

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1557820  
Vendor Name: Nite Lite Signs & Balloons Inc  
Invoice Number: 44672  
Invoice Date: 10/03/18  
PO Number: P0360797  
Check Number: 0244615  
Check Amount: \$ 4,600.00  
Check Date: 11/14/2018  
Department ID: 12781  
Reviewer Name:  
Voucher Number: V0535238  
Redaction Type: None  
Document Type: AP Invoice-3 Way/Pre-Approved

Document Below

-----  
From: gonzales33929@cod.edu  
Sent: Wed Oct 17 09:33:36 CDT 2018  
To: invoicing@cod.edu  
CC:  
Subject: Student Life invoices for processing  
-----

Good Morning,

Attached please find (2) invoices for processing. Please let me know if you have any questions.

Have a great day.

***Sandra Gonzales***

Administrative Assistant

Office of Student Life

College of DuPage

425 Fawell Blvd. Glen Ellyn, IL 60137

630.942.2739 | SSC 1217

*Learner, Intellection, Achiever, Input, Responsibility*

PO 360797

**Nite Lite Signs & Balloons, Inc.**  
**dba: A-Awesome Amusements Co.**  
**P.O. Box 377**  
**St. Charles, IL 60174**  
 Office 630-953-2866 Fax 630-385-0225  
 24 hour emergency 312-718-1326

Page #:1

Date: Wednesday, October 03, 2018 #44672

P.O. #

**Warehouse Address:**  
 506 Westgate Rd  
 Addison, IL 60101

**AP VERIFIED**

**10/22/18 - BETHANY CRUSE**

**Customer Information**

College of DuPage  
 Office of Student Life  
 425 Fawell Blvd  
 Glen Ellyn, IL 60137  
 Shannon Hernandez/Nick Vyas

**Event Information**

College of DuPage  
 SSC - Atrium Level 2  
 Glen Ellyn, IL 60137

Phone 1: 630-942-2243 frnt desk  
 Phone 2: 608-201-9092 Cell  
 630-464-4896 Nick aep.nick@cod.edu  
 E-Mail: hernan@cod.edu

**Event Dates/Times**  
 23 October 2018 - 23 October 2018  
 11:00AM - 01:00PM

**Setup indoors 2<sup>nd</sup> level SSC Atrium.....arrive 9 – 9:30AM for setup**

Unit Name	Price	Sup Fee	Qty	Line Total
Event Date: Tuesday October 23, 2018 11 – 1PM	\$0.00	\$0.00	1	\$0.00
Mechanical Bull – AA attendant	\$1,000.00	\$0.00	1	\$1,000.00
Mechanical Bull – Waivers	\$0.00	\$0.00	100	\$0.00
Mechanical Bull – Wristbands	\$0.00	\$0.00	100	\$0.00
Wipeout/Red Neck Games – AA attendant	\$1,200.00	\$0.00	1	\$1,200.00
Photo/Video Booth – AA attendant	\$650.00	\$0.00	1	\$650.00
Gen 7500 watt Orange GENERAC	\$150.00	\$0.00	2	\$300.00

Thank you for your order! No refunds or cancellations.  
 Please sign and fax back this contract to hold your date, equipment and discounted price.

5% convenience fee charged on all credit card payments.

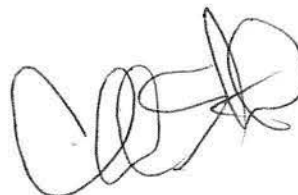
All equipment on this Invoice are offered as a DISCOUNTED PACKAGE,  
 any revisions will affect the current discounts available.  
 The more you rent the more you save.

If you have any problems with rented equipment it is your responsibility to  
 call the office or 24 hour emergency number for assistance immediately.  
 DO NOT wait until your event is over - call now - we have 24 hour service  
 and want you to be satisfied.

