

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1554138

Vendor Name: ESGC Inc.

Invoice Number: 2031

Invoice Date: 07/18/18

PO Number: P0359202

Check Number: 0237929

Check Amount: \$ 337.50

Check Date: 08/15/2018

Department ID: 01230

Reviewer Name:

Voucher Number: V0521661

Redaction Type: None

Document Type: AP Invoice-3 Way/Pre-Approved

Document Below

-----  
From: schlosserm473@cod.edu  
Sent: Wed Jul 25 09:24:43 CDT 2018  
To: invoicing@cod.edu  
CC:  
Subject: ESGC Invoice # 2031 PO# 359202  
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Hello,

Attached please find invoice (2031) PO# 359202 and additional paperwork for ESGC Inc. for request for payment.

If you have any questions, please feel free to contact me.

Best regards

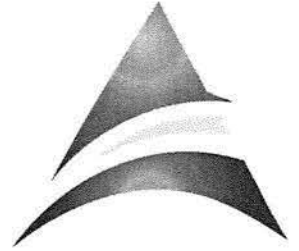
***THE COLLEGE OF DUPAGE WILL BE CLOSED EVERY FRIDAY BEGINNING THE WEEK OF JUNE 4, 2018 AND ENDING AUGUST 10, 2018***



Maryellen Schlosser, Client Liaison  
Center for Entrepreneurship at College of DuPage  
Illinois Small Business Development Center  
2525 Cabot Drive, Suite 201, Lisle, IL 60532  
T: 630-942-2600 | F: 630-942-2606 fax  
E: entrepreneur@cod.edu  
Connect with us:



Accounting Service Associates Inc.  
2863 W 95th St, Ste 143-253  
Naperville, IL 60564  
(630) 219-1975  
accounts@accountingrocks.com



## INVOICE

### BILL TO

Sara Troyer  
Illinois SBDC  
2525 Cabot Drive  
Suite 201  
Lisle, IL 60532

INVOICE # 2031  
DATE 07/18/2018

**AP VERIFIED**  
**07/26/18 - BETHANY CRUSE**

ACTIVITY	QTY	RATE	AMOUNT
<b>Training</b> SBDC QuickBooks Essentials class. July 10th, 2018 - 8:30 am - 4:00 with .75 hour for lunch	6.75	50.00	337.50

Thank you for the instructional opportunity!

BALANCE DUE

**\$337.50**

PO# 359202

Lita Anaker  
7-25-18

# Cart/Requisition View

Cart/Requisition Number:	667862	Vendor Name:	<a href="#">ESGC Inc.</a>
Cart/Requisition Name:	Present QuickBooks Workshop	Created:	7/12/2018 9:04:45 AM
Cart/Requisition Justification:	Contract/Blanket PO	Submitted:	7/12/2018 9:07:47 AM
Ship To Location:	College of DuPage Center/Entrepreneurship-Lisle	Credit Card:	N/A
Needed By (mm/dd/yyyy):		Confirming Request:	Yes
Notes & Attachments:	 		

[Recreate Cart/Requisition](#)
[Return](#)

Line Number	Product Number	Product Description	Qty	Total (\$)	Account #	% Split	\$ Split	Fiscal Date	Notes & Atts	Next Approver / Status	PO #	PO Rel Date	Deliver To
1		Present QuickBooks Workshop <a href="#">(more info)</a>	1	800.00	06-40-01230-5308001	100	800.00	7/18/2018		<a href="#">PO Released - 7/18/2018</a>	359202	7/18/2018	Schlosser, Maryellen

**Total: 800.00**

[Recreate Cart/Requisition](#)
[Return](#)

All times displayed in [Central Time](#) (click to change).  
 easyTouch Navigation™ - For assistance, please call Jordan Towne at 630-942-2576 or e-mail to [townej@cod.edu](mailto:townej@cod.edu)  
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*Rita Hauke*  
 7-25-18

## CONTRACT APPROVAL COVER SHEET

Contract Name: ESGC Inc.

