

FIRST ILLINOIS SYSTEMS, INC.

Specializing in Intergrated Pest Management Programs for the Health Care, Retirement, and Hospitality Industries

AGREEMENT

THIS AGREEMENT made and entered into this _	1st	_day of	April	, 20	20	_by and
between FIRST ILLINOIS SYSTEMS, INC. (here	inafter re	eferred to as	FIS) and _	WHE	ATON	PARK
DISTRICT D/B/A DUPAGE COUNTY HISTORI	CAL MI	USEUM	(herein	after re	ferred	to as
FACILITY).						

WITNESSETH:

WHEREAS, FIRST ILLINOIS SYSTEMS INC. (FIS) based on experience and formal education, present themselves as specialists in the field of Integrated Pest Management, including but not limiting to chemical applications, desires to administer a comprehensive pest management program for the FACILITY; and WHEREAS the FACILITY has determined that it is in their best interest to employ the services of FIS, IT IS HERBY AGREED by and between the parties as follows:

- A. FIS agrees the perform the comprehensive Integrated Pest Management Control for all insects, rodents,, and other pests excluding Powder Post Beetles, Termites, Pharaoh Ants, and Bed Bugs (separate contract), in conjunction with reasonable standards of sanitation, storage, and maintenance practices by the FACILITY. On its part, FIS agrees to provide the following:
 - 1. Inspection:
 - a. Comprehensive initial survey of FACILITY in order to determine existing pest problems, potential pest problem areas, and to provide a foundation for data collecting which will enable FIS to anticipate the FACILITY'S needs.
 - 2. Design:
 - a. Development of a customized program to meet said needs of the FACILITY.
 - b. Consulting with architects and design engineers hired by FACILITY during the formulation of plans regarding old and new building areas, in order to provide as pest free an environment as possible.
 - 3. Evaluation and Coordination:
 - Composition and presentation of monthly summaries of pest activity and counter measures taken, in business letter form, to Department heads as designed by the FACILITY.
 - b. Establishment of Task Force comprised by Key personnel from appropriate departments of the FACILITY, with FIRST ILLINOIS SYSTEMS, INC.'s account manager, to discuss any special needs or unique problems which may have arisen, and to engage in cooperative efforts to arrive at a solution to same.
 - FIS shall provide detailed sanitation, structural, and storage inspection reports with each service in Dietary Departments.
 - d. FIS shall initiate and participate in a quality control program to ensure the completion of work scheduled consistent with quality standards required by FACILITY, and will include supplement reports when particular problems are identified.
 - e. In addition, FIS shall perform insect identification(s) on request of the FACILITY.
 - 4. Implementation:
 - a. Presentation of In-House Education Program to train personnel of FACILITY in the key aspects of the FIS program. In connection which In-House training will provide and maintain training equipment, slides, literature, and all business forms. These materials shall remain at all times in the property of FIS. FIS shall also provide qualified personnel and all necessary pest control supplies and equipment; with exception of Ketch-alls, and other supplies equipment and labor necessary to control Powder Post Beetles, Termites, Pharaoh Ants, and Bed Bugs and any insectocutors needed to control flying pests.

- b. FACILITY agrees that in addition to the compensation agreed to herein, they shall pay and promptly reimburse FIS for extraordinary expenses incurred by FIS for services not covered in this agreement, provided the FACILITY has prior notice of and concurs with the need for these extraordinary expenditures.
- c. FACILITY hereby agrees that neither the FACILITY nor any of its employees, consultants, vendors, or staff will use any elements of the FIS program design, including all supportive documentation and materials, without the written permission of FIS.