<b>Equipment Fees:</b>	\$3,150.00
<b>Delivery Fees:</b>	\$0.00
<b>Supply Fees:</b>	\$0.00
<b>Additional Fees:</b>	\$0.00
<b>Damage Waiver Fee:</b>	\$0.00
<b>Discount:</b>	\$0.00
<b>Sub-Total:</b>	\$3,150.00
<b>Tax:</b>	\$0.00
<b>Total:</b>	\$3,150.00
<b>Deposit Required:</b>	\$0.00
<b>Payments:</b>	
<b>Balance Due:</b>	\$3,150.00

**Rent from The #1 Party Rental Company in Chicagoland!**

X  Initial



**College of DuPage event on 23 October 2018**  
**Invoice #:44672**

The purchaser whose signature appears on this service agreement shall remain responsible for payment. S/he has read and understands the terms of this contract and will forward questions and/or concerns to 630-953-2866 prior to signing this agreement. **This service agreement is not cancellable!!! All payments are non-refundable. No rain dates.** If we do not receive this service agreement signed with the required payment by the date shown below, this service agreement will be considered null and void. A-Awesome Amusements Co. is not responsible for manufacturers defects in any equipment.

**Assumption of risks:** I understand and acknowledge that the activity to be engaged in through my rental of an interactive amusement game(s) and/or other amusement equipment brings with it both known and unanticipated risks to my guests, my invitees and myself. Those risks include but are not limited to falling, slipping, crashing, colliding and flipping could result in injury, illnesses, diseases, emotional distress, death and/or property damage to myself or my guests and invitees.

**Liability release:** I voluntarily release, hold harmless and discharge Nile Lite Signs & Balloons, Inc. dba Awesome Amusements Co., from any and all liability, claims, demands actions or rights of actions, whether personal to me or a third party which are related to, arise out of or are in any way connected with my rental of the interactive inflatable unit including those allegedly attributable to negligent acts or omissions. I agree to reimburse any reasonable attorney's fees and costs which may be incurred by A-Awesome Amusements Co. in the defense of any such liability claim, demand, action or right of action.

In the event that I file cause of action against A-Awesome Amusements Co., I agree to do so solely in the state of Illinois, and further agree that the substantive law of that state shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this service agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

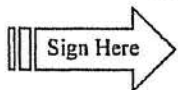
I acknowledge that I have adequate homeowners insurance, tenant insurance, or other liability insurance to cover any bodily injury or property damage which might occur to myself, my guests, or my invitees from the use of the unit(s) I am renting or else I agree to bear the costs of such injury or damage myself.

**Rules:** Purchaser/rentor of this equipment agrees to supervise the equipment if Awesome Amusements Co. staff is not hired or supplied in your service contract and shall monitor its use at all times and will follow all safety rules while equipment is in the possession of the purchaser/rentor.

Equipment will remain the responsibility of the person(s) renting the equipment, from the time equipment is picked up from our office or warehouse, or delivered by our vehicles and staff until the time equipment is returned to our office or warehouse or picked up by our vehicles and staff. Any damage to equipment, missing equipment, vandalism or theft will remain the responsibility of the person and or company, organization listed on the rental contract/ agreement. Customer assumes all liability and accepts full responsibility for any injury to themselves and anyone assisting with the unloading, setting up, taking down and reloading of equipment with or without the help of Awesome Amusements employee's. Rentor has been given proper operating instructions for all equipment either verbally or in writing. If you have any questions regarding operating any equipment, you must stop and call us immediately. Do not seek shelter under our tents in case of storms or winds in excess of 25 mph, they are not designed to withstand high winds and will not provide you with any protection, move to an indoor location. Do not place any vehicles or valuable equipment under our tents, these tents can move or even collapse in high winds, we are not responsible for any damage to your belongings that are placed under our tents, canopies or structures.

If you have any problems with rented equipment it is your responsibility to call the office or 24 hour emergency number for assistance immediately. DO NOT wait until your event is over - call now - we have 24 hour service and want you to be satisfied.

I acknowledge and certify that I have had sufficient opportunity to read this entire document, that I understand its content and that I execute it freely, intelligently and without duress of any kind and agree to be bound by its terms.



