



BELFOR Property Restoration

1509 Brook Dr. - Downers Grove, IL 60515
(630) 953-8350 Tel. - (630) 953-0714 Fax.
IL License # 104-014674 - Fed ID # 84-1309171

Insured: Elmslie Building
Property: 1 S. Broadway
Aurora, IL 60507

Cellular: (630) 885-2610

Claim Rep.: Tony Mallegni
Company: Belfor Property Restoration
Business: 1509 Brook Drive
Downers Grove, IL 60515

Cellular: (815) 370-2590
E-mail: tony.mallegni@us.belfor.com

Estimator: Tony Mallegni
Company: Belfor Property Restoration
Business: 1509 Brook Drive
Downers Grove, IL 60515

Cellular: (815) 370-2590
E-mail: tony.mallegni@us.belfor.com

Claim Number:

Policy Number:

Type of Loss:

Date of Loss: 2/20/2019 12:00 AM
Date Inspected: 2/20/2019 12:00 AM

Date Received: 2/20/2019 12:00 AM
Date Entered: 3/15/2019 8:34 AM

Price List: ILCC8X_FEB19
Restoration/Service/Remodel
Estimate: 19-11-ELMS_B

We would like to thank you for the recent work. The following pages contain a detailed breakdown of the services that were performed for you.

Total cost for the work detailed in the following pages is **\$7,176.86**.

It is possible that your insurance company may send the payment directly to you. If you receive such payment please forward it immediately to **BELFOR** as directed on the attached invoice.

If you have any questions about the work performed or the invoice, please contact Tony Mallegni.

Thank you in advance for your cooperation,

BELFOR Property Restoration

We are here 24 hours a day, seven days a week,
wherever and whenever you need us.

-If you would like to participate in our Customer Satisfaction Survey, please visit our website www.BELFOR.com to do so.



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19-11-ELMS_B

19-11-ELMS_B

DESCRIPTION	QTY	REMOVE	REPLACE	TAX	O&P	TOTAL
Emergency service call - after business hours	1.00 EA	0.00	320.08	0.00	0.00	320.08
Specialty Items (Bid Item) Crane	1.00 EA	0.00	3,230.00	0.00	646.00	3,876.00
Commercial Supervision / Project Management - per hour Includes 1 supervisor for 6.5 overtime hours.	9.75 HR	0.00	71.49	0.00	0.00	697.03
General Demolition - per hour Includes 6 technicians for 29 overtime hours.	43.50 HR	52.50	0.00	0.00	0.00	2,283.75
Total: 19-11-ELMS_B				0.00	646.00	7,176.86
Line Item Totals: 19-11-ELMS_B				0.00	646.00	7,176.86



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Summary for Dwelling

Line Item Total	6,530.86
Overhead	323.00
Profit	323.00
Replacement Cost Value	\$7,176.86
Net Claim	\$7,176.86

Tony Mallegni

CITY OF AURORA
CHECK REQUEST

This form may be used to request check payments only for those items for which the issuance of a purchase order would not be appropriate. Such items generally include membership dues, training class registration fees, travel reimbursements (or advance per diem), purchasing card payments, postage, and development incentives. Attach supporting documentation (e.g., invoice or agreement).

Date 03-25-19

COPY

Date check is needed: 04-11-19

Vendor Name/Pay To Address:

FEIN #84-1309171

Belfor Property Restoration

1509 Brook Drive

Downers Grove, IL 60515

Description: Elmslie Building Claim #076919006516 Project Code DNTN13

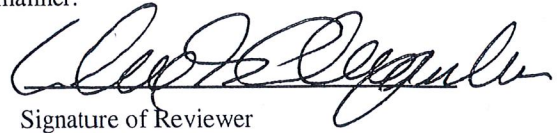
Date of Incident: February 20, 2019

Check the appropriate block below and sign.

We hereby certify that the goods/services, for which payment is herein requested, have been provided in a satisfactory condition/manner. Consequently, payment is appropriate at this time.

