VILLAGE OF CHATHAM, ILLINOIS

ORDINANCE NO. 06 - /O

AN ORDINANCE ACCEPTING BID FOR CEMETERY MOWING

ADOPTED BY THE PRESIDENT AND BOARD OF TRUSTEES OF THE VILLAGE OF CHATHAM, ILLINOIS THIS 14^{TH} DAY OF MARCH, 2006

Published in pamphlet form by the authority of the President and Board of Trustees of the Village of Chatham, Sangamon County, Illinois, this $14^{\rm th}$ day of March 2006.

ORDINANCE NO. 06-/0

AN ORDINANCE APPROVING A BID FOR CEMETERY MAINTENANCE

WHEREAS, the Village of Chatham sought and obtained bids for the maintenance, mowing and weed eating, of the two cemeteries owned by the Village; and

WHEREAS, on March 6, 2006 at 1:00 p.m. the attached bid(s) were opened and the lowest responsible bidder identified.

WHEREAS, on March 7, 2006 the Public Properties Committee reviewed the bids and is recommending the bid from Terry Brown Mowing, Inc. for \$8,900 for the year.

NOW, THEREFORE, BE IT ORDAINED BY THE PRESIDENT AND BOARD OF TRUSTEES OF THE VILLAGE OF CHATHAM, ILLINOIS, AS FOLLOWS:

SECTION 1: That the bid from Terry Brown Mowing, Inc. for \$8,900 is hereby approved.

SECTION 2: This Ordinance is effective upon its passage and approval.

Tom Gray, President Village of Chatham

CORPORATE

LLINO16

ATTEST:

Pat Schad, Village Clerk

AYES: 6 BECARTHY MCGRATH KAUANAGH PASSED: 3-14-06

NAYS: 0 APPROVED: 3-14-06

NAYS: O

VILLAGE of CHATHAM

2006

CEMETERY MOWING and TRIMMING Bid Specifications and Bid Form

Specifications

Mowing Season- April 1, 2006 thru November 1, 2006

Height- grass must be mowed when the height reaches 3 inches

Trimming- entire cemetery will be trimmed each time it is mowed, this includes trimming around all trees, shrubs, graves and headstones

Gravesites- must be kept free of grass clippings by sweeping or blowing off

Holidays- Special attention will be given to the cemetery just before Memorial Day,

Mothers Day, Fathers Day and 4th of July

Insurance-Successful bidder must show proof of Liability and Workman's Comp.

Payment- May choose to be paid per mowing until bid price is reached but will still be responsible until Nov. 1st 2006 or monthly payments equal to 1/7th of bid price

BID FORM

Name of Company Terry Brown Mowing Bid Price 8,900 Per Mowing Monthly Signature Company Monthly COMPANY INFORMATION Name 1 Pry Lown Address 31097 Moose Cy Ld Years in Service 11 Numbers of Employees 2 Insurance Company

VILLAGE of CHATHAM

2006

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insurance

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BID FORM

Name of Company LAWN PERKS Bid Price 9, 450. 00 (15 moss @ 630.00/moss) Payment method Per Mowing 1, 350. 00 Monthly Signature Company LAWN PERKS COMPANY INFORMATION Name LAWN PERKS Address 1860 May field Rd Years in Service 6 Insurance Company Awity

