
THE VILLAGE OF TINLEY PARK

Cook County, Illinois

Will County, Illinois

RESOLUTION

NO. 2022-R-005

**A RESOLUTION APPROVING A CONTRACT BETWEEN THE VILLAGE OF
TINLEY PARK AND STEVE SPIESS CONSTRUCTION, INC. FOR THE LAGRANGE
ROAD SEWER, WATER MAIN EXTENSION AND LIFT STATION 20 (183RD & OLD
LAGRANGE ROAD)**

**MICHAEL W. GLOTZ, PRESIDENT
KRISTIN A. THIRION, VILLAGE CLERK**

**WILLIAM P. BRADY
WILLIAM A. BRENNAN
DIANE M. GALANTE
DENNIS P. MAHONEY
MICHAEL G. MUELLER
COLLEEN M. SULLIVAN
Board of Trustees**

Published in pamphlet form by authority of the President and Board of Trustees of the Village of Tinley Park
Peterson, Johnson, & Murray Chicago, LLC, Village Attorneys
200 W. Adams, Suite 2125 Chicago, IL 60606

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A RESOLUTION APPROVING A CONTRACT BETWEEN THE VILLAGE OF TINLEY PARK AND STEVE SPIESS CONSTRUCTION, INC. FOR THE LAGRANGE ROAD SEWER, WATER MAIN EXTENSION AND LIFT STATION 20 (183RD & OLD LAGRANGE ROAD).

WHEREAS, the Village of Tinley Park, Cook and Will Counties, Illinois, is a Home Rule Unit pursuant to the Illinois Constitution of 1970; and

WHEREAS, the Corporate Authorities of the Village of Tinley Park, Cook and Will Counties, Illinois, have considered entering into a Contract with Steve Spiess Construction, Inc, a true and correct copy of such Contract being attached hereto and made a part hereof as **EXHIBIT 1**; and

WHEREAS, the Corporate Authorities of the Village of Tinley Park, Cook and Will Counties, Illinois, have determined that it is in the best interests of said Village of Tinley Park that said Contract be entered into by the Village of Tinley Park;

NOW, THEREFORE, Be It Resolved by the President and Board of Trustees of the Village of Tinley Park, Cook and Will Counties, Illinois, as follows:

Section 1: The Preambles hereto are hereby made a part of, and operative provisions of, this Resolution as fully as if completely repeated at length herein.

Section 2: That this President and Board of Trustees of the Village of Tinley Park hereby find that it is in the best interests of the Village of Tinley Park and its residents that the aforesaid "Contract" be entered into and executed by said Village of Tinley Park, with said Contract Extension to be substantially in the form attached hereto and made a part hereof as **EXHIBIT 1**, subject to review and revision as to form by the Village Attorney.

Section 3: That the President and Clerk of the Village of Tinley Park, Cook and Will Counties, Illinois are hereby authorized to execute for and on behalf of said Village of Tinley Park the aforesaid Contract.

Section 4: That this Resolution shall take effect from and after its adoption and approval.

ADOPTED this 4th day of January, 2022, by the Corporate Authorities of the Village of Tinley Park on a roll call vote as follows:

AYES: Brady, Brennan, Galane, MAhoney, Mueller, Sullivan

NAYS: None

ABSENT: None


Village President

ATTEST:


Village Clerk

EXHIBIT 1

VILLAGE OF TINLEY PARK

SERVICE CONTRACT

This contract is by and between the **Village of Tinley Park**, an Illinois home-rule municipal corporation (the "Village"), and **Steve Spiess Construction, Inc.** (the "Contractor"), for the project or work described in Exhibit A, attached hereto and made a part hereof.

1. In consideration of the compensation stated in paragraph 2, the Contractor shall provide all the services described in the Scope of Services attached hereto as Exhibit "A" and incorporated herein by reference. The express terms of this Contract shall take precedence and control over any term or provision of the Scope of Services (Exhibit A) that in any way conflicts with, differs from, or attempts to alter the terms of this Contract.
2. Except in the event of a duly authorized change order approved by the Village as provided in this Contract, and in consideration of the Contractor's final completion of all work in conformity with this Contract, the Village shall pay the Contractor an amount not to exceed **TWO MILLION TWELVE THOUSAND ONE HUNDRED SIXTY NINE and 60/100 Dollars (\$2,012,169.60)**. Within thirty (30) calendar days of completion of the work, the Contractor shall submit his application for payment to the Village, and the Village shall pay Contractor for the work performed no later than **thirty (30)** calendar days from the date of the Village's receipt and the Village's approval of the work and the application for payment. No payment shall be made by the Village until the Contractor has submitted to the Village (i) a Contractor's Affidavit listing all subcontractors and material suppliers utilized on the project and (ii) final waivers of lien from the Contractor, all subcontractors and all material suppliers.
3. No changes shall be made, nor will invoices for changes, alterations, modifications, deviations, or extra work or services be recognized or paid except upon the prior written order from authorized personnel of the Village. The Contractor shall not execute change orders on behalf of the Village or otherwise alter the financial scope of the Project.
4. Written change orders may be approved by the Village Manager or his designee provided that the change order does not increase the amount set forth in paragraph 2 of this Contract to more than \$10,000.00. Changes in excess of this amount must be approved by the Village Board prior to commencement of the services or work. **If a requested change causes an increase or decrease in the cost of or time required for the performance of the contract, Contractor will agree to an equitable adjustment in the contract price or performance schedule, or both. Neither party is obligated to comply with requested changes unless and until both parties execute a written change order.**
5. **Time is of the essence on this Contract.** The Contractor shall complete all work under this Contract by the dates set forth below:
6. No "Notice to Proceed" may be given nor any work commenced until this Contract is fully executed and all exhibits and other attachments are completely filled out and attached hereto.
7. It is understood and agreed by the parties that the Contractor is an independent contractor retained for the above-mentioned purpose. The Village shall not control the manner nor the means of the Contractor's performance, but shall be entitled to a work product as described herein. The term "subcontractor" shall mean and include only those hired by and

having a direct contract with Contractor for performance of work on the Project. The Village shall have no responsibility to any subcontractor employed by a Contractor for performance of work on the Project, and all subcontractors and material suppliers shall look exclusively to the Contractor for any payments due. The Village will **not** be responsible for reporting or paying employment taxes or other similar levies that may be required by the United States Internal Revenue Service or other State or Federal agencies. Every subcontractor shall be bound by the terms and provisions of this Contract as far as applicable to their work. The Contractor shall be fully responsible to the Village for the acts and omissions of its subcontractors, and shall ensure that any subcontractors perform in accordance with the requirements of this Contract. Nothing contained herein shall create any contractual or employment relations between any subcontractor and the Village. The Contractor is solely responsible for the safety procedures, programs and methods of its employees and agents and shall hold the Village harmless for any and all damages resulting from violations thereof. The Contractor shall comply with all applicable federal, State and local safety laws and regulations.