Requesting Department: Center for Entrepreneurship Date Initiated: 6/20/18

Contact Name: Marla Sandy/Rita Haake Phone: 2771/2616

Email Address: sandym@cod.edu/haaker@cod.edu

Vendor Name: ESGC, Inc. Phone: (630) 219-1975

Vendor Contact: Leslie Bladock Email: leslie@accountingrocks.com

Total Contract: \$ NTE 800 Contract Dates: Start: 7/10/18

FY Budget \$ NTE 800 End: 12/31/18

Vendor 1: Name N/A Quote: \$

Vendor 2: Name N/A Quote: \$

Vendor 3: Name N/A Quote: \$

Contract Purpose:

Contract Type: ☐ Independent Contractor ☒ Service Agreement ☐ Lease  
☐ Construction ☐ Other

Has the College contracted with this vendor in the past or is this a renewal or extension of a previously approved contract? ☐ Yes ☒ No (If YES, attach a copy of the relevant agreement.)

Are required support documents attached? (see page 2) ☒ Yes

I certify that I have read and understand the terms of this agreement and have appropriate authority to submit this agreement on behalf of my department. I further certify that the agreement is complete and includes all exhibits, attachments and pages.

Print

Sign

Requester: Marla Sandy

Budget Mgr.: Rita Haake

Dept. Adm.:

Marla Sandy  
Rita Haake

Submit to Purchasing in Berg Instructional Center (BIC), Room 1540 or email to [purchasing@cod.edu](mailto:purchasing@cod.edu).

Purchasing Dept. Use Only

Comments:

Approval Initials REVIEWED  
By E. Roberts at 3:47 pm, Jul 10, 2018

**AGREEMENT**  
**Between**  
**COLLEGE OF DuPAGE**  
**And**  
**ESGC Inc.**

This Agreement is entered into this 20 day of June, 2018 between College of DuPage and ESGC Inc..

**SERVICES:** ESGC Inc. shall perform the following services for the College of DuPage:

A Certified QuickBooks Instructor will develop and implement a QuickBooks Essentials seminar based on the on line version, an introductory workshop for Small Business Clients as a means for financial management to utilize in their everyday operations.

**Vendor** will perform duties at the College using College facilities as appropriate.

**WORK PRODUCT:** All documents, including reports and all other work products produced by Vendor under this Agreement shall become and remain the property of College of DuPage. The Vendor shall submit any document, publication, brochure, electronic media, etc., which was developed for College of DuPage under this Agreement to the College for copyright or trademark by the College.

**TERM:** The term of this agreement shall be July 10, 2018 to December, 31, 2018.

**REMUNERATION:** The total amount for FY18 shall not exceed \$800. Invoices for services are to be submitted to College of DuPage prior to any payment to ESGC Inc. In accordance with Local Government Prompt Payment Act, the College will approve or disapprove an invoice from ESGC Inc. within 30 days after receipt of the invoice or after the date of receipt of the goods, whichever is later.

**INDEPENDENT CONTRACTOR:** It is understood, acknowledged and agreed by the Parties that the relationship of Vendor to the College arising out of this Agreement shall be that of an independent contractor. Neither Vendor nor any employee or agent of Vendor is an employee or agent of the College and therefore, is not entitled to any benefits provided employees of the College. Vendor has no authority to employ/retain any person as an employee or agent for or on behalf of the College for any purpose. Vendor shall not represent to anyone that he is an employee of the College.

**PAYMENT:** Vendor must agree to receive all payments from the College via an Automated Clearing House (ACH) transfer (CCD file format only). Instructions for registering for ACH payments are available on the College's Purchasing Department website: <http://www.cod.edu/about/purchasing/index.aspx>. Any bill approved for payment shall be paid within 30 days after the date of approval (term: Net 60), in compliance with the Local Government Prompt Payment Act. If payment is not made within the 60-day period, an interest penalty requirement of 1% per month is allowed if denoted and approved herein.

