

# **APPROVED MINUTES**

## **ULLPOA Special Meeting Minutes**

**Saturday, October 17, 2020**

- I. **Call to order, roll call, Pledge of Allegiance** - Doug Jones called the meeting to order at 9:01am.  
Board members present - Mike Huber, Mary Sullivan, Kim Rogers, Scott Johnson, Toni Vella, Cheryl Wash, Doug Jones. Absent - Jon Arneson
  - **Welcome to members calling in.**
- II. **Approval of Agenda** - A motion to approve the agenda was made by Cheryl Wash, and was seconded by Toni Vella. Mike Huber asked that item 3 be removed from the agenda and added to an executive session. Cheryl motioned to accept the agenda as amended to remove item III and to set a date for an ES of Wednesday October 28th. This will be discussed at the scheduled ES with all parties in attendance. A date for a Special Meeting to follow the ES if needed was also set. A tentative date to have a Special Meeting was set for Monday November 2, 2020 @ 7pm. **This motion was seconded by Scott Johnson. A roll call vote was taken. Ayes - Mike Huber, Mary Sullivan, Kim Rogers, Scott Johnson, Toni Vella, Cheryl Wash & Doug Jones. Motion carries the agenda was approved unanimously.**
- III. **Mary Sullivan motioned to approve and award the 2020-2021 Snow plow contract of \$75,900 beginning on November 1, 2020 which will run for two years, ending in the spring of 2022.(Attachment A, 5 pages)** This will include winter of 2021. Doug asked for a copy of the certificate of insurance with the POA listed as an additional insured. The certificate of insurance should be filed together with the accepted contract. **(Attachment B)** The motioned was seconded by Scott Johnson. **A roll call vote was taken, Ayes - Mike Huber, Mary Sullivan, Kim Rogers, Scott Johnson, Toni Vella, Cheryl Wash & Doug Jones. All were in favor of the contract which was awarded for 2 years to Ken Oltmanns in the amount of \$75,900**
- IV. **A motion was made by Mary Sullivan to remove Wes Jaros as a signer on all of the POA bank accounts, the motion was seconded by Scott Johnson. A roll call vote was taken, Ayes - Cheryl Wash, Scott Johnson, Mary Sullivan, Kim Rogers, Mike Huber, Doug Jones. No-Toni Vella. 6-Yes 1-No. The motion to remove Wes Jaros as a signer from all of the POA bank account carries.**

V. Scott Johnson motioned to adjourn the special meeting, seconded by Cheryl Wash, a voice vote was taken, all in attendance were in favor. The meeting was adjourned at 9:21am.

Submitted by:

\_\_\_\_\_ Dated \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
**Cheryl A Wash, Board Secretary**

caw 11/24/2020 rev.

Desktop/ULLPOA Meeting minutes 2020 pages/October 17, 2020 Special Meeting minutes

**United Lost Lake Property Owners Association**  
903 Missouri Drive  
Dixon, IL 61021

**REQUEST FOR BIDS:**

**Requirements:**

1. Remove snow from roadways whenever 2 inches of snow has accumulated, regardless of the time of day or night or the day of the week. Additional snow removal during a 24 hour period may be required at no additional charge. United Lost Lake snow plowing will always be given first priority over any other plowing obligations.
2. Snow removal will be done in a timely and professional manner with experienced personnel.
3. Spread salt and chips as needed to avoid road icing and clear blowing and drifting snow when necessary and at the discretion of the ULLPOA Roads Co-Chairman without charges.
4. Provide itemized list of all equipment used to plow approximately 18 miles of roads.
5. Provide loader to store salt and chips in the ULLPOA storage area when delivered and for loading salt and chips into your equipment.
6. Call backs for omission of any roads, cul de sacs or improperly plowed or salted areas should be provided in a timely manner with no additional charges at the discretion of the ULLPOA Co-Chairman.
7. ULLPOA will assume no responsibility or liability for any damage to contractor equipment.
8. Provide a list of the size and scope of other plowing obligations.

9. Provide length of time the business has operated and supply references.

10. All plow blades must be equipped with shoes to prevent damage to the road surface.

11. No subcontracting permitted.

12. No additional charges will be considered.

13. The contractor selected will be required to sign and submit a certificate of insurance liability naming United Lost Lake Property Owners Association, 903 Missouri Drive, Dixon, IL 61021 as the certificate holder.

14. Contractor will be required to submit both a Drug and Alcohol Compliance statement and provide a signed W9 form that are included with this bid package.

Bid packages will be provided on request by visiting the ULLPOA office located at 903 Missouri Drive, Dixon, IL 61021 during the hours of 9AM to 4PM on Monday, Wednesday and Thursday. Bids will be due no later than 4PM October 5, 2020 at the ULLPOA office. Bids must be hand delivered or mailed through the USPS. No faxes will be accepted. All bids should be returned in the envelope provided and then sealed. Any questions should be directed to the Roads Co-Chairman Mary Sullivan at 815-652-2306. The contract will remain in effect from November 1, 2020 to April 30, 2022.