- 8. It is further agreed that the Contractor shall indemnify, hold harmless, and defend the Village, its officers, agents, and employees from and against any and all claims, losses, damages, causes of action, suits, and liability of every kind, including all expenses of litigation, court costs, and attorneys' fees, for injury to or death of any person or for damage to any property arising out of or in connection with the Contractor's negligence under this Contract.**
- 9. The Contractor assumes full responsibility for the work to be performed hereunder and hereby releases, relinquishes, and discharges the Village, its officers, agents, and employees from all claims, demands, and causes of action of every kind and character, including the cost of defense thereof, for any injury to or death of any person and any loss of or damage to any property that is caused by, alleged to be caused by, arising out of, or in connection with the Contractor's negligence in its work to be performed hereunder. The Contractor shall maintain insurance coverage in an amount and from a carrier suitable to the Village, and the Village shall be named as an additional insured where required. Certificates of Insurance are attached hereto as Exhibit B.**
10. The Village is exempt from payment of state and local sales and use of taxes on labor and materials incorporated into the project. If necessary, it is the Contractor's responsibility to obtain a sales tax permit, resale certificate, and exemption certificate that shall enable the Contractor to buy any materials to be incorporated into the project and then resale the aforementioned materials to the Village without paying the tax on the materials at the time of purchase. In no event will the Village be liable for or pay any sales or use taxes incurred by the Contractor in performing the services under this contract.
11. The Contractor shall comply with all applicable federal, state, and local statutes, regulations, ordinances, and other laws, including but not limited to the Immigration Reform and Control Act (IRCA). The Contractor may not knowingly obtain the labor or services of an unauthorized alien. The Contractor, not the Village, must verify eligibility for employment as required by IRCA.
12. At any time, the Village may terminate this Contract for convenience, upon written notice to the Contractor. The Contractor shall cease work immediately upon receipt of such notice. The Contractor shall be compensated for services performed and accepted by the Village up to the date of termination.

13. No waiver or deferral by either party of any term or condition of this Contract shall be deemed or construed to be a waiver or deferral of any other term or condition or subsequent wavier or deferral of the same term or condition.
14. This Contract may only be amended by written instrument approved and executed by the parties.
15. This Contract and the rights and obligations contained herein may not be assigned by the Contractor without the prior written approval of Village.
16. The parties hereby state that they have read and understand the terms of this Contract and hereby agree to the conditions contained herein.
17. This Contract has been made under and shall be governed by the laws of the State of Illinois. The parties agree that performance and all matters related thereto shall be in Cook County, Illinois.
18. Contractor, its employees, associates or subcontractors shall perform all the work hereunder. Contractor agrees that all of its associates, employees, or subcontractors who work on this Project shall be fully qualified and competent to do the work described hereunder. Contractor shall undertake the work and complete it in a timely manner.
19. If any provision of this Contract shall be held to be invalid or unenforceable for any reason, the remaining provisions shall continue to be valid and enforceable. If a court of competent jurisdiction finds that any provision of this Contract is invalid or unenforceable, but that by limiting such provision it may become valid and enforceable, then such provision shall be deemed to be written, construed, and enforced as so limited.
20. This Contract represents the entire and integrated agreement between the Village and Contractor and supersedes all prior negotiations, representations, or agreements, either written or oral.
21. This Contract will be effective when signed by the last party whose signing makes the Contract fully executed.
22. The Contractor agrees to comply with the Illinois Prevailing Wage Act, if the work to be performed under this Contract is covered by said Act.
23. The Contractor agrees to comply with the Illinois Substance Abuse Prevention on Public Works Projects Act.

CERTIFICATIONS BY CONTRACTOR

Affidavit of Compliance

Contractor and all subcontractors shall complete this Affidavit of Compliance ("Affidavit") and submit supporting documentation as required pursuant to *Responsible Bidder Requirements on Public Work Projects*. Contractor must submit this Affidavit and all related evidence with its bid. Contractor shall be responsible for providing this Affidavit to all subcontractors who will perform work on the project. All subcontractors' Affidavits and supporting documentation must be submitted no later than the date and time of the contract award. Failure to comply with all submission requirements may result in a determination that the Contractor is not a responsible bidder.

For the remainder of this Affidavit, "Contractor" refers to the general contractor and all subcontractors. Each item must be answered. If the question is not applicable, answer "NA." If the answer is none, answer "none."

The certifications set forth in this Affidavit and all documents attached hereto shall become a part of any contract awarded to the Contractor. Furthermore, Contractor shall comply with these certifications during the term and/or performance of the contract.

The undersigned Shawn Spiess, as Vice-President and on behalf
(Name) (Title)
of Steve Spiess Construction, Inc. having been duly sworn under oath certifies that:
(Contractor)

Business Organization

The form of business organization of the Contractor is (check one):

☐ Sole Proprietor or Partnership ☐ LLC
☒ Corporation ☐ Independent Contractor (Individual)

If contractor/subcontractor is a corporation, indicate the state and the date of incorporation:

Illinois 10/14/1983

Authorized to do business in the State of Illinois:

Yes ☒ No ☐

Describe supporting documentation attached: letter from Secretary of State

Federal Employer I.D. #: 36-3262027

Social Security # (if an individual or sole proprietor): _____

Registered with Illinois Department of Revenue:

Yes ☒ No ☐

Describe supporting documentation attached (if "No," explain): Sales & Use Tax Return

Registered with Illinois Department of Employment Security:

Yes ☒ No ☐

Describe supporting documentation attached (if "No," explain): Rate Determination Statement

Tax liens or tax delinquencies

Disclosure of any federal, state or local tax liens or tax delinquencies against the contractor or any officers of the contractor in the last five (5) years

Yes ☐ No ☒

"No" means "not applicable." If "yes," describe lien/delinquencies and resolution:

EOE Compliance

Contractor is in compliance with provisions of Section 2000e of Chapter 21, Title 42 of the United States Code and Federal Executive Order No. 11246 as amended by Executive Order No. 11375 (known as the Equal Opportunity Employer provisions).

