

FY 16



Clowning Around Entertainment A Celebration Authority

220 South Shaddle Av., Mundelein, IL 60060
Phone: 847-566-3006 Fax: 847-566-1766

Website: www.celebrationauthority.com Email: events@celebrationauthority.com

Palos Park Recreation Department

Theresa Tevsh

8901 West 123rd Street
Palos Park, IL 60464

Phone: (708)671-3760

Email: ttevsh@palospark.org

Order No: 29319

Order Date: April 16, 2015

Written by: Becky

Verified on: April 29, 2015

Verified by: Becky

InvNo	Name	Qty	Total
INBNGTRM	Bungee Trampoline #2	1	\$0.00
INSU	Superbouncer Looney Bin	1	\$0.00
MIGEN	Generator	6	\$0.00
MIGSRG	Gas Surcharge	1	\$0.00
MICRTHLD	Certificate Holder	1	\$0.00
INWV1	Damage Waiver Declined	1	\$0.00
MIPCKPR	Package Price	1	\$6,800.00
EQTWNSP	Twin Spin	1	\$0.00
INOBS5	Obstacle Course-2 #5	1	\$0.00
CARSKRLI	Skee Roll Inflatable	1	\$0.00
INGAM	Game Zone Galore	1	\$0.00
EQHISTRK	Hi-Striker 11ft	1	\$0.00
INRO	Rocky Mountain Climbing Wall	1	\$0.00
INTO	Tot Town	1	\$0.00

Start Date & Time: Sat, Sep 19, 2015 12:00 pm

End Date & Time: Sat, Sep 19, 2015 6:00 pm

Delivery method: On Site

Surface type: Grass

Additional Notes:

Autumn in the Park Event.

CA will provide nine staff:

- 1- Event Director
- 1- Twin Spin
- 4- Bungee Trampoline
- 2- Rocky Mountain Climbing Wall
- 1- Super Bouncer Looney Bin
- 1- Obstacle Course

Client will provide volunteers to oversee the Tot Town, Hi-Striker, Game Zone Galore & Skee Roll.

Bungee Trampoline: Four Stations.

On-site contact Theresa: 815-715-0622.

Deposit of 50% due by May 15, 2015.
Remaining balance due on the day of the event.

Order subtotal		\$6,800.00
Discount	0.00 %	\$0.00
Taxable Amount		\$0.00
Sales Tax	0.00 %	\$0.00
Delivery		\$0.00
Total		\$6,800.00
Amount Paid		\$0.00
Balance Due		\$6,800.00

