

**Property Details:**

Common Address(es): 1497 Vandalia Street, Collinsville, IL, 62234

Parcel Number(s): 13-2-21-22-19-403-011

Associated Business/Development Name: Northgate Small Animal Hospital

Applicant Name:

Applicant Name: Kirstin Clenney

Phone: 618-344-0083

Address: 1497 Vandalia Street, Collinsville, IL, 62234

Email: kclenney@nva.com

Property Owner (if different, permission letter will be required):

Property Owner Name: Dr. Gary Gass & Mary Colleen Gass

Phone: [REDACTED]

Address: [REDACTED]

Email: N/A

Project Details:

Summary of Improvements (attach additional sheet if necessary):

Monument Sign and Window Clings/Artwork (see additional sheet for summary)

\$27,652.16 based on bids - JNS

Approximate Start Date: June-August 2025

Approximate Cost: \$35,000.00

Required Documents

- ☒ Photos of current building/site conditions
- ☒ Conceptual drawings
- ☐ 2 detailed cost estimates/bids for entire scope of work
- ☒ Letter from bank or statement proving sufficient funds to cover full project costs
- ☒ Copy of current property and casualty insurance
- ☒ Signed permission letter from property owner (if applicant is not owner)

Authorization Section:

- ☒ I have attended a pre-application/Development Assistance Team meeting with the City
- ☒ I am current on all local, county, and state taxes
- ☒ I have no outstanding fees or debts to the City
- ☒ I have no current or outstanding code violations
- ☒ I affirm that no elected official or employee of the City of Collinsville has an interest in the subject property or associated business(es)

By signing below, I hereby certify that, under the penalty of perjury, the statements on, and attachments provided with, this application are true and complete to the best of my knowledge and belief, and that I will comply with all applicable City of Collinsville Illinois ordinances. I acknowledge that this application does not guarantee any incentives, benefits, or approvals of any kind.

Applicant Agent Signature

Date: 03/31/2025



Northgate Small Animal Hospital

Summary of Project Details - 2025

Monument Sign:

Northgate Small Animal Hospital plans to convert the current pylon sign into a monument sign, according to the specifications outlined within the City of Collinsville NEBD Improvement Program Grant. To accomplish this, we propose removing one of our front-facing parking spaces in order to give adequate space to and around the new monument sign. This would potentially allow the business to incorporate green space around the sign or as a layer to the sign itself, which would be a significant visual improvement as compared to the current space and not affect parking. The business would plan to utilize the appropriate sign height to ensure it is visible to Vandalia traffic and our clients. We are still in planning stages, but the sign will be well lit in the evenings and include our new business logo (included in the header above). There has been some trouble obtaining multiple proposals before the application deadline, but we continue to be in communication with multiple companies and working towards a well thought out design that would benefit the NEBD Business District. The only proposal we have available does not align with our design ideas and was based off our outdated logo/sign, but does provide a conceptual drawing.

Window Clings/Artwork:

The business has utilized window clings for years – not only to provide visual interest to the façade, but also to shade the incoming sunlight within the lobby and exam rooms for our clients and team. Northgate Small Animal Hospital plans to have updated window tinting installed to the front vestibule windows as well as the windows along the north and south sides of the building. This tinting will incorporate a fun and interesting design that will immediately improve the visual appeal of the building. While we have utilized perforated clings in the past, we are also open to the idea of a mixture of perforated clings for sun protection as well as art in the form of a mural for the main vestibule design. The skinny windows along the front also provide space for something fun and visually interesting. We have only been able to receive one proposal for window clings and are waiting for another, but would work to find other suitable comparisons before moving forward with said project.



Northgate

SMALL ANIMAL HOSPITAL

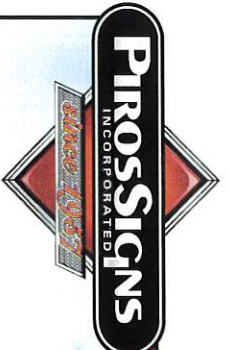
Because we have had trouble receiving proposals (non-responsive, designers quitting mid-proposal), we also do not have much in conceptual drawings available to share. I am attaching example images of the sign concepts I have provided to the companies I am currently in communication with.