Yes ☒ No ☐

Employee Classification

Contractor's employees who will perform work on the project are properly classified as an employee or independent contractor under all applicable state and federal laws and local ordinances (Form B).

N/A ☐ Yes ☒ No ☐

Professional or Trade Licenses

Contractor will possess all applicable professional and trade licenses required for performing the Contract work:

Yes ☐ No ☐

License	Number	Date Issued	Current Expiration	Holder of License

If any of the above license(s) have been revoked or suspended, state the date and reason for suspension/revocation:

Documentation Attached (Contractor must initial next to each item):

X Form A: Name and address of subcontractors from whom Contractor has accepted a bid or intends to hire to perform work on any part of the project.

NOTE: All subcontractors shall complete and submit an Affidavit of Compliance no later than the date the subcontractor commences work on the project.

X Form B: List of individuals who will perform work on the project on behalf of the Contractor, verifying that each individual is properly classified as an employee or independent contractor. Contractor also verifies that all Contractor's employees are covered under a current workers' compensation policy, properly classified under the workers' compensation policy, and covered by a health and welfare and retirement plan.

 Form C Additional Information (if required)

X Certificate of Good Standing
(or other evidence of compliance with laws pre-requisite to doing business in the state)

X Illinois Department of Revenue registration

X Illinois Department of Employment Security registration

X Standards of Apprenticeship/Apprentice Agreements

X Substance Abuse Prevention program (or applicable provision from CBA in effect)

X Written Safety Policy Statement signed by company representative

 OSHA cards evidencing 10-hour or greater safety program completed, if requested

X Workers' Compensation Coverage

 Professional or Trade Licenses

CERTIFICATE 00 62 07

SUBSTANCE ABUSE PREVENTION PROGRAM

The undersigned, upon being first duly sworn, hereby certifies to the (Owner) _____

City Village of Tinley Park

that

Steve Spiess Construction, Inc. (Contractor) has

in place a written Substance Abuse Prevention Program that meets or exceeds the requirements of the State of Illinois P.A. 095-0635, or has a collective bargaining agreement in effect dealing with the subject matter of P.A. 095-0635. The Contractor and Subcontractors will file a copy of the Substance Abuse Prevention Program, or collective bargaining agreement, with the Client prior to any work being conducted on the project.

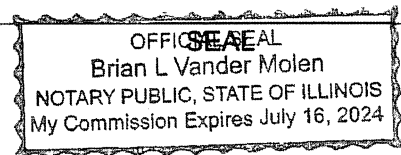
By: Steve Spiess Construction, Inc.
(Name of Contractor)

Shawn Spiess
(Title) Vice-President

Subscribed and sworn to before me
this 22nd day of December, 2021.

My Commission Expires: 7/16/2024

Brian L. Vander Molen
Notary Public



CERTIFICATE 00 62 08

EMPLOYMENT OF ILLINOIS WORKERS ON PUBLIC WORKS ACT

Steve Spiess, being first duly sworn on oath, deposes and states that all statements herein made are made on behalf of Contractor, that this deponent is authorized to make them, and that the statements contained herein are true and correct.

Contractor deposes, states, and certifies that Contractor complies with the provisions of the Employment of Illinois Workers on Public Works Act as they may apply to this Project.

Dated this 22nd day of December, 2021,

Attest/Witness

By: Steve Spiess

Title: Steve Spiess, President

By: Shawn Spiess

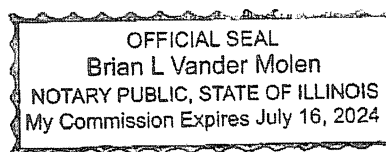
Title: Shawn Spiess, Secretary

Subscribed and sworn to before me
this 22nd day of December, 2021

My Commission Expires: 7/16/2021

Brian L. Vander Molen
Notary Public

SEAL





SAFETY POLICY STATEMENT

The safety and health of our employees is this company's most important business consideration. No employee will be required to do a job that they consider unsafe. The company will comply with all applicable OSHA workplace safety and health requirements and maintain occupational safety and health standards that equal or exceed the best practices in the industry.

The safety committee includes employer and employee representatives who are responsible for identifying hazards and unsafe work practices, removing obstacles to accident prevention, and helping evaluate the company's effort to achieve an accident-and-injury-free workplace.

The company pledges to do the following:

- Strive to achieve the goal of zero accidents and injuries.
- Provide mechanical and physical safeguards wherever they are necessary.
- Conduct routine safety and health inspections to find and eliminate unsafe working conditions, control health hazards, and comply with all applicable OSHA safety and health requirements.
- Train all employees in safe work practices and procedures.
- Provide employees with necessary personal protective equipment and train them to use and care for it properly.
- Enforce company safety and health rules and require employees to follow the rules as a condition of employment.
- Investigate accidents to determine the cause and prevent similar accidents.

Managers, supervisors, and all other employees share responsibility for a safe and healthful workplace.

- Management is accountable for preventing workplace injuries and illnesses. Management will consider all employee suggestions for achieving a safer, healthier workplace. Management also will keep informed about workplace safety-and-health hazards and regularly review the company's safety and health program.
- Supervisors are responsible for supervising and training workers in safe work practices.
- Supervisors must enforce company rules and ensure that employees follow safe practices during their work.
- Employees are expected to participate in safety and health program activities including, immediately reporting hazards, unsafe work practices, and accidents to supervisors or a safety committee representative, wearing required personal protective equipment, and participating in and supporting safety committee activities.

Shawn Spiess – Vice President

A handwritten signature in black ink, appearing to read "Shawn Spiess", is written over a horizontal line.

Date: 12/6/21



FRANKFORT, IL, U.S.A.

CERTIFICATION OF TRAINING

Employee Name	Employee Id / Number	Confined Space Entry	Fall Protection	High voltage; T&D	Lockout / Tagout	Silica Dust	HAZCOM	Respiratory Protection	Cranes	Scaffolds; Aerial lifts	Forklifts	Excavations & Trenching	First Aid / CPR	Other: OSHA 10 or 30	Other: RIGGING	Other: FLAGGERS
Shawn Spiess		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
John Kavanaugh		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
James Smithson		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Andy Quigley		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Matt Quigley		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Salvador Martinez		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Selvestre Velazquez		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Robert Rapson		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Stephen Olha		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Jacob Fraser		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Justin Ferguson		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Company
Representative:

SHAWN SPIESS
Printed Name

Shawn Spiess
Signature

12/16/21
Date:

Eligibility to Contract

The undersigned hereby certifies that the Contractor is not barred from bidding on or entering into this contract as a result of a violation of either the bid-rigging or bid-rotating provisions of Article 33E of the Criminal Code of 1961, as amended.