**TAXES:** ESGC Inc. shall be responsible for any and all state, local and federal taxes due related to income from the above services. Vendor shall comply with all applicable Federal, State and local laws and regulations pertaining to wages and hours of employment. ESGC Inc. is required to provide a completed IRS W-9 document in order to do business with the College.

**LIAISON:** While performing these services, it is understood that ESGC Inc. will coordinate with Sara Troyer, SBDC Program Specialist.

**LIABILITY:** ESGC Inc. agrees to hold College of DuPage, its trustees, officers, directors, agents, successors and assigns, harmless from and against all losses, damages, injuries, claims, demands, and expenses, including attorney's fees, which may arise during the performance of this agreement.

## Humphrey, Vera

---

**From:** Caputo, Brian  
**Sent:** Tuesday, July 10, 2018 7:34 PM  
**To:** Humphrey, Vera  
**Subject:** Re: RUSH Contract ESCG - for your approval

Ok

Sent from my iPhone

On Jul 10, 2018, at 5:12 PM, Humphrey, Vera <[humphreyv@cod.edu](mailto:humphreyv@cod.edu)> wrote:

**Vera Humphrey**  
**Administrative Assistant to the**  
**Vice President, Administration**  
**& Treasurer**  
**Administrative Affairs**  
**College of DuPage**  
425 Fawell Blvd. | SRC 2130 | Glen Ellyn, IL 60137-6599  
Phone: 630-942-4285  
Fax: 630-942-2297  
Email: [humphreyv@cod.edu](mailto:humphreyv@cod.edu)

<image001.jpg>

**From:** Roberts, Ellen  
**Sent:** Tuesday, July 10, 2018 3:57 PM  
**To:** Humphrey, Vera <[humphreyv@cod.edu](mailto:humphreyv@cod.edu)>; Cassidy, Joseph <[cassidyj1180@cod.edu](mailto:cassidyj1180@cod.edu)>  
**Cc:** Troyer, Sara <[troyers433@cod.edu](mailto:troyers433@cod.edu)>  
**Subject:** RUSH Contract

Vera,

The attached is ready for Brian's review and, if appropriate signature. Please note that the contract has a start date of today. Additionally, there is a request to waive the Worker's Comp insurance requirement; unfortunately, Phil is out until next week. Can you please ask Brian if he will waive the Worker's Comp and allow you to sign on his behalf?

Joe, to avoid delays, I've forwarded this contract to Vera for Brian's signature without your signature on the Approval form. Can you please sign the attached approval form and submit to Vera and I for our records at your earliest convenience?

Thank you,

*Ellen*

Ellen M. Roberts





incurred after the date of termination. In consideration thereof, both parties agree to the conditions set forth above.

ESGC Inc.

Vendor

Leslie Blalock

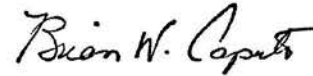
Vendor Contact

26-1491536

SS# OR FEIN

6/25/2018 9:13:18 AM PDT

Date

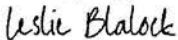


Dr. Brian Caputo, Chief Financial Officer  
College of DuPage

Date

I agree with the terms stated above and certify that I have received a copy of the contract agreement.

DocuSigned by:



81BC0A1A84D664EE  
Vendor

6/25/2018 9:13:18 AM PDT

Date

ESGC Inc. also represents and warrants that the services will not infringe any copyright, violate the rights of any person, or contain any other unlawful matter. ESGC Inc. shall defend, indemnify and hold harmless College of DuPage and others of whom it may license and grants rights, against all damages suffered and expenses incurred based on any breach or alleged breach of ESGC Inc.'s warranty.

**RESTRICTIVE COVENANTS:** The Vendor will not, during the period of this Agreement, use any Information for his own benefit or for the benefit of any person or entity other than College of DuPage; disclose to any person or entity any Information learned as part of this consult; or remove or make copies of any Information, in any form; except, in each case, as may be required within the scope of Vendor's duties during the term of this Agreement.

