

RESOLUTION
R 29-17

**A RESOLUTION AUTHORIZING SIGNATURE OF THE
VILLAGE PRESIDENT ON A FIREWORKS PRODUCTIONS AGREEMENT**

WHEREAS, the Village of Lombard desires to contract with Mad Bomber Fireworks Productions for a fireworks display to take place on July 4, 2017 in Madison Meadow Park,

NOW, THEREFORE, BE IT RESOLVED BY THE PRESIDENT AND BOARD OF TRUSTEES OF THE VILLAGE OF LOMBARD, DU PAGE COUNTY, ILLINOIS, AS FOLLOWS:

SECTION 1: That the Village President be and hereby is authorized to sign on behalf of the Village of Lombard a Fireworks Production Agreement with Mad Bomber Fireworks Productions as attached hereto pending final approval of a Fireworks Display Agreement between the Village of Lombard and the Lombard Park District.

SECTION 2: That this Resolution shall be in full force and effect from and after its passage and approval as provided by law.

Adopted this 20th day of April, 2017.

Ayes: Trustee Whittington, Fugiel, Foltyniewicz, Johnston, Pike and Ware


Nays: None

Absent: None

Approved this 20th day of April, 2017.


Keith T. Giagnorio
Village President

ATTEST:


Sharon Kuderna
Village Clerk

**MAD BOMBER
FIREWORKS PRODUCTIONS
AGREEMENT**

This contract entered into this 12TH day of APRIL, 2017 by and between Mad Bomber Fireworks Productions of Kingsbury, Indiana hereinafter to as Seller, and

VILLAGE OF LOMBARD 255 EAST WILSON AVENUE LOMBARD, IL 60148

Herein after referred to as Buyer, of VILLAGE OF LOMBARD State ILLINOIS

Witness: Seller agrees to provide and Buyer agrees to purchase certain Fireworks Display in accordance with the Program. Buyer will pay Seller a sum of \$35,000.00 for said Display. Upon acceptance of this agreement Buyer will pay Seller a sum of (WAIVED) as an Earnest Money Deposit with the Balance due and payable within 30 days after the display date agreed upon. A late charge of 1½% per month will be assessed on accounts not paid within thirty days of display date.

Both Seller and Buyer mutually agree to the following terms, conditions, and stipulations:

1. Seller will present said Fireworks Display on the evening of the FOURTH day of JULY, 2017, it being understood that should there be inclement weather the day of the display the Seller has sole discretion to cancel display. An alternate display date will be given within six months of the original Display Date agreeable to both the Seller and Buyer.
2. The Fee for cancellation for any reason of the Fireworks Display is 40% of the agreement price if Buyer chooses to not select another Display Date within six months of the original Display Date.
3. Buyer will provide a sufficient area for the Display, including a minimum spectator set back of 420' feet at all points from the discharge area. Buyer will provide protection of the display by roping-off or other suitable means. Buyer will provide adequate police protection to prevent spectators from entering display area. Buyer agrees to search the fallout area at first light following a night display.
4. Seller reserves the right to terminate the Display in the event that persons enter the secured Danger Zone and Security is unable to secure the Danger Zone.
5. Seller agrees to provide Qualified Technicians to take charge of and present said Display.
6. Seller agrees to provide Liability Insurance in the amount of \$10,000,000.00 for the benefit of both the Buyer and Seller.
7. Mad Bomber Firework Productions retains the right to substitute product of equal or greater value in the event of shortage, or unavailability of any particular item on the proposal.
8. Seller and Buyer agree to include Attachments, if any. See Attachments: EXHIBIT A

Both Seller and Buyer hereto do mutually and severally guarantee terms, conditions, and payments of this contract, these articles to be binding upon the parties, themselves, their heirs, executors, administrators, successors and assigns.

