

3004054

RECEIVED

FEB 24 2016



American In-Line
 Inspection Service, Inc.
 415 Timaquan Trail
 Edgewater, FL 32132

PHONE
 386/409-5446
 FAX 386/957-4919

INVOICE

Utility Inc.
 2335 Sanders Road
 Northbrook, IL. 60062

DATE	INVOICE #
12/31/2015	2015749

JOB NAME	TERMS	DUE DATE	PURCHASE ORDER	
<i>PO# 204680 / BO# 251103</i>	Net 30	1/30/2016	L.S for Lake Utilitie...	
DESCRIPTION	QTY	RATE	AMOUNT	
22.5 hours for vaccon unit & crew to clean lift stations on 28/29/30-December-2015	22.5	175.00	3,937.50	
			Batch	
			Doc	<i>45/235</i>
Thank you for your business.		Total	\$3,937.50	

INVOICES UNPAID AFTER 30 DAYS WILL BE SUBJECT TO A 1.5% LATE CHARGE. ANY SERIOUSLY DELINQUENT ACCOUNTS WILL BE TURNED OVER TO OUR COLLECTION AGENCY OR ATTORNEY. PLEASE NOTE: THE PARTY ORDERING THE MATERIALS AND SERVICES AGREES TO PAY ALL COSTS OF COLLECTION INCLUDING REASONABLE ATTORNEY'S FEES.

Annette Zavilla

From: Annette Zavilla
Sent: Wednesday, February 24, 2016 1:20 PM
To: Chuck Schwades
Cc: Toni Federico
Subject: FW: American In Line Payment
Attachments: Scan0043.pdf

Hi Chuck,

I took a look and the only thing that I can see is that we do not have a current Certificate of Liability Insurance. Can you provide one?

Thanks,
Annette

From: Chuck Schwades
Sent: Wednesday, February 24, 2016 12:54 PM
To: Annette Zavilla <AZavilla@uiwater.com>
Cc: Toni Federico <afederico@uiwater.com>
Subject: American In Line Payment

Hello Annette,

Please see the enclosed invoice for payment. I know this invoice has been sent up for payment a while ago. Can you please look into this for me and see what the holdup is or if it's been sent. PO#204680/BU#251103 rec. #214228 on Jan.8,2016 please let me know one way or the other so I can pass along the information to our vendor?

Thanks,
Chuck Schwades

From: Annette Zavilla
Sent: Thursday, February 25, 2016 10:29 AM
To: 'Mail-Server@csr24.email'; Chuck Schwades
Subject: FW: Proof of Insurance for American In-Line Inspection Services Inc.
Attachments: Certificate.pdf

Thank you for the attached American In-Line Inspection Services Certificate of Liability Insurance.

Annette Zavilla
Accounts Payable
Utilities, Inc.
Tel: 847-897-6489
Fax: 847-498-9596
Email: azavilla@uiwater.com

-----Original Message-----

From: Blackadar Insurance Agency, Inc. [mailto:Mail-Server@csr24.email]
Sent: Thursday, February 25, 2016 10:10 AM
To: Annette Zavilla <AZavilla@uiwater.com>
Subject: Proof of Insurance for American In-Line Inspection Services Inc.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
2/25/2016

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 Blackadar Insurance Agency, Inc. 1436 N Ronald Reagan Blvd Longwood FL 32750		RECEIVED FEB 25 2016	CONTACT NAME: Pat DiPietro PHONE (A/C, No, Ext): 407-831-3832 E-MAIL ADDRESS: pat@blackadar.com	FAX (A/C, No): 407-830-4681																				
INSURED American In-Line Inspection Services Inc. 415 Timaquan Trail Edgewater FL 32132			<table border="1" style="width: 100%;"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td colspan="2">INSURER A :United Fire & Casualty Company</td> <td>13021</td> </tr> <tr> <td colspan="2">INSURER B :FFVA Mutual Insurance Company</td> <td>10385</td> </tr> <tr> <td colspan="2">INSURER C :</td> <td></td> </tr> <tr> <td colspan="2">INSURER D :</td> <td></td> </tr> <tr> <td colspan="2">INSURER E :</td> <td></td> </tr> <tr> <td colspan="2">INSURER F :</td> <td></td> </tr> </table>		INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A :United Fire & Casualty Company		13021	INSURER B :FFVA Mutual Insurance Company		10385	INSURER C :			INSURER D :			INSURER E :			INSURER F :	
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COVERAGES **CERTIFICATE NUMBER: 546097792** **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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Broad Form <input checked="" type="checkbox"/> Contractual GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC			60393203	5/28/2015	5/28/2016	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			60393203	5/28/2015	5/28/2016	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	WC84000284332015A	6/11/2015	6/11/2016	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <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
A	Contractors Equipment			60393203	5/28/2015	5/28/2016	Leased/Rented Actual Cash Value 100,000 Basis

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Certificate Holder is included as Additional Insured and Blanket Waiver of Subrogation applies; with regard to General Liability when required by written construction contract and Business Auto when required by written contract. Waiver of Subrogation applies to Workers' Compensation when required by written contract.

CERTIFICATE HOLDER Utility Inc. of Florida - Sanlando 2335 Sanders Road Northbrook IL 60062	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
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