Vendor agrees to comply fully with the Federal Equal Employment Opportunities Act, including 29 C.F.R./Part 1609 "Guidelines on Harassment," the Illinois Human Right Act, the Americans with Disabilities Act, and all applicable rules and regulations promulgated thereunder and all amendments made thereto, Title VII of the Civil Rights Act of 1964, as amended, and Section 504 of the Rehabilitation Act of 1973, and any additions or amendments, and Vendor represents certifies and agrees that it has implemented a sexual harassment policy pursuant to 775 ILCS 5/2-105 and that no person shall be denied or refused service or other full or equal use of Vendor's services, or denied employment opportunities by Vendor on the basis of race, creed, color, religion, sex, national origin or ancestry, age disability unrelated to ability, marital status, or unfavorable discharge from military service.

Upon termination of this Agreement, or at any such time as the College may request, the Vendor will deliver to College of DuPage all copies in possession of any Information, in any form. Except on behalf of College of DuPage, the Vendor will not at any time assert any rights in or with respect to any Information. For purposes of this Agreement, "Information" means any, research, operational, product or service information, processes, data, samples, drawings, market information, customer information, manner of operation, techniques, databases, promotions, and other information that may be deemed similar to, based on or derived from any of the foregoing, or information. Information does not include information, knowledge, or data, which the Vendor can prove, was in individual's possession prior to the commencement of this Agreement or information, knowledge, or data, which was or is in the public domain.

**CERTIFICATION:** All independent Vendors must also certify below regarding the status of any educational loans as required by state law effective January 1, 1988. (Must check one)

☒ I certify that I am not in default of an educational loan guaranteed by the State in the amount of \$600.00 or more.

☐ I certify that I am in default on an educational loan guaranteed by the State in the amount of \$600.00 or more and I agree to make arrangements for repayment of this loan with the maker or guarantor within six months from the date of this contract.

**Mark the following if it applies:**

☒ I certify that I am not employed elsewhere in the College as a regular or temporary employee.

**TERMINATION:** The College may terminate this Agreement and the services at any time upon five (5) days written notice to Vendor. The College shall not be responsible for any services or expenses



ESCGINC

OP ID: BK

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/28/2018

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 Global Risk Services, Ltd. 28365 Davis Parkway Suite 201 Warrenville, IL 60555 Bonnie Kehlring	630-836-9000	CONTACT NAME: PHONE (A/C, No, Ext): 630-836-9000 FAX (A/C, No): 630-836-9444 E-MAIL ADDRESS:
INSURED ESGC, Inc. 3108 South Rt 59 Naperville, IL 60564		INSURER(S) AFFORDING COVERAGE INSURER A: Hartford Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
		NAIC # 19682

## 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 CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER	Y Y	83SBAIM9300	12/10/2017	12/10/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea. occurrence) \$ 1,000,000 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
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		83SBAIM9300	12/10/2017	12/10/2018	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 EXCESS LIAB DED RETENTION \$	<input checked="" type="checkbox"/> OCCUR CLAIMS-MADE	83SBAIM9300	12/10/2017	12/10/2018	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
	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 <input type="checkbox"/> N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

College of DuPage, its trustees, officers, agents, employees, and any other parties designated by COD named as an additional insured -Coverage is written on a primary and non contributory basis

## CERTIFICATE HOLDER

COLLDUP

College of Dupage  
425 Fawell Blvd  
Glen Ellyn, IL 60137

## CANCELLATION

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  
Bonnie Kehlring

Blanket Additional Insured

- (b) Rented to, in the care, custody or control of, or over which physical control is being exercised for any purpose by you, any of your "employees", "volunteer workers", any partner or member (if you are a partnership or joint venture), or any member (if you are a limited liability company).

**b. Real Estate Manager**

Any person (other than your "employee" or "volunteer worker"), or any organization while acting as your real estate manager.

**c. Temporary Custodians Of Your Property**

Any person or organization having proper temporary custody of your property if you die, but only:

- (1) With respect to liability arising out of the maintenance or use of that property; and
- (2) Until your legal representative has been appointed.

**d. Legal Representative If You Die**

Your legal representative if you die, but only with respect to duties as such. That representative will have all your rights and duties under this insurance.