X Brian W. Caputo Date 10/12/18  
Authorized Signature

Brian W. Caputo, Ph.D., C.P.A.  
Vice President/CFO  
Administrative Affairs  
Print Name

**"Voted #1 Party Rental Co. In Chicago"**  
**Celebrating 36 years of Awesome service!**

**RECOGNIZED \* RESPECTED \* RECOMMENDED**

CONTRACT APPROVAL COVER SHEET

Contract Name: Nite Lite Signs & Balloons, Inc.  
 Requesting Department: Student Life Date Initiated: 10/3/18  
 Contact Name: Sandra Gonzales Phone: 2739  
 Email Address: gonzaless33929@cod.edu

Vendor Name: Nite Lite Signs & Balloons, Inc. Phone: 630-953-2866  
 Vendor Contact: Chris Manski, President Email: chris@awesomeamusements.co  
 Total Contract: \$ 3150.00 Contract Dates: Start: 10/23/18  
 FY Budget \$ 3150.00 End: 10/23/18  
 Vendor 1: Name \_\_\_\_\_ Quote: \$ \_\_\_\_\_  
 Vendor 2: Name \_\_\_\_\_ Quote: \$ \_\_\_\_\_  
 Vendor 3: Name \_\_\_\_\_ 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.

Requester: Sandra Gonzales Sgh  
 Budget Mgr.: Chuck Steele  
 Dept. Adm.: Sue Jerak Sue Jerak  
Earl Dowling  
 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 12:23 pm, Oct 11, 2018

## CONTRACT APPROVAL COVER SHEET (Instructions)

Per Administrative Procedure 10-60, all contracts entered into on behalf of the College of DuPage must be signed by the Vice President, Administration. This form must be completed in full and submitted with all contracts that require a signature.

Submit the contract, along with this form and all required support documents as outlined below, to Purchasing in the Berg Instructional Center (BIC), Room 1540 or via email at [purchasing@cod.edu](mailto:purchasing@cod.edu). Purchasing will review all documents, and, if appropriate, will forward to the Vice President, Administration for signature. Contracts submitted without complete documentation will be returned to the requester.

Required support documentation:

- ☒ 1. Contract value less than \$5,000: Contract Purpose section should indicate action taken to confirm best price.
- ☐ 2. Contract value between \$5,000 and \$14,999: minimum of three (3) verbal quotes must be documented (vendor name and quoted amount) on this form or an attached sheet.
- ☐ 3. Contract value between \$15,000 and \$24,999: minimum of three (3) written quotes.
- ☐ 4. Contract value of \$25,000 or greater: bid results (bid tabulation or RFP evaluation matrix), Board Report, and confirmation of Board approval (meeting minutes or Cabinet confirmation).
- ☐ 5. Contracts submitted as sole source: full justification of sole source and letter from the vendor confirming they are the only source of the product/service.
- ☒ 6. If vendor will be providing a service on campus a Certificate of Insurance is required. For additional information contact Risk Manager.

Upon signature, the original contract will be returned to the requester. It is the responsibility of the requester to forward all fully executed contracts/agreements, no matter the dollar amount, to the Purchasing Department by emailing to [purchasingforms@cod.edu](mailto:purchasingforms@cod.edu) for inclusion in the College's contract database. If a vendor/contractor signature is still required after signature by the Vice President, Administration, it is the responsibility of the requester to obtain the remaining signature(s). Once fully executed, requester will scan a copy of the complete contract and email to [purchasingforms@cod.edu](mailto:purchasingforms@cod.edu).

A copy of the signed contract, along with all required support documents, must be attached to the requisition when initiated.





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
8/18/2018

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 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  
Friedman Insurance, Inc.  
PO Box 759  
Dubuque IA 52004-0759

CONTACT NAME: Steve Schueler  
PHONE: 563-558-0272 FAX: 563-558-4425  
EMAIL: schuelers@friedman-group.com  
ADDRESS: schuelers@friedman-group.com

INSURED  
Nite Life Signs & Balloons, Inc.  
Awesome Amusements  
508 S. Westgate Road  
Addison IL 60101

INTELIT-01

INSURER(S) AFFORDING COVERAGE  
INSURER A: Cincinnati Specialty Underwriters Insurance Company 13037  
INSURER B:  
INSURER C:  
INSURER D:  
INSURER E:  
INSURER F:

## COVERAGES

CERTIFICATE NUMBER: 68616767

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.

