

**Woodland Landscape Contractors**

and Nursery, Inc.  
28433 N. Fremont Center Rd.  
Mundelein, IL 60060

(847) 566-9000

# Invoice

1007-51009

Invoice No.: 40815

To: **Village of Barrington Hills**  
Attn: Wendi Frisen  
112 Algonquin Road  
Barrington Hills, IL 60010-5199

**ACCOUNT #** \_\_\_\_\_ **VENDOR #** 9102

Customer	Date	Terms	Contact	
VILL BARHILL	06/24/14	Net 30		
Description			Charges	
3.75	LAND	Landscape services on 6-19 (1 crew), 6-20 (2 crews) , 6-23 (1 Crew 3/4 day) 3.75 Days Labor Full Clean-up & Mulch Installation	1275.00	4781.25
48		Yards Mulch- Delivered	28.00	1344.00
4		Roses	28.00	112.00
3		Haul Debris	100.00	300.00
			Invoice subtotal	6537.25
			Invoice total	6537.25

1.5% finance charge in effect for balances over 30 days.

Approved  
06-26-14  
*[Signature]*

Thank You

**PAYROLL**

(For Contractor's Optional Use; See Instructions at [www.dol.gov/whd/forms/wh347instr.htm](http://www.dol.gov/whd/forms/wh347instr.htm))



Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.

Rev. Dec. 2008

NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input checked="" type="checkbox"/> Woodland Landscape Contractors and Nursery	ADDRESS 28433 N. Freemont Center Road Mundelein, IL 60060	OMB No.: 1215-0149 Expires: 12/31/2011
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PAYROLL NO. 1	FOR WEEK ENDING 06/22/2014	PROJECT AND LOCATION Village of Barrington Hills Barrington Hills, IL 60010	PROJECT OR CONTRACT NO. NA
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(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NO. OF WITHHOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	OT. OR ST.	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY		(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS					(9) NET WAGES PAID FOR WEEK	
				M	T	W	T	F	S	S					FICA	WITH-HOLDING TAX	State With-holding Tax	Union	OTHER		TOTAL DEDUCTIONS
				16	17	18	19	20	21	22					HOURS WORKED EACH DAY						
Jesus Lara 1068 Leawood Drive, Elgin, IL 359-98-7703	4	Landscape Foreman	O										\$480.00								
			S				8.00	8.00				16.00	30.00	0.00	\$19.58	\$0.00	\$2.58			\$22.16	\$457.84
Juan Gaytan 1977 Dunmore Pl, Hoffman Estates, IL 333-98-7308	0	Landscape Laborer	O										\$304.00								
			S				8.00	8.00				16.00	19.00	0.00	\$23.25	\$14.15	\$15.20			\$52.60	\$251.40
Amado Flores 25 N. Alice Avenue, Elgin, IL 361-80-0414	5	Landscape Laborer	O										\$256.00								
			S				8.00	8.00				16.00	16.00	0.00	\$19.58	\$0.00	\$2.58			\$22.16	\$233.84
Juan Sanchez-Vazquez 1323 Lotus Drive, Round Lake, IL 636-18-8471	3	Landscape Foreman	O										\$160.00								
			S					8.00				8.00	20.00	0.00	\$12.24	\$0.00	\$1.87			\$14.11	\$145.89
Pedro Maldonado 270 S. Atkinson Road, Grayslake, IL 337-88-4770	5	Landscape Laborer	O										\$132.00								
			S					8.00				8.00	16.50	0.00	\$10.10	\$0.00	\$0.00			\$10.10	\$121.90
Raul Orellano 218 Crystal Lake Road, Lake In The Hills, IL 336-80-4586	1	Landscape Laborer	O										\$112.00								
			S					8.00				8.00	14.00	0.00	\$8.56	\$0.00	\$3.56			\$12.12	\$99.88
			O																		
			S																		
			O																		
			S																		

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

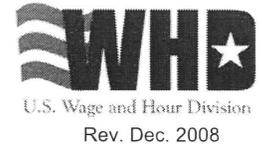
**Public Burden Statement**

We estimate that it will take an average of 55 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S3502, 200 Constitution Avenue, N.W. Washington, D.C. 20210



**PAYROLL**

(For Contractor's Optional Use; See Instructions at [www.dol.gov/whd/forms/wh347instr.htm](http://www.dol.gov/whd/forms/wh347instr.htm))



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Rev. Dec. 2008

NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input checked="" type="checkbox"/>	ADDRESS	OMB No.:
Woodland Landscape Contractors and Nursery	28433 N. Freemont Center Road Mundelein, IL 60060	1215-0149
		Expires: 12/31/2011

