DELTA RENT-A-FENCE 1-888-550-0040

371 Beinoris Dr
Wood Dale, IL 60191
Office (708) 450-1538 & Fax (708) 450-1517
Madison, Wisconsin: (608) 389-0346 & Milwaukee, Wisconsin: (414) 204-7982
Email: deltarentafence@gmail.com
www.deltarentafence.com

CUSTOMER INFORMATION	JOB SITE INFORMATION:
Company Name: Wheaton Park District Address: 855 W Praire Ave, Wheaton, IL 60187 Telephone: (630) 510-4989 Fax/Email: mpanek@wheatonparks.org **QUOTE VALID FOR 14 DAYS**	JOBSITE ADDRESS: 1855 Manchester Road CITY, STATE, ZIP CODE: Wheaton, IL 60187

Salesperson	Contract Length	Payment Terms	Customer Contact	Delivery Date	Estimate Date:
BRENDA	SPECIAL EVENT	C.O.D.	Megann Panek	7.10.26 - 7.13.26	7.6.26

Qty	Description	Unit Price	Line Total
160 PCS	CLASSIC BARRICADES	$20.00	$3,200.00
	INSTALLATION FEE	$99.00	$99.00
	PICK UP FEE	$99.00	$99.00
	SUBTOTAL:		$3,398.00
	RENTAL TAX (8.250%)		$264.00
	TOTAL:		$3,662.00

The price of this contract includes a one-time installation and a one-time removal fee. Quote based on approximates. Actual footage and total to be measured upon completion and billed accordingly. Delta Rent-A-Fence is NOT responsible for improper fence placement. Delta Rent-A-Fence is not responsible for any liabilities incurred relating to any kind of fencing, fallen fences or windscreen due to Mother Nature or Human causes.
$750.00 Minimum Trip Charge may apply.

Approved By: _____

Printed Name: Michael J. Benard

Date: 7/9/2026

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 07/09/2026

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	CONTACT NAME: CUSTOMER SERVICE
B SKOWRON CORPORATION 1715 E CENTRAL RD ARLINGTON HTS, IL 60005	PHONE (A/C, No, Ext): 847-258-3882 FAX (A/C, No): 847-258-3885 E-MAIL ADDRESS: JDINSURANCEAGENCY@GMAIL.COM
	INSURER(S) AFFORDING COVERAGE / NAIC #
	INSURER A: ERIE INSURANCE EXCHANGE 26271
INSURED DELTA RENT-A-FENCE 371 BEINORIS DR WOOD DALE, IL 60191	INSURER B:
	INSURER C:
	INSURER D:
	INSURER E:
	INSURER F:

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [X] PRO-JECT [ ] LOC [ ] OTHER:	Y		Q61 0476643	11/21/2025	11/21/2026	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 1,000,000 $ 5,000 $ 1,000,000 $ 2,000,000 $ 2,000,000
A	AUTOMOBILE LIABILITY [X] ANY AUTO [ ] OWNED AUTOS ONLY [X] SCHEDULED AUTOS [X] HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY			Q02-2430761	02/24/2026	02/24/2027	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $
A	[X] UMBRELLA LIAB [X] OCCUR EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $			Q35-2170232	11/21/2025	11/21/2026	EACH OCCURRENCE AGGREGATE	$ 5,000,000 $ 5,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N [Y] If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		Q95-2500428 IL & WI	11/25/2025	11/25/2026	[X] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ 1,000,000 $ 1,000,000 $ 1,000,000
	Officers Excluded; Remulo Ortega (Owner) and Maria Ortega (Owner).							

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

Additional Insured extension of coverage is provided above by referenced General Liability policy required by written agreement. Operations: Fireworks Display, July 12, 2026 at 2015 Manchester, Wheaton, IL 60187 and 1855 Manchester, Wheaton, IL 60187. Additionally Insured: City of Wheaton; Dupage County Fair Authority; County of Dupage; Wheaton Park District; Community Unit School District 200, their officers, officials, employees, police, fire department, board members and volunteers are to be covered as additional insured as respects: liability arising on behalf of the named insured. The liability coverage shall be primary with the respect to the certificate holder.

CERTIFICATE HOLDER

The Wheaton Park District
855 W. Prairie 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