

## **Customer Support Driven**

Proposal Created for:

### **Wheaton Park District**

Prepared By: Kevin Ambron Phone: 847.375.0300







"Excellent Job, well trained"
John O'leary with O'learys Contractor Equipment

"Rapid response times"

Joe Losurdo with Gold Max

Imperial Surveillance, Inc. - Illinois Wisconsin Indiana Minnesota Iowa
Phone 847-375-0300 Fax 847-375-6722 www.ImperialCCTV.com IL License # 127.001463

HELETON NEWS

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Wheaton Park District Subscriber ('Sub') Wheaton Park District Wheaton, IL 60187 Rob Sperl 630-464-0161

Quote # - 127891 Quote Date - 11/14/2019 06:51 AM Consultant - Kevin Ambron Project Name - Wheaton Park District Community Center Additional Cameras 11-14-19

(a) Schedule of Protection / Bill of Materials / Scope of Work

#### Schedule of Protection: IP Cameras

#### Bill of Materials:

| Qty | Imperial Item #       | Description                              |
|-----|-----------------------|--|
| 1   | HDD-8TB               | 8TB HDD / 8000 GB                        |
| 14  | HX-002CD2722FWDISZ    | Outdoor Dome 2MP/1080p H264 2.8-12mm     |
|     |                       | \$597 x 14= \$8358                       |
| 3   | POE-1008              | 8 Port POE / 8 Power Over Ethernet Ports |
|     |                       | \$200 x 3= \$600                         |
| 1   | CBL 6000-B            | Cat 6 Cable / Per Foot / Black           |
|     |                       | \$2500                                   |
| 6   | HX-CBM                | Bracket Conduit Base Medium              |
|     |                       | \$36 x 6= \$216                          |
| 1   | Labor Prevailing Wage | Prevailing Wage Labor                    |
|     |                       | \$8000                                   |

#### Scope of Work:

1. Install 8TB Hard Drive in existing NVR

#### Camera locations:

- C1: Outdoor Tower -- Install and mount (1) 2MP IP Camera
- C2 & C3: Outdoor NE Side, criss crossing --Install and mount (1) 2MP IP Camera
- C4: Outdoor West side by Sunnyside --Install and mount (1) 2MP IP Camera
- C5: Outdoor Bike Rack --Install and mount (1) 2MP IP Camera
- C6: Outdoor South Side focusing on parking lot --Install and mount (1) 2MP IP Camera
- C7: Outdoor SE Side focusing on parking lot --Install and mount (1) 2MP IP Camera
- C8: Outdoor playground, NW Side --Install and mount (1) 2MP IP Camera
- C9: Indoor Seven Gables Gym North Side --Install and mount (1) 2MP IP Camera
- C10: 2nd Floor Hallway by Atten 222 -- Install and mount (1) 2MP IP Camera
- C11: 2nd Floor Main Stairwell NE side --Install and mount (1) 2MP IP Camera
- C12: 2nd Floor Track Entrance --Install and mount (1) 2MP IP Camera



C13: Lower Level Elevator Hallway --Install and mount (1) 2MP IP Camera C14: Lower Level Lounge --Install and mount (1) 2MP IP Camera

- 2. Run Cable from POE switches to all NEW IP Camera Locations
- 3. Program all cameras with the necessary information to communicate with the recording servers.
- 4. Adjust all Cameras to provide the best possible picture & coverage of the desired areas.





## **Imperial Plan**

Complete peak performance around-the-clock

Total Installation and Service Plan Monthly: \$ 794.59/m

OR

Outright Installation Sale: \$ 20,374.00 Service Plan: \$ 203.4/m YES

#### VIP Scheduling (within 72 Hours)

Guaranteed response within 72 hours

#### System Maintenance

- Routine Maintenance & Repair
- Electronic Security System (hardware and software of DVR, Access Panel, Intercom System, Control Panel)
- Electrical power distribution Unit. (POE / PDU)
- Monitor / LCD / TV
- Keyboard, mouse, remotes, etc. (Peripheral's)
- Security Devices (Cameras, Telephone Intercom Systems, Strikes, DVR's, Contacts, Batteries, Etc.)

#### **On-site Technician Support**

- 100% Premier Labor Rate Coverage
- Coverage Hours
  - 7 AM to 5PM
  - Monday Fridays
- No Travel Charge overage Zone
  - o 100 Miles from your Local Imperial Branch

#### **Premium Parts Coverage**

- Defective Parts Coverage
- Cameras, Panels & Devices
- Cabling & Connectors
- Power Devices & UPS

#### **Phone Support**

- Smart Phone Help
- Networking Help
- PC Help

#### Virtual Health Monitoring

- Remote Monitoring of Complete System
- Immediate notifications Sent to our Staff in case of Camera Video Feed Loss
- Recording Errors
- Hard Drives Fail Once an Alarm is received by our IT Professionals
- Remote Diagnostics take place by our IT Department
- Customer is Notified
- On-site Tech Visit Schedule

#### Video Retrieval Support

- Incident Search Help
- Capture and Save Help
- Footage Recovery

#### **User Management**

- User Permissions help by our IT Professionals
- LOG search
- Setup and Enrollment Help

#### **Credential Programming Support**

o Card or FOB programming tech support

#### Yearly Onsite System Inspection and Cleaning

- Firmware Updates
- Recording Retention/Log/Schedule Configuration Verification
- Defragmenting of System/Server
- Testing of Devices/Systems
- Security Device Cleaning (Cameras, Readers, Strikes, DVR's, Etc.)

