

Closed

2016-1-12

**Request for Information
From the Village of Sauk Village, Illinois
Under the Illinois Freedom of Information Act**

Name (please print): Chris Freiberg

Street Address: 1710 White Oak Lane

City/State/Zip: Hoffman Estates, IL 60192

Home Phone: 479-422-3277 Work Phone: 847-519-0010

I hereby request to inspect the following records: (List records sought to be inspected)

All documents related to the surety bond held by James Griegel as part of his duties
as village treasurer and required to be filed with the village on an annual basis.

Month, day, date, year, time records requested: January 1, 2013 to Present

Signature of individual making request: _____

I hereby verify that I received on the date so noted those records requested which are available for inspection under the Illinois Freedom of Information Act.

Signature: _____ Date: _____

Office Use Only

The records so requested have been reviewed and are appropriate for release under the guidelines of the Illinois Freedom of Information Act.

Except for the following records:

Reason access was denied to above listed records (list names and titles of all persons authorizing denial and specify exact section of the Illinois FOIA which applies):

Signature, title and department of employee reviewing records:

Date: _____

Of the records requested, copies were provided of the following:

The records so requested were presented to such individual for inspection at:

_____ on the _____ day of _____, _____
Time Date Month Year

Signature, title and department of employee presenting records for inspection:

Fee Collected: \$ _____



LUKE J. KELLER
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January 19, 2016

Via Electronic Mail: chrisfreiberg@gmail.com

Mr. Chris Frieberg
1710 White Oak Lane
Hoffman Estates, IL 60192

RE: Freedom of Information Act Request
Village of Sauk Village

Dear Mr. Freiberg:

Our law firm represents the Village of Sauk Village (the "Village"). Thank you for writing to the Village with your request for information under the Freedom of Information Act ("FOIA"), 5 ILCS 140/1 *et seq.* Your FOIA request seeks the following:

- All documents related to the surety bond held by James Griegel as part of his duties as Village Treasurer and required to be filed with the Village on an annual basis from January 2013 to the present.

Your FOIA request is partially granted and partially denied as follows. The Village is releasing the attached records to you at no charge. All other information pertaining to your request is attached. The records contain information that is exempt from disclosure under the following exemptions in FOIA:

1. **7(1)(c): Signatures.** Section 7(1)(c) of FOIA exempts from inspection and copying "[p]ersonal information contained in public records, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy". 5 ILCS 140/7(1)(c). The above-referenced information is highly personal, and the subjects' right to privacy with respect to this information outweighs any legitimate public interest in obtaining it.

You have the right to have the Village's denial of your FOIA request reviewed by the Public Access Counselor (PAC) at the Office of the Illinois Attorney General:



Public Access Counselor
Office of the Attorney General
500 South Second Street
Springfield, Illinois 62706
Phone: (877) 299-3642

You also have the right to seek judicial review of the denial under Section 11 of the Illinois Freedom of Information Act.

Very truly yours,

ODELSON & STERK, LTD.

Luke J. Keller
for Ms. Sherry Jasinski, FOIA Officer,
Village of Sauk Village

LJK: jr

cc: Sherry Jasinski, FOIA Officer, Village of Sauk Village

**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

04/04/2013

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 The Owens Group, Inc. 19 S. LaSalle St., Suite 500 Chicago, IL 60603 Valary E. Wright-Lewis	Phone: 312-368-5110 Fax: 312-368-5113	CONTACT NAME: Bruce Mitchell PHONE (A/C, No, Ext): 312-780-1435 FAX (A/C, No): 312-368-5113 E-MAIL ADDRESS: bmitchell@toginsrisk.com
	INSURER(S) AFFORDING COVERAGE	
INSURED Village of Sauk Village Attn: Mohan Rao 21801 Torrence Avenue Sauk Village, IL 60411	INSURER A: Illinois Union Insurance Co.	NAIC # 27960
	INSURER B: Illinois Public Risk Fund	
	INSURER C:	
	INSURER D:	
	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	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			G24550989 001	03/27/2013	03/27/2014	EACH OCCURRENCE \$ 4,950,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 4,950,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$
A	AUTOMOBILE LIABILITY			G24550989 001	03/27/2013	03/27/2014	COMBINED SINGLE LIMIT (Ea accident) \$ 4,950,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB		<input type="checkbox"/> OCCUR				EACH OCCURRENCE \$
	EXCESS LIAB		<input type="checkbox"/> CLAIMS-MADE				AGGREGATE \$
	DED		RETENTION \$				\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			00187	12/15/2012	12/15/2013	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input type="checkbox"/> N	N/A				E.L. EACH ACCIDENT \$ 2,500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 2,500,000
							E.L. DISEASE - POLICY LIMIT \$ 2,500,000
A	Illinois Union Ins			G24550989 001	03/27/2013	03/27/2014	POL 4,950,000
A	Illinois Union Ins			G24550989 001	03/27/2013	03/27/2014	EPLI 4,950,000

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

General Liability SIR - \$50,000
 Auto Liability SIR - \$50,000
 Public Officials and Employment Practices Claims Made Retro Date: 12/31/10
 Public Officials and Employment Practices SIR - \$50,000

CERTIFICATE HOLDER**CANCELLATION**

PROOF-1

Proof of Insurance

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