PAYROLL NO. 2	FOR WEEK ENDING 06/29/2014	PROJECT AND LOCATION Village of Barrington Hills Barrington Hills, IL 60010	PROJECT OR CONTRACT NO. NA
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(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NO. OF WITHHOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	O.T. OR S.T.	(4) DAY AND DATE							(5) TOTAL HOURS	(6)		(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS						(9) NET WAGES PAID FOR WEEK
				M	T	W	T	F	S	S		RATE OF PAY	OTHER		FICA	WITH- HOLDING TAX	State With- holding Tax	Union	OTHER	TOTAL DEDUCTIONS	
				23	24	25	26	27	28	29											
Jesus Lara 1068 Leawood Drive, Elgin, IL 359-98-7703	4	Landscape Foreman	o											\$180.00	\$13.77	\$0.00	\$0.83			\$14.60	\$165.40
			s	6.00							6.00	30.00	0.00								
Juan Gaytan 1977 Dunmore Pl, Hoffman Estates IL 333-98-7308	0	Landscape Laborer	o											\$114.00	\$8.72	\$0.00	\$5.70			\$14.42	\$99.58
			s	6.00							6.00	19.00	0.00								
Amado Flores 25 N. Alice Avenue, Elgin, IL 361-80-0414	5	Landscape Laborer	o											\$96.00	\$7.34	\$0.00	\$0.00			\$7.34	\$88.66
			s	6.00							6.00	16.00	0.00								
			o								0.00										
			s																		
			o																		
			s																		
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			s																		
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While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

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Date 08/27/2014

I, Amy Whitesell Secretary / Treasurer  
(Name of Signatory Party) (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by  
Woodland Landscape Contractors and Nursery on the  
(Contractor or Subcontractor)

Village of Barrington Hills; that during the payroll period commencing on the  
(Building or Work)  
23 day of 6, 2014, and ending the 29 day of 6, 2014,

all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said

Woodland Landscape Contractors and Nursery from the full  
(Contractor or Subcontractor)

weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

- in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

- Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

NAME AND TITLE Amy Whitesell Secretary / Treasurer	SIGNATURE 
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THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

**Woodland Landscape Contractors**

and Nursery, Inc.  
28433 N. Fremont Center Rd.  
Mundelein, IL 60060

(847) 566-9000

# Invoice

1007-51009

Invoice No.: 40929

To: **Village of Barrington Hills**  
Attn: Wendi Frisen  
112 Algonquin Road  
Barrington Hills, IL 60010-5199

**ACCOUNT #** \_\_\_\_\_ **VENDOR #** 9162

Customer	Date	Terms	Contact	
VILL BARHILL	07/30/14	Net 30		
Description			Charges	
2 LAND	Landscape services on 7-25 2 Crews 1 Day		1275.00	2550.00
0.5 LAND	Landscape services on 7-28 1 Crew 1/2 Day		1275.00	637.50
1	Haul Debris		300.00	300.00
Invoice subtotal				3487.50
Invoice total				3487.50

1.5% finance charge in effect for balances over 30 days.

*Approved*  
*08.18.14*  
*[Signature]*

Thank You

**PAYROLL**

(For Contractor's Optional Use; See Instructions at [www.dol.gov/whd/forms/wh347instr.htm](http://www.dol.gov/whd/forms/wh347instr.htm))



U.S. Wage and Hour Division

Rev. Dec. 2008

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NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input checked="" type="checkbox"/> Woodland Landscape Contractors and Nursery	ADDRESS 28433 N. Freemont Center Road Mundelein, IL 60060	OMB No.: 1215-0149 Expires: 12/31/2011
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PAYROLL NO. 1	FOR WEEK ENDING 07/27/2014	PROJECT AND LOCATION Village of Barrington Hills Barrington Hills, IL 60010	PROJECT OR CONTRACT NO. NA
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(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NO. OF WITHHOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	OT. OR ST.	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY		(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS					(9) NET WAGES PAID FOR WEEK
				M	T	W	T	F	S	S		FICA	WITH-HOLDING TAX		State With-holding Tax	Union	OTHER	TOTAL DEDUCTIONS		
				21	22	23	24	25	26	27										
Jesus Lara 1068 Leawood Drive, Elgin, IL 359-98-7703	4	Landscape Foreman	o										\$240.00	\$18.36	\$0.00	\$3.83			\$22.19	\$217.81
			s					8.00			8.00	30.00								
Juan Gaytan 1977 Dunmore Pl, Hoffman Estates, IL 333-98-7308	0	Landscape Laborer	o										\$152.00	\$11.63	\$0.00	\$7.60			\$19.23	\$132.77
			s					8.00			8.00	19.00								
Amado Flores 25 N. Alice Avenue, Elgin, IL 361-80-0414	5	Landscape Laborer	o										\$128.00	\$9.80	\$0.00	\$0.00			\$9.80	\$118.20
			s					8.00			8.00	16.00								
Juan Sanchez-Vazquez 1323 Lotus Drive, Round Lake, IL 636-18-8471	3	Landscape Foreman	o										\$160.00	\$12.24	\$0.00	\$1.87			\$14.11	\$145.89
			s					8.00			8.00	20.00								
Pedro Maldonado 270 S. Atkinson Road, Grayslake, IL 337-88-4770	5	Landscape Laborer	o										\$132.00	\$10.10	\$0.00	\$0.00			\$10.10	\$121.90
			s					8.00			8.00	16.50								
Raul Orellano 218 Crystal Lake Road, Lake In The Hills, IL 336-80-4586	1	Landscape Laborer	o										\$112.00	\$8.56	\$0.00	\$3.56			\$12.12	\$99.88
			s					8.00			8.00	14.00								
			o																	
			s																	
			o																	
			s																	