Steve Spiess Construction, Inc.
Name of Contractor (please print)

Shawn Spiess
Submitted by (signature)
SHAWN SPIESS

Vice-President
Title

Certificate of Compliance with Illinois Human Rights Act

The undersigned hereby certifies that the Contractor is in compliance with Title 7 of the 1964 Civil Rights Act as amended and the Illinois Human Rights Act as amended.

Steve Spiess Construction, Inc.
Name of Contractor (please print)

Shawn Spiess
Submitted by (signature)
SHAWN SPIESS

Vice-President
Title

Certificate of Compliance with Illinois Drug-Free Workplace Act

The undersigned, having 25 or more employees, does hereby certify pursuant to section 3 of the Illinois Drug Free Workplace Act (30 ILCS 580/3) that it shall provide a drug-free workplace for all employees engaged in the performance of the work under the contract by complying with the requirements of the Illinois Drug-Free Workplace Act and, further certifies, that it is not ineligible for award of this contract by reason of debarment for a violation of the Illinois Drug-Free Workplace Act.

Steve Spiess Construction, Inc.
Name of Contractor (please print)

Shawn Spiess
Submitted by (signature)
SHAWN SPIESS

Vice-President
Title

Certificate Regarding Sexual Harassment Policy

The undersigned does hereby certify pursuant to section 2-105 of the Illinois Human Rights Act (775 ILCS 5/2-105) that it has a written sexual harassment policy that includes, at a minimum, the following information: (i) the illegality of sexual harassment; (ii) the definition of sexual harassment under State law; (iii) a description of sexual harassment, utilizing examples; (iv) an internal complaint process including penalties; (v) the legal recourse, investigative and complaint process available through the Department of Human Rights and Human Rights Commission; (vi) direction on how to contact the Department of Human Rights and Human Rights Commission; and (vii) protection against retaliation.

Steve Spess Construction, Inc
Name of Contractor (please print)

Vice-President
Title

Shawn Spess
Submitted by (signature)
Shawn Spess

Certificate of Compliance with Substance Abuse Prevention on Public Works Projects Act

The undersigned hereby certifies that:

- A. There is in place a written program which meets or exceeds the program requirements of the Substance Abuse Prevention on Public Works Projects Act (P.A. 95-0635), and has provided a written copy thereof to the Village of Tinley Park.
- B. There is in place a collective bargaining agreement which deals with the subject matter of the Substance Abuse Prevention on Public Works Projects Act (P.A. 95-0635)

(Cross out either A or B depending upon which certification is correct)

Steve Spess Construction, Inc
Name of Contractor (please print)

Vice-President
Title

Shawn Spess
Submitted by (signature)
Shawn Spess

Certificate of Compliance with Prevailing Wage Requirements

The undersigned hereby certifies that:

This contract calls for the construction of a "public work," within the meaning of the Illinois Prevailing Wage Act, 820 ILCS 130/01 et seq. ("the Act"). The Act requires contractors and subcontractors to pay laborers, workers and mechanics performing services on public works projects no less than the current "prevailing rate of wages" (hourly cash wages plus amount for fringe benefits) in the county where the work is performed. The Department publishes the prevailing wage rates on its website at <http://www.state.il.us/agency/idol/rates/rates.HTM>. The Department revises the prevailing wage rates and the contractor/subcontractor has an obligation to check the Department's web site for revisions to prevailing wage rates. For information regarding

current prevailing wage rates, please refer to the Illinois Department of Labor's website. All contractors and subcontractors rendering services under this contract must comply with all requirements of the Act, including but not limited to, all wage requirements and notice and record keeping duties.

Steve Spress Construction Inc.
Name of Contractor (please print)

Shawn Spress
Submitted by (signature)

Vice-President
Title

Shawn Spress

Certificate of Compliance with the Village of Tinley Park Responsible Bidder Ordinance

The undersigned or the entity making the proposal or bid has reviewed and is in compliance with the Village of Tinley Park Responsible Bidder Ordinance No. 2019-O-079

Steve Spress Construction, Inc.
Name of Contractor (please print)

Shawn Spress
Submitted by (signature)

Vice-President
Title

Shawn Spress

[Signature Page to Follow]

CONTRACTOR NAME

BY: _____

Printed Name: _____

Title: _____

December 22, 2021

Date

VILLAGE OF TINLEY PARK

BY: _____

Michael W. Glotz, Village President
(required if Contract is \$20,000 or more)

January 4, 2022

Date

ATTEST:

Village Clerk

(required if Contract is \$20,000 or more)

January 4, 2022

Date

VILLAGE OF TINLEY PARK

BY: _____

Village Manager

Date

STEVE
SPIESS
CONSTRUCTION, INC.

10284 VANS DR. FRANKFORT, IL 60423 815-469-2333 FAX 815-469-2449 e-mail: bvmolen@spiessco.com

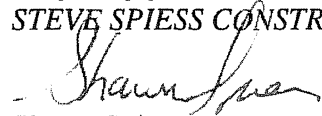
December 22, 2021

**RE: LaGrange Road Sewer, Watermain, and Lift Station Post 20
Village of Tinley Park**

To Whom It May Concern:

Steve Spiess Construction, Inc. is signatory to collective bargaining agreements with the Midwest Operating Engineers Local 150, the Construction & General Laborers District Council of Chicago & Vicinity, and the Suburban Teamsters of Northern Illinois. Our employees receive health & welfare and pension benefits through their membership in one of these unions. These unions also operate apprenticeship programs to educate and train their members.

