



Angelo "Skip" Saviano
Village President
Gina Pesko
Village Clerk
Paul A. Volpe
Village Manager
Michael Durkin
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Alan T. Kaminski
Jeff Sargent
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Anthony Del Santo
Angelo J. Lollino
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Ms. Rosa Balistreri
rosabalistreri@att.net

July 30, 2019

RE: Freedom of Information Act Request

Dear Ms. Balistreri,

The Village of Elmwood Park is in receipt of your July 26th Freedom of Information Act request (5 ILCS 140/1 et seq.) ("FOIA") for the following records:

"Insurance info on Coreas Cement Co. (home address & business)

Your request has been granted in part and denied in part. Enclosed are records responsive to your FOIA request. However, please be advised that certain information in the records being provided has been determined to be exempt from disclosure under FOIA, and that information has been redacted from the records being provided.

Section 7 (1) (b) of FOIA provides that "private information" is exempt from disclosure. "Private information" is defined in FOIA as, "unique identifiers, including a person's social security number, driver's license number, employee identification number, biometric identifiers, personal financial information, passwords or other access codes, medical records, home or personal telephone numbers, and personal email addresses. Private information also includes home address and personal license plates, except as otherwise provided by law or when compiled without possibility of attribution to any person." 5 ILCS (140/2(c-5). Consequently, certain unique identifiers such as signatures, driver's license numbers, home or personal telephone numbers, and personal license plates have been redacted from the records being provided.

The person responsible for the decision to deny a portion of your FOIA request is the Village of Elmwood Park Freedom of Information Officer, Gina Pesko. In accordance with Section 9(a) of FOIA, you are hereby notified that you have the right to file a Request for Review regarding the decision made by the Village of Elmwood Park Freedom of Information Officer with the Public Access Counselor at the Illinois Attorney General's Office. You can file your Request for Review with the Public Access Counselor by writing to:

Sarah Pratt
Public Access Counselor
Office of the Attorney General
500 South 2nd Street
Springfield, Illinois 62706
Fax: 217-782-1396
E-Mail: publicaccess@atg.state.il.us

If you choose to file a Request for Review with the Public Access Counselor, you must do so within 60 calendar days of the date of this letter. Please note that you must include a copy of your original FOIA request and this letter when filing a Request for Review with the Public Access Counselor.

You are also notified that you have the right to judicial review regarding the decision made by the Village of Elmwood Park Freedom of Information Officer pursuant to Section 11 of FOIA.

Should you have any questions, please do not hesitate to contact my office.

Sincerely,



Gina Pesko, Village Clerk
Freedom of Information Officer
Village of Elmwood Park
708-452-3948



11 CONTI PARKWAY
ELMWOOD PARK, ILLINOIS 60707 • Phone 452-7300

Village of
Elmwood Park

APPLICATION FOR CONTRACTOR'S LICENSE

Date: 04-12-19 License Fee: 100.00
Date Paid: CONT 2357 APR 12 2019 Disapproved:
License No: VILLAGE OF ELMWOOD/PARK Approved: RS 4-12-19
Year Ending: 12/31/19 Signed: GP Date: 5/6/19

Every contractor, builder, or any person, firm or corporation engaging in the business of a contractor in the construction, maintenance or remodeling etc., of buildings shall before engaging in any such business, be licensed by the Village of Elmwood Park, be insured and bonded in compliance with Village Ordinances.
The undersigned hereby make application for the issuance of a Contractor's Business License. This license, if issued, is under the condition that I understand all regulations, including the Building, Plumbing, Fire, Health, and Electrical Codes of the Village of Elmwood Park, and agree to abide by such. **All blanks must be completed prior to submittal.**

Please print or type.

NAME OF BUSINESS: Correas Concrete TRADE: Concrete
ADDRESS: 2715 W Lawrence CITY Chicago STATE IL ZIP 60625
PHONE NO. 773-561-4959 FED. TAX NO. _____

CORPORATION PARTNERSHIP INDIVIDUAL OTHER (Explain) _____

Business Owner: Jose Correas

Home Address: _____ City Ever Grove State IL Zip 60111

Home Phone No. _____ S.S. No. _____

If corporation, name & title of officers: _____

Address: _____ City _____ State _____ Zip _____

Home Phone: _____

**Bond Required: For PLUMBERS, SEWER Contractors, EXCAVATORS and DEMOLITION Only.
Cancellation of bond, automatically revokes License.**

Name of Bond Co. _____ Bond No. _____ Expires: _____

**Insurance Required: Certificate of Insurance required in accordance with Village Ordinance 29-8A.
Cancellation of Certificate automatically revokes License.**

Name of Insurance Co. American Family Insurance Policy No. GIP1009069 Expires: 07/07/19

Every contractor shall be required to exhibit his receipt showing the payment of his fee to the Commissioner of Buildings as a condition precedent to the granting of any building permit to a contractor. Permits MUST be secured for all work prior to starting.

ELECTRICIANS, PLUMBERS, ROOFERS, ALARM INSTALLERS & EXTERMINATORS MUST SUPPLY THE FOLLOWING INFORMATION: (COPY OF LICENSE MUST BE ATTACHED)

Registration No. _____ and/or State License No. _____ Place of Registration: _____

I understand that I am to comply with all Village Ordinances and Codes, and also will be responsible for removal of all debris, and keep premises in a clean and workmanlike manner. I acknowledge that I am signing this application under the penalty of perjury and that all information provided is true and correct.

Signature: _____ Title: OWNER Date: 04/12/19

Address: 2715 W Lawrence City: Chicago Home Phone: _____

A NON-REFUNDABLE LICENSE FEE MUST BE PAID AT TIME OF APPLICATION AND DOES NOT CONSTITUTE APPROVAL OF LICENSE UNTIL BOND AND CERTIFICATE OF INSURANCE IS FILED AND APPROVED BY PROPER VILLAGE AUTHORITIES.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/12/2019

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 Ninfa Aguilar 9701 Grand Ave Franklin Park, IL 60131 (847) 451-1650 (154/815)	CONTACT NAME: Ninfa Aguilar PHONE A/C No. Extl: (847) 451-1650 E-MAIL ADDRESS: naguilar@amfam.com	FAX A/C No.: (847) 451-1680	
	INSURER(S) AFFORDING COVERAGE INSURER A: American Family Mutual Insurance Company		NAIC # 19275
INSURED CORREA'S CONCRETE LLC 2440 River Rd River Grove, IL 60171	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.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	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						BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ BODILY INJURY \$ \$	
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 <input type="checkbox"/> OTHER	Y	N		07/07/2018	07/07/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 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 \$	
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A		08/25/2018	08/25/2019	<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 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)
 Village of Elmwood Park is named as additional insured

CERTIFICATE HOLDER	CANCELLATION
Village of Elmwood Park 11 Conti Parkway Elmwood Park, IL 60707	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 Ninfa Aguilar