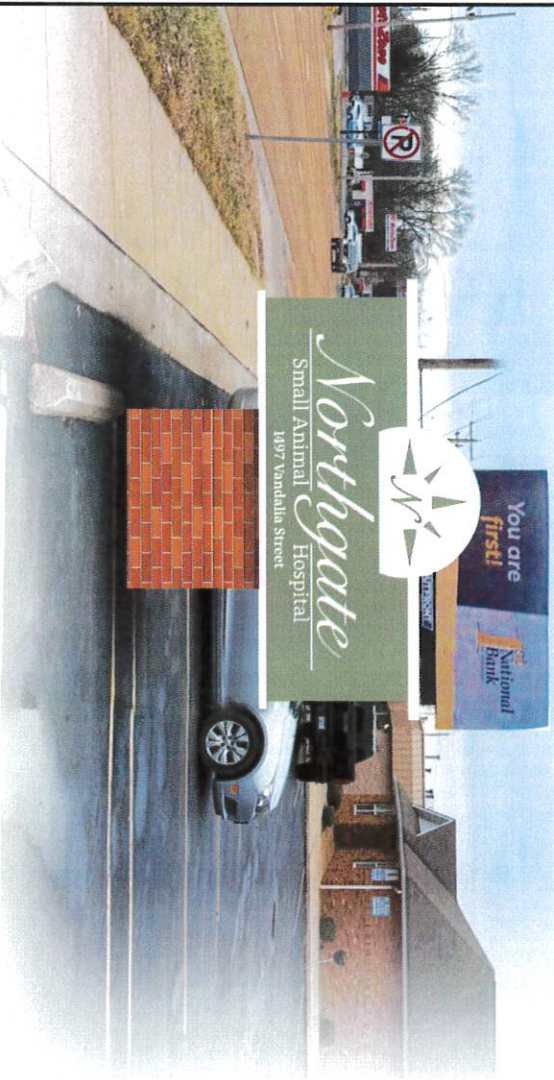
Northgate
SMALL ANIMAL HOSPITAL





A.1 - Mock Up Rendering

FULL SURVEY REQUIRED



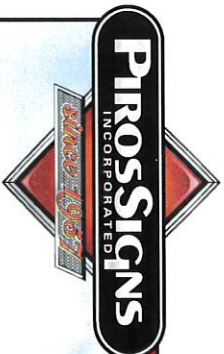
Simulated view. Actual appearance may vary.
Proposed Elevation

SCALE: 3/8" = 1'-0"



Simulated Night View. Actual appearance may vary.

OUTDATED LOGO / DOESN'T ALIGN WITH DESIGN IDEAS PROVIDED

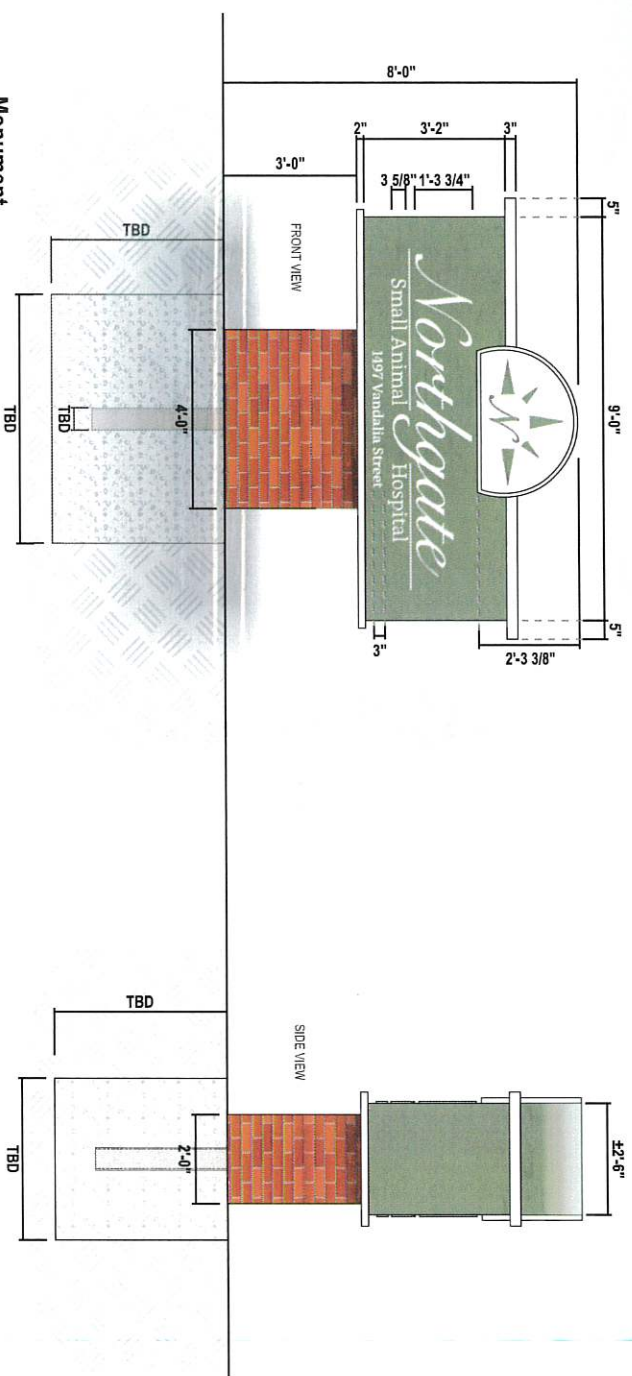


PIROS SIGNS
INCORPORATED

A.1 - Details

FULL SURVEY REQUIRED

NOTE: LOGO WAS RECREATED ACTUAL VECTOR ART NEEDED.



Monument

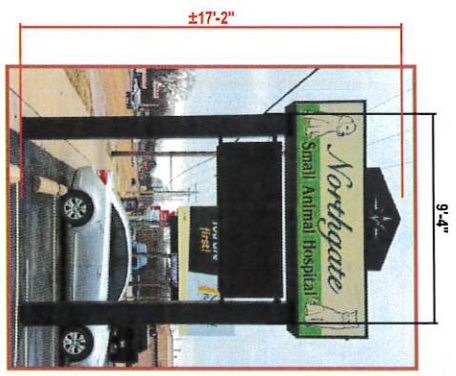
PRODUCE & INSTALL (1) DOUBLE SIDED ILLUM MONUMENT AS NOTED.

