



11551 184<sup>th</sup> Place Orland Park, IL 60467

**SPECIAL EVENT AGREEMENT**

Thank you for contracting EMS services with Elite Medical Transportation. Please review the information below to confirm the service that will be provided at your event.

Name of Event: Cosley Zoo Run the Animals

Date of Event: Saturday, June 1, 2019 Time of Event: 0700-1000am

Location: 208 W Union / Memorial Park (Wheaton)

Event Type: 5K/10K

Event Planner: Daniel Novak Contact Number: 630-624-3574

On Site Contact: Daniel Novak Contact Number: \_\_\_\_\_

Special Crew Comments: \_\_\_\_\_

**Ambulance Type and Requested Amount:**

ALS: \_\_\_\_\_ Rate: \_\_\_\_\_ Hourly Rate: \_\_\_\_\_

BLS: 3 Rate: \$200.00 Hourly Rate: \$200.00

Supervisor: 1 Rate: \$175.00 Hourly Rate: \$175.00

Additional Equipment: \_\_\_\_\_ Rate: \_\_\_\_\_ Hourly Rate: \_\_\_\_\_

Estimated Hours: 3 ½

Cost: \$2,712.50

**Billing Information**

Bill To: Wheaton Park District

Attn: David Novak Daniel Novak

Address: 855 Prairie  
Wheaton, IL 60187

Contact Number: 630-510-5117 Office Fax/E-mail: dnovak@eheatonparks.org

**Payment Terms:**

Pay Full Amount: \$2,625.00 Pay Half Amount: \_\_\_\_\_ Other: \_\_\_\_\_

Po/Invoice Number: \_\_\_\_\_

I have read the above information and have verified the date, time, location and rate for my event. I/My organization will pay prior to services being provided.

Signed: [Signature] Date: 5-29-19

Printed Name: Michael Benard Exec Dir

**INTERNAL USE ONLY**

Event Taken By: M Saturnus Date: 28-May-19

Crew Scheduler Start: \_\_\_\_\_ Biddable: \_\_\_\_\_

EMS System: \_\_\_\_\_ Secondary ETA: \_\_\_\_\_

EST Attendance: \_\_\_\_\_ Payment Received: \_\_\_\_\_ Check#: \_\_\_\_\_

Elite Medical Transportation – Specials Events | Dispatch 708-478-8880 Fax: 708-478-8653 | Billing 708-995-1189

## Elite Ambulance

**DATE:** May 28, 2019

**INVOICE #** 6119

**FOR:** Cosley Zoo Run the Animals 5k/10K

**BILL TO:** David Novak  
[Dnovak@wheatonparks.org](mailto:Dnovak@wheatonparks.org)  
630-510-5117

DESCRIPTION	AMOUNT
Date of Service 6/1/2019	
Cosley Zoo Run the Animals 5K/10K	
Wheaton Park District	
208 W Union Avenue Wheaton, IL 60187	
3 BLS Ambulance 0700-1030 (3 1/2 hrs. x \$200.00 = \$700.00 x 3 ambulances)	2,100.00
1 Supervisor on site 0700-1030 (3 1/2 hrs. x \$175.00)	612.50
**** STANDBY AMBULANCE ON SITE ****	
Tax # 27-2791517	
NPI# 1710294368	
SUBTOTAL	\$ 2,712.50
TAX RATE	0.00%
SALES TAX	-
OTHER	-
TOTAL	\$ 2,712.50

Make all checks payable to Elite Medical Transportation. If you have any questions concerning this invoice, contact Jeanette, 708-326-7210, jmarker@eliteambulance.org

**THANK YOU FOR YOUR BUSINESS!**



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
05/28/2019

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).

<b>PRODUCER</b> Brown & Brown of Illinois 2300 Cabot Dr, Ste 100  Lisle IL 60532		<b>CONTACT NAME:</b> Kelly Carl CRIS <b>PHONE (A/C, No, Ext):</b> (815) 729-4650 <b>FAX (A/C, No):</b> (815) 729-4727 <b>E-MAIL ADDRESS:</b> kelly@bbinsuranceillinois.com	
<b>INSURED</b> Elite Medical Transportation LLC DBA Elite Ambulance 11551 184th Pl. Orland Park IL 60467		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Hiscox Insurance Company Inc. NAIC # 10200 <b>INSURER B:</b> Liberty Mutual Fire Insurance Company 23035 <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	

## COVERAGES

**CERTIFICATE NUMBER:** 18/19 elite medical

**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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			MEO2024314.18	10/11/2018	10/11/2019	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 1,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	<input checked="" type="checkbox"/> OTHER: MED PROF LIAB COV						Occurrence \$ 1,000,000
B	<b>AUTOMOBILE LIABILITY</b>			AS2-641-445106-018	10/11/2018	10/11/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000
	<input checked="" type="checkbox"/> ANY AUTO		BODILY INJURY (Per person) \$				
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS		BODILY INJURY (Per accident) \$				
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		PROPERTY DAMAGE (Per accident) \$				
							Physical Damage Ded \$ 10,000
	<b>UMBRELLA LIAB</b>						EACH OCCURRENCE \$
	<input type="checkbox"/> EXCESS LIAB		<input type="checkbox"/> CLAIMS-MADE				AGGREGATE \$
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						\$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>			WC2-641-445106-028	12/20/2018	12/20/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N					E.L. EACH ACCIDENT \$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below	Y	N/A				E.L. DISEASE - EA EMPLOYEE \$ 500,000
							E.L. DISEASE - POLICY LIMIT \$ 500,000
A	Sexual /Moles			MEO2024314.18	10/11/2018	10/11/2019	Occ/Agg \$1M/\$1M

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

## CERTIFICATE HOLDER

## CANCELLATION

Wheaton Park District 855 W Prairie  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 

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