We hereby certify that the goods/services, for which payment is herein requested, have not yet been provided. The reviewer indicated below will notify the Finance Department's Accounting Division in writing when the goods/services have been delivered in a satisfactory condition/manner.


Signature of Requester


Signature of Reviewer

JENNIFER G. JORDAN
Printed Name of Requester

ALVIN G. ALMOND
Printed Name of Reviewer

Dept/Div Property Claims - Public Property

Account #(s) 601-0000-410.40-78 \$7,176.86

F
I
N
A
N
C
E
Vendor # _____ Check Amount: \$ _____

Authorized by _____ Finance



F.H. PASCHEN, S.N. NIELSEN & ASSOCIATES LLC
 GENERAL CONTRACTORS

INVOICE

5515 N. EAST RIVER ROAD
 CHICAGO, IL 60656
 773-444-3474 ph 773-714-0957
tbloom@fhpaschen.com

INVOICE NUMBER: 1587-140-1 (FINAL INVOICE)
 INVOICE DATE: March 26, 2019
 ACCOUNT NO:
 REQUISITION NO:
 PURCHASE ORDER NO:

Sold To: CITY OF AURORA
 DIRECTOR OF PURCHASING
 44 E. DOWNER PLACE, P.O. BOX 2067
 AURORA, IL 60507-2067
 ATTN: JOLENE COULTER

Work At:
 CITY OF AURORA- 1 S. BROADWAY MASONRY FAÇADE EMERG REP
 1 S. BROADWAY
 AURORA, IL 60507

FHPSNN Project No:	Payment Terms	For Work During the Period:	Vendor #:
1587-140	Due Upon Receipt	1-Feb-2019 to 26-Mar-19	8632

QUANTITY	DESCRIPTION	UNIT PRICE	LINE TOTAL
1.00	CITY OF AURORA- 1 S. BROADWAY MASONRY FAÇADE EMERG REPR		
	Total Contract Value to Date:	\$ 28,008.00	
	Total Amount Earned:	100.00%	\$ 28,008.00
	Less Retention:	0.00%	\$ -
	Total Amount Earned Less Retention:	\$ 28,008.00	
	Less Previously Approved/Paid:	\$ -	
	Amount Due for the Billing Period:		\$ 28,008.00
	Balance to Complete:	\$ 0.00	

By: _____
 TEDD A. BLOOM AUTHORIZED REPRESENTATIVE
 F.H. PASCHEN, S.N. NIELSEN & ASSOCIATES LLC

SUBTOTAL	\$ 28,008.00
SALES TAX	
PLEASE PAY THIS AMOUNT:	\$ 28,008.00

THANK YOU FOR YOUR BUSINESS!

CITY OF AURORA
CHECK REQUEST

This form may be used to request check payments only for those items for which the issuance of a purchase order would not be appropriate. Such items generally include membership dues, training class registration fees, travel reimbursements (or advance per diem), purchasing card payments, postage, and development incentives. Attach supporting documentation (e.g., invoice or agreement).

Date 04-09-19

Date check is needed: 04-25-19

Vendor Name/Pay To Address:

FEIN: 36-4518443

COPY

F.H. Paschen, S.N. Nielsen & Associates LLC

5515 N. East River Road

Chicago, IL 60656

Description: Elmslie Building Claim #076919006516 Project Code DNTN13

Date of Incident: February 20, 2019

Check the appropriate block below and sign.

We hereby certify that the goods/services, for which payment is herein requested, have been provided in a satisfactory condition/manner. Consequently, payment is appropriate at this time.

We hereby certify that the goods/services, for which payment is herein requested, have not yet been provided. The reviewer indicated below will notify the Finance Department's Accounting Division in writing when the goods/services have been delivered in a satisfactory condition/manner.