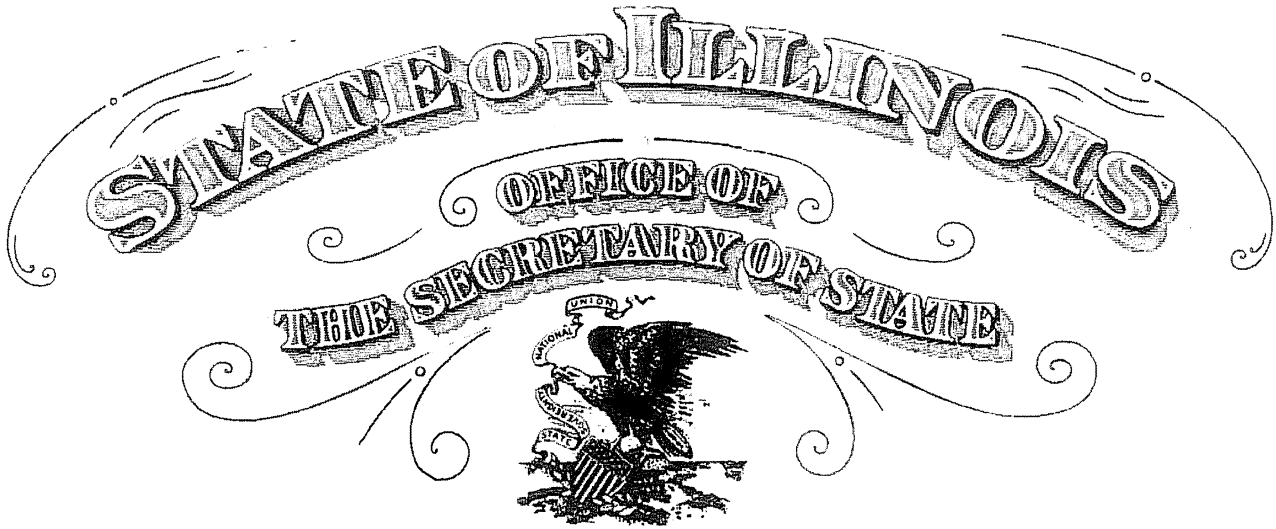
Very truly yours,
STEVE SPIESS CONSTRUCTION, INC.



Shawn Spiess
Vice-President

File Number

5324-249-9



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

STEVE SPIESS CONSTRUCTION, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON OCTOBER 14, 1983, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



***In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 10TH
day of DECEMBER A.D. 2021 .***

Jesse White

SECRETARY OF STATE

Authentication #: 2134401118 verifiable until 12/10/2022

Authenticate at: <http://www.ilsos.gov>

Confirmation Number: 0-579-342-992

Date Submitted: 12/03/2021

Date Printed: 12/03/2021



Illinois Department of Revenue

**ST-1 Sales and Use Tax and
E911 Surcharge Return**

Legal Name: STEVE SPIESS CONST

DBA Name:

Account ID: 4122-6623

Filing Period: 11/01/2021 - 11/30/2021

Due Date: 12/20/2021

REV 08 FORM 002

Step 1: Alcoholic Liquor Purchases

If you are not required to report your purchases, go to Step 2.

Note: Distributors will also report your total purchases to us.

A Total dollar amount of alcoholic liquor purchased
(invoiced and delivered) 0.00

Step 2: Taxable Receipts

1	Total receipts (include tax.)	1	<u>0.00</u>
2	Deductions - Include tax collected (From Schedule A, Line 30.)	2	<u>0.00</u>
3	Taxable receipts (Subtract Line 2 from Line 1.)	3	<u>0.00</u>

Step 3: Tax on Receipts

Sales from locations within Illinois

General merchandise

4a 0.00 x 0 = 4b 0.00

Food, drugs, and medical appliances

5a 0.00 x 0 = 5b 0.00

Sales from locations outside Illinois

General merchandise

6a 0.00 x .0625 = 6b 0.00

Food, drugs, and medical appliances

7a 0.00 x .01 = 7b 0.00

Sales at prior rates

Receipts taxed at other rates

8a 0.00 x (rate) = 8b 0.00

9 Tax due on receipts
(Add Lines 4b, 5b, 6b, 7b, and 8b.) 9 0.00

Step 4: Retailer's Discount and Net Tax on Receipts

10	Retailer's discount. If qualified, multiply Line 9 by the applicable rate.	10	<u>0.00</u>
11	Net tax due on receipts (Subtract Line 10 from Line 9.)	11	<u>0.00</u>

Step 5: Tax on Purchases

General merchandise

12a 0.00 x .0625 = 12b 0.00

Food, drugs, and medical appliances

13a 0.00 x .01 = 13b 0.00

Purchases at other rates

14a 0.00 14b 0.00

15 Tax due on purchases
(Add Lines 12b, 13b, and 14b.) 15 0.00

Step 6: Net Tax Due

16 Tax due from receipts and purchases
(Add Lines 11 and 15.) 16 0.00

16a Manufacturer's Purchase Credit 16a 0.00

17 Prepaid sales tax 17 0.00

18 Quarter-monthly (accelerated)
payments 18 0.00

19 Total prepayments
(Add Lines 16a, 17, and 18.) 19 0.00

20 Net tax due
(Subtract Line 19 from Line 16.) 20 0.00

Step 7: Payment Due

21 E911 Surcharge and ITAC Assessment
(From Schedule B, Line 10.) 21 0.00

22 Excess tax, surcharge, and
assessment collected 22 0.00

23 Total tax, surcharge, and
assessment due (Add Lines
20, 21, and 22.) ➡ 23 0.00

24 Credit amount 24 0.00

25 Payment due
(Subtract Line 24 from Line 23.) ➡ 25 0.00

Schedule A—Deductions**Section 1: Taxes and miscellaneous deductions - If no Section 1 deductions, go to Section 2.**

1	Taxes collected on general merchandise sales and service	1	0.00
2	Taxes collected on food, drugs, and medical appliances sales and service	2	0.00
3	E911 Surcharge and ITAC Assessment collected	3	0.00
4	Resale	4	0.00
5	Interstate commerce	5	0.00
6	Manufacturing machinery and equipment (MM&E) - Do <u>not</u> include deduction for graphic arts.	6	0.00
7	Farm machinery and equipment	7	0.00
8	Graphic arts machinery and equipment - Do <u>not</u> combine with deduction for MM&E on Line 6.	8	0.00
9	Supplemental Nutrition Assistance Program (SNAP - formerly called food stamps)	9	0.00
10	Enterprise zone		
a	Sales of building materials	10a	0.00
b	Sales of items other than building materials	10b	0.00
11	High impact business		
a	Sales of building materials	11a	0.00
b	Sales of items other than building materials	11b	0.00
12	River edge redevelopment zone building materials	12	0.00
13	Exempt organizations	13	0.00
14	Uncollectible debt on which tax was previously paid	14	0.00
15	Sales of service - Identify here: _____	15	0.00
16	Other (including cash refunds, newspapers and magazines, etc.) - Identify _____	16	0.00
17	Total Section 1 deductions. Add Lines 1 through 16.	17	0.00

Section 2: Motor fuel deductions - If no Section 2 deductions, go to Section 3.