**e. Unnamed Subsidiary**

Any subsidiary and subsidiary thereof, of yours which is a legally incorporated entity of which you own a financial interest of more than 50% of the voting stock on the effective date of this Coverage Part.

The insurance afforded herein for any subsidiary not shown in the Declarations as a named Insured does not apply to injury or damage with respect to which an insured under this insurance is also an insured under another policy or would be an insured under such policy but for its termination or upon the exhaustion of its limits of insurance.

**3. Newly Acquired Or Formed Organization**

Any organization you newly acquire or form, other than a partnership, joint venture or limited liability company, and over which you maintain financial interest of more than 50% of the voting stock, will qualify as a Named Insured if there is no other similar insurance available to that organization. However:

- a. Coverage under this provision is afforded only until the 180th day after you acquire or form the organization or the end of the policy period, whichever is earlier; and

**BUSINESS LIABILITY COVERAGE FORM**

- b. Coverage under this provision does not apply to:

- (1) "Bodily injury" or "property damage" that occurred; or
- (2) "Personal and advertising injury" arising out of an offense committed before you acquired or formed the organization.

**4. Operator Of Mobile Equipment**

With respect to "mobile equipment" registered in your name under any motor vehicle registration law, any person is an insured while driving such equipment along a public highway with your permission. Any other person or organization responsible for the conduct of such person is also an insured, but only with respect to liability arising out of the operation of the equipment, and only if no other insurance of any kind is available to that person or organization for this liability. However, no person or organization is an insured with respect to:

- a. "Bodily injury" to a co-"employee" of the person driving the equipment; or
- b. "Property damage" to property owned by, rented to, in the charge of or occupied by you or the employer of any person who is an insured under this provision.

**5. Operator of Nonowned Watercraft**

With respect to watercraft you do not own that is less than 51 feet long and is not being used to carry persons for a charge, any person is an insured while operating such watercraft with your permission. Any other person or organization responsible for the conduct of such person is also an insured, but only with respect to liability arising out of the operation of the watercraft, and only if no other insurance of any kind is available to that person or organization for this liability.

However, no person or organization is an insured with respect to:

- a. "Bodily injury" to a co-"employee" of the person operating the watercraft; or
- b. "Property damage" to property owned by, rented to, in the charge of or occupied by you or the employer of any person who is an insured under this provision.

**6. Additional Insureds When Required By Written Contract, Written Agreement Or Permit**

The person(s) or organization(s) identified in Paragraphs a. through f. below are additional insureds when you have agreed, in a written

## BUSINESS LIABILITY COVERAGE FORM

contract, written agreement or because of a permit issued by a state or political subdivision, that such person or organization be added as an additional insured on your policy, provided the injury or damage occurs subsequent to the execution of the contract or agreement, or the issuance of the permit.

A person or organization is an additional insured under this provision only for that period of time required by the contract, agreement or permit.

However, no such person or organization is an additional insured under this provision if such person or organization is included as an additional insured by an endorsement issued by us and made a part of this Coverage Part, including all persons or organizations added as additional insureds under the specific additional insured coverage grants in Section F. — Optional Additional Insured Coverages.

### a. Vendors

Any person(s) or organization(s) (referred to below as vendor), but only with respect to "bodily injury" or "property damage" arising out of "your products" which are distributed or sold in the regular course of the vendor's business and only if this Coverage Part provides coverage for "bodily injury" or "property damage" included within the "products-completed operations hazard".

