

**Insurance Cert. Sample C:** The contractor shall meet the requirements on Insurance Form Sample C. See next page for descriptions. Insurance shall be emailed to [hwj.permits@cookcountyl.gov](mailto:hwj.permits@cookcountyl.gov).

Page 1 of 1

DATE (MM/DD/YYYY)

**ACORD® CERTIFICATE OF LIABILITY INSURANCE**

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).

|          |  |  |
|----------|--|--|
| <b>a</b> | PRODUCER<br>INSURANCE AGENCY, INC.<br>(PLEASE SUPPLY ADDRESS,<br>TELEPHONE NUMBER & FAX NUMBER)                                      | CONTACT NAME:<br>PHONE (A/C, No, Ext):      FAX (A/C, No):<br>E-MAIL ADDRESS:<br>INSURER(S) AFFORDING COVERAGE      NAIC #<br>INSURER A :<br>INSURER B :<br>INSURER C :<br>INSURER D :<br>INSURER E :<br>INSURER F : |
| <b>b</b> | INSURED<br>COMPANY NAME (LIST ALL COMPANY NAMES. USE ATTACHED SHEET IF NEEDED)(PLEASE SUPPLY ADDRESS, TELEPHONE NUMBER & FAX NUMBER) |  |

|  |   |  |
|--|---|--|
| COVERAGES<br>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. | CERTIFICATE NUMBER:<br>LIST POLICY NUMBER      DATE      DATE | REVISION NUMBER:<br>LIST POLICY NUMBER      DATE      DATE |
|--|---|--|

| INSR LTR                            | TYPE OF INSURANCE  | ADDL SUBR INSD | WVD   | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                             |  |
|-------------------------------------|--|----------------|-------|-------------------------|-------------------------|------------------------------------|--|
| <input checked="" type="checkbox"/> | COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  |                |       | LIST POLICY NUMBER      | DATE                    | DATE                               | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$<br>MED EXP (Any one person) \$<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 2,000,000<br>PRODUCTS - COMP/OP AGG \$ |
| <input checked="" type="checkbox"/> | XCU Underground Explosion & Collapse Hazard<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER:  |                |       |                         |                         |                                    | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$ 1,000,000<br>PROPERTY DAMAGE (Per accident) \$ 500,000                                      |
| <input checked="" type="checkbox"/> | AUTOMOBILE LIABILITY<br><input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY<br><input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY |                |       | LIST POLICY NUMBER      | DATE                    | DATE                               | EACH OCCURRENCE \$<br>AGGREGATE \$   |
| <input checked="" type="checkbox"/> | UMBRELLA LIAB <input type="checkbox"/> OCCUR<br>EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br>DED      RETENTION \$  |                |       | <b>"SAMPLE C"</b>       |                         | EACH OCCURRENCE \$<br>AGGREGATE \$ |  |
| <input checked="" type="checkbox"/> | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>(If yes, describe under DESCRIPTION OF OPERATIONS below)   |                | Y / N | LIST POLICY NUMBER      | DATE                    | DATE                               | PER STATUTE      OTHER<br>E.L. EACH ACCIDENT \$ 100,000<br>E.L. DISEASE - EA EMPLOYEE<br>E.L. DISEASE - POLICY LIMIT   |
|                                     | OTHER  |                |       |                         |                         |                                    |  |

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

**Add Statements:**  
 COOK COUNTY ADDITIONAL INSURED FOR BOTH GENERAL LIABILITY & AUTO LIABILITY FOR ALL PERMITS.  
 XCU UNDERGROUND EXPLOSION AND COLLAPSE HAZARD COVERAGE IS INCLUDED IN THE GENERAL LIABILITY.

|   |   |
|---|---|
| CERTIFICATE HOLDER<br>Cook County Department of Transportation and Highways<br>Permit Office 24th Floor<br>69 West Washington Street<br>Chicago, Illinois 60602 | CANCELLATION<br>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br>AUTHORIZED REPRESENTATIVE |
|---|---|