<u>State motor fuel tax</u>		<u>Number of gallons/DGEs/GGEs</u>		<u>Rate</u>			
18	Gasoline	18a	0.00	x	39.2¢	=	18b 0.00
19	Gasohol and majority blended ethanol	19a	0.00	x	39.2¢	=	19b 0.00
20	Diesel (including biodiesel and biodiesel blends)	20a	0.00	x	46.7¢	=	20b 0.00
21	Dieselhol and other fuels at diesel rate	21a	0.00	x	46.7¢	=	21b 0.00
22	Liquefied natural gas and liquefied petroleum gas	22a	0.00	x	46.7¢	=	22b 0.00
23	Compressed natural gas and other fuels at gasoline rate	23a	0.00	x	39.2¢	=	23b 0.00
<u>Specific fuels sales tax exemption</u>		<u>Receipts</u>		<u>Percentage</u>			
24	Biodiesel blend (no less than 1% but no more than 10% biodiesel)	24a	0.00	x	20% (.20)	=	24b 0.00
25	Biodiesel blend (more than 10% but no more than 99% biodiesel)	25a	0.00	x	100% (1.00)	=	25b 0.00
26	100 percent biodiesel	26a	0.00	x	100% (1.00)	=	26b 0.00
27	Majority blended ethanol fuel	27a	0.00	x	100% (1.00)	=	27b 0.00
28	Other motor fuel deductions _____						28 0.00
29	Total Section 2 deductions. Add Lines 18b through 28.						29 0.00

Section 3: Total deductions

30	Add Lines 17 and 29. Enter this amount on Step 2, Line 2 on the front page of this return.	30	0.00
----	--	----	------

Schedule B—E911 Surcharge and ITAC Assessment**Receipts from retail transactions of prepaid wireless telecommunications service**

1	Enter receipts subject to E911 Surcharge and ITAC Assessment.	1	0.00
Figure your breakdown of retail transactions for Chicago locations			
2	For Chicago locations	2a 0.00	x 0.0707
3	For Chicago locations at prior rates	3a 0.00	
4	Total for Chicago locations. Add Lines 2b and 3b.	4	0.00
Figure your breakdown of retail transactions for non-Chicago locations			
5	For non-Chicago locations	5a 0.00	x 0.0307
6	For non-Chicago locations at prior rates	6a 0.00	
7	Total for non-Chicago locations. Add Lines 5b and 6b.	7	0.00
Figure your net E911 Surcharge and ITAC Assessment			
8	Total E911 Surcharge and ITAC Assessment. Add Lines 4 and 7.	8	0.00
9	Discount - If you qualify, multiply Line 8 by the applicable rate.	9	0.00
10	Subtract Line 9 from Line 8. Enter this amount on Step 7, Line 21 on the front page of this return	10	0.00

Rate Determination



ides.illinois.gov

#BWNKMGV
#CNXX XX57 9754 8649#
STEVE SPIESS CONSTRUCTION INC
STEVE SPIESS CONSTRUCTION INC
10284 VANS DR
FRANKFORT IL 60423-8546

Mail Date: 11/30/2021
Letter ID: CNXXXX5797548649

Account ID: 1050329
Name: STEVE SPIESS CONSTRUCTION INC
Protest Due Date: 12/15/2021
For Calendar Year: 2022
Wage Base: \$12,960.00

EXPERIENCE RATING RECORD FOR THE PERIOD ENDING 06/30/2021

BENEFIT CHARGES	X	BENEFIT CONVERSION FACTOR	=	CONVERTED BENEFIT CHARGES	/	TAXABLE WAGES	=	BENEFIT RATIO	X	STATE EXPERIENCE FACTOR	+	PENALTY RATE	+	FUND BUILDING RATE	=	CONTRIBUTION RATE (NEW)
\$166,838.00		138.40		230,903.79		884,600.11		26.1026		111.00		0.000		0.525		7.625%

QUARTERLY DETAIL		
QTR / YEAR	BENEFIT CHARGES	TAXABLE WAGES
Q3/2018	545.00	3,271.96
Q4/2018	1,548.00	11,421.97
Q1/2019	66,032.00	121,806.07
Q2/2019	12,112.00	125,013.12
Q3/2019	0.00	12,960.00
Q4/2019	0.00	0.00
Q1/2020	9,725.00	231,771.94
Q2/2020	0.00	39,526.55
Q3/2020	0.00	39,245.56
Q4/2020	0.00	7,946.46
Q1/2021	70,195.00	136,314.50
Q2/2021	6,681.00	155,321.98
TOTALS	166,838.00	884,600.11

Note: The rate is applicable for the entire year.

The rate cannot be lower than 0.200% or higher than 7.100% plus the fund builder and any statutory surcharge.

An employer whose rate is higher than 5.400% and whose total wages for a particular quarter are less than \$50,000.000 pays contributions at 5.400% for that quarter.

AFFILIATE ACCOUNT(S) - Benefit Charges and Taxable Wages are the combination of all accounts in the affiliation. SUCCESSOR ACCOUNT(S) - Benefit Charges and Taxable Wages are the combination of your account and predecessor account(s).

APPLICATION FOR REVIEW - If you have a basis for protesting this rate determination, you may file the attached application for review. Such application MUST SET FORTH SPECIFIC REASONS in support thereof and must be filed within 15 DAYS after the printed date of mailing. Protests are considered timely only if submitted online at mytax.illinois.gov, postmarked, faxed, or delivered on or before the protest due date indicated above.

STEVE
SPIESS
CONSTRUCTION, INC.

10284 VANS DR. FRANKFORT, IL 60423 815-469-2333 FAX 815-469-2449 e-mail: bvmolen@spiessco.com

December 22, 2021

RE: LaGrange Road Sewer, Watermain Extension,
and Lift Station Post 20
Village of Tinley Park, IL

LIST OF SUBCONTRACTORS

GENCO Industries, 13610 S. Kenton Ave., Crestwood, IL 60445, ph. 708-824-0081
Central Boring, Inc., 500 Industrial Dr., Lincolnshire, IL 60069, ph. 847-634-4915
Schubert & Son Concrete, 1976 Sheffield Ln., Wheaton, IL 60189, ph. 630-527-1351
Homer Tree Service, Inc., 16464 W. 143rd St., Lockport, IL 60441, ph. 815-512-7019
Visu-Sewer of Illinois, LLC, 9014 S. Thomas Ave., Bridgeview, IL 60455, ph. 708-237-0340
DLZ Industrial Survey, 80 McDonald Ave., Unit D, Joliet, IL 60431, ph. 815-725-8840
Oak Lawn Blacktop Paving Company, Inc., 11125 W. 189th Pl., Mokena, IL 60448, ph. 708-479-1063
KIM Construction Company, Inc., 3142 Holeman, Steger, IL 60475, ph. 708-754-1181
Marchio Fence Co., Inc., 907 W. Rowell Ave., Joliet, IL 60433



