Proper completion of Certificate of Insurance

- 1. Certificate holder and all other references to the county MUST be "County of Kane", not Kane County, Kane County DOT, Kane County Division of Transportation.
- 2. Additional insured must name the "County of Kane" for general liability, auto and excess/umbrella. Any check boxes for additional insured, which are usually found on the left side of the Accord 25 forms, must also be Checked off (X) for these items.
- 3. Under "Description of Operations/Locations/Vehicles/Exclusions added by endorsement/Special Provisions, show the PROJECT NAME, SECTION NUMBER, and list the "County of Kane" as additional insured for General Liability, Auto and Excess/Umbrella. Also list any additional insured as per the project specifications and/or direction by the KDOT project manager.
- 4. The Limits of Coverage are listed on the attached document "Certificate of Insurance required by Kane County.
- 5. Common errors are: Not checking off any/all of the Addl. Insured boxes, listing incorrect name for policy, incomplete reference to additional insured on Gen. Liability, Auto and Excess policies, not listing the Project Name and/or Section Number, not including additional insured as per project Specifications such as Villages or other Agencies involved in the project. (See below for examples.)





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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.

	SUBROGATION IS WAIVED, subject to the terms and con his certificate does not confer rights to the certificate holder in	n lieu of suc	ch end	orsement(s)		require an endorsemen	t. AS	tatement on	
PRODUCER			CONTACT NAME: PHONE FAX						
			(A/C, No	, Ext):		FAX (A/C, No):			
			E-MAIL ADDRES	SS:	-				
					URER(S) AFFOR	DING COVERAGE		NAIC #	
			INSURE	RA:					
INSU	JRED		INSURE	RB:					
			INSURE	RC:					
			INSURE	R D :					
			INSURE						
		Г	INSURE						
CO	VERAGES CERTIFICATE NUMBER:					REVISION NUMBER:		-	
IN C E	HIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTE NDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR ERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE XCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN	CONDITION CE AFFORD	OF A	NY CONTRAC THE POLICI REDUCED BY I	CT OR OTHER ES DESCRIBI PAID CLAIMS.	DOCUMENT WITH RESPE	CT TO	O WHICH THIS	
INSR LTR	TYPE OF INSURANCE ADDL SUBR INSD WVD POLICY	YNUMBER		POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	s		
Α	X COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE	\$	1,000,000	
	CLAIMS-MADE X OCCUR			: 1		DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000	
						MED EXP (Any one person)	\$		
	X_					PERSONAL & ADV INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$	2,000,000	
	POLICY X PRO-					PRODUCTS - COMP/OP AGG	\$	2,000,000	
	OTHER:						\$		
Α	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
	X ANY AUTO					BODILY INJURY (Per person)	\$	/1,000,000	
	OWNED SCHEDULED X AUTOS	Note #2				BODILY INJURY (Per accident)	\$	or 👌 1,000,000	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	1,000,000	
	76165 S.N.E.1					,	\$		
Α	X UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$		
	X EXCESS LIAB CLAIMS-MADE X					AGGREGATE	\$	2,000,000	
	DED RETENTION \$						\$		
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X PER OTH-	·		
	ANY PROPRIETOR/PARTNER/EXECUTIVE TYN			t		E.L. EACH ACCIDENT	\$	1,000,000	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE	•	1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT		1,000,000	
	BESSAIL HON OF OF ENAMONO BEIOW					E.E. DIOLAGE - I GLIGI LIWIT	Ψ		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Ret	marks Schodule	may h	attached if mor	e snace is requir	ed)			
	• • • • • • • • • • • • • • • • • • • •					•			
	re <mark>County of Kane</mark> is additional insured on General Liability, Automobil ane applies.	le Liability an	id Exce	ess/Umbrella L	iability. 30 dag	ys notice of cancellation to	the C	ounty of	
	oject Location:Road and Road, KDOT Permit #	L							
	Note #1	K	No	te #3					
	>— Note #1				rmits the	project location ca	n sin	nply read:	
	/			ane Count		p. Sjoot loodion od	5.1		
					y wide				
CE	RTIFICATE HOLDER		CANC	ELLATION					
	ne County of Kane		SHO	ULD ANY OF 1	THE ABOVE DI	ESCRIBED POLICIES BE CA	ANCEL	LED BEFORE	
719 South Batavia Ave., Building A Geneva, IL 60134				THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN					

ACORD 25 (2016/03)

AUTHORIZED REPRESENTATIVE

CERTIFICATE OF INSURANCE REQUIRED BY KANE COUNTY

Contractor to furnish and deliver prior to commencement of work, a completed Certificate of Insurance satisfactory to the requirements of County of Kane containing:

- 1. The Contractor and all Subcontractors shall provide a Certificate of Insurance naming the Owner (**County of Kane**) as certificate holder <u>and</u> as additional insured. The certificate shall contain a 30-day notification provision to the owner (Kane County) prior to cancellation or modification of the policy.
- 2. Commercial General Liability insurance including Products/Completed Operations, Owners and Contractor Protective Liability and Broad Form Contractual Liability. The exclusion pertaining to Explosion, Collapse and Underground Property Damage hazards eliminated. The limit of liability shall not be less than the following:

General Aggregate	\$2,000,000
Products and Completed Operation	\$2,000,000
Personal and Advertising Injury	\$1,000,000
∫Each Occurrence	\$1,000,000
Or - Combined Single Limit	\$1,000,000

- A. Products and Completed Operation coverage is to remain in force for a period of two years after the completion of project.
- 3. Business Automotive Liability Insurance including owned, hired and non-owned automobiles, and/or trailer and other equipment required to be licensed, with limits of not less than the following:

Each Person for Bodily Injury	\$1,000,000
Each Occurrence for Bodily Injury	\$1,000,000
Each Occurrence for Property Damage	\$1,000,000
Or – Combined Single Limit	\$1,000,000

- 4. Statutory Worker's Compensation insurance shall be in accordance with the provisions of the laws of the State of Illinois, including Occupational Disease Act provisions, for employees at the site of the project, and in case work is sublet, the Contractor shall require each Subcontractor similarly to provide this insurance. In case employees are engaged in work under this contract and are not protected under the Workers Compensation and Occupational Disease Act, the Contractor shall provide, and shall cause Subcontractor to provide, adequate and suitable insurance for the protection of employees not otherwise provided.
- 5. Umbrella Liability:

Aggregate Limits: \$2,000,000

Contractor to furnish a copy of the Endorsement showing "County of Kane" as an additional named insured on the General Liability, Auto, and Excess policies.

The Contractor shall cease operations on the project if the insurance is cancelled or reduced below the required amount of coverage.