TYPE OF INSURANCE	ADD. WORKING COMP. (Y/N)	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YYYY)	POLICY EXP. DATE (MM/DD/YYYY)	LIMITS
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN. AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHERS	Y	08U0034906	8/14/2018	8/14/2019	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$100,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMPROM AGG \$2,000,000 OTHERS \$
AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRING AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Per accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ OTHERS \$
<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> RETENTION \$0	Y	08U0034907	8/14/2018	8/14/2019	EACH OCCURRENCE \$1,000,000 AGGREGATE \$1,000,000 OTHERS \$
WORKING COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/CLERICAL EXCLUDED? (Mandatory in IL) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A				PER STATUTE ILL EACH ACCIDENT \$ ILL DISEASE - EA EMPLOYEE \$ ILL 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 & ANY OTHER PARTIES DESIGNATED BY COLLEGE OF DUPAGE ARE LISTED AS ADDITIONAL INSURED FOR GENERAL LIABILITY.

## CERTIFICATE HOLDER

COLLEGE OF DUPAGE  
OFFICE OF STUDENT LIFE  
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

*Steve Schueler*

© 1988-2014 ACORD CORPORATION. All rights reserved.

COMMERCIAL GENERAL LIABILITY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED - YOUR OPERATIONS (LIMITED)**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART  
SCHEDULE

Name of Additional Insured Person(s) or Organization(s):
Any party for whom you are providing ongoing operations and the owner of the premises where the ongoing operations are being performed.

A. **SECTION II - WHO IS AN INSURED** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only to the extent that the liability for "bodily injury, "property damage" or "personal and advertising injury" is caused only by your negligent acts, errors or omissions in the performance of ongoing operations for additional insured shown in the schedule.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to:

1. "Bodily injury, "property damage" or "personal and advertising injury" to any employee of you or to any obligation of the additional insured to indemnify another because of damages arising out of such injury.
2. "Bodily injury, "property damage" or "personal and advertising injury" for which the Named Insured is afforded no coverage under this policy of insurance.

C. With respect to the insurance afforded to these additional insureds, **SECTION III - LIMITS OF INSURANCE** is amended to include:

The limits applicable to the additional insured are those specified in any agreement or in the Declarations of this Coverage Part, whichever is less. If no limits are specified in the agreement, the limits applicable to the additional insured are those specified in the Declarations of this Coverage Part. The limits of insurance are inclusive of and not in addition to the limits of insurance shown in the Declarations.

D. With respect to the insurance afforded to these additional insureds, **SECTION IV - COMMERCIAL GENERAL LIABILITY CONDITIONS, 4. Other Insurance** is amended to include:

Any coverage provided herein will be excess over any other valid and collectible insurance available to the additional insured whether primary, excess, contingent or on any other basis unless you have agreed that this insurance will be primary. This insurance will be noncontributory only if you have so agreed and this coverage is determined to be primary.



Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1557820

Vendor Name: Nite Lite Signs & Balloons Inc

Invoice Number: 44669

Invoice Date: 10/03/18

PO Number: P0360808

Check Number: 0244615

Check Amount: \$ 4,600.00

Check Date: 11/14/2018

Department ID: 12781

Reviewer Name:

Voucher Number: V0535271

Redaction Type: None

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

Document Below

**Nite Lite Signs & Balloons, Inc.**  
**dba:A-Awesome Amusements Co.**  
**P.O. Box 377**  
**St. Charles, IL 60174**  
Office 630-953-2866 Fax 630-385-0225  
24 hour emergency 312-718-1326

Page #:1

Date: Wednesday, October 03, 2018 #44669

P.O. #

Warehouse Address:  
506 Westgate Rd  
Addison, IL 60101

**AP VERIFIED**

**10/22/18 - BETHANY CRUSE**

**Customer Information**

College of DuPage  
Office of Student Life  
425 Fawell Blvd  
Glen Ellyn, IL 60137  
Shannon Hernandez