B.	A certificate of FIRST ILLINOIS SYSTEMS, INC., insurance coverages will be provided to FACILITY.
C.	Frequency of Services: **DAY VISITS: One (1) visit per month, year around, to service all areas of the facility.
D.	Emergency Service Provisions: All calls will be billed \$120. per call.
E.	This agreement shall run for an initial period of (3) years, beginning with the date the agreed upon services described in this contract commence. Thereafter, this agreement shall only remain in force upon renewal and may be cancelled at any time, by either party with deliverance of a thirty day written notice to that effect.
F.	In consideration for the services provided by FIS as described herein, FACILITY shall compensate FIS as follows:
	1. The start-up fee shall be, due upon acceptance of this agreement.
	2. The service fee shall be \$1,200., per year(1), \$1,236. per year (2)\$1,272. per year (3) payable monthly upon
	presentation by FIS of a suitable invoice at the rate of \$100. per month of year (1), \$103. per month year (2),
	\$106. per month year (3).
G.	This AGREEMENT shall be construed and enforced in accordance with the laws of the State of Illinois.
	IN WITNESS WHEREOF, the parties hereto have executed the agreement by their officers there unto duly authorized on the day and year first above written.
FACII	
	D/B/A DUPAGE COUNTY HISTORICAL MUSEUM
Ву:	
	Authorized Signature (name/title)
Dated	3 11/2020
FIRST	ILLINOIS SYSTEMS, INC.
By:	1 / httyllermann
Dated	2-85-20

Included as part of Agreement Dated 1st day of April, 2020 by and between First Illinois Systems Inc. and Wheaton Park District D/B/A DuPage County Historical Museum

Indemnification

To the fullest extent permitted by law, the Company shall indemnify and hold harmless the Park District and its officers, officials, employees, volunteers and agents from and against all claims, damages, losses and expenses, including but not limited to legal fees (attorney's and paralegals' fees and court costs), arising out of, incidental to, resulting from or in connection with Vendor's performance of its obligations under this Contract, provided that any such claim, damage, loss or expense (i) is attributable to bodily injury, sickness, disease or death, or injury to or destruction of tangible property, and (ii) is caused in whole or in part by any negligent or wrongful act or omission of the Company, any Subcontractor, anyone directly or indirectly employed by any of them or anyone for whose acts any of them many be liable, regardless of whether or not it is caused in part by a party indemnified hereunder. Such obligation shall not be construed to negate, abridge, or otherwise reduce any other right or obligation of indemnity which would otherwise exist as to any party or person described in this Paragraph. Company shall similarly protect, indemnify and hold and save harmless the Park District, its officers, officials, employees, volunteers and agents against and from any and all claims, costs, causes, actions and expenses including but not limited to legal fees, incurred by reason of Company's breach of any of its obligations under, or Company's default of, any provision of the Contract.

First Illinois Systems Inc.

Dated:



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/16/2019

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). Cary Wilson Charles L. Crane Agency 400 Chesterfield Ctr, Ste 100 Chesterfield, MO 63017 PHONE (A/C, No, Ext): (800) 437-7102 FAX (A/C, No): (636) 537-5009 E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE NAIC# INSURER A: West Bend Mutual Insurance Company 15350 INSURED INSURER B : Accident Fund Insurance Company of America ** 10166 First Illinois Systems, Inc. INSURER C: RLI Insurance Company 13056 53 S. Cypress Dr. Bristol, IL 60512 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. TYPE OF INSURANCE ADDL SUBR **POLICY NUMBER** LIMITS X COMMERCIAL GENERAL LIABILITY 1,000,000 EACH OCCURRENCE
DAMAGE TO RENTED
PREMISES (Ea occurrence) CLAIMS-MADE X OCCUR 138139609 X 10/15/2020 10/15/2019 300,000 10,000 MED EXP (Any one person) 1,000,000 PERSONAL & ADV INJURY GEN'L AGGREGATE LIMIT APPLIES PER: 2,000,000 GENERAL AGGREGATE X POLICY JES-2,000,000 PRODUCTS - COMPJOP AGG OTHER: **AUTOMOBILE LIABILITY** COMBINED SINGLE LIMIT (Ea accident) 1,000,000 X ANY AUTO 138139609 10/15/2019 10/15/2020 BODILY INJURY (Per person) OWNED AUTOS ONLY SCHEDULED BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) AUTOS ONLY NON-SWNED X UMBRELLA LIAB X OCCUR 4,000,000 EACH OCCURRENCE EXCESS LIAB 138139609 CLAIMS-MADE 10/15/2019 10/15/2020 4,000,000 AGGREGATE DED X RETENTIONS WORKERS COMPENSATION AND EMPLOYERS' LIABILITY PER ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) WCV6060223 10/15/2019 10/15/2020 1,000,000 N E.L. EACH ACCIDENT N/A 1,000,000 If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - EA EMPLOYEE 1,000,000 **Business Svc Bond** E.L. DISEASE - POLICY LIMIT FID7000488 10/15/2019 | 10/15/2020 | Employee Theft 5,000