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Date 08/27/2014

I, Amy Whitesell Secretary / Treasurer  
(Name of Signatory Party) (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by

Woodland Landscape Contractors and Nursery on the  
(Contractor or Subcontractor)

Village of Barrington Hills; that during the payroll period commencing on the  
(Building or Work)

21 day of 7, 2014, and ending the 27 day of 7, 2014,

all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said

Woodland Landscape Contractors and Nursery from the full  
(Contractor or Subcontractor)

weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

- in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

- Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

NAME AND TITLE Amy Whitesell Secretary / Treasurer	SIGNATURE 
--	--

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.



Full Landscape Construction & Maintenance  
**WOODLAND LANDSCAPE**  
**CONTRACTORS & NURSERY, INC.**

28433 N. Fremont Center Road • Mundelein, IL 60060 • Phone: 847-566-9000 • Fax: 847-566-9191

May 2, 2014

Village of Barrington Hills

**Re: Landscape Plantings**

**Woodland Landscape Contractors, Inc.** to provide and install the following:

**Plant Material**

6	3gal	Knock Out Rose
14	1gal	Happy Returns Daylily
3	Flts	Flowers

Dig Out bad soil in planting bed –  
Install 2 Yds Planting Soil & Mulch new Plants

**Total Base Cost** **\$860.00**

**MULCH installed @ \$48.00 per Yard**  
Estimated 120 Yards  
(no mulch in Little Blue Stem Grass Beds)

DESCRIPTION ?

**Construction Note:**

*All work to be performed in a professional workmanlike manner. Woodland Landscape Contractors is an authorized contractor and is recognized as one of the premier installers receiving several awards in excellence of construction and design. 2 year guarantee on all craftsmanship, 1 year on plantings. Payment due in full upon completion of project. Woodland Landscape is not responsible for any irrigation, driveways or underground utilities not marked by Julie.*

Respectfully Submitted,  
**Woodland Landscape Contractors & Nursery, Inc.**

Charles Whitesell



*Full Landscape Construction & Maintenance*  
**WOODLAND LANDSCAPE**  
**CONTRACTORS & NURSERY, INC.**

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28433 N. Fremont Center Road • Mundelein, IL 60060 • Phone: 847-566-9000 • Fax: 847-566-9191

April 1, 2014

Village of Barrington Hills  
112 Algonquin Road  
Barrington Hills, IL 60010

**Re: 2014 Landscape Maintenance**

Woodland Landscape Contractors & Nursery, Inc. to provide the following:

**Landscape Maintenance**

Trim and prune all plant material as needed  
Weed all planting beds  
Cut back all perennials  
Cultivate all planting beds  
Spade edge beds & tree rings 3-4"  
Clean-up all debris and haul

Pricing \$1275.00 per day, \$675.00 half day (est. 2 -3 days per visit)

\$300 dump for debris hauled

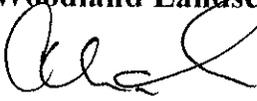
Pre-emergent weed control for planting beds- \$295.00-spring only (Not in beds containing Big or Little Blue Stem Grasses)

All work shall be performed in a good, workmanlike and professional manner. Contractor is to supervise or provide a competent superintendent to supervise all work performed.

- Note 1: Plant material shall not be trimmed or pruned into formal shape  
Note 2: Est. labor 2 - 3 days; work shall not exceed 3 days labor without consent  
Note 3: Clean-ups will be scheduled with village before work is performed.

Respectfully Submitted,

**Woodland Landscape Contractors & Nursery, Inc.**

  
Charles Whitesell



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/26/2014

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).

<b>PRODUCER</b> Calfa For Insurance, Inc. 1102 N Main Street Algonquin, IL 60102	<b>CONTACT NAME:</b> Calfa, Michael A <b>PHONE (A/C. No. Ext):</b> 847-658-5700 <b>E-MAIL ADDRESS:</b> mike@calfaforins.com	<b>FAX (A/C. No):</b> 847-658-5705
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> 847-566-9000 Woodland Landscape Contractors & Nursery Inc 28433 N Fremont Center Rd Mundelein, IL 60060	<b>INSURER A:</b> Acuity Insurance Company	14184
	<b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	

**COVERAGES****CERTIFICATE NUMBER:****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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC			K37723	07/02/2014	07/02/2015	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <small>Owmed Private Pa... Owmed Autos O/T P...</small>			K37723	07/02/2014	07/02/2015	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"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			K37723	07/02/2014	07/02/2015	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	K37723	07/02/2014	07/02/2015	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Leased/Rented Equip			K37723	07/02/2014	07/02/2015	\$100,000 w \$500 ded

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES** (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Landscape Contractor

**CERTIFICATE HOLDER****CANCELLATION**

Village of Barrington Hills 112 Algonquin Rd Barrington Hills, IL 60010 847-551-3000	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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