MAD BOMBER FIREWORKS PRODUCTIONS

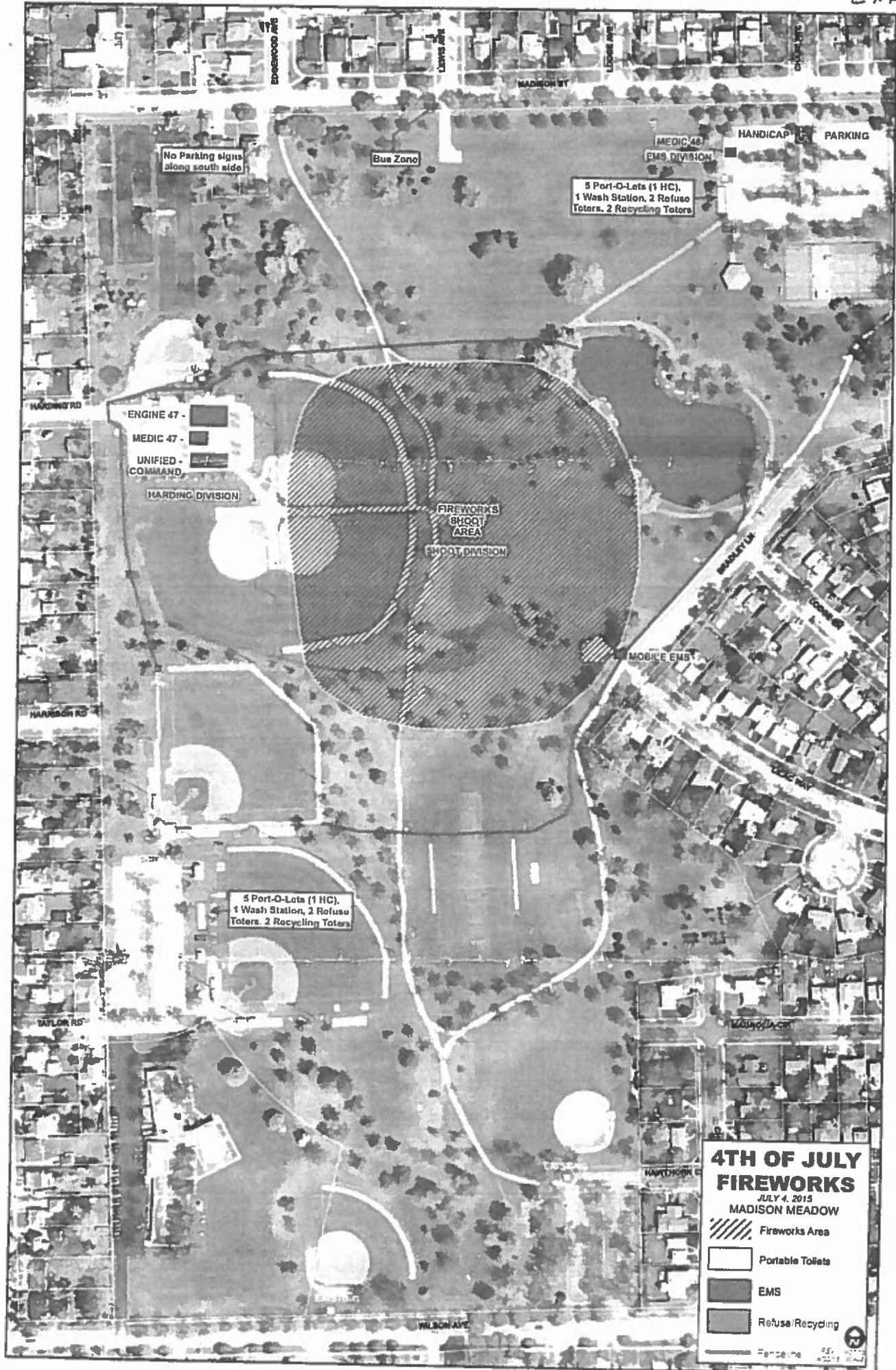
By Dean P. Wilkin
Sr. Vice President

Date: 04/12/17





BUYER

By [Signature]
(Is duly authorized agent who represents that he/she has full authority to bind the Buyer)

Date: April 20, 2017



4TH OF JULY FIREWORKS
 JULY 4, 2015
 MADISON MEADOW

-  Fireworks Area
-  Portable Toilets
-  EMS
-  Refuse/Recycling

Scale: 1" = 100'
 N
 40011



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/14/2017

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).

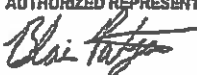
PRODUCER Arthur J. Gallagher Risk Management Services, Inc. 777 108th Ave NE, #200 Bellevue WA 98004	CONTACT NAME Kristen Look PHONE (A/C No. Ext.) 425-586-1016 FAX (A/C No.) 425-451-3716 E-MAIL ADDRESS:
	INSURER(S) AFFORDING COVERAGE INSURER A: T.H.E. Insurance Company NAIC # 12866 INSURER B: Travelers Property Casualty Co of A 25674 INSURER C: INSURER D: INSURER E: INSURER F:
INSURED MIANINC-01 Mad Bomber Fireworks Productions 3999 E. Hupp Road, Building R-3-1 La Porte, IN 46350	

COVERAGES CERTIFICATE NUMBER: 1954889983 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 SUBR INSD / WVD	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 <input checked="" type="checkbox"/> Per Show Agg GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:		CPP010529901	2/4/2017	2/4/2018	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$2,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		CPP010529901	2/4/2017	2/4/2018	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$		ELP001210401	2/4/2017	2/4/2018	EACH OCCURRENCE \$9,000,000 AGGREGATE \$9,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/EMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A	GJUB9F38368417	2/4/2017	2/4/2018	<input checked="" type="checkbox"/> PER STATUTE <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
	OPERATIONS: FIREWORKS DISPLAY					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 104, Additional Remarks Schedule, may be attached if more space is required)
Certificate holder is named as additional insured on the General Liability policy per form number CG133F (07/95) ADDITIONAL INSUREDS: VILLAGE OF LOMBARD AND ITS OFFICIALS, OFFICERS, AGENTS, VOLUNTEERS, AND EMPLOYEES. LOMBARD PARK DISTRICT ON A PRIMARY AND NON-CONTRIBUTORY BASIS.

CERTIFICATE HOLDER VILLAGE OF LOMBARD AND ITS OFFICIALS OFFICERS, AGENTS, VOLUNTEERS, EMPLOYEES. 255 EAST WILSON STREET LOMBARD, IL 60148 c/o , NICOLE ARANAS/KAREN ELLIS	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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