

SUNSET

EXTERIORS & RESTORATION™

Design Specialist

Commercial Contractors

Office 847 865 5050 * Fax 847 865 5167 * www.sunsetexteriors.com

PROPERTY NAME: ITB - Project 9153 - Vitamin Shoppe
AND ADDRESS: 123 Weber Road, Bolingbrook, Illinois 60440

DATE: 1/23/15
PHONE: 847 679 4300
Project # 9153

CONTRACTORS: Sunset Exteriors & Restoration Inc.
AND ADDRESS: Wauconda IL

Furnish materials and perform labor necessary to complete installation of:

Per Specifications for new Roofing System:

- All work to be done in accordance with OSHA safety standards.
- Install two layer of 2.2" 4'X8' polyisocyanurate insulation boards total R-Value 25.
- Install new ¼" per ft tapered insulation per prints to promote positive drainage.
- Install a *Firestone adhered .045 mil. TPO system* per manufactures specifications.
- Flash all walls up and over as necessary.
- Provide two Portal plus for mechanicals.
- Supply and install 1 bilco roof hatch and Safety post per prints.
- Install 24 gauge kyner pre-finished steel coping. All shop fabricated with standard ITB Vitamin Shoppe colors.
- All hoisting and disposal is included for our work.
- Upon final payment, warranty on workmanship / materials be issued from Sunset Exteriors & Restoration, Inc.
- *Provide Firestone 15 year NDL (no dollar limit) warranty for labor and materials.*

New Roof For the sum of..... \$ 35,623.00

If requested> Supply and install Firestone walkway pad at a cost of \$17.75 per LF per Firestone detail (UT-M-1).

Misc: Job site will be cleaned at the end of every day. Job will continue on consecutive days to completion except for Sundays and bad weather. There will be a job foreman on site with whom to communicate.

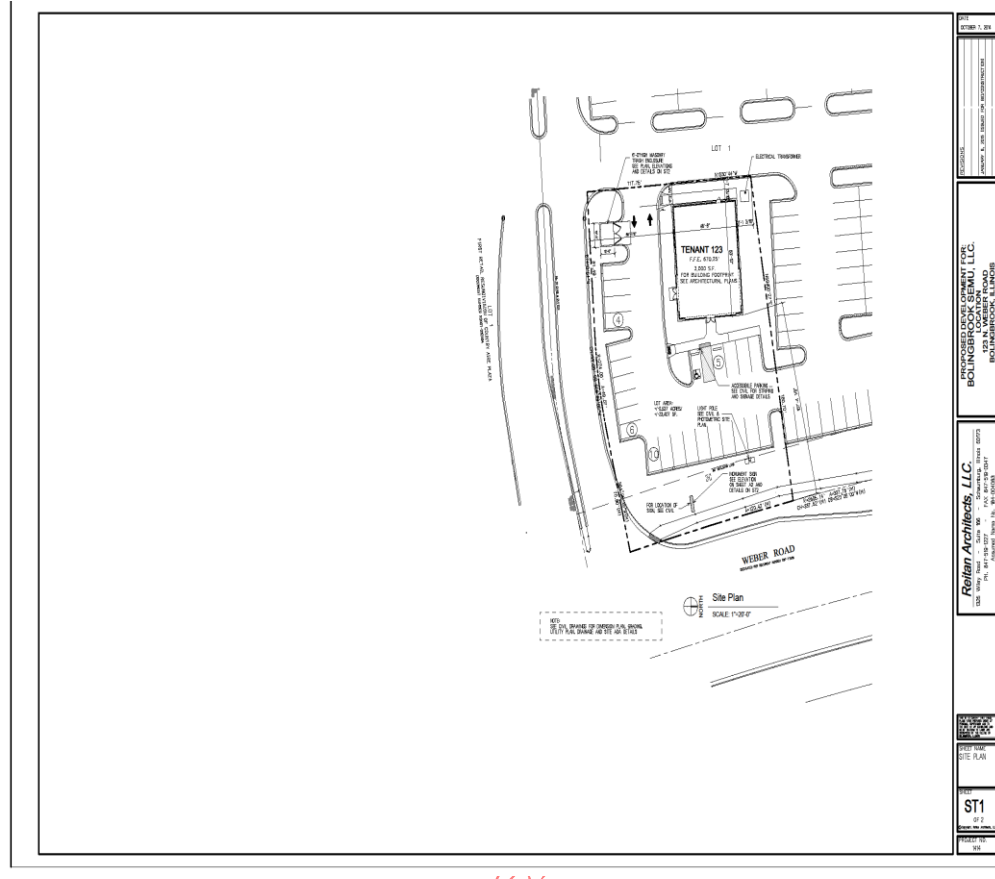
Sunset Exteriors & Restoration Inc. will clean up, and haul away all debris as a result of this work, upon completion. Sunset Exteriors & Restoration Inc. has workman compensation, automobile and public liability insurance. Sunset Exteriors & Restoration Inc. is a Certified Lead Safe for the RRP rule Company License # NAT-42067-1