SCALE: 3/16" = 1'-0"

- EXISTING PYLON TO BE REMOVED AND REPLACE WITH NEW;
- ALUM CONSTRUCTED MONUMENT WITH ROUTED FACE FINISHED TO MATCH GREEN (WEBSITE COLOR)
- BACKED WITH WHITE ACRYLIC LOGO / COPY / ADDRESS
- FACE LIT HALF CIRCLE LOGO CABINET WITH 1" RETAINER FINISHED WHITE AND RETURNS TO MATCH GREEN
- WHITE ACRYLIC FACE WITH FIRST SURFACE APPLIED LOGO "N" TO MATCH GREEN
- TOP AND BOTTOM TRIM FINISHED WHITE
- MASONRY BRICK BASE TO MATCH BUILDING
- NEW FOUNDATION AND SUPPORT POLE
- ALL FINAL DETAILS TBD

Existing Conditions

SCALE: 3/16" = 1'-0"





1818 OLD STATE ROAD M, BARNHART, MO 63012
636-464-0200 Fax: 636-464-9990
www.pirossigns.com



PROPOSAL

Proposal #: 30988

Proposal Date: 02/25/25
Customer #: CRM008630
Page: 1 of 4

SOLD TO:	JOB LOCATION:
Northgate Small Animal Hospital 1497 Vandalia St. Collinsville IL 62234	Northgate Small Animal Hospital 1497 Vandalia St. Collinsville IL 62234

Piros Signs, Inc. (HEREINAFTER CALLED THE "COMPANY") HEREBY PROPOSES TO FURNISH ALL THE MATERIALS AND PERFORM ALL THE LABOR NECESSARY FOR THE COMPLETION OF:

QTY	DESCRIPTION	UNIT PRICE	TOTAL PRICE
1	<p>* QUOTE #38737</p> <p>Northgate Small Animal Hospital 1497 Vandalia St, Collinsville, IL 62234:</p> <p>Provide Labor & Material to Fabricate & Install (1) 8'-0" x 9'-0" D/F Illuminated Monument Sign as Per Piros Rendering #253026 - A.1</p> <ul style="list-style-type: none"> Existing Pylon to Be Removed and Replace with New: Alum Constructed Monument with Routed Face Finished to Match Green (Website Color) Backed with White Acrylic Logo / Copy / Address Face-Lit Half Circle Logo Cabinet with 1" Retainer Finished White and Returns to Match Green White Acrylic Face with First Surface Applied Logo "N" To Match Green Top And Bottom Trim Finished White Masonry Brick Base to Match Building 6" Steel Support Pole Set in a New 2'-0" Diameter x 8'-6" Deep Foundation All Final Details TBD 	\$22,173.00	\$22,173.00

Permits/Procurement/Engineering Costs are not Included in this Price

Primary Electrical to Sign by Others. Piros Signs will Make the Final Connection if Sufficient Power is within 6' of the Sign Location at the Time of Installation

Assumes Good Soil Conditions. The Excavation Cost is Included in the Price Herein, Does not Include the Cost Additions that Would Incur if We Hit Rock While Drilling the Foundation

SUB TOTAL: \$22,173.00

* INDICATES TAXABLE ITEM

ESTIMATED SALES TAXES: \$261.89

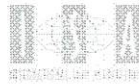
ALL MATERIAL IS GUARANTEED TO BE AS SPECIFIED, AND THE ABOVE TO BE IN ACCORDANCE WITH THE DRAWINGS AND OR SPECIFICATIONS SUBMITTED FOR THE ABOVE WORK AND COMPLETED IN A WORKMANLIKE MANNER FOR THE SUM OF:

COMPANY INITIALS _____

CUSTOMER INITIALS _____



1818 OLD STATE ROAD M, BARNHART, MO 63012
636-464-0200 Fax: 636-464-9990
www.pirosigns.com



PROPOSAL

Proposal #: 30988

Proposal Date: 02/25/25
Customer #: CRM008630
Page: 2 of 4

TOTAL PROPOSAL AMOUNT: \$22,434.89

TERMS: 50.0% DOWN, BALANCE DUE ON COMPLETION
(INTEREST OF 1.5% PER MONTH WILL BE ADDED TO PAST DUE ACCOUNTS)

THIS PRICE DOES NOT INCLUDE ELECTRICAL HOOKUP, PERMITS, ENGINEERING OR TAX UNLESS SPECIFICALLY STATED.

NOTE: THIS PROPOSAL MAY BE WITHDRAWN IF NOT ACCEPTED WITHIN 30 DAYS. WORK WILL NOT BEGIN UNTIL DOWN PAYMENT AND WRITTEN ACCEPTANCE IS RECEIVED.

ANY ALTERATION FROM THE ABOVE SPECIFICATIONS INVOLVING EXTRA COSTS, WILL BE EXECUTED ONLY UPON WRITTEN ORDERS, AND WILL BECOME AN EXTRA CHARGE OVER AND ABOVE THE ESTIMATE TO BE PAID BY THE PURCHASER.