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/9/2021

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 HUB International Midwest Limited 1411 Opus Place Suite, 450 Downers Grove IL 60515	CONTACT NAME: CSU Construction PHONE (A/C, No, Ext): 630-468-5600 FAX (A/C, No): 630-468-5696 E-MAIL ADDRESS: CSUConstruction@hubinternational.com
INSURED Steve Spiess Construction Inc 10284 Vans Drive Frankfort IL 60423	INSURER(S) AFFORDING COVERAGE INSURER A: Travelers Property Casualty Company of America INSURER B: Colony Specialty Insurance Company INSURER C: Evanston Insurance Company INSURER D: Valley Forge Insurance Company INSURER E: INSURER F:

COVERAGES

CERTIFICATE NUMBER: 621054953

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
D	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Includes XCU GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:		6076045319	3/11/2021	3/11/2022	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000 \$
D	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		6076045322	3/11/2021	3/11/2022	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"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000		ZUP51M05420-21-NF	3/11/2021	3/11/2022	EACH OCCURRENCE \$ 6,000,000 AGGREGATE \$ 6,000,000 \$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	6076045336	3/11/2021	3/11/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> 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
B B C	Leased/Rented Equipment Motor Truck Cargo Contractors Pollution Liability		IM255310-1 IM255310-1 CPLMOL105734	3/11/2021 3/11/2021 3/11/2021	3/11/2022 3/11/2022 3/11/2022	Limit/Deductible: Limit: \$475,000/\$1,000 Each Pol Cond/Aggr \$100,000 \$2,000,000

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

CERTIFICATE HOLDER**CANCELLATION**

Steve Spiess Construction, Inc.
10284 Vans Drive
Frankfort IL 60423

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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Workers Compensation And Employers Liability Insurance

Insured Name

STEVE SPIESS CONSTRUCTION, INC.
10284 VANS DR
FRANKFORT, IL 60423-8546

Producer Information

HUB INTERNATIONAL MIDWEST, LTD.
1411 OPUS PL
STE 450
DOWNERS GROVE, IL 60515-1182

Policy Number

WC 6 76045336

Producer Processing Code

010-024000

Policy Period

03/11/2021 to 03/11/2022

CNA Branch

ILLINOIS
801 Warrenville Road
Suite 700
Lisle, IL 60532

Renewal**Thank you for choosing CNA!**

With your Workers Compensation And Employers Liability Insurance policy, you have insurance coverage tailored to meet the needs of your business. The international network of insurance professionals and the financial strength of CNA, rated "A" by A.M. Best, provide the resources to help you manage the daily risks of your organization so that you may focus on what's most important to you.

Claim Services

The Workers Compensation Claim Kit will help you and your employees take full advantage of CNA's comprehensive services. We work with you, your employees and medical providers to promote workplace safety; control risks; facilitate early return to work when medically appropriate; prevent fraud; and assist you in recognizing your opportunities and responsibilities in managing Workers Compensation costs.

- To report a loss go to www.cna.com/claim or send an email to lossreport@cnaasap.com, or call 877-CNA-ASAP (877-262-2727)
- To find a network provider or for a PPO panel request, go to www.cna.com/claim
- To request loss runs send an email to fsrmail@cnacentral.com
- For additional questions call CNA Customer Service at (877)-574-0540, or contact your independent CNA Insurance Agent.

Risk Control Services

To learn more about our award winning Risk Control Services and how to improve your bottom line, please email us at riskcontrolwebinfo@cna.com, call (866) 262-0540 or visit www.cna.com/riskcontrol and www.cna.com/returntowork.

State Required Posting Notices

If you are not the person directly responsible for having these Posting Notices displayed, please direct these notices to the appropriate person within your organization. Posting Notices are required to be displayed in accordance with specific requirements as stated in the notices. The applicable notice(s) and the quantity included are based on the number of physical addresses in each covered state provided by your independent CNA Insurance Agent.



Workers Compensation And Employers Liability Insurance



STATEMENT OF CLASSIFICATION

Class Code	Classification of Operations	Estimated Total Annual Remun	Rate per \$100 Remun	Estimated Annual Premium
State - Illinois				
	Location 001			
8810	Clerical Office Employees NOC	566,000	0.4	\$ 226.40
8227	Construction Or Erection Permanent Yard	153,000	0.0	\$ 0.00
6217	Excavation & Drivers	If Any	0.0	\$ 0.00
6229	Irrigation Or Drainage System Construction & Drivers	If Any	0.0	\$ 0.00
6306	Sewer Construction--All Operations & Drivers	683,000	0.0	\$ 0.00
7219	Trucking NOC-All Employees & Drivers	If Any	0.0	\$ 0.00
6319	Water Main Or Connection Construction & Drivers	512,000	0.0	\$ 0.00
	Subtotal for Location # 001			\$ 226.40
0930	Waiver Of Subrogation		0.20	\$ 0.00
9812	Employers Liability Increased Limits		0.04	\$ 0.00
	Total Premium subject to Experience Modification			\$ 226.40
9898	Final Experience Modification Effective 03/11/2021 Intrastate ID: 120674870		0.20	\$ 0.00
9046	IL Contracting Class Premium Credit		0.30	\$ 0.00
	Total Estimated Standard Premium			\$ 226.40
0063	Premium Discount - Stock		0.01	\$ 2.26
0900	Expense Constant			\$ 0.00
9740	Terrorism Premium	1,914,000	0.01	\$ 19.14
9741	Catastrophe (O/T Cert Acts Of Terror)	1,914,000	0.01	\$ 19.14
	Total Estimated Premium			\$ 245.60
0988	Industrial Commission Operations Fund Surcharge		1.01%	\$ 24.81
	Total Estimated Cost			\$ 270.41

WC000001

Form No: P-33398-E (06-1987)

Information Page; Page: 1 of 2

Underwriting Company: National Fire Insurance Company of Hartford, 151 N Franklin St, Chicago, IL 60606

Policy No: WC 6 76045336

Policy Effective Date: 03/11/2021

Policy Page: 15 of 45



Workers Compensation And Employers Liability Insurance

Insured Name

STEVE SPIESS CONSTRUCTION, INC.
10284 VANS DR
FRANKFORT, IL 60423-8546

Producer Information

HUB INTERNATIONAL MIDWEST,LTD.
1411 OPUS PL
STE 450
DOWNERS GROVE, IL 60515-1182

Policy Number

WC 6 76045336

Producer Processing Code

010-024000

Policy Period

03/11/2021 to 03/11/2022

CNA Branch

ILLINOIS
801 Warrenville Road
Suite 700
Lisle, IL 60532

Renewal

Thank you for choosing CNA!