TERMS AND CONDITIONS

1. CLIENT MUST RETURN THIS SIGNED AGREEMENT, DEPOSIT IF INDICATED, AND DIRECTIONS TO THE SITE FROM THE NEAREST MAIN INTERSECTION WITHIN 7 DAYS OF CONTRACT RECEIPT, BUT BEFORE THE EVENT DATE, TO RESERVE EQUIPMENT AND ENTERTAINMENT. DEPOSITS ARE NON-REFUNDABLE OR TRANSFERABLE, CLIENT MAY PAY BALANCE ONLY VIA CORPORATE CHECK, CASH, CASHIER'S CHECK OR MONEY ORDER. PERSONAL CHECKS MAY NOT BE USED FOR FINAL PAYMENTS. BALANCE MUST BE PAID AT ARRIVAL UNLESS CLOWNING AROUND ENTERTAINMENT, INC./A CELEBRATION AUTHORITY STATES DIFFERENTLY ON THIS AGREEMENT FORM. CLOWNING AROUND ENTERTAINMENT, INC./ A CELEBRATION AUTHORITY RESERVES THE RIGHT, WITHOUT NOTICE, TO WITHHOLD SERVICES FOR NON-PAYMENT OF OUTSTANDING INVOICES OR BALANCE DUE.
THIS CONTRACT IS NON-CANCELLABLE. THE BALANCE OF THIS FULL CONTRACT PRICE IS DUE AND PAYABLE TO CLOWNING AROUND ENTERTAINMENT, INC./A CELEBRATION AUTHORITY NOT LATER THAN THE DATE FOR THE DELIVERY OF THE EQUIPMENT AND/OR SERVICES TO BE RENDERED, WHETHER OR NOT CUSTOMER ACCEPTS DELIVERY.
2. ALL CHANGES MUST BE MADE 7 BUSINESS DAYS PRIOR TO EVENT.
3. BY ACCEPTING DELIVERY OF ITEMS, CUSTOMER AGREES TO ALL TERMS AND CONDITIONS SHOWN ON THIS CONTRACT.
4. CUSTOMER SHALL PROVIDE ADEQUATE AND LEGAL PARKING AND UNLOADING AREAS FOR PERFORMER(S) AND DELIVERY VEHICLE(S). CUSTOMER AGREES TO REIMBURSE CLOWNING AROUND ENTERTAINMENT, INC./A CELEBRATION AUTHORITY FOR ANY PARKING FEES INCURRED.
5. CUSTOMER ASSUMES FULL RESPONSIBILITY FOR ALL ITEMS, INCLUDING THEIR SAFE AND PROPER USE, OPERATION, MAINTENANCE AND RETURN TO CLOWNING AROUND ENTERTAINMENT, INC./A CELEBRATION AUTHORITY. CUSTOMER IS RESPONSIBLE FOR ALL LOSS, DAMAGE, OR REPAIR.
6. IN THE EVENT OF MECHANICAL FAILURE CUSTOMER WILL BE GIVEN EXTRA RUNNING TIME OR CREDIT FOR ACTUAL DOWN TIME.
7. CLOWNING AROUND ENTERTAINMENT, INC./A CELEBRATION AUTHORITY MAKES NO WARRANTIES OF MERCHANT ABILITY OR FITNESS FOR PARTICULAR PURPOSE, OR ANY WARRANTIES, EXPRESSED OR IMPLIED.
8. THIS CONTRACT FORMS THE SOLE AGREEMENT BETWEEN THE CUSTOMER AND CLOWNING AROUND ENTERTAINMENT, INC./A CELEBRATION AUTHORITY. THE CUSTOMER AGREES TO INDEMNIFY AND HOLD CLOWNING AROUND ENTERTAINMENT, INC./A CELEBRATION AUTHORITY HARMLESS FOR ANY CLAIMS FROM CUSTOMERS USE OR MISUSE, INCLUDING ANY THIRD PARTIES FOR LOSS, INJURY, AND DAMAGE TO PERSONS OR PROPERTY ARISING OUT OF THE CUSTOMER'S NEGLIGENCE OR OPERATION INCLUDING LEGAL COSTS INCURRED IN DEFENSE OF SUCH CLAIMS.
9. OPERATORS SHOULD READ ALL WARNINGS AND INSTRUCTIONS (SAFETY INSTRUCTIONS).
10. RETAKING OF EQUIPMENT: IF CUSTOMER FAILS TO RETURN ALL RETURNED ITEMS UPON AGREED TIME, CUSTOMER AGREES TO PAY FOR ALL ADDITIONAL CHARGES. IF CUSTOMER REFUSES TO RETURN ITEMS, THE CUSTOMER AGREES THAT CLOWNING AROUND ENTERTAINMENT, INC./A CELEBRATION AUTHORITY AND ITS AGENTS MAY TAKE ALL ACTIONS REASONABLE NECESSARY TO RECOVER ITEMS WITHOUT PRIOR NOTICE OR LEGAL PROCESS.
11. CUSTOMER ACKNOWLEDGES THE POSSIBILITY OF INJURY AND WILL PROVIDE ADULT SUPERVISION AT ALL TIMES ACCORDING TO THE RULES GIVEN TO PARTY HOST/CLIENT PRIOR TO EVENT, WRITTEN INSTRUCTION, OR VERBAL.