TERMS AND CONDITIONS

1. UPON DEFAULT IN THE PAYMENT OF ANY SUMS HEREIN AGREED, Piros Signs, Inc. MAY, AT ITS OPTION, DECLARE THE ENTIRE BALANCE PRICE FULLY DUE AND PAYABLE WITHOUT FURTHER NOTICE TO CUSTOMER; AND WHEN DECLARED, CUSTOMER AGREES TO PAY INTEREST ON SAID BALANCE, WHEN DECLARED DUE AT THE RATE OF 1.5% PER MONTH. CUSTOMER FURTHER AGREES TO PAY ALL REASONABLE COSTS OF COLLECTION OF SAID BALANCE INCURRED BY THE COMPANY, INCLUDING ATTORNEY'S FEES.
2. BOTH PARTIES HERETO AGREE THAT THE TITLE TO SAID ELECTRICAL SIGN SHALL REMAIN IN THE COMPANY UNTIL PAID FOR IN FULL, BUT AFTER DELIVERY TO THE CUSTOMER ALL OF DAMAGE FROM FIRE OR OTHER CAUSES AFTER SAID DELIVERY SHALL BE ASSUMED BY SAID CUSTOMER AND WILL NOT EFFECT THE RIGHTS OF THE COMPANY TO ENFORCE OF THE PURCHASE PRICE THEN UNPAID.
3. IT IS FURTHER AGREED BY BOTH PARTIES THAT ALL PROVISIONS IN REGARD TO THE PROJECT ARE CONTAINED IN WRITING HEREIN.
4. ALL TERMS AND CONDITIONS OF THIS CONTRACT SHALL BE BINDING UPON ANY SUCCESSORS, ASSIGNEES OR OTHER LEGAL REPRESENTATIVES OF THE RESPECTIVE PARTIES BUT NO ASSIGNMENT SHALL BE MADE BY THE CUSTOMER WITHOUT THE CONSENT IN WRITING THE COMPANY UNLESS FULL PAYMENT OF THE TOTAL CONSIDERATION HAS BEEN MADE.
5. Piros Signs, Inc. SHALL SECURE ALL NECESSARY PERMITS FROM THE BUILDING OWNER, AND/OR OTHERS WHOSE PERMISSION IS REQUIRED FOR THE INSTALLATION OF THE SIGN AND SAID SHALL BE LIABLE FOR ANY OBSTRUCTION OF DELIVERY DUE TO DELAY IN OBTAINING SUCH PERMISSION, AND IF CUSTOMER EXECUTES THIS CONTRACT OF SALES WITHOUT EVER OBTAINING PERMISSION FROM PARTY OR PARTIES NECESSARY FOR THE INSTALLATION OF SAID SIGN, THEN HE PURCHASES SAME AND IS BOUND TO THE TERMS AND CONDITIONS OF THIS CONTRACT AS THOUGH HE HAD OBTAINED SAID PERMISSION AND HE AGREES TO RELIEVE THE COMPANY FROM ANY LIABILITY FOR ITS FAILURE WITHIN 10 DAYS OF DELIVERY TO ERECT OR INSTALL SAID SIGN.
6. CUSTOMER AGREES TO PROVIDE SERVICE FEED WIRE OF SUITABLE CAPACITY AND APPROVED TO LOCATION OF DISPLAY IN ADVANCE OF INSTALLATION, AND MAKE CONNECTION THEREOF TO DISPLAY.
7. WHEN PIER DRILLING IS NECESSARY, THE COMPANY WILL CONTACT DIG TESS TO LOCATE PUBLIC UTILITIES. LOCATION OF PRIVATE UTILITIES IS SOLE RESPONSIBILITY OF THE CUSTOMER. IN THE EVENT ROCK IS ENCOUNTERED IN THE DRILLING PROCESS, TO THE POINT WHERE SPECIAL EQUIPMENT IS REQUIRED, ADDITIONAL MONIES MAY BE REQUESTED IN WRITING BY THE COMPANY.
8. ALL PRODUCTS MANUFACTURED BY THE COMPANY ARE GUARANTEED UNCONDITIONALLY AGAINST DEFECTIVE PARTS, MATERIALS AND WORKMANSHIP, WITH EXCEPTION OF INCANDESCENT AND FLUORESCENT LAMPS AS THEY ARE NEVER GUARANTEED, FOR A PERIOD OF ONE YEAR (1) YEAR. FOR THE NEXT THREE HUNDRED THIRTY (330) DAYS, AND MATERIAL, WITH THE EXCEPTION OF THE LAMPS, WILL BE REPLACE AT NO COST TO THE BUYER FOR THIS MATERIAL. THE COST OF LABOR, HOWEVER, WILL BE CHARGED AT HOURLY RATES.

THIS PROPOSAL DOES NOT BECOME EFFECTIVE UNTIL SIGNED AND DATED BY THE COMPANY; ONCE SIGNED THIS PROPOSAL WILL EXPIRE AFTER 30 DAYS.

THE ABOVE PRICES, SPECIFICATIONS, AND CONDITIONS ARE SATISFACTORY AND ARE HEREBY ACCEPTED. YOU ARE AUTHORIZED TO DO THE WORK AS SPECIFIED. PAYMENT WILL BE MADE AS OUTLINED ABOVE.

SALESPERSON: _____

DATE: _____

COMPANY INITIALS _____

CUSTOMER INITIALS _____

United Ink
5901 Cool Sports Rd. Belleville, IL 62223
info@united-ink.com
(618) 235-0200

www.United-Ink.com



Quote 15131

Northgate - Window Graphics & More

SALES REP INFO
Richard Laux
Sign Sales & Design
rich@united-ink.com
(618) 235-0200

QUOTE DATE
02/06/2025
QUOTE EXPIRY DATE
03/08/2025
TERMS
50/50

REQUESTED BY
Northgate Small Animal Hospital
1497 Vandalia Street
Collinsville, IL 62234

INSTALL ADDRESS
1497 Vandalia Street
Collinsville, IL 62234

CONTACT INFO
Kristin Clenney
kclenney@nva.com
(618) 344-0083

About this Quote:

#	ITEM	QTY	UOM	U.PRICE	TOTAL (EXCL. TAX)	TOTAL (INCL. TAX)	TAXABLE
1	Design & Setup Graphic design and file setup fees	1	Hr	\$75.00	\$75.00	\$75.00	N
2	Front Window Facade Perf Graphics Width: 45.25 Inches Height: 114.75 Inches Clear Focus ImageVue 65/35 Perf Film 450.0 Sqft Clear Focus ClearLam Overlamine 215.16 Sqft <u>Contour Cut Style:: Hand Cut To Shape</u>	5	Each	\$325.00	\$1,625.00	\$1,744.44	Y
3	Front Skinny Windows Perf Graphics Width: 21.13 Inches Height: 115.13 Inches Clear Focus ImageVue 65/35 Perf Film 450.0 Sqft Clear Focus ClearLam Overlamine 86.34 Sqft <u>Contour Cut Style:: Hand Cut To Shape</u>	4	Each	\$155.00	\$620.00	\$665.57	Y
4	Northside Glass Door Perf Graphics Width: 36.5 Inches Height: 76 Inches Clear Focus ImageVue 65/35 Perf Film 450.0 Sqft Clear Focus ClearLam Overlamine 28.5 Sqft <u>Contour Cut Style:: Hand Cut To Shape</u>	1	Each	\$165.00	\$165.00	\$177.13	Y
5	Northside Window Perf Graphics Width: 45.25 Inches Height: 88.13 Inches Clear Focus ImageVue 65/35 Perf Film 450.0 Sqft Clear Focus ClearLam Overlamine 33.05 Sqft <u>Contour Cut Style:: Hand Cut To Shape</u>	1	Each	\$250.00	\$250.00	\$268.38	Y
6	Southside Window Perf Graphics Width: 45.25 Inches Height: 88.13 Inches Clear Focus ImageVue 65/35 Perf Film 450.0 Sqft Clear Focus ClearLam Overlamine 66.09 Sqft	2	Each	\$250.00	\$500.00	\$536.75	Y

#	ITEM	QTY	UOM	U.PRICE	TOTAL (EXCL. TAX)	TOTAL (INCL. TAX)	TAXABLE
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Contour Cut Style:: Hand Cut To Shape

7	Installation Labor install fees to include: travel. Lift Equipment, Removal of old graphics, install of new graphics.	1	Each	\$1,600.00	\$1,600.00	\$1,600.00	N
8	Marquee Top Panel Replacements Width: 120 Inches Height: 36 Inches Single Sided 3M™ 8508 Gloss Overlaminate 90.0 Sqft Part #PCS4896316C Polycarbonate 3/16" Thick Clear 4x8 sheet 60.0 Sqft	2	Each	\$650.00	\$1,300.00	\$1,395.55	Y
9	Permit Application and Acquisition Application and acquisition of local municipal sign permits. PLEASE NOTE final permit costs could vary depending on the local municipality fees	1	Hr	\$150.00	\$150.00	\$150.00	N

NOT PART OF PLAN
ONLY ASKED FOR WINDOW CLING QUOTE

Please review your quote and respond at your earliest convenience. All projects require at least a 50% deposit in order to begin production, unless you have pre-arranged other terms in advance.

Estimated rates are based on customer supplied QTY ranges and are subject to change if final QTY ordered varies.
Due to the current volatility of material costs our estimates may only be valid for 7 days. Once material costs stabilize we will return to our normal 30 days.

Subtotal:	\$6,285.00
Sales Tax (6.6%):	\$294.36
Total:	\$6,579.36

Downpayment (50.0 %)

\$3,289.68

SIGNATURE:

DATE:

Site	Account number	Account	Flow	Flow code description	Value date	Transaction date	Cur.	Debit	Credit	Net	Balance/Sum	Reference	Description
Account category 2	Account number	Account	Flow	Flow code description	Value date	Transaction date	Cur.	Debit	Credit		Balance/Sum	Reference	Description
Initial						02/01/2025	USD		0		0.00		
172	4130298587	172PN8587	+175	Check Deposit	02/07/2025	02/07/2025	USD		27.00	27.00	27.00	000000000000;	DEPOSIT 033229719
172	4130298587	172PN8587	+175	Check Deposit	02/07/2025	02/07/2025	USD		57.71	57.71	84.71	000000000000;	DEPOSIT 033229728
172	4130298587	172PN8587	+175	Check Deposit	02/07/2025	02/07/2025	USD		232.00	232.00	316.71	000000000000;	DEPOSIT 033229709
172	4130298587	172PN8587	+175	Check Deposit	02/07/2025	02/07/2025	USD		446.95	446.95	763.66	000000000000;	DEPOSIT 033229711
172	4130298587	172PN8587	+175	Check Deposit	02/07/2025	02/07/2025	USD		595.61	595.61	1,359.27	000000000000;	DEPOSIT 033229731
172	4130298587	172PN8587	+175	Check Deposit	02/07/2025	02/07/2025	USD		612.45	612.45	1,971.72	000000000000;	DEPOSIT 033229715
172	4130298587	172PN8587	+175	Check Deposit	02/07/2025	02/07/2025	USD		653.45	653.45	2,625.17	000000000000;	DEPOSIT 033229725
172	4130298587	172PN8587	+175	Check Deposit	02/07/2025	02/07/2025	USD		778.85	778.85	3,404.02	000000000000;	DEPOSIT 033229721
172	4130298587	172PN8587	-575	ZBA Debit	02/07/2025	02/07/2025	USD	3,404.02		-3,404.02	0.00	04130298552;	FUNDS TRANSFER TO ACCT 4130298552
172	4130298587	172PN8587	+175	Check Deposit	02/18/2025	02/18/2025	USD		131.10	131.10	131.10	000000000000;	DEPOSIT 031908727
172	4130298587	172PN8587	+175	Check Deposit	02/18/2025	02/18/2025	USD		328.25	328.25	459.35	000000000000;	DEPOSIT 031908712
172	4130298587	172PN8587	+175	Check Deposit	02/18/2025	02/18/2025	USD		414.92	414.92	874.27	000000000000;	DEPOSIT 031908715
172	4130298587	172PN8587	+175	Check Deposit	02/18/2025	02/18/2025	USD		512.50	512.50	1,386.77	000000000000;	DEPOSIT 031908734
172	4130298587	172PN8587	+175	Check Deposit	02/18/2025	02/18/2025	USD		583.60	583.60	1,970.37	000000000000;	DEPOSIT 031908729
172	4130298587	172PN8587	+175	Check Deposit	02/18/2025	02/18/2025	USD		645.50	645.50	2,615.87	000000000000;	DEPOSIT 031908731
172	4130298587	172PN8587	+175	Check Deposit	02/18/2025	02/18/2025	USD		879.04	879.04	3,494.91	000000000000;	DEPOSIT 031908719
172	4130298587	172PN8587	+175	Check Deposit	02/18/2025	02/18/2025	USD		1,067.55	1,067.55	4,562.46	000000000000;	DEPOSIT 031908723
172	4130298587	172PN8587	-575	ZBA Debit	02/18/2025	02/18/2025	USD	4,562.46		-4,562.46	0.00	04130298552;	FUNDS TRANSFER TO ACCT 4130298552
172	4130298587	172PN8587	+175	Check Deposit	02/26/2025	02/26/2025	USD		151.08	151.08	151.08	000000000000;	DEPOSIT 036565710
172	4130298587	172PN8587	+175	Check Deposit	02/26/2025	02/26/2025	USD		194.34	194.34	345.42	000000000000;	DEPOSIT 036565715
172	4130298587	172PN8587	+175	Check Deposit	02/26/2025	02/26/2025	USD		274.73	274.73	620.15	000000000000;	DEPOSIT 036565712
172	4130298587	172PN8587	+175	Check Deposit	02/26/2025	02/26/2025	USD		408.59	408.59	1,028.74	000000000000;	DEPOSIT 036565698
172	4130298587	172PN8587	+175	Check Deposit	02/26/2025	02/26/2025	USD		477.25	477.25	1,505.99	000000000000;	DEPOSIT 036565717
172	4130298587	172PN8587	+175	Check Deposit	02/26/2025	02/26/2025	USD		521.36	521.36	2,027.35	000000000000;	DEPOSIT 036565701
172	4130298587	172PN8587	+175	Check Deposit	02/26/2025	02/26/2025	USD		943.00	943.00	2,970.35	000000000000;	DEPOSIT 036565705
172	4130298587	172PN8587	-575	ZBA Debit	02/26/2025	02/26/2025	USD	2,970.35		-2,970.35	0.00	04130298552;	FUNDS TRANSFER TO ACCT 4130298552
172	4130298587	172PN8587	+275	ZBA Credit	02/28/2025	02/28/2025	USD		210.87	210.87	210.87	04130298552;	FUNDS TRANSFER FROM ACCT 4130298552
172	4130298587	172PN8587	-698	Miscellaneous Fees	02/28/2025	02/28/2025	USD	210.87		-210.87	0.00	000000000000;	CORPORATE ACCOUNT ANALYSIS CHARGE
172	4130298587	172PN8587			02/28/2025	02/28/2025	USD	11,147.70	11,147.70		0.00		28

Northgate Small Animal Hospital
Bank Statement - February 2025



EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY)

3/21/2025

THIS EVIDENCE OF COMMERCIAL PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

PRODUCER NAME, CONTACT PERSON AND ADDRESS Alliant Insurance Services, Inc. 16000 N. Dallas Pkwy Suite 850 Dallas, TX 75248		PHONE (A/C, No, Ext): (972) 980-5862	COMPANY NAME AND ADDRESS Lloyd's of London	NAIC NO: 85202
FAX (A/C, No):		E-MAIL ADDRESS: Daisy.Carter@Alliant.com	License#: 0C36861	
CODE:		IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH		
AGENCY CUSTOMER ID #:		POLICY TYPE Commercial Property		
NAMED INSURED AND ADDRESS National Veterinary Associates, Inc. 1 Baxter Way Suite 200 Westlake Village CA 91362		LOAN NUMBER		POLICY NUMBER B174016211PC24
ADDITIONAL NAMED INSURED(S) Northgate Small Animal Hospital		EFFECTIVE DATE 07/01/2024	EXPIRATION DATE 07/01/2025	CONTINUED UNTIL TERMINATED IF CHECKED
THIS REPLACES PRIOR EVIDENCE DATED:				

PROPERTY INFORMATION (ACORD 101 may be attached if more space is required) ☒ BUILDING OR ☒ BUSINESS PERSONAL PROPERTY

LOCATION / DESCRIPTION
1497 Vandalia, Collinsville, IL. 62234

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 EVIDENCE OF PROPERTY INSURANCE 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.