UNITED FIRE & CASUALTY COMPANY

PO Box 73909, Cedar Rapids, IA 52407

POLICY NUMBER: 60312452

ACCOUNT NUMBER: 3000044003 (3) TRADE-PRO FOR CONTRACTORS

	PRO FOR CONTRACTORS ERCIAL GENERAL LIABILITY COVERAGE PART
	0312452 DECLARATIONS AMENDED 07/11/2005
NAMED BROWN TERRY	AGENCY & CODE 335795
INSURED BROWN TERRI	AGENCY & CODE 333793
AND	DIMOND BROTHERS AGENCY
MAILING 3697 MOOSE CRY RD	PO BOX 1090
ADDRESS AUBURN IL 62615-9	1
POLICY 12:01 A.M. Standard time FROM: 07-11-	
PERIOD: at your mailing address shown above.	And for successive policy periods as stated below.
insurance, we will renew this policy if you pay the required renewal premium fo	nium and compliance with all applicable policy provisions. If we elect to continue this or each successive policy period, subject to our premiums, rules and forms then in effect, icy will terminate after any statutorily required notices are mailed to you. An insufficient erations) \$ 1,000,000
PRODUCTS-COMPLETED OPERATIONS AGGREGATE LIMIT	\$ 1,000,000
PERSONAL AND ADVERTISING INJURY LIMIT (Any one person or or	
EACH OCCURRENCE LIMIT	\$ 500,000
DAMAGE TO PREMISES RENTED TO YOU LIMIT (Any one premise	es) \$ 100,000
MEDICAL EXPENSE LIMIT (Any one person)	\$ 5,000
BUSINESS DESCRIPTION LANDSCAPE GARDENING FORM OF BUSINESS: X Individual Joint Venture Page 1	shown here. (enter date or "None" if no Retroactive Date applies) G artnership Corporation Other
Classifications and Locations of All Promises You Own Rept or Occupy Codes	Rates Advance Premiums Premium Basis Prico All Other
Fremises Tod Own, Kent of Occupy	PI/CO All Other PI/CO All Other
Certified Acts of Terrorism Coverage	14
LANDSCAPE GARDENING 97047P) INCL PR/CO \$ PER OCCURRENCE PD DEDUCTIBLE APPLIES 3697 MOOSE CRY RD AUBURN IL) (INCL 13.096 INCL
VOLUNTARY PROPERTY DAMAGE AND CARE CUS VOLUNTARY PROPERTY DAMAGE OCCURRED CONTINUED ON CG7004	
PREMIUM BASIS a) Area c) Total Cost g) Gallons DEFINITIONS per 1000 sq ft per \$1000 per 1000	m) Admissions p) Payroll s) Gross Sales t) Defined u) Units per 1000 per \$1000 per \$1000 Above per unit
Premium Charge Forms Advance Premium SEE UW7002	Premium Charge Forms Advance Premium
Other Forms SEE UW7002	
Other Forms SEE UW7002 Amend Reason	DEVELOPMENT CORP
Amend Reason	DEVELOPMENT CORP
Amend Reason PREMIUM FOR THIS COVERAGE PART \$	DITIONAL
Amend Reason PREMIUM FOR THIS COVERAGE PART \$	DITIONAL
Amend Reason PREMIUM FOR THIS COVERAGE PART \$ Endorsement Adjustment Premium \$ ADI	



JUNE 10, 2005

LibertyMutualGroup

P.O.Box8090 Wausau, WI 54402-8090

TERRY BROWN 3697 MOOSE CRY RD AUBURN, IL 62615-0000

Please see attached information concerning Workers Compensation coverage. Important information has been included regarding recent transactions on the account referenced below.

Thank you for your attention to this matter.

Insured:

TERRY BROWN

Policy Number:

WC7-34S-368990-015



Liberty Mutual Group

P.O.Box8090

Wausau, WI 54402-8090 Telephone: (800) 653-7893

Fax: (715) 843-2649

E-Mail: IMS@LibertyMutual.com

June 10, 2005

TERRY BROWN 3697 MOOSE CRY RD AUBURN, IL 62615-0000

RE: Notice of Reinstatement of Insurance

Dear Policyholder:

Workers Compensation Insurance protection as provided by the policy number listed below, has been reinstated by this Company effective at 12:01 A.M. on the date indicated below.

Policy number:

WC7-34S-368990-015

State(s) of Coverage

 Π

Reinstatement Date:

July 16, 2005

Policy Effective Date:

March 12, 2005

Policy Expiration Date:

March 12, 2006

Reason for Reinstatement:

SATISFIED COMPLIANCE ISSUE

Please mark your records accordingly.

Sincerely,

Valerie Schmelzer

Involuntary Market Operations

Valerie Schnelzer

cc:

WATERMAN NEELY INSURANCE PROFESSIONALS

NCCI

06-10

IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

ACORD 25 (2001/08)