12. ATTORNEY FEES: CUSTOMER AGREES TO PAY ALL REASONABLE ATTORNEY FEES AND COURT COSTS INCURRED BY CLOWNING AROUND ENTERTAINMENT, INC./A CELEBRATION AUTHORITY IN ENFORCING THESE TERMS AND CONDITIONS.
13. CLOWNING AROUND ENTERTAINMENT, INC./CELEBRATION AUTHORITY, ITS OFFICERS, AGENTS, ASSIGNS, EMPLOYEES, CONTRACTORS, SUPPLIERS AND/OR VENDORS SHALL NOT BE RESPONSIBLE FOR ANY CLAIMS OF DAMAGES, INCLUDING BUT NOT LIMITED TO PERSONAL INJURY AND/OR PROPERTY DAMAGE, OCCURRING TO CUSTOMERS OR ANY USING PARTY ARISING FROM THE USE OF THE EQUIPMENT. CUSTOMER AGREES TO INDEMNIFY AND HOLD HARMLESS CLOWNING AROUND ENTERTAINMENT, INC./CELEBRATION AUTHORITY, ITS OFFICERS, AGENTS ASSIGNS, EMPLOYEES, CONTRACTORS, SUPPLIERS AND/OR VENDORS FROM ANY AND ALL CLAIMS FOR DAMAGES TO PERSON OR TO PROPERTY AND CLAIMS FOR LOSS, DAMAGE AND/OR THEFT ARISING OUT OF THE USE OF THE EQUIPMENT, AND AT ITS/HIS/HER OWN EXPENSE TO DEFEND ANY SUIT OR ACTION BROUGHT AGAINST CLOWNING AROUND ENTERTAINMENT, INC./CELEBRATION AUTHORITY, IT'S OFFICERS, AGENTS, ASSIGNS, EMPLOYEES, CONTRACTORS, SUPPLIERS AND/OR VENDORS FOUNDED UPON THE CLAIM OF SUCH DAMAGE OR LOSS OR THEFT.
14. CLIENT STATES AND AGREES THAT EVENT IS A CLOSED EVENT AND NOT OPEN TO THE PUBLIC UNLESS DOCUMENTED DIFFERENTLY ON CONTRACT.
15. CLIENT WILL COOPERATE AND ALLOW CLOWNING AROUND ENTERTAINMENT, INC./CELEBRATION AUTHORITY TO REQUIRE ON SITE WAIVERS FROM PARTICIPANTS IF DETERMINED IT IS NEEDED BY CLOWNING AROUND ENTERTAINMENT, INC./CELEBRATION AUTHORITY.
16. ANY CHANGES AFTER THE CONTRACT HAS BEEN WRITTEN WILL RESULT IN A \$25.00 PROCESSING FEE.
17. DAMAGE WAIVER: IF YOU PAY THE DAMAGE WAIVER CHARGE (DWC) AS SPECIFIED, SUBJECT TO THE LIMITATIONS AND EXCLUSIONS BELOW, CLOWNING AROUND ENTERTAINMENT, INC./A CELEBRATION AUTHORITY AGREES TO MODIFY THE TERMS OF THIS CONTRACT AND RELIEVE YOU OF LIABILITY FOR ACCIDENTAL DAMAGE TO THE ITEM(S) ON THIS CONTRACT, AND FOR LOSS DUE TO FIRE, COLLISION, WINDSTORM, UPSET, AND RIOT. WE EXCLUDE FROM THIS WAIVER, HOWEVER, ANY LOSS OR DAMAGE DUE TO THEFT, BURGLARY, MISUSE OR ABUSE, THEFT BY CONVERSION, INTENTIONAL DAMAGE, MYSTERIOUS DISAPPEARANCE OR ANY LOSS DUE TO YOUR FAILURE TO CARE FOR THE ITEM(S) AS A PRUDENT PERSON WOULD HIS/HER OWN PROPERTY. IN ADDITION, THIS WAIVER DOES NOT INCLUDE AND/OR COVER PERSONAL INJURY OR DEATH. IF ANY LOSS TENDS TO INDICATE A CRIME MAY HAVE BEEN COMMITTED, A FURTHER CONDITION OF THIS WAIVER IS THAT YOU MUST FILE A REPORT TO THE PROPER LAW ENFORCEMENT AUTHORITIES AND FURNISH US A COPY. IN ADDITION, IF YOU HAVE INSURANCE FOR THE LOSS OR DAMAGE, YOU SHALL EXERCISE, AND SHALL EMPOWER US TO EXERCISE, ALL YOUR RIGHTS TO OBTAIN RECOVERY UNDER INSURANCE, SHALL COOPERATE WITH CLOWNING AROUND ENTERTAINMENT, INC./A CELEBRATION AUTHORITY TO OBTAIN RECOVERY AND ALL INSURANCE PROCEEDS SHALL BE GIVEN OR ASSIGNED TO CLOWNING AROUND ENTERTAINMENT, INC./A CELEBRATION AUTHORITY.
18. ALL CREDIT CARD TRANSACTIONS FOR \$500.00 OR MORE WILL HAVE A 3.90% CONVENIENCE FEE ADDED.