COVERAGE INFORMATION		PERILS INSURED	BASIC	BROAD	<input checked="" type="checkbox"/>	SPECIAL	
COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE:		\$ 100,000,000		DED:25,000			
		YES	NO	N/A			
<input checked="" type="checkbox"/> BUSINESS INCOME <input checked="" type="checkbox"/> RENTAL VALUE		X			If YES, LIMIT: *See Below X Actual Loss Sustained; # of months: 12		
BLANKET COVERAGE			X		If YES, indicate value(s) reported on property identified above: \$		
TERRORISM COVERAGE		X			Attach Disclosure Notice / DEC		
IS THERE A TERRORISM-SPECIFIC EXCLUSION?				X			
IS DOMESTIC TERRORISM EXCLUDED?				X			
LIMITED FUNGUS COVERAGE		X			If YES, LIMIT: 1,000,000 DED:25,000		
FUNGUS EXCLUSION (If "YES", specify organization's form used)				X			
REPLACEMENT COST		X					
AGREED VALUE				X			
COINSURANCE			X		If YES, %		
EQUIPMENT BREAKDOWN (If Applicable)		X			If YES, LIMIT: 50,000,000 DED: 25,000		
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg		X			If YES, LIMIT: 100,000,000 DED: 25,000		
- Demolition Costs		X			If YES, LIMIT: 10,000,000 DED: 25,000		
- Incr. Cost of Construction		X			If YES, LIMIT: 10,000,000 DED: 25,000		
EARTH MOVEMENT (If Applicable)		X			If YES, LIMIT: 25,000,000 DED: See Below		
FLOOD (If Applicable)		X			If YES, LIMIT: 25,000,000 DED: See Below		
WIND / HAIL INCL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:			X		If YES, LIMIT: DED: 25,000		
NAMED STORM INCL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:		X			If YES, LIMIT: 100,000,000 DED: See Below		
PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS		X					

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.

ADDITIONAL INTEREST

CONTRACT OF SALE	LENDER'S LOSS PAYABLE	LOSS PAYEE	LENDER SERVICING AGENT NAME AND ADDRESS
MORTGAGEE			
NAME AND ADDRESS Gary Gass 1745 Lemen Road O'Fallon, IL 62269			AUTHORIZED REPRESENTATIVE

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AGENCY CUSTOMER ID: _____

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY Alliant Insurance Services, Inc.		NAMED INSURED National Veterinary Associates, Inc. 1 Baxter Way Suite 200 Westlake Village CA 91362	
POLICY NUMBER B174016211PC24		EFFECTIVE DATE: 07/01/2024	
CARRIER Lloyd's of London	NAIC CODE 85202		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 28 **FORM TITLE:** EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

REMARKS:

Certificate Holder is listed as Mortgagee when required by written contract, as their interests may appear with respect to referenced locations and to the extent provided by the policy language or endorsement issued or approved by the insurance carrier.

Terrorism & Sabotage Policy #B174016477PC24 effective 7/1/2024 - 7/1/2025 - Terrorism coverage provided to Loss Payees and/or Mortgagees and/or Additional Named Insured's to the extent provided by the policy language or endorsement issued or approved by the insurance carrier.

Tenants Betterments & Improvements coverage is included.

Builders Risk is included.

*Business Income Limit: \$100,000,000 / Rental Value: \$5,000,000

Site: #172
 Northgate Small Animal Hospital
 1497 Vandalia
 Collinsville, IL. 62234



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/21/2025

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 Alliant Insurance Services, Inc. 16000 N. Dallas Pkwy Suite 850 Dallas TX 75248	CONTACT NAME: Daisy Carter PHONE (A/C, No, Ext): (972) 980-5862 FAX (A/C, No): E-MAIL ADDRESS: Daisy.Carter@Alliant.com
INSURED National Veterinary Associates, Inc. 1 Baxter Way Suite 200 Westlake Village CA 91362	INSURER(S) AFFORDING COVERAGE INSURER A : XL Insurance America, Inc. INSURER B : Greenwich Insurance Company INSURER C : Lloyd's of London INSURER D : Allied World National Assuranc INSURER E : Lexington Insurance Company INSURER F :
License#: 0C36861 NATIVET-02	NAIC # 24554 22322 0 10690 19437

COVERAGES**CERTIFICATE NUMBER:** 1572003824**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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:	Y	Y	RGE3001980-01	11/1/2024	11/1/2025	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000 \$
B	AUTOMOBILE LIABILITY ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	RAG9438277	11/1/2024	11/1/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	Y	Y	US00136424LI24B	11/1/2024	11/1/2025	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
A	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	N/A	RWD3001761-02	11/1/2024	11/1/2025	<input checked="" type="checkbox"/> PER STATUTE E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
E C D	Professional Liability Terrorism & Sabotage Pollution	Y Y Y	Y	13548334 B174016477PC24 03141228	2/1/2025 7/1/2024 1/1/2024	2/1/2026 7/1/2025 1/1/2027	Each Occurrence 2,000,000 Aggregate 25,000,000 Deductible 5,000

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

Additional Insured to the extent provided by the policy language or endorsement issued or approved by the insurance carrier.

Terrorism coverage provided to Loss Payees and/or Mortgagees and/or Additional Named Insured's to the extent provided by the policy language or endorsement issued or approved by the insurance carrier.

Umbrella follows form

Terrorism and Sabotage Coverage
See Attached...**CERTIFICATE HOLDER****CANCELLATION**Gary Gass
1745 Lemen Road
O'Fallon IL 62269

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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**ADDITIONAL REMARKS SCHEDULE**Page 1 of 1

AGENCY Alliant Insurance Services, Inc.		NAMED INSURED National Veterinary Associates, Inc. 1 Baxter Way Suite 200 Westlake Village CA 91362
POLICY NUMBER		
CARRIER	NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,****FORM NUMBER:** 25 **FORM TITLE:** CERTIFICATE OF LIABILITY INSURANCE

Policy Number: B174015663PC24
Effective Date: 7/1/2024 - 7/1/2025
Each Occurrence and Policy Aggregate Limit: \$100,000,000
Deductible: \$25,000

Northgate Small Animal Hospital
1497 Vandalia
Collinsville, IL. 62234

March 21st, 2025

City of Collinsville

Jessica Short

Assistant City Manager/Economic Development Manager

125 South Center St.

Collinsville, IL 62234

Dear City of Collinsville,

I hope this letter finds you well. I am writing to formally approve the proposed facade improvements for the property located at 1497 Vandalia Street. After hearing of the plans and specifications, I am pleased to grant permission to proceed with the proposed enhancements.

