

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1618444  
Vendor Name: FairPlay Corporation  
Invoice Number: 133399A  
Invoice Date: 02/25/21  
PO Number: B0371294  
Check Number: 0277654  
Check Amount: \$ 170,124.00  
Check Date: 03/22/2021  
Department ID: 39053  
Reviewer Name: Kathy Striplin  
Voucher Number: V0662640  
Redaction Type: None  
Document Type: AP Invoice

Document Below

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From: John Maeckle <jmaeckle@trans-lux.com>  
Sent: Fri Feb 26 10:58:35 CST 2021  
To: wosachloc@cod.edu, invoicing@cod.edu  
CC: zerrudom@cod.edu, TDupee@trans-lux.com  
Subject: Re: [External] Purchase Order #371294 Payment Request #2  
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Revised as requested

**John Maeckle**  
*National Sales Manager*



**FairPlay Corporation**  
2570 106th Street, Suite D  
Urbandale, IA 50322

**Direct** | 406-858-0536  
**Email** | [jmaeckle@fair-play.com](mailto:jmaeckle@fair-play.com)  
**Website** | [fair-play.com](http://fair-play.com)

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**From:** Wosachlo, Christopher <wosachloc@cod.edu>  
**Sent:** Friday, February 26, 2021 7:35 AM  
**To:** John Maeckle <jmaeckle@trans-lux.com>  
**Cc:** Zerrudo, Maria <zerrudom@cod.edu>  
**Subject:** RE: [External] Purchase Order #371294 Payment Request #2

John,

See attached. Can you put your current request on sheet like the one you previously sent in and then re-send? You can attach the same Schedule of Values. We need an invoice # so we can track in our Financial System.

Thanks

Chris Wosachlo  
Energy/Project Manager  
Facilities Operations  
College of DuPage  
Phone:(630) 942-4225  
[wosachloc@cod.edu](mailto:wosachloc@cod.edu)

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**From:** John Maeckle <jmaeckle@trans-lux.com>  
**Sent:** Thursday, February 25, 2021 4:26 PM

**To:** Invoicing <invoicing@cod.edu>

**Cc:** Wosachlo, Christopher <wosachloc@cod.edu>

**Subject:** [External] Purchase Order #371294 Payment Request #2

CAUTION: This email originated from outside of COD's system. Do not click links, open attachments, or respond with sensitive information unless you recognize the sender and know the content is safe.

Attached payment request. Please let me know if you need further information or clarification.

regards

**John Maeckle**

*National Sales Manager*



**FairPlay Corporation**

2570 106th Street, Suite D

Urbandale, IA 50322

**Direct** | 406-858-0536

**Email** | [jmaeckle@fair-play.com](mailto:jmaeckle@fair-play.com)

**Website** | [fair-play.com](http://fair-play.com)

[attachment: COD PROGRESS PAYMENT 2-26-21.pdf]

[attachment: Schedules of Values COD 2-26-21.xlsx]

[attachment: college\_of\_dupage\_6511198.pdf]

# FAIR-PLAY CORPORATION

2570 106TH STREET, SUITE D  
DES MOINES, IA 50322  
800-247-0265

DEPOSIT INVOICE 133399A

DATE: 2/25/2021

Sold to:

COLLEGE OF DUPAGE  
425 22ND STREET  
GLEN ELLYN, IL 60137

**APPROVED**  
**02/26/21 - DONALD INMAN**

Ship to:

COLLEGE OF DUPAGE  
PEC ARENA  
425 22ND STREET  
GLEN ELLYN, IL 60137

Salesperson	REF#/PO#	Date Shipped	Shipped Via	Ship Terms	Payment Terms
JOHN MAECKLE	PEC ARENA SCOREBOARD	TBD	GROUND	TBD	DEPOSIT

PART NUMBER	DESCRIPTION	UNIT PRICE	QTY	AMOUNT
TL VISION	4.8MM 624 X 1456	103,197.00	2	206,394.00
TL VISION	4.8MM 520 X 936	37,831.00	1	37,831.00

SUBTOTAL 244,225.00

## CURRENT INCREMENT DUE

4.8MM 624 X 1456 VIDEO BOARD(S) 2 EA. TOTAL	119,276.00
4.8MM 520 X 936 VIDEO BOARD	35,083.00
COMPLETION OF ELECTRICAL UPGRADE	1,000.00
INSTALLATION OF VIDEO BOARDS	13,000.00
FREIGHT/DRYAGE	1,765.00