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

DuPage County Historical Museum and Wheaton Park District is included as an additional insured under the general liability with respects to jobs performed by the insured for them, as required by written contract and as their interests may appear.

CERTIFICATE HOLDER	CANCELLATION
DuPage County Historical Museum and Wheaton Park District 102 E Wesley St 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
	Joel Karsten

ACORD 25 (2016/03)

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Name of Company	Initial Startup Cost	Monthly Fee 2020	Additional Fees	Additional Fees (Explanation	CAC Fee Monthly	CAC Explanation	Total cost of first year of contract	Pests that are covered	Other notes:	Museum Experience/ References
First Illinois Systems	₩	\$ 100.00	·	everything included		As courtesy, do for free.	\$ 1,200.00	"all insects, rodents, and other pests excluding post beetles, termites, pharoah ants, and bed bugs"	Cost goes up 3% per year. Infestation calls are \$120 per visit.	This is the current company the Museum uses. They are more than satisfied with their care and the company goes above and beyond in taking care of the Museum. — Numerous other Museums in the area use this company and use phrases like "We love them!" when describing their care.
Anderson Pest Control	\$ 120.00	00.69 \$	\$ 48.00	\$48 is for interior bail stations	\$ 23.00	\$23/month or we can choose quarterly as we are now for \$120/quarter which is more expensive than current quote for monthly.	\$ 1,272.00	3 main ones: Mice, Ants, Roaches. Mice/rodents are not guaranteed since we will not put out boxes outside (these cost extra, and draw pests to our building). All others are charged piecemeal for other pests, including wasps.		\$55/ visit for infestation calls. Company stated they have done problematic to get to the salesmen, has been great since. But an initial email to company on website as well as ignored before we competely ignored before we contacted a short sites and explained monitoring their locations leading to everything thoroughly. 3% infestations that are not taken care increase per year.
Ecoshield	در	\$ 200.00	ر ج	everything included	chan mont despi visit 4 \$ 165.00 year.	charge monthly despite only visit 4 times a year.	\$ 4,380.00	millipede, centipede, mites, years. Company initally crickets, earwigs, wasps, ignored my contact from ants, boxelder bugs, silverfish, American view the Museum before quoting.	their se to	They said they do historic homes but not sure if they do other Museums. Do not seem to understand Museum needs specifically but willing to leam.

bait, and Museum-friendly chemicals to control pests. They do not spray every time as Ecoshield does and they communicate well with Museum staff currently. Anderson's scope of coverage includes 3 main pests, the others all falling into the additional charges if probelms occur. In particular centipedes and wasps are something the Museum has had issues with in the past that would now be an additional charge if Anderson was chosen. The working relationship the Museum has with FIS also provides benefits including no new training time required for the first several months when a staff member will need to lead the technician through the Museum when doing their monthly visit before entrusting them to navigate collection spaces on their own. It also means that the CAC storage is covered for free for the 4 visits. FIS is local and covers many of the other Museums in the area including several who highly recommend their service. Museum staff recommends staying with First Illinois Systems, despite the \$100 savings with Anderson Pest Control. FIS contract directly lists all insects are covered as well as the added