By Bruce Schimkus @ 847 302 1646
Company Representative

Signed _____ Date _____
Owner / Agent

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WORK JOB SITE:



New Roof For the sum of..... \$ 35,623.00

Bruce Schimkus is certified and licensed, Master Shingle Applicator, Firestone Flat Roofing TPO system, 5 Star rated by CertainTeed, Lead Safe by EPA, Vinyl Siding Institute - VSI certified, Fiber cement Certified, CSI-Construction Specifications Institute, 08, 09, 10, 11, 12, 13, & 2014 Complaint free BBB, Safe Practice for Home Inspector, Certified Alside Window & Patio door installation, Dec Tec Installation Services.

Listed on our web site: <http://sunsetexteriors.com/Certifications.aspx>

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By Bruce Schimkus @ 847 302 1646
Company Representative

Signed _____ Date _____
Owner / Agent

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CERTIFICATE OF INSURANCE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
1/24/2016

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).

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| PRODUCER INSURANCE BENEFITS RESOURCE GROUP INC 1491 Cumberland Parkway Algonquin, IL 60102 | CONTACT NAME: Lori Grana |
| | PHONE (AG. No. Ext): (224)333-0550 FAX (AG. No.): (224)333-0551 E-MAIL ADDRESS: lori@insurancebrg.com |
| INSURED Sunset Exteriors and Restoration Inc. 1208 Water Stone Circle Wauconda, IL 60084 847-302-1646 | INSURER(S) AFFORDING COVERAGE: |
| | INSURER A: Nautilus Insurance |
| | INSURER B: Hartford Insurance |
| | INSURER C: |
| | 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 | ROLE | SUBR | POLICY NUMBER | POLICY EFF. (MM/DD/YYYY) | POLICY EXP. (MM/DD/YYYY) | LIMITS |
|----------|---|------|------|---------------|--------------------------|--------------------------|--|
| A | COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | | | PN007075 | 10/18/2014 | 10/18/2015 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$ 100,000 MED EXP (Anyone 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 type="checkbox"/> ANY AUTO <input type="checkbox"/> ALLOWED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS | | | PN007075 | 10/18/2014 | 10/18/2015 | COMBINED SINGLE LIMIT (Per accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ |
| A | UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE | | | AN013162 | 10/18/2014 | 10/18/2015 | EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ |
| B | 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 | 83WECAA3161 | 4/8/2014 | 4/8/2015 | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER ILL EACH ACCIDENT \$ 1,000,000 ILL DISEASE - SA EMPLOYEE \$ 1,000,000 ILL DISEASE - POLICY LIMIT \$ 1,000,000 |

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

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| CERTIFICATE HOLDER ITB -Project 9153- Vitamin Shoppe 123 Weber Road Skokie, IL 60076 | 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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ACORD 25 (2013/04)

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