**TOTAL DUE THIS PERIOD \$ 170,124.00**

**INVOICE REVIEWED**  
**OKAY TO PAY**

PREVIOUSLY BILLED	25,163.00
CURRENT BILLING	170,124.00
TOTAL BILLED TO DATE	195,287.00
PROJECT TOTAL	244,225.00
REMAINDER TO BE BILLED	48,938.00

**KATHY STRIPLIN 02/26/21**

# Fair-Play Corporation/College of Dupage Schedule of Values 2-26-2021

Item #	Description of Work	Schedule of Values	Work Completed		Materials Stored & Used Prior + Current	Total Completed and Stored to Date	%	Balance to Finish	
			From Previous Application(s)	This Period					
1	4.8mm 624 x 1456 LED Screen (2 each)	\$119,276.00	\$0.00	\$119,276.00	\$0.00	\$119,276.00	100%	\$0.00	
2	4.8mm 520 x 926 LED Screen (1 each)	\$35,083.00	\$0.00	\$35,083.00	\$0.00	\$35,083.00	100%	\$0.00	
4	Electrical Upgrades	\$17,000.00	\$16,000.00	\$1,000.00	\$0.00	\$17,000.00	100%	\$16,000.00	
5	Installation Screens	\$13,000.00	\$0.00	\$13,000.00	\$0.00	\$13,000.00	100%	\$13,000.00	
6	MotionRocket Pro	\$30,625.00	\$0.00	\$0.00	\$0.00	\$0.00	0%	\$30,625.00	
7	MP80 Controllers	\$3,220.00	\$0.00	\$0.00	\$0.00	\$0.00	0%	\$3,220.00	
8	Camera Integration	\$11,000.00	\$0.00	\$0.00	\$0.00	\$0.00	0%	\$11,000.00	
10	Bonding	\$9,163.00	\$9,136.00	\$0.00	\$0.00	\$9,163.00	100%	\$0.00	
14	Freight & Drayage	\$1,765.00	\$0.00	\$1,756.00	\$0.00	\$1,756.00	100%	\$0.00	
17	closeout	\$5,093.00	\$0.00	\$0.00	\$0.00	\$0.00	0%	\$5,093.00	
		\$245,225.00	\$25,136.00	\$170,115.00	\$0.00	\$195,278.00	80%	\$49,947.00	



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/25/2021

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).

<b>PRODUCER</b> Anderson's Insurance Associates, Inc 17500 W. Liberty Ln.  New Berlin WI 53146	<b>CONTACT</b> NAME: Robert Burnside PHONE (A/C, No, Ext): 2627898500 E-MAIL: rburnside@jaanetwork.com ADDRESS: rburnside@jaanetwork.com  <b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: HARTFORD CAS INS CO INSURER B: ARTISAN & TRUCKERS CAS CO INSURER C: HARTFORD FIRE IN CO INSURER D: INSURER E: INSURER F:	<b>NAIC #</b> 29424 10194 19682    
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**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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>SPC</b> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y	83SBAAC9511	03/19/2020	03/19/2021	EACH OCCURRENCE \$ 1,000,000	
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000							
	MED EXP (Any one person) \$ 10,000							
	PERSONAL & ADV INJURY \$ 1,000,000							
							GENERAL AGGREGATE \$ 2,000,000	
							PRODUCTS - COMP/OP AGG \$ 2,000,000	
							\$	
B	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			03639646-5	04/06/2020	04/06/2021	COMBINED SINGLE LIMIT (Ea accident) \$	
	BODILY INJURY (Per person) \$							
	BODILY INJURY (Per accident) \$							
	PROPERTY DAMAGE (Per accident) \$							
							\$	
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> <b>EXCESS LIAB</b> DED RETENTION \$	Y	Y	83SBAAC9511	03/19/2020	03/19/2021	EACH OCCURRENCE \$ 5,000,000	
	AGGREGATE \$ 5,000,000							
	\$							
C	<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 type="checkbox"/>	N/A	Y	83WECAD0H2F	03/19/2020	03/19/2021	PER STATUTE 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 (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

**CERTIFICATE HOLDER****CANCELLATION**

College of Dupage 425 Fawell Blvd Glen Ellyn IL 60137	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 <b>Steven D. Anderson</b>
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