### **Descriptions**

- a. Insurance coverage shall be with insurance companies licensed to do business in the State of Illinois and are subject to approval by the Cook County Department of Transportation and Highways Permit Division. Company and/or Insurance Companies shall notify this office when there is a change of address for the Insurance Company, and/or change of Insurance Company.
- b. The company name on the Insurance shall match exactly to the company name on the bond. List all company names. Use attached sheet if needed. Company shall notify this office when there is a change of address.
- c. General Liability: Check appropriate box, list policy number, list effective date, list expiration date and shall meet the minimum limits on the right side of the page.
- d. Shall state "XCU Underground Explosion and Collapse Hazard coverage is included in the General Liability." As an alternative this statement can be located in the "Description of Operations/Location/vehicles/Exclusions added by Endorsement/Special Provisions" section.
- e. Automobile Liability: Shall have Any Auto checked or three other boxes checked. If a contractor can only check two boxes and the company does not own any vehicles they can submit a letter on company letterhead stating they do not own any vehicles to meet the third requirement.  
  
In addition list policy number, list effective date, list expiration date and shall meet the minimum limits on the right side of the page.
- f. Automobile Liability Bodily Injury and Property Damage can be covered in Automobile Liability Combined Single Limit (ea accident) \$1,000,000 or Bodily Injury (per incident) \$1,000,000 and Property Damage (per incident) \$500,000.
- g. Workers Compensation and Employer's Liability: Check appropriate box, list policy number, list effective date, list expiration date and shall meet the minimum limits on the right side of the page.
- h. Shall state "Cook County Additional Insured under the General Liability and Automobile Liability for All Permits." or alternate option "Cook County Additional Insured for All Permits"
- i. Certificate Holder shall be Cook County Department of Transportation and Highways, Permit Office (24<sup>th</sup> Floor), 69 West Washington Street, Chicago, IL 60602



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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|   |   |               |  |                       |                |                 |  |                               |        |             |  |             |  |             |  |             |  |             |  |             |  |
|---|---|---------------|--|-----------------------|----------------|-----------------|--|-------------------------------|--------|-------------|--|-------------|--|-------------|--|-------------|--|-------------|--|-------------|--|
| <b>PRODUCER</b><br>INSURANCE AGENCY, INC.<br>(PLEASE SUPPLY ADDRESS,<br>TELEPHONE NUMBER & FAX NUMBER)                                      | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">CONTACT NAME:</td> </tr> <tr> <td>PHONE (A/C, No, Ext):</td> <td>FAX (A/C, No):</td> </tr> <tr> <td colspan="2">E-MAIL ADDRESS:</td> </tr> <tr> <td style="text-align: center;">INSURER(S) AFFORDING COVERAGE</td> <td style="text-align: center;">NAIC #</td> </tr> <tr> <td>INSURER A :</td> <td></td> </tr> <tr> <td>INSURER B :</td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table> | CONTACT NAME: |  | PHONE (A/C, No, Ext): | FAX (A/C, No): | E-MAIL ADDRESS: |  | INSURER(S) AFFORDING COVERAGE | NAIC # | INSURER A : |  | INSURER B : |  | INSURER C : |  | INSURER D : |  | INSURER E : |  | INSURER F : |  |
| CONTACT NAME:   |   |               |  |                       |                |                 |  |                               |        |             |  |             |  |             |  |             |  |             |  |             |  |
| PHONE (A/C, No, Ext):   | FAX (A/C, No):  |               |  |                       |                |                 |  |                               |        |             |  |             |  |             |  |             |  |             |  |             |  |
| E-MAIL ADDRESS:   |   |               |  |                       |                |                 |  |                               |        |             |  |             |  |             |  |             |  |             |  |             |  |
| INSURER(S) AFFORDING COVERAGE   | NAIC #  |               |  |                       |                |                 |  |                               |        |             |  |             |  |             |  |             |  |             |  |             |  |
| INSURER A :   |   |               |  |                       |                |                 |  |                               |        |             |  |             |  |             |  |             |  |             |  |             |  |
| INSURER B :   |   |               |  |                       |                |                 |  |                               |        |             |  |             |  |             |  |             |  |             |  |             |  |
| INSURER C :   |   |               |  |                       |                |                 |  |                               |        |             |  |             |  |             |  |             |  |             |  |             |  |
| INSURER D :   |   |               |  |                       |                |                 |  |                               |        |             |  |             |  |             |  |             |  |             |  |             |  |
| INSURER E :   |   |               |  |                       |                |                 |  |                               |        |             |  |             |  |             |  |             |  |             |  |             |  |
| INSURER F :   |   |               |  |                       |                |                 |  |                               |        |             |  |             |  |             |  |             |  |             |  |             |  |
| <b>INSURED</b><br>COMPANY NAME (LIST ALL COMPANY NAMES. USE ATTACHED SHEET IF NEEDED)(PLEASE SUPPLY ADDRESS, TELEPHONE NUMBER & FAX NUMBER) | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>INSURER A :</td> <td></td> </tr> <tr> <td>INSURER B :</td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>   | INSURER A :   |  | INSURER B :           |                | INSURER C :     |  | INSURER D :                   |        | INSURER E : |  | INSURER F : |  |             |  |             |  |             |  |             |  |
| INSURER A :   |   |               |  |                       |                |                 |  |                               |        |             |  |             |  |             |  |             |  |             |  |             |  |
| INSURER B :   |   |               |  |                       |                |                 |  |                               |        |             |  |             |  |             |  |             |  |             |  |             |  |
| INSURER C :   |   |               |  |                       |                |                 |  |                               |        |             |  |             |  |             |  |             |  |             |  |             |  |
| INSURER D :   |   |               |  |                       |                |                 |  |                               |        |             |  |             |  |             |  |             |  |             |  |             |  |
| INSURER E :   |   |               |  |                       |                |                 |  |                               |        |             |  |             |  |             |  |             |  |             |  |             |  |
| INSURER F :   |   |               |  |                       |                |                 |  |                               |        |             |  |             |  |             |  |             |  |             |  |             |  |