With your Workers Compensation And Employers Liability Insurance policy, you have insurance coverage tailored to meet the needs of your business. The international network of insurance professionals and the financial strength of CNA, rated "A" by A.M. Best, provide the resources to help you manage the daily risks of your organization so that you may focus on what's most important to you.

Claim Services

The Workers Compensation Claim Kit will help you and your employees take full advantage of CNA's comprehensive services. We work with you, your employees and medical providers to promote workplace safety; control risks; facilitate early return to work when medically appropriate; prevent fraud; and assist you in recognizing your opportunities and responsibilities in managing Workers Compensation costs.

- To report a loss go to www.cna.com/claim or send an email to lossreport@cnaasap.com, or call 877-CNA-ASAP (877-262-2727)
- To find a network provider or for a PPO panel request, go to www.cna.com/claim
- To request loss runs send an email to fsmail@cnacentral.com
- For additional questions call CNA Customer Service at (877)-574-0540, or contact your independent CNA Insurance Agent.

Risk Control Services

To learn more about our award winning Risk Control Services and how to improve your bottom line, please email us at riskcontrolwebinfo@cna.com, call (866) 262-0540 or visit www.cna.com/riskcontrol and www.cna.com/returntowork.

State Required Posting Notices

If you are not the person directly responsible for having these Posting Notices displayed, please direct these notices to the appropriate person within your organization. Posting Notices are required to be displayed in accordance with specific requirements as stated in the notices. The applicable notice(s) and the quantity included are based on the number of physical addresses in each covered state provided by your independent CNA Insurance Agent.



Workers Compensation And Employers Liability Insurance



State of Illinois

Class Code	Classification of Operations	Estimated Total Annual Remun	Rate per \$100 Remun	Estimated Annual Premium
State - Illinois				
	Location 001			
8810	Clerical Office Employees NOC	566,000	1.4	\$7,924
8227	Construction Or Erection Permanent Yard	153,000	1.0	\$1,530
6217	Excavation & Drivers	If Any	1.0	
6229	Irrigation Or Drainage System Construction & Drivers	If Any	1.0	
6306	Sewer Construction--All Operations & Drivers	683,000	1.0	\$6,830
7219	Trucking NOC-All Employees & Drivers	If Any	1.4	
6319	Water Main Or Connection Construction & Drivers	512,000	1.0	\$5,120
	Subtotal for Location # 001			\$19,384
0930	Waiver Of Subrogation		1.20	\$2,326
9812	Employers Liability Increased Limits		1.14	\$1,924
	Total Premium subject to Experience Modification			\$22,634
9898	Final Experience Modification Effective 03/11/2021 Intrastate ID: 120674870		1.20	\$2,326
9046	IL Contracting Class Premium Credit		1.30	(\$1,924)
	Total Estimated Standard Premium			\$23,036
0063	Premium Discount - Stock		1.11	\$2,326
0900	Expense Constant			\$
9740	Terrorism Premium	1,914,000	1.11	\$
9741	Catastrophe (O/T Cert Acts Of Terror)	1,914,000	1.11	\$
	Total Estimated Premium			\$23,036
0988	Industrial Commission Operations Fund Surcharge		1.01%	\$
	Total Estimated Cost			\$23,036

WC000001

Form No: P-33398-E (06-1987)

Information Page; Page: 1 of 2

Underwriting Company: National Fire Insurance Company of Hartford, 151 N Franklin St, Chicago, IL 60606

Policy No: WC 6 76045336

Policy Effective Date: 03/11/2021

Policy Page: 15 of 45

Steve Spiess Construction, Inc.

6-1 DRUG FREE WORKPLACE POLICY

PURPOSE: To provide guidance to management employees in the operation of the Steve Spiess Construction, Inc. Drug Free Workplace program.

APPLICATION: This policy shall apply to all employees whom management at Steve Spiess Construction, Inc. specifies in a non-discriminatory manner to assure a drug free workplace.

ADMINISTRATION: When applicable or when required, drug testing may be required. Steve Spiess Construction, Inc. shall retain a certified lab to conduct and evaluate all drug testing associated with this program. Currently, area agreements with Carpenters (Article XXXII), Cement Masons 502 (Section 22), Cement Masons 803 (Section 19), Cement Masons 362 (Article 21), Operators Local 150 and Teamsters (Addendum 1) contain a version of the CISCO Uniform Drug/Alcohol Abuse Program. (See Appendix 6 A for CISCO's suggested policy.) Generally speaking, drug testing is permitted under the following conditions:

1. Pre-employment.
2. When a supervisor has reasonable cause to believe the employee has reported for work under the influence or has been under the influence while on the job.
3. When an employee is involved in a workplace accident and drugs or alcohol are suspected as a cause.

Since each area agreement is different, check individual area agreement when developing a policy for craft employees. The basic provisions of each agreement are outlined in the table below.

TRAINING: All employees covered by the program shall be provided one hour of training each year.

REASON:	Laborers	Operator	Carpenter	Teamster	Masons-502	Masons-803	Masons-362
Pre-employment	YES	YES	NO	YES	NO	NO	NO
For Cause	YES	YES	YES	YES	YES	YES	YES
After an Accident	YES	YES	YES	YES	YES	YES	YES
Randomly	No	NO	NO	YES	NO	NO	NO

STATE OF ILLINOIS)
COUNTY OF COOK) SS
COUNTY OF WILL)

CERTIFICATE

I, KRISTIN A. THIRION, Village Clerk of the Village of Tinley Park, Counties of Cook and Will and State of Illinois, DO HEREBY CERTIFY that the foregoing is a true and correct copy of Resolution No. 2022-R-005, **“A RESOLUTION APPROVING A CONTRACT BETWEEN THE VILLAGE OF TINLEY PARK AND STEVE SPIESS CONSTRUCTION, INC. FOR THE LAGRANGE ROAD SEWER, WATER MAIN EXTENSION AND LIFT STATION 20 (183RD & OLD LAGRANGE ROAD)”** which was adopted by the President and Board of Trustees of the Village of Tinley Park on January 4, 2022.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the corporate seal of the Village of Tinley Park this 4th day of January, 2022.



KRISTIN A. THIRION, VILLAGE CLERK