Jennifer G. Jordan
Signature of Requester

[Signature]
Signature of Reviewer

JENNIFER G. JORDAN
Printed Name of Requester

Alex G. Alexander
Printed Name of Reviewer

Dept/Div Property Claims - Public Property

Account #(s) 601-0000-410.40-78 \$28,008.00

F
I
N
A
N
C
E
Vendor # _____ Check Amount: \$ _____

Authorized by _____ Finance

Request for Taxpayer Identification Number and Certification

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

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	<p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p> <p>F.H. Paschen, S.N. Nielsen & Assoc. LLC</p> <p>2 Business name/disregarded entity name, if different from above</p> <p>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.</p> <p> <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input checked="" type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ P <small>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.</small> <input type="checkbox"/> Other (see instructions) ▶ </p> <p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p style="text-align: right; font-size: x-small;">(Applies to accounts maintained outside the U.S.)</p> <p>5 Address (number, street, and apt. or suite no.) See instructions.</p> <p>5515 N. East River Road</p> <p>6 City, state, and ZIP code</p> <p>Chicago, IL 60656</p> <p>7 List account number(s) here (optional)</p> <p>Requester's name and address (optional)</p>
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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									
or									
Employer identification number									
3	6	-	4	5	1	8	4	4	3

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	Date ▶ 2/26/19
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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.

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 1098 (home mortgage interest), 1098-E (student loan interest), 1098-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.

ELMSLIE BUILDING BRICK -- COST SUMMARY

EMPLOYEE	DIVISION	DATES	HOURS	WAGES			OT	FICA	MC	PENSION	TOTAL COST
				AMOUNT	HLRY RATE						
							6.20%	1.45%	21.55% FP		
									22.09% PP		
									11.53% IMRF		
ARREDONDO, LIONEL	STREETS	2/21/2019	2	54.00				3.35	0.78	6.23	64.36
AYALA, MARTIN	STREETS	2/21/2019	2	91.62				5.68	1.33	10.56	109.19
BRADSHAW, JONATHAN	STREETS	2/22/2019	1	37.85				2.35	0.55	4.36	45.11
BUESING, DAVID	STREETS	2/21 & 22/2019	4	113.52				7.04	1.65	13.09	135.29
CORONADO, CHRISTOPHER	STREETS	2/22/2019	1	27.78				1.72	0.40	3.20	33.11
DELEON, NICHOLAS	STREETS	2/21/2019	2	70.06				4.34	1.02	8.08	83.50
GENSLINGER, RONALD	STREETS	2/21 & 22/2019	4	151.40				9.39	2.20	17.46	180.44
HEYERMAN, THOMAS	STREETS	2/21/2019	4	140.12				8.69	2.03	16.16	167.00
JIMINEZ-PLASCENC, JOSE	STREETS	2/22/2019	1	28.38				1.76	0.41	3.27	33.82
OROS, EDWARD	STREETS	2/21/2019	2	72.08				4.47	1.05	8.31	85.90
REIER, DAVID	STREETS	2/22/2019	1	35.23				2.18	0.51	4.06	41.99
RODRIGUEZ, ROBERTO	STREETS	2/22/2019	1	42.39				2.63	0.61	4.89	50.52
STRINGER, DAVID	STREETS	2/21/2019	4	140.12				8.69	2.03	16.16	167.00
WOODWARD, SCOTT	STREETS	2/21/2019	4	150.60				9.34	2.18	17.36	179.49
BENSON, TANI	STREETS	2/22/2019	1	26.25				1.63	0.38	3.03	31.28
BRIAN, DAVID	POLICE	2/20/2019	8	402.88	50.36				5.84	89.00	497.72
BONNIE, MATTHEW	POLICE	2/20/2019	8	402.88	50.36				5.84	89.00	497.72
SULLIVAN, WILLIAM	POLICE	2/20/2019	8	402.88	50.36				5.84	89.00	497.72
GALLARDO, ED	POLICE	2/20/2019	8	479.44	59.93				6.95	105.91	592.30
HART, BRIAN	POLICE	2/20/2019	8	402.88	50.36				5.84	89.00	497.72
BIRCHALL, JIM	PUBLIC WORKS	2/20/2019	10	596.70	59.67			37.00	8.65	68.80	711.15
SCHULER, ABBY	DNTN MAINT	2/20/2019	3	124.62	41.54			7.73	1.81	14.37	148.52
JORDAN, JENNIFER	LAW/RISK MGMT	2/20/2019	4.5	127.94	28.43			7.93	1.86	14.75	152.47
CURLEY, JOHN	DEVEL. SVCS	2/20/2019	6	432.96	72.16			26.84	6.28	49.92	516.00
BEENE, KELVIN	PROP STDS	2/20/2019	3.5	173.67	49.62			10.77	2.52	20.02	206.98
FORBES, TIM	STREETS	2/20/2019	6	370.50	61.75			22.97	5.37	42.72	441.56
MARTINEZ, ALBERTO	DNTN MAINT	2/20/2019	0.5	17.58	23.44	1.5		1.09	0.25	2.03	20.95
ALEXANDROU, ALEX	MAYORS OFFICE	2/20/2019	4.5	406.08	90.24			25.18	5.89	46.82	483.97
				5,522.41				212.75	80.07	857.54	<u>6,672.77</u>

