

STATE OF ILLINOIS        )  
  ) SS  
COUNTY OF DU PAGE     )

I, Lynn Curiale, City Clerk of Wood Dale, Illinois DO HEREBY CERTIFY that as such City Clerk and keeper of the records, that the foregoing is a true and correct copy of Resolution #R-20-59 **A RESOLUTION APPROVING AN AGREEMENT BETWEEN THE CITY OF WOOD DALE AND SUPERIOR ROAD STRIPING, INC. FOR THE 2020 PAVEMENT MARKING PROGRAM IN AN AMOUNT NOT TO EXCEED \$17,115**

Passed by The City of Wood Dale, Du Page County, Illinois, IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed the seal of the City of Wood Dale, this 20<sup>th</sup> day of August, 2020.



Lynn Curiale, City Clerk



Resolution #R-20-59

**A RESOLUTION APPROVING AN AGREEMENT BETWEEN THE CITY OF  
WOOD DALE AND SUPERIOR ROAD STRIPING, INC. FOR THE 2020  
PAVEMENT MARKING PROGRAM IN AN AMOUNT NOT TO EXCEED  
\$17,115**

Passed: August 20, 2020  
Published in Pamphlet Form: August 21, 2020

I, Lynn Curiale, as the City Clerk for the City of Wood Dale, hereby certify that the  
attached Resolution is a true and correct copy of #R-20-59

**A RESOLUTION APPROVING AN AGREEMENT BETWEEN THE CITY OF  
WOOD DALE AND SUPERIOR ROAD STRIPING, INC. FOR THE 2020  
PAVEMENT MARKING PROGRAM IN AN AMOUNT NOT TO EXCEED  
\$17,115**

Passed and approved by the City Council of the City of Wood Dale on August 20, 2020  
and hereby published in pamphlet on August 21, 2020.



Lynn Curiale, City Clerk



**RESOLUTION NO. R-20-59**

**A RESOLUTION APPROVING AN AGREEMENT BETWEEN THE CITY OF WOOD DALE AND SUPERIOR ROAD STRIPING, INC. FOR THE 2020 PAVEMENT MARKING PROGRAM IN AN AMOUNT NOT TO EXCEED \$17,115**

**WHEREAS**, the City of Wood Dale (hereinafter referred to as the "City") is a duly organized and existing body politic and corporate governed by the provisions of the Illinois Municipal Code, 65 ILCS 5/1-1-1, *et seq.*, and its own duly adopted Municipal Code; and

**WHEREAS**, the City is authorized and empowered under the Illinois Municipal Code, and its Ordinances adopted pursuant thereto, to enter into agreements and to contract for goods and services; and

**WHEREAS**, the Mayor and the City Council of the City seek to ensure that the City is run effectively and efficiently; and

**WHEREAS**, the Mayor and the City Council of the City, seeks the **SUPERIOR ROAD STRIPING, INC** for the **2020 PAVEMENT MARKING PROGRAM**; and

**WHEREAS**, these services are necessary to maintain and promote an effective and efficient City Government; and

**WHEREAS**, after diligent review of the qualifications and services of **SUPERIOR ROAD STRIPING, INC**, the Mayor and the City Council find **SUPERIOR ROAD STRIPING, INC** is the most qualified firm to perform the duties sought by the City; and

**NOW, THEREFORE, BE IT RESOLVED BY THE CITY OF WOOD DALE, DUPAGE COUNTY, AN ILLINOIS CORPORATION**, as follows:

**SECTION 1:** The recitals set forth above are incorporated herein and made a part hereof.

**SECTION 2:** The Mayor is authorized to execute said Agreement on behalf of the City of Wood Dale, which signature shall be attested to by the City Clerk.

**SECTION 3:** The City Manager, staff and/or the City Attorney shall take the steps necessary to put the terms and conditions of the Agreement into effect.

**SECTION 4:** That all ordinances and resolutions, or parts thereof in conflict with the provisions of this Resolution are, to the extent of such conflict, hereby repealed.

**SECTION 5:** That this Resolution shall be in full force and effect from and after its adoption, approval and publication in pamphlet form as provided by law.

PASSED this 20<sup>th</sup> day of August, 2020.