SIGNED R.B. Boel DATE 5/4/15.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/20/2015

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 Stolarick & Company, Inc. 4673 Grand Avenue Gurnee IL 60031		CONTACT NAME: Heather Knight PHONE (A/C No. Ext): (847)360-1302 E-MAIL ADDRESS: heather@stolarickins.com FAX (A/C No.): (847)360-1302	
INSURED Clowning Around Entertainment, Inc. 220 S Shaddle Mundelein IL 60060		INSURER(S) AFFORDING COVERAGE INSURER A: Mercury NAIC # 0000 INSURER B: Commerce & Industry Ins 0000 INSURER C: Travelers Property Casualty Insurance Company 36161 INSURER D: INSURER E: INSURER F:	

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
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMPROP AGG \$ \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS	N	N	BA120000000405	01/01/2015	01/01/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	N	N	BE038804654	01/01/2015	01/01/2016	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	N	6JUB-2E64508-2-15	01/01/2015	01/01/2016	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

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

CERTIFICATE HOLDER

Village of Palos Park
8901 W 123rd St
Palos Park IL 60464

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
Heather Knight

Fax: ACORD 25 (2014/01) Email:

© 1988-2014 ACORD CORPORATION. All rights reserved.

The ACORD name and logo are registered marks of ACORD



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/16/2015

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 Cossio Insurance Agency PO Box 188 Simpsonville, SC 29681 (864) 688-0121	CONTACT NAME: Karen Kaphart PHONE (A/C No. Ext): 8476963008 FAX (A/C No.): E-MAIL ADDRESS: Heather@stolarickins.com
	INSURER(S) AFFORDING COVERAGE
INSURED Clowning Around Entertainment, Inc dba Celebration Authority 220 S. Shaddle Avenue Mundelein, IL 60060	INSURER A: Admiral Insurance CO (CHERRY HILL, NJ) NAIC # 24856 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

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	ADDITIONAL INSURED	POLICY NUMBER	POLICY EFF. (MM/DD/YYYY)	POLICY EXP. (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	X	CA000020618-01	01/01/2015	01/01/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/PROP AGG \$ 2,000,000 Deductible \$ 10,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED 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) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED \$ RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in IL) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A			<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER 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)
Party Equipment Rentals Operations located at 220 South Shaddle Avenue Mundelein, IL 60060. Certificate Holder As Additional Insured. Amusement devices on file with the company for special event(s) dated 8/19/2015 to 9/19/2015 located at 8901 W. 123rd Street, Palos Park, IL 60464. Village of Palos Park, employees, participants and volunteers additional insured. Coverage Does Not Extend to Mechanical Bulls.

CERTIFICATE HOLDER Village of Palos Park 8901 W. 123rd Street Palos Park, IL 60464	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
--	--

© 1988-2014 ACORD CORPORATION. All rights reserved.