DAT	E: 0	02/24/06 TIME: 09:53 AM TO): Attn: Perko @ 483-5084			P	AGE:	002-003
	AC	ORD CERTIFIC		LITY INS	SURANC	E 06-10		ATE (MM/DD/YYY) 2/24/2006
R.	W. 14 S	Troxell & Company South Grand Ave West	AX (217)528-1041	ONLY AND HOLDER. 1	CONFERS NO R	ED AS A MATTER OF II RIGHTS UPON THE CEI TE DOES NOT AMEND, FFORDED BY THE POL	RTIFI EXT	CATE END OR
P.O. Box 3757 Springfield, IL 62708				INSURERS A	INSURERS AFFORDING COVERAGE			
INSURED Lawn Perks			INSURER A: AC	INSURER A Acuity				
DBA: Larry Perko			INSURER B	INSURER B:				
		1860 Mayfield Road		INSURER C:	INSURER D:			
		Chatham, IL 62629						
<u> </u>				INSURER E:				
Al Al M	HE PO NY RE AY PE OLICII	AGES DLICIES OF INSURANCE LISTED BELC EQUIREMENT, TERM OR CONDITION ERTAIN, THE INSURANCE AFFORDED IES. AGGREGATE LIMITS SHOWN MA	OF ANY CONTRACT OR OTHER DOI BY THE POLICIES DESCRIBED HER Y HAVE BEEN REDUCED BY PAID C	CUMENT WITH RES LEIN IS SUBJECT TO LAIMS.	PECT TO WHICH TH DALL THE TERMS, I	HIS CERTIFICATE MAY BE EXCLUSIONS AND CONDIT	ISSUE	ED OR
LTR	ADD'L INSRD		POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)			
		GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY	L26064-8	03/01/2006	03/01/2007	DAMAGE TO RENTED	\$	1,000,000
		CLAIMS MADE X OCCUR				PREMISES (Fa occurence) MED EXP (Any one person)	5	100,000 5,000
A						PERSONAL & ADV INJURY	\$	1,000,000
			:			GENERAL AGGREGATE	\$	1,000,000
		GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO LOC				PRODUCTS - COMP/OP AGG	\$	1,000,000
A		AUTOMOBILE LIABILITY ANY AUTO	L26064	03/01/2006	03/01/2007	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
		ALL OWNED AUTOS X SCHEDULED AUTOS				BODILY INJURY (Per person)	\$	
		X HRED AUTOS NON-OWNED AUTOS	-			80DILYINJURY (Per accident)	s	
						PROPERTY DAMAGE (Per accident)	\$	
		GARAGE LIABILITY ANY AUTO				AUTO ONLY - EA ACCIDENT	\$: \$	
		NAL VOICE				OTHER THAN AUTO ONLY: AGG	- 	
		EXCESS/UMBRELLA LIABILITY	L26064	03/01/2006	03/01/2007	EACH OCCURRENCE	\$	1,000,000
А	X OCCUR CLAIMS MADE					AGGREGATE	\$	1,000,000
'`		DEDUCTIBLE						
		RETENTION \$					\$	
		KERS COMPENSATION AND	CWCL26064	03/01/2006	03/01/2007	WC STATU OTH TORY LIMITS ER	-	
A	EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE					E.L. EACH ACCIDENT	s	500,000
	OFFICER/MEMBER EXCLUDED?					E.L. DISEASE - EA EMPLOYEE	\$	500,000
	OTHE	CIAL PROVISIONS below ER				E.L., DISEASE - POLICY LIMIT	\$	500,000
DES	RIPTIO	ON OF OPERATIONS / LOCATIONS / VEHICLE	S / EXCLUSIONS ADDED BY ENDORSEMEN	T/SPECIAL PROVISION	<u> </u> S			
<u></u>	. T. F.	CATELIOLDED		CANCELLA	10N			
CERTIFICATE HOLDER			<u> </u>	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE				
			EXPIRATION D	EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL				
* ·				10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT,				
Village of Chatham			1	BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.				
116 E. Mulberry Chatham, IL 62629-1358				AUTHORIZED REPRESENTATIVE Michael C Chiefe				

AUTHORIZED REPRESENTATIVE Michael Aiello/CHERIE

ACORD 25 (2001/08)

©ACORD CORPORATION 1988

ORDINANCE CERTIFICATE

STATE (OF	ILLINOIS)	
		•)	SS.
COUNTY	OF	SANGAMON	(i	

I, the undersigned, do hereby certify that I am the duly qualified and acting Village Clerk of the Village of Chatham, Sangamon County, Illinois.

I do further certify that the Ordinance attached hereto is a full, true, and exact copy of Ordinance No. $06-\cancel{0}$, adopted by the President and Board of Trustees of said Village on the 14^{th} day of March, 2006, said Ordinance being entitled:

AN ORDINANCE ACCEPTING BID FOR CEMETERY MOWING

I do further certify that prior to the making of this certificate, the said Ordinance was spread at length upon the permanent records of said Village, where it now appears and remains.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal of said Village this $14^{\rm th}$ day of March, 2006.

Pat Schad, Village Clerk

