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**RECEIVED** 

FEB 2 4 2016



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

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

**INVOICE** 

DATE INVOICE # 12/31/2015 2015749

Utility Inc. 2335 Sanders Road Northbrook, IL. 60062

Thank you for your business.			Total		\$3,937.50	
				Doc_	45/235	,
				Batch		
22.5 hours for vaccon unit & crew to clean lift stations on 28/29/30-December-2015		22.5		175.00	3,937.5	0
DESCRIPTION	QTY		RAT	E	AMOUNT	<del></del>
Po#204680/BU#251103	Net 30	1/3	30/2016	L.S for	r Lake Utilitie	····
JOB NAME	TERMS	DUI	E DATE	PURC	CHASE ORDER	R
			12	2/31/2015	2015749	

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		CONTACT				
Blackadar Insurance Agency, Inc.	RECEIVED	PHONE (A/C, No, Ext):407-831-3832 (A/C,	No):407-830-4681			
1436 N Ronald Reagan Blvd	o F 0040	E-MAIL ADDRESS:pat@blackadar.com				
Longwood FL 32750	FEB 2 5 2016	INSURER(S) AFFORDING COVERAGE	NAIC#			
		INSURER A: United Fire & Casualty Company	13021			
INSURED	AMERINL-01	INSURER B :FFVA Mutual Insurance Company	10385			
American In-Line Inspection Service	es Inc.	INSURER C:				
415 Timaquan Trail		INSURER D:				
Edgewater FL 32132		INSURER E:				
		INSURER F:	,			
COVERACES	CERTIFICATE NUMBER: 546097792	REVISION NUMBE	R:			

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.

E	EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.					
INSR LTR	TYPE OF INSURANCE	ADDL SU		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY		60393203	5/28/2015	5/28/2016	EACH OCCURRENCE \$1,000,000
İ	X COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000
1	CLAIMS-MADE X OCCUR					MED EXP (Any one person) \$5,000
	X Broad Form					PERSONAL & ADV INJURY \$1,000,000
	X Contractual					GENERAL AGGREGATE \$2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG \$2,000,000
	POLICY X PRO- X LOC					\$
A	AUTOMOBILE LIABILITY		60393203	5/28/2015	5/28/2016	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000
	X ANY AUTO					BODILY INJURY (Per person) \$
l	ALL OWNED SCHEDULED AUTOS	1				BODILY INJURY (Per accident) \$
	X HIRED AUTOS X NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$
	7,0100	\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\				\$
	UMBRELLA LIAB OCCUR					EACH OCCURRENCE \$
	EXCESS LIAB CLAIMS-MADE					AGGREGATE \$
	DED RETENTION\$					\$
В	WORKERS COMPENSATION		WC84000284332015A	6/11/2015	6/11/2016	X WC STATU- TORY LIMITS ER
	AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE					E.L. EACH ACCIDENT \$1,000,000
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE \$1,000,000
1	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT \$1,000,000
A	Contractors Equipment		60393203	5/28/2015	5/28/2016	Leased/Rented 100,000 Actual Cash Value Basis
1						
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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	CANCELLATION			
Utility Inc. of Florida - Sanlando 2335 Sanders Road Northbrook IL 60062	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			
	2 1000 0010 ACCEPT CORPORATION All rights reserved			