- (1) The insurance afforded to the vendor is subject to the following additional exclusions:

This insurance does not apply to:

- (a) "Bodily injury" or "property damage" for which the vendor is obligated to pay damages by reason of the assumption of liability in a contract or agreement. This exclusion does not apply to liability for damages that the vendor would have in the absence of the contract or agreement;
- (b) Any express warranty unauthorized by you;
- (c) Any physical or chemical change in the product made intentionally by the vendor;
- (d) Repackaging, except when unpacked solely for the purpose of inspection, demonstration, testing, or the substitution of parts under instructions from the manufacturer, and then repackaged in the original container;

- (e) Any failure to make such inspections, adjustments, tests or servicing as the vendor has agreed to make or normally undertakes to make in the usual course of business, in connection with the distribution or sale of the products;

- (f) Demonstration, installation, servicing or repair operations, except such operations performed at the vendor's premises in connection with the sale of the product;

- (g) Products which, after distribution or sale by you, have been labeled or relabeled or used as a container, part or ingredient of any other thing or substance by or for the vendor; or

- (h) "Bodily injury" or "property damage" arising out of the sole negligence of the vendor for its own acts or omissions or those of its employees or anyone else acting on its behalf. However, this exclusion does not apply to:

- (i) The exceptions contained in Subparagraphs (d) or (f); or

- (ii) Such inspections, adjustments, tests or servicing as the vendor has agreed to make or normally undertakes to make in the usual course of business, in connection with the distribution or sale of the products.

- (2) This insurance does not apply to any insured person or organization from whom you have acquired such products, or any ingredient, part or container, entering into, accompanying or containing such products.

### b. Lessors Of Equipment

- (1) Any person or organization from whom you lease equipment; but only with respect to their liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your maintenance, operation or use of equipment leased to you by such person or organization.



## BUSINESS LIABILITY COVERAGE FORM

- (2) With respect to the insurance afforded to these additional insureds, this insurance does not apply to any "occurrence" which takes place after you cease to lease that equipment.

### c. Lessors Of Land Or Premises

- (1) Any person or organization from whom you lease land or premises, but only with respect to liability arising out of the ownership, maintenance or use of that part of the land or premises leased to you.
- (2) With respect to the insurance afforded to these additional insureds, this insurance does not apply to:
  - (a) Any "occurrence" which takes place after you cease to lease that land or be a tenant in that premises; or
  - (b) Structural alterations, new construction or demolition operations performed by or on behalf of such person or organization.

### d. Architects, Engineers Or Surveyors

- (1) Any architect, engineer, or surveyor, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:
  - (a) In connection with your premises; or
  - (b) In the performance of your ongoing operations performed by you or on your behalf.
- (2) With respect to the insurance afforded to these additional insureds, the following additional exclusion applies:

This insurance does not apply to "bodily injury", "property damage" or "personal and advertising injury" arising out of the rendering of or the failure to render any professional services by or for you, including:

  - (a) The preparing, approving, or failure to prepare or approve, maps, shop drawings, opinions, reports, surveys, field orders, change orders, designs or drawings and specifications; or
  - (b) Supervisory, inspection, architectural or engineering activities.

### e. Permits Issued By State Or Political Subdivisions

- (1) Any state or political subdivision, but only with respect to operations performed by you or on your behalf for which the state or political subdivision has issued a permit.
- (2) With respect to the insurance afforded to these additional insureds, this insurance does not apply to:
  - (a) "Bodily injury", "property damage" or "personal and advertising injury" arising out of operations performed for the state or municipality; or
  - (b) "Bodily injury" or "property damage" included within the "products-completed operations hazard".

### f. Any Other Party

- (1) Any other person or organization who is not an insured under Paragraphs a. through e. above, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:
  - (a) In the performance of your ongoing operations;
  - (b) In connection with your premises owned by or rented to you; or
  - (c) In connection with "your work" and included within the "products-completed operations hazard", but only if
    - (i) The written contract or written agreement requires you to provide such coverage to such additional insured; and
    - (ii) This Coverage Part provides coverage for "bodily injury" or "property damage" included within the "products-completed operations hazard".
- (2) With respect to the insurance afforded to these additional insureds, this insurance does not apply to:

"Bodily injury", "property damage" or "personal and advertising injury" arising out of the rendering of, or the failure to render, any professional architectural, engineering or surveying services, including:

## BUSINESS LIABILITY COVERAGE FORM

- (a) The preparing, approving, or failure to prepare or approve, maps, shop drawings, opinions, reports, surveys, field orders, change orders, designs or drawings and specifications; or
- (b) Supervisory, inspection, architectural or engineering activities.