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

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| INSR LTR                            | TYPE OF INSURANCE  | ADDL INSD | SUBR WVD | POLICY NUMBER  | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS  |   |
|-------------------------------------|--|-----------|----------|--|-------------------------|-------------------------|---|---|
| <input checked="" type="checkbox"/> | <b>COMMERCIAL GENERAL LIABILITY</b><br><br><input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR   |           |          | LIST POLICY NUMBER   | DATE                    | DATE                    | EACH OCCURRENCE \$ 1,000,000  |   |
|                                     | <input checked="" type="checkbox"/> <b>XCU</b> Underground Explosion & Collapse Hazard<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER:   |           |          |  |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) \$                        | MED EXP (Any one person) \$               |
|                                     | <b>AUTOMOBILE LIABILITY</b><br><input checked="" type="checkbox"/> ANY AUTO<br><input checked="" type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY |           |          | LIST POLICY NUMBER<br>(SHALL HAVE ANY AUTO OR THREE OTHER ITEMS)<br>(BINDER NUMBER NOT ACCEPTABLE) | DATE                    | DATE                    | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000                    |   |
|                                     | <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR<br><b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br>DED    RETENTION \$  |           |          |  |                         |                         | BODILY INJURY (Per person) \$                                       | BODILY INJURY (Per accident) \$ 1,000,000 |
| <input checked="" type="checkbox"/> | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below  |           |          | LIST POLICY NUMBER<br>(BINDER NUMBER NOT ACCEPTABLE)   | DATE                    | DATE                    | <input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER |   |
|                                     | <b>OTHER</b>   |           |          |  |                         |                         | E.L. EACH ACCIDENT \$ 100,000                                       | E.L. DISEASE - EA EMPLOYEE                |

"SAMPLE C"

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

**Add Statements:**

**COOK COUNTY ADDITIONAL INSURED FOR BOTH GENERAL LIABILITY & AUTO LIABILITY FOR ALL PERMITS.**

**XCU UNDERGROUND EXPLOSION AND COLLAPSE HAZARD COVERAGE IS INCLUDED IN THE GENERAL LIABILITY.**

**CERTIFICATE HOLDER**

**Cook County Department of Transportation and Highways**  
**Permit Office 24th Floor**  
**69 West Washington Street**  
**Chicago, Illinois 60602**

**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