AYES: Alderman - Jakob, Messina, Woods, Catalano, Sorrentino  
E. Wesley, Susmarski

NAYS: None

ABSENT: R. Wesley

APPROVED this 20<sup>th</sup> day of August, 2020.

SIGNED: Annunziato Pulice  
Annunziato Pulice, Mayor

ATTEST: Lynn Curiale  
Lynn Curiale, City Clerk



# SRS

**SUPERIOR ROAD STRIPING, INC.**  
1967 CORNELL COURT MELROSE PARK, IL 60160

TELEPHONE 708-865-0718  
FAX 708-865-0296

8/5/2020

## PROPOSAL

CITY OF WOOD DALE  
404 N. WOOD DALE ROAD  
WOOD DALE, IL 60161

VARIOUS LOCATIONS

THE UNDERSIGNED, PROPOSE TO FURNISH THERMOPLASTIC  
PAVEMENT MARKING AND LABOR FOR JOB DESCRIBED BELOW

DESCRIPTION	UNIT	APPROX QUANTITY	UNIT PRICE	AMOUNT
THPL PVT MK L & S	SF	500.0	3.75	1875.00
THPL PVT MK LINE 6	LF	10000.0	0.75	7500.00
THPL PVT MK LINE 24	LF	1400.0	3.75	5250.00
PAVEMENT MARKING REMOVAL	SF	8300.0	0.30	2490.00
				<b>\$ 17,115.00</b>

ACCEPTANCE: YOU ARE HEREBY AUTHORIZED TO FURNISH MATERIAL AND  
LABOR NECESSARY TO COMPLETE JOB DESCRIBED.

### PLEASE SIGN AND RETURN FAX

SIGNATURE Annunziato Pulice DATE: 8-20-2020

PRINT FIRST AND LAST NAME ANNUNZIATO PULICE

RESPECTFULLY SUBMITTED, Sandra DeHoyos

SANDRA DEHOYOS  
SUPERIOR ROAD STRIPING INC.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
8/5/2020

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).


<b>PRODUCER</b> ERIN COON (27080) 23042 N MAIN ST PRAIRIE VIEW, IL 60069-0000	<b>CONTACT NAME:</b> ERIN COON <b>PHONE (A/C, No, Ext):</b> 847-415-2666 <b>E-MAIL ADDRESS:</b> ERIN.COON@COUNTRYFINANCIAL.COM	<b>FAX (A/C, No):</b> 547-415-2694
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> 6234648 SUPERIOR ROAD STRIPING INC 1980 N HAWTHORNE AVE MELROSE PARK, IL 60160	<b>INSURER A:</b> COUNTRY Mutual Insurance Company	<b>NAIC #</b> 20990
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	

**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 INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <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	<input checked="" type="checkbox"/>	AB9178202	4/14/2020	4/14/2021	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 \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	<input checked="" type="checkbox"/>	AB9178202	4/14/2020	4/14/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	<input checked="" type="checkbox"/>	AU1394700	4/14/2020	4/14/2021	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> N/A	AW1394700	4/14/2020	4/14/2021	<input checked="" type="checkbox"/> WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES** (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
**JOB NAME:**  
 VARIOUS LOCATIONS  
 (CONTINUED)

<b>CERTIFICATE HOLDER</b>  CITY OF WOOD DALE 404 NORTH WOOD DALE ROAD WOOD DALE, IL 60191	<b>CANCELLATION</b>  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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AGENCY CUSTOMER ID: \_\_\_\_\_

LOC #: \_\_\_\_\_



## ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY		NAMED INSURED	
POLICY NUMBER AB9178202		SUPERIOR ROAD STRIPING INC 1980 N HAWTHORNE AVE MELROSE PARK, IL 60160	
CARRIER COUNTRY Mutual Insurance Company	NAIC CODE 20990	EFFECTIVE DATE: 8/5/2020	

### ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: ACORD 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

ADDITIONAL INSURED(S):  
CITY OF WOOD DALE

WORKERS COMPENSATION EXCLUSIONS:  
PROPRIETOR, PARTNER(S), EXECUTIVE OFFICER(S), MEMBERS(S) IS/ARE EXCLUDED ON WORKERS COMPENSATION BY  
ENDORSEMENT.



# Areas of Focus for Pavement Marking



Pavement Surface Evaluation and Rating (PASER)

— Fair — Good