The improvements include the exterior sign conversion and application of new window clings and I believe they will significantly enhance the appearance and value of the property.

I trust that the project will be carried out with attention to detail and professionalism.

If you require any further information or assistance during the process, feel free to reach out.

Thank you for your attention to this matter. I look forward to seeing the improvements completed.

Sincerely,

Property Owners

Dr. Gary Gass

A handwritten signature in black ink that reads "Dr. Gary Gass". The signature is written in a cursive style with a large, stylized "G" and "S".

Colleen Gass

A handwritten signature in black ink that reads "Mary Colleen Gass". The signature is written in a cursive style with a large, stylized "M" and "G".



Building/Sign - Northside



View from Sign - Front



Building/Sign – Southside



Main Windows



Skinny Windows – Front (mirrored on other side of entrance)



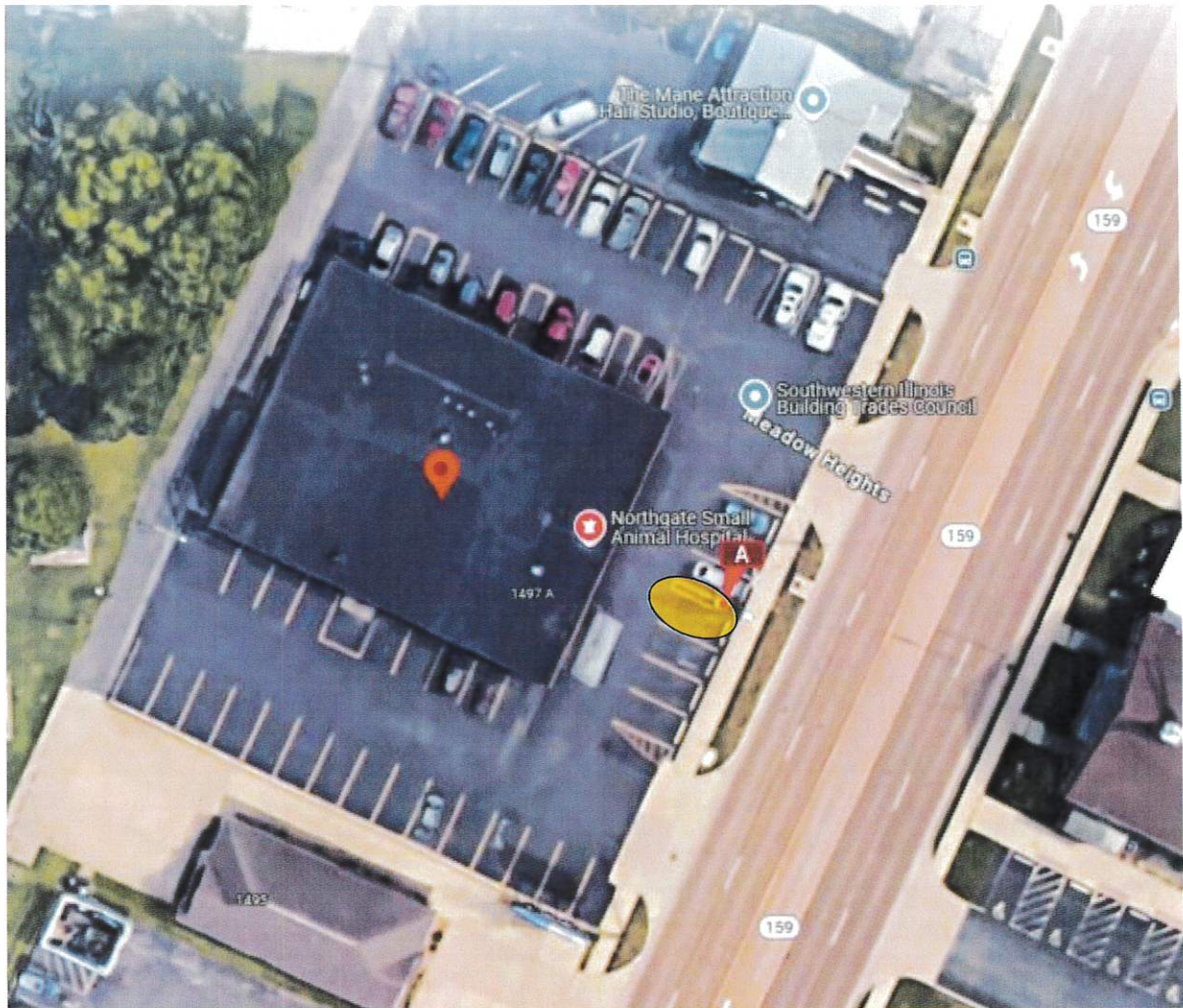
Sign



Sign



Sign



A = current sign position

Yellow circle = parking spot that will encompass space for new monument sign/greenspace



HOSPITAL

403-263-8101

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Modern Animal

8122

Modern Animal



Reserve
Animal Hospital
Tulsa, Oklahoma
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Only**

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PARKING**


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AND TOWING
MAX FINE \$250
MAX TOW \$700



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