signature, below, constituting your agreement to extend the Village of Grayslake HVAC Maintenance contract from April 30, 2019 to April 30, 2020. Thank you for your assistance.


George Zasadil
The YMI Group, Inc.


Michael J. Ellis
Village Manager

Sincerely,
Chase Muscato


Management Analyst
Village of Grayslake

Mayor: Brett Taylor
Trustees: Shawn M. Vogel - Ronald L. Jarvis - Kevin D. Waldenstrom - Elizabeth Davies - Adam R. Shores - Heather S. Nicodemus
Village Clerk: Cynthia E. Lee



March 8, 2019

Mr. Chase Muscato
Village of Grayslake
10 South Seymour
Grayslake, IL

Re: HVAC Maintenance Agreement—Labor Rate/ Markup Information

Chase,
Thank you for speaking with me today. Below is the additional information you had required.

Labor Rates

Standard Hours (Monday— Friday 7am-3pm)	\$ 115. 00/ Hour
Overtime Hours (Weekdays after 3pm, Sat& Sun)	\$ 135. 00/ Hour
Parts Markup%	10%

Thank you for your consideration. If you have any questions, feel free to call me at 847-258-4650, extension 190.

Respectfully,

George E Zasadil

George Zasadil
Service Sales Manager

Accepted: _____

A handwritten signature in black ink, appearing to be 'M. Muscato', written over a horizontal line.

Date: 3/8/19



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/08/2019

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).

PRODUCER FEDERATED MUTUAL INSURANCE COMPANY HOME OFFICE: P.O. BOX 328 OWATONNA, MN 55060	CONTACT NAME: CLIENT CONTACT CENTER
	PHONE (A/C, No, Ext): 888-333-4949 FAX (A/C, No): 507-446-4664
	E-MAIL ADDRESS: CLIENTCONTACTCENTER@FEDINS.COM
	INSURER(S) AFFORDING COVERAGE NAIC #
	INSURER A: FEDERATED MUTUAL INSURANCE COMPANY 13935
	INSURER B:
	INSURER C:
	INSURER D:
	INSURER E:
	INSURER F:

INSURED YOUNA MECHANICAL INC 2483 GREENLEAF AVE ELK GROVE VILLAGE, IL 60007-5533	370-538-1
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COVERAGES CERTIFICATE NUMBER: 136 REVISION NUMBER: 3

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 INSR	SUBR 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 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	N	6056741	04/01/2019	04/01/2020	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMPI/OP AGG \$2,000,000	
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	Y	N	6056741	04/01/2019	04/01/2020	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 checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION	N	N	6056744	04/01/2019	04/01/2020	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000	
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	N/A	Y	6056745	04/01/2019	04/01/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> 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)
SEE ATTACHED PAGE

CERTIFICATE HOLDER

370-538-1
VILLAGE OF GRAYSLAKE
PO BOX 325
GRAYSLAKE, IL 60030-0325

136 3

CANCELLATION

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

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AGENCY CUSTOMER ID: 370-538-1

LOC #:

ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY FEDERATED MUTUAL INSURANCE COMPANY		NAMED INSURED YOUNA MECHANICAL INC 2483 GREENLEAF AVE ELK GROVE VILLAGE, IL 60007-5533	
POLICY NUMBER SEE CERTIFICATE # 136.3		EFFECTIVE DATE: SEE CERTIFICATE # 136.3	
CARRIER SEE CERTIFICATE # 136.3	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

SECONDARY POLICY(S)

GENERAL LIABILITY	Y	N	6056742	04/01/2019	04/01/2020	EACH OCCURRENCE	\$1,000,000
						DMG TO RNT PREM EA OCC	\$100,000
						MED EXP-ANY ONE PERSON	EXCLUDED
						PERSONAL & ADV INJURY	\$1,000,000
						GENERAL AGGREGATE	\$2,000,000
						PRODUCTS-COMP/OP AGG	\$2,000,000

PROJECT: VILLAGE FACILITIES IN GRAYSLAKE IL

THE CERTIFICATE HOLDER IS AN ADDITIONAL INSURED SUBJECT TO THE CONDITIONS OF THE ADDITIONAL INSURED - OWNERS, LESSORS OR CONTRACTORS - AUTOMATIC STATUS WHEN REQUIRED IN CONSTRUCTION AGREEMENT WITH YOU ENDORSEMENT FOR GENERAL LIABILITY.

THE CERTIFICATE HOLDER IS AN ADDITIONAL INSURED SUBJECT TO THE CONDITIONS OF THE ADDITIONAL INSURED BY CONTRACT ENDORSEMENT FOR BUSINESS AUTO LIABILITY.

WORKERS COMPENSATION CONTAINS A WAIVER OF SUBROGATION IN FAVOR OF THE CERTIFICATE HOLDER.

COMMERCIAL UMBRELLA FOLLOWS FORM ACCORDING TO THE TERMS, CONDITIONS, AND ENDORSEMENTS FOUND IN THE COMMERCIAL UMBRELLA POLICY.

CONTRACTUAL LIABILITY, BROAD FORM PROPERTY DAMAGE AND X, C, U IS INCLUDED SUBJECT TO THE CONDITIONS OF THE CG 00 01, COMMERCIAL GENERAL LIABILITY COVERAGE FORM.

INSURANCE PROVIDED BY THE GENERAL LIABILITY COVERAGE IS PRIMARY AND NONCONTRIBUTORY OVER OTHER INSURANCE.

INSURANCE PROVIDED BY THE BUSINESS AUTO LIABILITY IS PRIMARY AND NONCONTRIBUTORY OVER OTHER INSURANCE.