**Event Information**

College of DuPage  
SSC - Atrium Level 2  
Glen Ellyn, IL 60137

Phone 1: 630-942-2243 frnt desk  
Phone 2: 608-201-9092 Cell  
Phone 3:  
E-Mail: hernan@cod.edu

**Event Dates/Times**  
24 October 2018 - 24 October 2018  
11:00AM - 01:00PM

**Setup indoors Atrium Level 2 SSC October 24, 2018 11 - 1PM**

Unit Name	Price	Sup Fee	Qty	Line Total
Event Date: Wednesday October 24, 2018 11 - 1P	\$0.00	\$0.00	1	\$0.00
Carnival Game - Color Stick	\$0.00	\$0.00	1	\$0.00
Carnival Game Critters In The Trash	\$0.00	\$0.00	1	\$0.00
Carnival Game Cue Ball - your table	\$0.00	\$0.00	1	\$0.00
Carnival Game Duck Pond	\$0.00	\$0.00	1	\$0.00
Carnival Game Frisbee Space Port	\$0.00	\$0.00	1	\$0.00
Carnival Game Frog Flinger - your table	\$0.00	\$0.00	1	\$0.00
Carnival Game Milk Can Toss	\$0.00	\$0.00	1	\$0.00
Carnival Game Space Miner	\$0.00	\$0.00	1	\$0.00
Carnival Game Tiki Toss	\$0.00	\$0.00	1	\$0.00
Velcro Dartboard Inflatable - electric	\$0.00	\$0.00	1	\$0.00
Shooting Stars Dual Basketball - electric	\$0.00	\$0.00	1	\$0.00
Party Package Discounted Price	\$1,450.00	\$0.00	1	\$1,450.00
Your volunteers to supervise games				

Thank you for your order! No refunds or cancellations.  
Please sign and fax back this contract to hold your date, equipment and discounted price.


5% convenience fee charged on all credit card payments.

All equipment on this Invoice are offered as a DISCOUNTED PACKAGE,  
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The more you rent the more you save.

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DO NOT wait until your event is over - call now - we have 24 hour service and want you to be satisfied.

<b>Equipment Fees:</b>	\$1,450.00
<b>Delivery Fees:</b>	\$0.00
<b>Discount:</b>	\$0.00
<b>Sub-Total:</b>	\$1,450.00
<b>Tax:</b>	\$0.00
<b>Total:</b>	\$1,450.00
<b>Deposit Required:</b>	\$0.00
<b>Payments:</b>	
<b>Balance Due:</b>	\$1,450.00

**Rent from The #1 Party Rental Company in Chicagoland!**

X  Initial



**College of DuPage event on 24 October 2018**  
**Invoice #:44669**

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**Liability release:** I voluntarily release, hold harmless and discharge Nite Lite Signs & Balloons, Inc. dba Awesome Amusements Co., from any and all liability, claims, demands actions or rights of actions, whether personal to me or a third party which are related to, arise out of or are in any way connected with my rental of the interactive inflatable unit including those allegedly attributable to negligent acts or omissions. I agree to reimburse any reasonable attorney's fees and costs which may be incurred by A-Awesome Amusements Co. in the defense of any such liability claim, demand, action or right of action.

In the event that I file cause of action against A-Awesome Amusements Co., I agree to do so solely in the state of Illinois, and further agree that the substantive law of that state shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this service agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

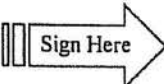
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Equipment will remain the responsibility of the person(s) renting the equipment, from the time equipment is picked up from our office or warehouse, or delivered by our vehicles and staff until the time equipment is returned to our office or warehouse or picked up by our vehicles and staff. Any damage to equipment, missing equipment, vandalism or theft will remain the responsibility of the person and/or company, organization listed on the rental contract/agreement. Customer assumes all liability and accepts full responsibility for any injury to themselves and anyone assisting with the unloading, setting up, taking down and reloading of equipment with or without the help of Awesome Amusements employee's. Rentor has been given proper operating instructions for all equipment either verbally or in writing, if you have any questions regarding operating any equipment, you must stop and call us immediately. Do not seek shelter under our tents in case of storms or winds in excess of 25 mph, they are not designed to withstand high winds and will not provide you with any protection, move to an indoor location. Do not place any vehicles or valuable equipment under our tents, these tents can move or even collapse in high winds, we are not responsible for any damage to your belongings that are placed under our tents, canopies or structures.