#### Firmware Updates

- o Free Updates when required
- Remote or Onsite Firmware updates included
- Annual Firmware Check

- \*36 Month Lease Term on "Total Installation and Service Monthly", Credit Approval Required, Monthly cost may change after approval.
- \*Not Included Unless Stated in Bill of Materials: Lifts, Conduit, Wire Molding, Union, Prevailing, After Hour Labor.
- \*If Ports are opened for Networking, customer is responsible for firewall to protect against data breaches and holds Imperial Surveillance harmless if data breach

\*Imperial Surveillance is not liable or responsible in any event of abuse, misuse, and or illegal use of this equipment. \*Please see the attached Addendum for additional Terms

Authorized Representative

Imperial Surveillance, Inc. -

Illinois Wisconsin Indiana Minnesota Iowa

Phone 847-375-0300

Fax 847-375-6722 www.lmperialCCTV.com

IL License # 127,001463





#### Service Plan Terms Addendum

Service Plan:

\*Not Included Unless Stated in Bill of Materials: Lifts, Conduit, Wire Molding, Union, Prevailing, After Hour Labor.

On-Site Coverage

On-Site Technician Covered Cost

\*Regular (within 24-72 hrs.) On-site Visits will carry \*\*NO CHARGE -INCLUDED WITH SERVICE AGREEMENT calls and technical support during regular business hours Monday-Friday 7AM -5PM, Plus Remote Log In General Maintenance calls during the foresaid regular business hours. Imperial Surveillance will also remotely monitor all of your systems for any failures. Regular Service calls will be responded to within 24-72 hours.

On-Site Technician Cost for Warranty Items that are Urgent, Priority & After Regular Hours

- \*Priority (within 24 hrs.) On-site Visits will carry a \$130.00 Service Charge
- \*Urgent (within 6 hrs.) On-site Visits will carry a \$250.00 Service Charge
- \*After Regular Business Hours- On-site Visits will carry a \$275.00 Service Charge

On-Site Technician Cost on a Non-Warranty Item

- \*Regular (within 24-72 hrs.) On-site Visits will carry \$90.00 Trip Charge / \$90.00 per Hour
- \*Priority (within 24 hrs.) On-site Visits will carry a \$130.00 Trip Charge / \$130.00 per Hour
- \*Urgent (within 6 hrs.) On-site Visits will carry a \$250.00 Trip Charge / \$130.00 per Hour
- \*After Regular Business Hours- On-site Visits will carry a \$275.00 Trip Charge/ \$175.00 per Hour

#### Terms and Conditions:

By reading the above provided coverage information and signing below, I understand the terms and conditions of Imperial Surveillance, Inc Service Plan. I also understand without purchase of the service plan, I will have to pay via cash, check, or credit card based on each service rendered to be paid in the full amount upon receipt of service.

This service plan can be purchased anytime during or after the purchasing process of the systems after the inspection by an authorized Imperial service personnel to make sure the system is operating properly. Any failure due to hardware, virus, or software issues have to be fixed and resolved before this service plan can be affected. During any remote data recovery process Imperial will exercise their best efforts but will not be responsible for any data loss that may occur before the data recovery process. Any mentioned problems can be fixed and resolved by Imperial service personnel for additional fee(s). (See details in Imperial Surveillance, Inc. Service Agreement, section: Technical Service) or consult with an authorized Imperial service personnel for any questions you may have before purchasing this service plan. No refund is available after activation of this service.

Imperial Surveillance, Inc. reserves the right to change any service and labor fees within the Basic Coverage Plan with or without any advance notice. Cancellation Fee: 12 Months of Payments or the balance of payments if less than 12 Months remain. 30 Day Notice Required.

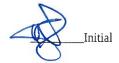




## CREDIT CARD AUTHORIZATION PLEASE PRINT CLEARLY

\*\*\* THISCARDHOLDERMUSTSIGNBOTHTHISFORMANDTHEORDER \*\*\* ACKNOWLEDGEMENTANDRETURN THEMTOIMPERIAL SURVEILLANCE.