Elmslie Sidewalk Damage

Description	Number	Cost/Each	Extension	Notes
Light poles and fixtures	2	4,645.00	9,290.00	See attached COA electrician estimate, 2 poles were damaged - see pictures
Tree	1	225.00	225.00	tree was damaged - see pictures - invoice is from previous tree purchase
Grate around tree	2	1,110.00	<u>2,220.00</u>	2 grates were damaged - see pictures - invoice is for 2 sets of grates which cover 2 tre
	Total		<u>\$ 11,735.00</u>	

Jordan, Jennifer

From: Michael Bialko <mbialko@comcast.net>
Sent: Friday, March 29, 2019 12:06 PM
To: Jordan, Jennifer
Cc: King, Erin; Patrick Frey
Subject: Re: EMA Equipment

I would say 2.30 per gallon for the 10 gallons of unleaded

3.00 for the 6 gallons of diesel.

Michael Bialko

On Mar 29, 2019, at 10:13 AM, Jordan, Jennifer <JJordan@aurora-il.org> wrote:

Thank you, Mike.

I wanted to get the closest approximation to cost as I could and wasn't sure if the City has its own reserve, or if that was commercial. I need to break down these costs as a total fuel summary. Can you advise me on the dollar amount per gallon at that time, if possible?

Sincerely,

<image001.png>

Jennifer G. Jordan
Risk Management Paralegal

City of Aurora
Law Department
Risk Management
44 East Downer Place
Aurora, IL 60507
(630) 256-3060
JJordan@aurora-il.org
www.aurora-il.org

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Do not deliver, distribute, or copy this message and/or any attachments.

From: Comcast [<mailto:mbialko@comcast.net>]
Sent: Wednesday, March 27, 2019 1:39 PM
To: King, Erin <EKing@aurora-il.org>

Cc: Patrick Frey <freypl@aol.com>; Jordan, Jennifer <JJordan@aurora-il.org>

Subject: Re: EMA Equipment

The light tower went out at 7:30pm till we don't know. The city used it till the middle of the night

Fuel used was:

Truck 1/4 tank = 10 gallons

Generator was 1/2 tank or 6 gallons

Mike

On Mar 27, 2019, at 1:00 PM, King, Erin <EKing@aurora-il.org> wrote:

Hey Mike and Patrick,

The night the light tower went out for the building collapse in downtown, any idea how long the light truck was out on scene? And how much fuel that would have used? We are trying to come up with a cost for equipment usage that night.

Jennifer Jordan from the legal department is putting together some numbers for insurance purposes and she is looking for this information. Please Cc her on emails pertaining to these numbers. Thanks!

Erin King
Emergency Management Agency
City of Aurora
O: 630-256-5802
F: 630-256-5809