If you have any problems with rented equipment it is your responsibility to call the office or 24 hour emergency number for assistance immediately. DO NOT wait until your event is over - call now - we have 24 hour service and want you to be satisfied.

I acknowledge and certify that I have had sufficient opportunity to read this entire document, that I understand its content and that I execute it freely, intelligently and without duress of any kind and agree to be bound by its terms.

 Sign Here X Brian W. Caputo Date 10/12/18  
Authorized Signature Brian W. Caputo, Ph.D., C.P.A.  
Vice President/CFO  
Administrative Affairs  
Print Name

**"Voted #1 Party Rental Co. In Chicago"**  
**Celebrating 36 years of Awesome service!**

**RECOGNIZED \* RESPECTED \* RECOMMENDED**

CONTRACT APPROVAL COVER SHEET

Contract Name: Nite Lite Signs & Balloons, Inc.  
 Requesting Department: Student Life Date Initiated: 10/3/18  
 Contact Name: Sandra Gonzales Phone: 2739  
 Email Address: gonzaless33929@cod.edu

Vendor Name: Nite Lite Signs & Balloons, Inc. Phone: 630-953-2866  
 Vendor Contact: Chris Manski, President Email: chris@awesomeamusements.co  
 Total Contract: \$ 1450.00 Contract Dates: Start: 10/24/18  
 FY Budget \$ 1450.00 End: 10/24/18  
 Vendor 1: Name \_\_\_\_\_ Quote: \$ \_\_\_\_\_  
 Vendor 2: Name \_\_\_\_\_ Quote: \$ \_\_\_\_\_  
 Vendor 3: Name \_\_\_\_\_ 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.

Requester: Sandra Gonzales Sandra Gonzales Sign  
 Budget Mgr.: Chuck Steele  
 Dept. Adm.: Sue Jerak Sue Jerak  
Earl Dowling  
 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 12:24 pm, Oct 11, 2018

## CONTRACT APPROVAL COVER SHEET (Instructions)

Per Administrative Procedure 10-60, all contracts entered into on behalf of the College of DuPage must be signed by the Vice President, Administration. This form must be completed in full and submitted with all contracts that require a signature.

Submit the contract, along with this form and all required support documents as outlined below, to Purchasing in the Berg Instructional Center (BIC), Room 1540 or via email at [purchasing@cod.edu](mailto:purchasing@cod.edu). Purchasing will review all documents, and, if appropriate, will forward to the Vice President, Administration for signature. Contracts submitted without complete documentation will be returned to the requester.

Required support documentation:

- ☒ 1. Contract value less than \$5,000: Contract Purpose section should indicate action taken to confirm best price.
- ☐ 2. Contract value between \$5,000 and \$14,999: minimum of three (3) verbal quotes must be documented (vendor name and quoted amount) on this form or an attached sheet.
- ☐ 3. Contract value between \$15,000 and \$24,999: minimum of three (3) written quotes.
- ☐ 4. Contract value of \$25,000 or greater: bid results (bid tabulation or RFP evaluation matrix), Board Report, and confirmation of Board approval (meeting minutes or Cabinet confirmation).
- ☐ 5. Contracts submitted as sole source: full justification of sole source and letter from the vendor confirming they are the only source of the product/service.
- ☒ 6. If vendor will be providing a service on campus a Certificate of Insurance is required. For additional information contact Risk Manager.

Upon signature, the original contract will be returned to the requester. It is the responsibility of the requester to forward all fully executed contracts/agreements, no matter the dollar amount, to the Purchasing Department by emailing to [purchasingforms@cod.edu](mailto:purchasingforms@cod.edu) for inclusion in the College's contract database. If a vendor/contractor signature is still required after signature by the Vice President, Administration, it is the responsibility of the requester to obtain the remaining signature(s). Once fully executed, requester will scan a copy of the complete contract and email to [purchasingforms@cod.edu](mailto:purchasingforms@cod.edu).