The limits of insurance that apply to additional insureds are described in Section D. – Limits Of Insurance.

How this insurance applies when other insurance is available to an additional insured is described in the Other Insurance Condition in Section E. – Liability And Medical Expenses General Conditions.

No person or organization is an insured with respect to the conduct of any current or past partnership, joint venture or limited liability company that is not shown as a Named Insured in the Declarations.

### D. LIABILITY AND MEDICAL EXPENSES LIMITS OF INSURANCE

#### 1. The Most We Will Pay

The Limits of Insurance shown in the Declarations and the rules below fix the most we will pay regardless of the number of:

- a. Insureds;
- b. Claims made or "suits" brought; or
- c. Persons or organizations making claims or bringing "suits".

#### 2. Aggregate Limits

The most we will pay for:

- a. Damages because of "bodily injury" and "property damage" included in the "products-completed operations hazard" is the Products-Completed Operations Aggregate Limit shown in the Declarations.
- b. Damages because of all other "bodily injury", "property damage" or "personal and advertising injury", including medical expenses, is the General Aggregate Limit shown in the Declarations.

This General Aggregate Limit applies separately to each of your "locations" owned by or rented to you.

"Location" means premises involving the same or connecting lots, or premises whose connection is interrupted only by a street, roadway or right-of-way of a railroad.

This General Aggregate limit does not apply to "property damage" to premises while rented to you or temporarily occupied by you with permission of the owner, arising out of fire, lightning or explosion.

#### 3. Each Occurrence Limit

Subject to 2.a. or 2.b. above, whichever applies, the most we will pay for the sum of all damages because of all "bodily injury", "property damage" and medical expenses arising out of any one "occurrence" is the Liability and Medical Expenses Limit shown in the Declarations.

The most we will pay for all medical expenses because of "bodily injury" sustained by any one person is the Medical Expenses Limit shown in the Declarations.

#### 4. Personal And Advertising Injury Limit

Subject to 2.b. above, the most we will pay for the sum of all damages because of all "personal and advertising injury" sustained by any one person or organization is the Personal and Advertising Injury Limit shown in the Declarations.

#### 5. Damage To Premises Rented To You Limit

The Damage To Premises Rented To You Limit is the most we will pay under Business Liability Coverage for damages because of "property damage" to any one premises, while rented to you, or in the case of damage by fire, lightning or explosion, while rented to you or temporarily occupied by you with permission of the owner.

In the case of damage by fire, lightning or explosion, the Damage to Premises Rented To You Limit applies to all damage proximately caused by the same event, whether such damage results from fire, lightning or explosion or any combination of these.

#### 6. How Limits Apply To Additional Insureds

The most we will pay on behalf of a person or organization who is an additional insured under this Coverage Part is the lesser of:

- a. The limits of insurance specified in a written contract, written agreement or permit issued by a state or political subdivision; or
- b. The Limits of Insurance shown in the Declarations.

Such amount shall be a part of and not in addition to the Limits of Insurance shown in the Declarations and described in this Section.

# Request for Taxpayer Identification Number and Certification

Give Form to the  
requester. Do not  
send to the IRS.

► Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type.  
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. ESGC Inc.		
2 Business name/disregarded entity name, if different from above Accounting Service Associates Inc.		
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.  <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► <b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ►	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) _____  Exemption from FATCA reporting code (if any) _____  <small>(Applies to accounts maintained outside the U.S.)</small>	
5 Address (number, street, and apt. or suite no.) See instructions. 2863 W 95th St, STE 143-253	Requester's name and address (optional)	
6 City, state, and ZIP code Naperville, IL 60564		
7 List account number(s) here (optional)		

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
			-				-		
or									
Employer identification number									
2	6		-	1	4	9	1	5	3 6

## Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign  
Here

Signature of  
U.S. person ►

DocuSigned by:

Leslie Blalock

Date ► 6/18/2018 5:05:03 PM PDT

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## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.