

**Performance Agreement
Between Jason Kollum & Wheaton Park District**

Jason Kollum

Phone: 847.212.4493

jdkollum@yahoo.com

Wheaton Park District Halloween Celebration

**Wheaton Park District
1777 S. Blanchard Street
Wheaton, IL. 60189**

**Friday, October 21st, 2016
5:30-7:30pm**

Stilt-Walking & Strolling Entertainment

Total Fee: \$350

Payment due no later than day of performance.

Payable by Check. Please make check out to: Jason Kollum

Jason Kollum keeps a full schedule of performances, and has reserved the above dates & times in his schedule for a performance at your event.

Should the decision be made by the venue to cancel the above date of scheduled entertainment of Jason Kollum due to inclement weather, low attendance due to the weather--or for any reason, on the day of the performance, full payment for that date would be owed to The Performer.

After this contract is signed and returned, if the venue cancels the scheduled performance for a particular date, prior to the day of the event, 30% of above total amount for that particular date is owed to Jason Kollum (The Performer).

Should the Performer get sick, injured, be involved in a serious accident, be stuck in unusual or unsafe traffic conditions, or experience problems with his vehicle that would make driving the vehicle unsafe or impossible, and the Performer is unable to make the performance, the Venue will be notified immediately to inquire about an attempt to reschedule. If rescheduling is not an option, or is not desired, no payment amount will be owed to the Performer. If the Venue prefers a substitute entertainer, the Performer will attempt to find a replacement of a similar skill set for the Venue. If a substitute of a similar skill set cannot be found or is not available, with the Venue's permission, the Performer will attempt to find a substitute entertainer of a different skill set. If that entertainer cannot be found, no payment will be owed by the Venue to the Performer for the entertainment. If a family member of The Performer were to become ill or injured that is life-threatening, and The Performer is unable to make the performance, the same would apply.

Performer Signature: *Jason Kollum*

Date: 8-17-16

Jason Kollum
Wheaton Park District Halloween Event 10-21-16

Entertainment at this event includes:
"See the Show! Become the Pro!"

Strolling (Walk-Around) Entertainment: Interactive, funny, and hands-on entertainment that moves all throughout the event, entertaining small groups or large groups of kids and adults at an any given time, and allows kids a chance to try out a whole variety of skills that they can do! A variety of juggling, circus skills and balance props are all used and everything is interactive.

Stilt-Walking: A Stilt-Walker who juggles on Stilts! Jason Kollum will be constantly interacting with people, and using his unique brand of humor and comedy, combined with great juggling skills and great stilt-walking skills, to entertain all ages of kids, families, and adults! He is one of the tallest Stilt-Walkers around! Stilt-Walking will take place everywhere at the event, and Jason is capable of stilt-walking on grass, gravel and concrete, up and down small hills, and can even fit underneath tents. This is entertainment that is noticed and stands high above the crowd! Everyone loves to take their photo next to the giant stilt-walker!

Keep a copy for your records and mail a copy to the below address within 1 week:

**7138 W. Greenleaf St.
Niles, IL. 60714**

**You may also sign, scan, and email back signed contract to:
jdkollum@yahoo.com**

Performer Signature: *Jason Kollum*

Date: **8-17-16**

Your Name (please print): *Mike Ben*

Your Title: *Exec Dir*

Your Signature: *[Signature]*

Date: *8/16/16*



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/23/2016

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 Specialty Insurance Agency Performers of the U.S. P.O. Box 24 New Richmond, WI 54017	CONTACT NAME: Stephanie Weiss	
	PHONE (A/C, No, Ext): 715-246-8908 FAX (A/C, No): 715-246-4257	
	E-MAIL ADDRESS: certs@specialtyinsuranceagency.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Evanston Insurance Company	35378
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

INSURED
Jason Kollum
dba Jason Kollum
7138 West Greenleaf Street
Niles, IL 60714

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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X	X	2CN0140-7924	04/25/2016	04/24/2017	EACH OCCURRENCE	\$ 1,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence)						\$ 300,000	
	MED EXP (Any one person)						\$ 5,000	
	PERSONAL & ADV INJURY						\$ 1,000,000	
	GENERAL AGGREGATE						\$ 2,000,000	
	PRODUCTS - COMP/OP AGG	\$ 2,000,000						
							\$	
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>	
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
A	BUSINESS PERSONAL PROPERTY - INLAND MARINE						AGGREGATE	\$

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

PERFORMER IS A NAMED INSURED AS A MEMBER OF PERFORMERS OF THE U.S.:

Jason Kollum dba Jason Kollum
Additional Insured: Wheaton Park District
Email: chandlon@wheatonparks.org Attn: Cristin Handlon

CERTIFICATE HOLDER

CANCELLATION

Wheaton Park District 1777 S. Blanchard Road Wheaton, IL 60189	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 Stephanie Weiss

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COMMERCIAL GENERAL LIABILITY
POLICY NUMBER:
2CN0140-7924

EVANSTON INSURANCE COMPANY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

BLANKET ADDITIONAL INSURED

This endorsement modifies insurance provided under the following

COMMERCIAL GENERAL LIABILITY COVERAGE FORM
PRODUCTS/COMPLETED OPERATIONS COVERAGE FORM
LIQUOR LIABILITY COVERAGE FORM
PROFESSIONAL LIABILITY COVERAGE FORM

Please refer to each coverage form to determine which terms are defined. Words shown in quotations on this endorsement may or may not be defined in all coverage forms.

SCHEDULE

Person or Entity: Any person or organization to whom you are obligated by valid written contract to provide such coverage.

Additional Premium: \$ (Check box if fully earned. ☒)
Included

WHO IS AN INSURED is amended to include the person or entity shown in the Schedule above as an Additional Insured under this insurance, but only as respects negligent acts or omissions of the Named Insured and only as respects any coverage not otherwise excluded in the policy. Our agreement to accept an Additional Insured provision in a contract is not an acceptance of any other provisions of the contract or the contract in total.

When coverage does not apply for the Named Insured, no coverage or defense shall be afforded to the Additional Insured.

No coverage shall be afforded to the Additional Insured for injury or damage of any type to any "employee" of the Named Insured or to any obligation of the Additional Insured to indemnify another because of damages arising out of such injury or damage.

All other terms and conditions remain unchanged.



COMMERCIAL GENERAL LIABILITY
POLICY NUMBER:
2CN0140-7924

EVANSTON INSURANCE COMPANY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

BLANKET WAIVER OF SUBROGATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

SCHEDULE

Additional Premium: \$ 0

Name of Person or Organization: Any person(s) or organization(s) to whom the Named Insured agrees to waive rights of recovery in a written contract.

The TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US Condition (Section IV – COMMERCIAL GENERAL LIABILITY CONDITIONS) is amended by the addition of the following:

We waive any right of recovery we may have against the person or organization shown in the Schedule above as respects written contracts that exist between you and such person or entity, provided you have agreed in writing to furnish this waiver. This waiver applies only to the person or organization shown in the Schedule above.

All other terms and conditions remain unchanged.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PRIMARY AND NONCONTRIBUTORY – OTHER INSURANCE CONDITION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

The following is added to the **Other Insurance** Condition and supersedes any provision to the contrary:

Primary And Noncontributory Insurance

This insurance is primary to and will not seek contribution from any other insurance available to an additional insured under your policy provided that:

(1) The additional insured is a Named Insured under such other insurance; and

(2) You have agreed in writing in a contract or agreement that this insurance would be primary and would not seek contribution from any other insurance available to the additional insured.