A copy of the signed contract, along with all required support documents, must be attached to the requisition when initiated.





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
8/16/2018

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 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  
Friedman Insurance, Inc.  
PO Box 750  
Dubuque IA 52004-0759

CONTACT NAME: Steve Schuster

PHONE: 563-558-0272

FAX: 563-558-4425

EMAIL: schusters@friedman-group.com

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: Cincinnati Specialty Underwriters Insurance Company

13037

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURER F:

INSURED  
Nile Life Signs & Balloons, Inc.  
Awesome Amusements  
508 S. Weaigale Road  
Addison IL 60101

INITIALS: 81

## COVERAGES

CERTIFICATE NUMBER: 86618757

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.

TYPE OF INSURANCE	ADDITIONAL INSURED	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YYYY)	POLICY EXP. DATE (MM/DD/YYYY)	LIMITS
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GENERAL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:  AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRING AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	Y	08U003698	8/14/2018	8/14/2019	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$100,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 COMBINED SINGLE LIMIT (Per occurrence) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per occurrence) \$ PROPERTY DAMAGE (Per occurrence) \$
<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB DED. \$ <input checked="" type="checkbox"/> RETENTION \$ <input type="checkbox"/>  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETARY PARTNER/EXECUTIVE OFFICER/BOARDER EXCLUDED? (Mandatory for NE) If yes, describe under DESCRIPTION OF OPERATIONS below	Y	08U003697	8/14/2018	8/14/2019	EACH OCCURRENCE \$1,000,000 AGGREGATE \$1,000,000 PER STATUTE <input type="checkbox"/> OR <input type="checkbox"/> OTHER ILL. EACH ACCIDENT \$ ILL. DISEASE - EX EMPLOYER \$ ILL. 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 & ANY OTHER PARTIES DESIGNATED BY COLLEGE OF DUPAGE ARE LISTED AS ADDITIONAL INSURED FOR GENERAL LIABILITY.

## CERTIFICATE HOLDER

## CANCELLATION

COLLEGE OF DUPAGE  
OFFICE OF STUDENT LIFE  
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

*Steve Schuster*

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COMMERCIAL GENERAL LIABILITY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED - YOUR OPERATIONS (LIMITED)**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name of Additional Insured Person(s) or Organization(s):
Any party for whom you are providing ongoing operations and the owner of the premises where the ongoing operations are being performed.

A. **SECTION II - WHO IS AN INSURED** is amended to include as an additional insured the person(s) or organization(s) shown in the schedule, but only to the extent that the liability for "bodily injury, "property damage" or "personal and advertising injury" is caused only by your negligent acts, errors or omissions in the performance of ongoing operations for additional insured shown in the schedule.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to:

1. "Bodily injury, "property damage" or "personal and advertising injury" to any employee of you or to any obligation of the additional insured to indemnify another because of damages arising out of such injury.
2. "Bodily injury, "property damage" or "personal and advertising injury" for which the Named Insured is afforded no coverage under this policy of insurance.

C. With respect to the insurance afforded to these additional insureds, **SECTION III - LIMITS OF INSURANCE** is amended to include:

The limits applicable to the additional insured are those specified in any agreement or in the Declarations of this Coverage Part, whichever is less. If no limits are specified in the agreement, the limits applicable to the additional insured are those specified in the Declarations of this Coverage Part. The limits of insurance are inclusive of and not in addition to the limits of insurance shown in the Declarations.

D. With respect to the insurance afforded to these additional insureds, **SECTION IV - COMMERCIAL GENERAL LIABILITY CONDITIONS, 4. Other Insurance** is amended to include:

Any coverage provided herein will be excess over any other valid and collectible insurance available to the additional insured whether primary, excess, contingent or on any other basis unless you have agreed that this insurance will be primary. This insurance will be noncontributory only if you have so agreed and this coverage is determined to be primary.