



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/14/2015

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 LSG INSURANCE PARTNERS 2600 S TELEGRAPH RD STE 100 BLOOMFIELD HILLS MI 48302-0968	CONTACT NAME: Nina Hurst PHONE (A/C No. Ext): (248) 332-3100 FAX (A/C No.): (248) 332-6396 E-MAIL ADDRESS: nhurst@lsgip.com
INSURED Edward Ambulance Services LLC 2772 Golfview Dr, Unit A Naperville IL 60563-1097	INSURER(S) AFFORDING COVERAGE INSURER A: Arch Insurance Company INSURER B: (McNeil & Co Managing General INSURER C: Agent) INSURER D: INSURER E: INSURER F:

COVERAGES	CERTIFICATE NUMBER: CL1412210687	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 SUBR INSR 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	X	MAPK08363202	12/31/2014	12/31/2015	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 \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					
	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> Comp \$1000 Ded <input checked="" type="checkbox"/> Coll \$1000 Ded					
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB					
	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 <input type="checkbox"/> N/A				WC STATU-TORY LIMITS E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Ambulance Service Professional Liability		MAPK08363202	12/31/2014	12/31/2015	Each Accident \$1,000,000 Aggregate \$3,000,000

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

Ambulance Service

May 15 - 17, 2015 Soccer Tournament

CERTIFICATE HOLDER

Wheaton Park District
Mr. Daniel Novak
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

Mark Fisher/NICOPA

AGREEMENT BETWEEN
Wheaton Park District and Edward Ambulance Services LLC.

This Agreement is made the 14th day of May, 2015, between **Wheaton Park District** (referred to hereafter as "District") and **Edward Ambulance Services, LLC** (referred to hereafter as "Edward Ambulance").

WHEREAS, District desires to secure an independent contractor to provide First Aid service as needed for the May 15-17, 2015 Soccer Tournament and,

WHEREAS, Edward Ambulance is willing to act as an independent contractor and provide said to District.

NOW, therefore, District and Edward Ambulance for the consideration hereinafter set forth, agree as follows:

SECTION I – SERVICES PROVIDED / EFFECTIVE DATE

Edward Ambulance shall provide two (2) dedicated stand-by First Aid Stations staffed with One (1) Emergency Medical Technicians each, during the dates and hours stated on Attachment "A".

SECTION II – PATIENT BILLING

District will not be responsible for patient billing or payment to Edward Ambulance for services rendered to its patrons. Edward Ambulance will bill patients for services rendered.

SECTION III - LICENSURE, TRAINING AND QUALIFICATIONS

Edward Ambulance agrees to provide trained and licensed staff and equipment which complies with State law.

SECTION IV – COMPENSATION

In consideration of Edward Ambulance's basic First Aid stand-by services, District will compensate Edward Ambulance at a rate listed in Attachment A.

SECTION V – NOTICE

Any and all notices, designations or other communications provided for herein shall be given to either party in writing, either by receipted personal delivery or certified mail return receipt requested, addressed to the addressee shown below, unless notice of a change of address is furnished to all parties in the manner provided in this section:

Billing/Contract Contacts:

Edward Ambulance Services LLC
Mr Thomas Dunn
2772 Golfview Drive
Unit A
Naperville, IL 60563
630-548-1572

Wheaton Park District
Mr Daniel Novak
855 W Prairie Avenue
Wheaton, IL 60187
630-510-5117

SECTION VI – GOVERNING LAW

Laws of the State of Illinois as to interpretation, construction and performance shall govern this agreement.

SECTION VII – COVENANTS AND CONDITIONS

This agreement shall be binding upon and inure to the benefit of the parties hereto, and their, respective successors and shall be binding upon the assigns of District.

SECTION VIII – ASSIGNMENT

Neither party shall have the right to assign this agreement without the prior written consent of either party.

SECTION IX – AMENDMENT

This agreement may be amended, revoked, changed or modified at any time, but only with a written agreement executed by District and Edward Ambulance.

SECTION X - TERM

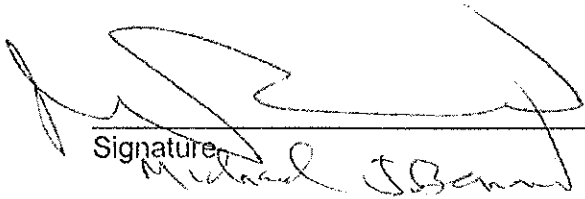
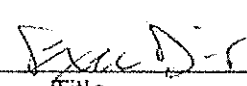
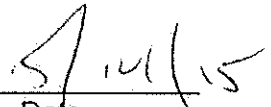
This contract is in effect for the date of the Wheaton Soccer Tournament May 15-17, 2015.

SECTION XI – INSURANCE

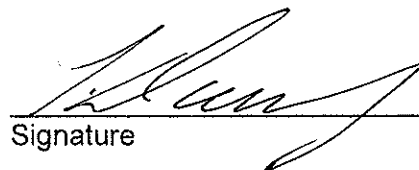
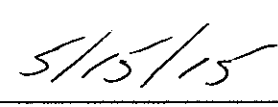
Edward Ambulance will list Wheaton Park District as additional insureds and certificate holders on Edward Ambulance Services LLC General Liability policy. Certificates will be issued and be in effect for the dates of the tournament.

In witness whereof, both parties hereto have executed this agreement as of the date of the listed above.

For: **Wheaton Park District**

		
Signature	Title	Date

For: **Edward Ambulance Services LLC**

		
Signature	Title	Date

Attachment "A"

EVENT: Soccer Tournament – Wheaton, Illinois
DATE: June 15-17, 2015

Wheaton Park District and Edward Ambulance Services LLC

Rate Schedule

2 First Aid Stations staffed with 1 EMT each at \$35.00 per hour. We will provide Pop-up shelter, table, chairs, cooler with ice for each station.

Estimated Bill:

Friday, May 15:

5:15-8:15 PM:	Graf Park First Aid Station	3.0 hrs x \$35= \$105
5-8:15 PM:	Seven Gables Park First Aid Station	2.75 hrs x \$35= \$ 96.25

Saturday, May 16:

7:45 am-9:30 pm:	Graf Park First Aid Station	13.75 hrs x \$35= \$481.25
7:45 am-8:15 pm:	Seven Gables Park First Aid Station	12.5 hrs x \$35= \$437.50

Sunday, May 17:

7:45 am-7:45 pm:	Graf Park First Aid Station	12.0 hrs x \$35= \$420.00
7:45 am-7:45 pm:	Seven Gables Park First Aid Station	12.0 hrs x \$35= \$420.00

Total Estimate = \$ 1960.00

Stand-by coverage beyond agreed time period will be rounded to the nearest quarter hour.