

**COSLEY ZOO  
VETERINARY CONTRACT 2013  
Animal Medical Clinic  
Carol Stream Animal Hospital**

**Term of contract:**

This contract shall remain in effect until mutually terminated or revised. The contract is to be reviewed on an annual basis.

**The following terms are agreed upon:**

**Veterinary Staff:**

Dr. Tawnia Zollinger of the Animal Medical Clinic will be the primary veterinarian for Cosley Zoo. Veterinarians employed at the Animal Medical Clinic will assist with procedures performed at the clinic when Dr. Zollinger is not available. For any veterinary work performed at the zoo, Dr. Elise Ciribassi of the Carol Stream Animal Hospital will serve as an additional consulting veterinarian and will participate equally in routine on-site visits. For large animals except equine, Dr. Wayne Larson, Kaneville Veterinary Service will be used. For equine work, Dr. Jim Siegriest of the Illinois Equine Field Service will be called. All veterinary services are to be coordinated by the primary veterinarian except in critical or emergency situations where a veterinarian must be contacted.

**Zoo Staff:**

The veterinarian(s) will work and communicate directly with the Zoo Director, Animal Collection Supervisor or staff designated by the Zoo Director.

**Routine Rounds:**

The veterinarian is to make rounds of the zoo every other week at a designated time. Any change in the designated time must be agreed upon between the veterinarian and the Zoo Director or Animal Collection Supervisor in advance. Rounds will be completed with the Animal Collection Supervisor or staff designated by the Zoo Director or Animal Collection Supervisor.

**Emergency Service:**

A veterinarian will be on call 24 hours per day, seven day a week for any emergencies. Expected response times will vary from 5 – 20 minutes depending on the time and day.

**Services Provided:**

Dr. Zollinger in cooperation with Dr. Ciribassi is to perform or coordinate:

- Physical examinations and vaccinations.
- Assistance with the evaluation of diets.
- Oversight of the use of chemical immobilization by the zoo staff.

- Keep accurate medical records and provide copies to the zoo in a timely manner.
- Evaluation of quarantine and isolation procedures.
- Evaluation of disease/zoonoses prevention programs.
- Necessary lab work and interpretation.
- Gross necropsies and findings.
- Euthanasia.
- Procurement and proper administration of drugs.
- Examination of medical records of any new animal prior to acquisition.
- Any necessary treatment or surgery.
- Review medical records of any proposed acquisitions prior to the arrival of the animal.

**Compensation:**

The veterinarian(s) will be compensated for their normal rounds via a retainer of \$275/month for their services. This retainer will cover the following services:

- Regular rounds (two visits per month, two hours per visit).
- Annual wildlife vaccinations.
- On-site examinations.
- Gross necropsy (time and service).

Other services provided by Animal Medical Clinic and Carol Stream Animal Hospital will be billed on a monthly basis, as follows:

- All surgical procedures and lab fees will be provided at a 25% discount from regular clinic fees.
- Food and medications will be provided at a rate of clinic cost plus 10%.
- Any in-clinic examinations will be billed separately.

All services provided by the other veterinarians will be billed by their clinics at their normal rates on a monthly basis.

All of the above terms are understood and agreed upon.

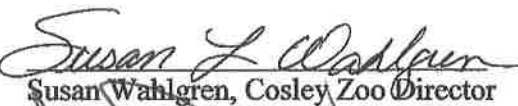


Dr. Tawnia Zollinger, DVM



Dr. Elise Ciribassi, DVM

1/18/2013  
Date



Susan Wahlgren, Cosley Zoo Director

 2/6/13

Michael Benard, Executive Director  
Wheaton Park District



Policy Number: 57UUN UL 3858

Date Entered: 06/20/12

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/17/2012

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	<b>THOMAS COSTELLO INSURANCE AGENCY, INC.</b> 2775 TAPO STREET SUITE 102 SIMI VALLEY, CALIFORNIA 93063 LICENSE # 0F19725	CONTACT NAME:	
		PHONE (A/C, No, Ext): (805) 520-4997	FAX (A/C, No): (805) 520-0062
INSURED	<b>NATIONAL VETERINARY ASSOCIATES, INC.</b>  29229 CANWOOD STREET SUITE 100 AGOURA HILLS, CA 91301	INSURER(S) AFFORDING COVERAGE	
		INSURER A: HARTFORD FIRE INSURANCE CO.	0091
		INSURER B: HARTFORD CASUALTY INSURANCE CO.	0091
		INSURER C: HARTFORD INSURANCE CO.	541940
		INSURER D:	
		INSURER E:	

**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	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			72 UEN JH8174	7/1/2012	7/1/2013	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 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
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC						
A	AUTOMOBILE LIABILITY <input 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 <b>DEDUCTIBLE: \$1000</b>			72 UUN JH6269	7/1/2012	7/1/2013	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> DED RETENTION \$ <b>NIL</b>						
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			72RHUI01268	7/1/2012	7/1/2013	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER
	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N N/A			72WEJY3144	6/16/2012	6/16/2013	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 (Attach ACORD 101, Additional Remarks Schedule, if more space is required)						

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ANIMAL MEDICAL CLINIC-WHEATON  
 1768 S. BLANCHARD ROAD  
 WHEATON, IL 60189

CERTIFICATE HOLDER IS LISTED AS ADDITIONAL INSURED

**CERTIFICATE HOLDER****CANCELLATION**

WHEATON PARK DISTRICT/COSLEY ZOO 1356 N. GARY AVENUE WHEATON, IL 60187	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  THOMAS COSTELLO
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# CERTIFICATE OF LIABILITY INSURANCE

OP ID: VD

DATE (MM/DD/YYYY)  
01/30/13

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 Esser Hayes Insurance Group 1811 High Grove, Suite 139 Naperville, IL 60540-9100 Janice Moore Bouchard	CONTACT NAME: PHONE (A/C, Na, Ext): E-MAIL ADDRESS: PRODUCER CUSTOMER ID # <b>CAROL-9</b>	FAX (A/C, No): INSURER(S) AFFORDING COVERAGE INSURER A: <b>Indiana Insurance Company</b> INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
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INSURED  
**Carol Stream Animal Hospital**  
**CSAH Properties LLC**  
**140 W Elk Trail**  
**Carol Stream, IL 60188**

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.

INBR LTR	TYPE OF INSURANCE	AUTO SUBR INDR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	X	BZS54824399	08/01/12	08/01/13	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 2,000,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COM/PROP AGG \$ 4,000,000
A	AUTOMOBILE LIABILITY <input 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		BZS54824399	08/01/12	08/01/13	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB EXCESS LIAB DEDUCTIBLE RETENTION \$	OCCUR CLAIMS-MADE				EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) DESCRIPTION OF OPERATIONS below	Y/N	N/A			WC STATU-TORY LIMITS OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

ADDITIONAL INSURED FOR GENERAL LIABILITY: WHEATON PARK DISTRICT/ COSLEY ZOO.

CERTIFICATE HOLDER WHEATON WHEATON PARK DISTRICT/ COSLEY ZOO 1356 N GARY AVE WHEATON, IL 60187	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 <i>Janice Moore Bouchard</i>
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