One half of the payments will be paid in 5 equal installments each year of the contract on the first day of November, December, January, February, and March.

Enclosure A

Return all three (3) pages of this bid package, keeping a copy for your records.

Please provide the model and type of all equipment to be used including the size of all plow blades (use an additional sheet of paper, if necessary, to list all equipment):

2011 Chevy 9' V Plow Tractor Loader to Load salt  
2009 Chevy 9' Plow + 8' V Box Salt Spreader  
2008 Chevy 12' Plow + 10' V Box Salt Spreader  
Tractor with 10' plow and snowplow

Please provide the names and contact numbers of three references:

Awscore Storage Kathy Lee 815 440 1708  
Charlie Moore Former Roads ULLPOA 815 652-2300  
Deb tessler 1 815 631-0494

This bid is for \$ 75900 dollars for a two (2) year contract to be paid in the following increments: 50% of the total during the 2020/2021 snow removal season and 50% of the total during the 2021/2022 snow removal season.

Date: 10-4-20

Company Name: Ken Oltmanns

Company Mailing Address: Ken Oltmanns  
1233 Lostwater Rd Dixon IL 61021

Company or Contact Phone Number: 815 440 2300

Signature and Title: 

- Encl: 1. Statement of Alcohol and Drug Compliance
- IRS Form W9
- ULLPOA Map

Form **W-9**  
(Rev. October 2018)  
Department of the Treasury  
Internal Revenue Service

# Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type.  
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.  
Ken Ottens

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.

Individual/sole proprietor or single-member LLC     C Corporation     S Corporation     Partnership     Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ \_\_\_\_\_

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

Other (see instructions) ▶ \_\_\_\_\_

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) \_\_\_\_\_

Exemption from FATCA reporting code (if any) \_\_\_\_\_

(Applies to accounts established outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.  
1233 Westlawn Rd

6 City, state, and ZIP code  
Dixon IL 61021

7 List account number(s) here (optional)

Requester's name and address (optional)

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

		-			-				
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or

Employer identification number

		-							
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## Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here    Signature of U.S. person ▶ *Ken Ottens*    Date ▶ 10-11-20

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1099 (home mortgage interest), 1099-E (student loan interest), 1099-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*, later.



*United Lost Lake Property Owners Association*

903 Missouri Drive  
Dixon IL 61021  
(815) 652-4491  
FAX: (815) 652-8664

## STATEMENT OF ALCOHOL & DRUG COMPLIANCE

The United Lost Lake Property Owners Association is committed to providing an alcohol/drug-free work place to its employees and is committed to protecting its members from potential harm, which an alcohol/drug-free work place will avoid.

As a part of this program, we take this opportunity to notify you and all of our contractors and their employees, vendors, and service providers, that the United Lost Lake Property Owners Association absolutely forbids the consumption of alcohol or the taking of illegal drugs while in the United Lost Lake community on United Lost Lake business, or reporting to work under the influence of alcohol or drugs taken prior to reporting for work.

We appreciate your full cooperation with this policy. Our enforcement may include contract termination for violation or even removal from, and banning from, future presence within our Subdivision.

I, Ken Ottman, have read and understand the above stated policy.  
(Print name)

Signature

10-4-20

Date

\_\_\_\_\_  
Company Name



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/14/2020

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 have ADDITIONAL INSURED provisions or 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 Resny Insurance 101 N 7th St Chicago IL 60661	CONTACT NAME Joseph Resny	PHONE (A/C No. Ext) 815-712-9010	FAX (A/C. No.)
	E-MAIL ADDRESS jresny@resnyinsurance.com		
INSURER(S) AFFORDING COVERAGE		NAIC #	
INSURER A OWNERS INS CO		12700	
INSURER B			
INSURER C			
INSURER D			
INSURER E			
INSURER F			

COVERAGES	CERTIFICATE NUMBER	REVISION NUMBER
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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.

WRN LTR	TYPE OF INSURANCE	ADDITIONAL (IND. WVD)	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE: <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO. SECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER		07170714	07/01/2020	07/01/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (E.A. OCCURRENCE) \$ 50,000 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"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS ONLY		4501989902	07/01/2020	07/01/2021	UNINSURED VEHICLE LIABILITY (E.A. ACCIDENT) \$ 1,000,000 BODILY INJURY (Per person) \$ L BODILY INJURY (Per accident) \$ L PROPERTY DAMAGE (Per accident) \$ L
	UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> LOC <input type="checkbox"/> PRO. SECT					EACH OCCURRENCE \$ AGGREGATE \$ PER. STATUTE \$ OTHER \$
	WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PRINCIPAL EMPLOYER IN THE EXECUTIVE OFFICE IN MEMBER EXCLUDED? (Mandatory in MI) Y/N <input type="checkbox"/> N/A PER. STATUTE UNDER DESCRIPTION OF OPERATIONS below					PER. STATUTE \$ 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)

## CERTIFICATE HOLDER

United Lost Lake PUA  
901 Missouri Drive  
Dixon IL 61021

## 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  
Joseph Resny