| Checking/ Savings Account   | Credit Card                               |  |  |  |
|---|---|--|--|--|
| Checking Savings  | ☐ Visa ☐ MasterCard                       |  |  |  |
| Name on Acct  | Amex Discover                             |  |  |  |
| Bank Name   | Cardholder Name                           |  |  |  |
| Account Number  | Account Number                            |  |  |  |
| Bank Routing #  | Exp. Date                                 |  |  |  |
| Bank City/State   | CCV Code                                  |  |  |  |
| Routing Number Academy Warnbox  |   |  |  |  |
| Deposit. (initial)Please save for use to pay final payment.  Signed and Agreed(CARD HOLDER SIGNATURE) | isted above \$which will represent my 509 |  |  |  |
| ment)   |   |  |  |  |
| Print Name  | Date                                      |  |  |  |
| CHECK PAYMENTS-PLEAS  | SE SEND COPY                              |  |  |  |
| Check Number  | Date                                      |  |  |  |
|   |   |  |  |  |



|          | Rapid Response |  |
|----------|----------------|--|
|          |                |  |
| IMPERIAL |                |  |

**Recurring Payment Authorization Form** 

Schedule your payment to be automatically deducted from your bank account, or charged to your Visa, MasterCard, American Express or Discover Card. Just complete and sign this form to get started!

#### **Recurring Payments Will Make Your Life Easier:**

- It's convenient (saving you time and postage)
- Your payment is always on time (even if you're out of town), eliminating late charges

Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your checking/savings account or credit card. You will be charged the amount indicated below each billing period. A receipt for each payment will be emailed to you and the charge will appear on your bank statement as an "ACH Debit." You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

| Please complete the information below:   |         |                      |            |  |  |  |
|--|---------|----------------------|------------|--|--|--|
| I authorize Imperial Surv<br>(full name)<br>indicated below for Monthly Services paid quarterly. | eilland | ce to charge my crec | dit card   |  |  |  |
| Billing Address City, State, Zip   |         | Phone# Email         |            |  |  |  |
| Checking/ Savings Account  |         |                      | redit Card |  |  |  |
| Checking Savings   |         | Visa                 | MasterCard |  |  |  |
| Name on Acct   |         | Amex                 | Discover   |  |  |  |
| Bank Name  |         | Cardholder Name      |            |  |  |  |
| Account Number   |         | Account Number       |            |  |  |  |
| Bank Routing #   |         | Exp. Date            |            |  |  |  |
| Bank City/State  |         | CCV Code             |            |  |  |  |
| Routing Number Account Function  Register 222 222 222 222 222 222 222 222 222 2                  |         |                      |            |  |  |  |
| SIGNATURE  | ******* | DATE                 |            |  |  |  |

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| I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Imperial Surveillance in writing of any changes in my account information or  |
| termination of this authorized in my account information of  |
| termination of this authorization at least 15 days prior to the next billing date. If the above noted navment dates fall on a weekend or holiday. Lunderstand that the navments may be   |
| executed on the next business dev E- ACLI delivers and the payments that the payments the payments that the payments that the payments that the payments the payments that the payments that the payments the payments the payments the payments that the payments the payments that the payments the pay |
| executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my  |
| account as soon as the shows noted excisely transported and the state of the shows noted excisely transported and the state of the shows noted excisely transported and the state of the shows noted excisely transported and the state of the shows noted excisely transported and the state of the shows noted excisely transported and the state of the shows noted excisely transported and the state of the shows noted excisely transported and the state of the shows noted excisely transported and the state of the shows noted excisely transported and the state of the shows noted excisely transported and the state of the shows noted excisely transported and the state of the state of the shows noted and the state of the sta |
| account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that Imperial  |
| Surveillance may at its discretion attempt to proceed the charge easily within 20 days and the charge easily within 20 day |
| Surveillance may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$ 35.00 charge for each attempt returned NSF which will be initiated as   |
| a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the revisions of U.S. law. I certify   |
| a separate transaction from the authorized recurring payment. I authorized recurring payment.  |
| that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions   |
| that i are determined aser of this credit cardydark account and will not dispute these scheduled transactions with my pank of credit card company; so long as the transactions   |
| correspond to the terms indicated in this authorization form.  |
| The separate was the terms in and addition and the addition and the separate separat |

|         | Imperial Survei    | llance, Inc   | Illinois | Wisconsin     | Indiana | Minnesota  | lowa         |
|---------|--------------------|---------------|----------|---------------|---------|------------|--------------|
|         | Phone 847-375-0300 | Fax 847-375-6 | 722 www  | v.ImperialCCT | V.com   | IL License | # 127.001463 |
| Initial |                    |               |          |               |         |            |              |



# Network Survey Thank you for choosing Imperial Surveillance! Required Information Prior to Install

| Managed network: YES / NO *If Managed, please provide:   |       |      |
|--|-------|------|
| Contact Name:  |       |      |
| Email:   |       |      |
| Tel:   |       |      |
| Internet Service:ATT /COMCAST / OTHER:   |       |      |
| Router Manufacture:  |       |      |
| Admin Router Login Known :YES / NO **If not known, you will need this on the day of install to avoid additional site visit/charge. | ge.   |      |
| Customer Notes:  |       |      |
|  |       |      |
| Customer Contact Person  | _ Tel |      |
|  |       |      |
| Completed By (Signature)   | -     | Date |
|  |       |      |