# **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) 10/2/2013

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).

EMAIL ADDRESS: mnowak@johnsonins.com	77) 254-8586		
E-MAIL ADDRESS: mnowak@johnsonins.com			
INSURER(S) AFFORDING COVERAGE	NAIC#		
INSURER A : RLI Insurance Group			
INSURER B : Continental Casualty Company			
INSURER C:			
INSURER D :			
INSURER E :			
INSURER F :			
	INSURER A : RLI Insurance Group INSURER B : Continental Casualty Company INSURER C : INSURER D : INSURER E :		

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.

NSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
	GENERAL LIABILITY						EACH OCCURRENCE	\$	2,000,000
Α	X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR		PSB000323	PSB0003235	0003235 6/1/2013	6/1/2014	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
			1				MED EXP (Any one person)	\$	10,000
			1				PERSONAL & ADV INJURY	\$	1,000,000
					Į.		GENERAL AGGREGATE	\$	4,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER			(9)			PRODUCTS - COMP/OP AGG	\$	4,000,000
	POLICY PRO- JECT LOC							\$	
Α	AUTOMOBILE LIABILITY		1	PSA0001187	6/1/2013		COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X ANY AUTO ALL OWNED SCHEDULED AUTOS HIRED AUTOS AUTOS AUTOS AUTOS	X	1			6/1/2014	BODILY INJURY (Per person)	\$	
							BODILY INJURY (Per accident)	\$	
							PROPERTY DAMAGE (PER ACCIDENT)	\$	
			1	/				\$	
	X UMBRELLA LIAB X OCCUR		1				EACH OCCURRENCE	\$	5,000,000
Α	EXCESS LIAB CLAIMS-MADE	X		PSE0003037	6/1/2013	6/1/2014	AGGREGATE	\$	
	DED X RETENTION \$		1				Gen Aggregate	\$	5,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		1				X WC STATU- TORY LIMITS ER		
Α	ANY PROPRIETOR/PARTNER/EYECUTIVE	N/A		PSW0001983	6/1/2013	6/1/2014	E L. EACH ACCIDENT	\$	500,000
	(Mandatory in NH)						E L. DISEASE - EA EMPLOYEE	\$	500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	500,000
В	Professional Liab			AEH254072949	8/12/2013	8/12/2014	Each Claim		2,000,000
В	Professional Liab	1 1		AEH254072949	8/12/2013	8/12/2014	Aggregate		2,000,000

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

Re: Kirk & Douglas Rd. Intersection Widen and Resurfacing, Phase III, Section No. 08-00377-00-CH (GRAEF Project No.5030.00 0450)

The County of Kane is additional insured on General Liability, Automobile Liability and Excess/Umbrella Liability. 30 days notice of cancellation to The County of Kane applies.

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CERTIFICATE HOLDER

CANCELLATION



The County of Kane 719 South Batavia Ave, Building A Geneva. IL 60134 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

Patt & Kel

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## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) - /-- /---

			5/28/2013		
Donne Insurance 7777 W. 159th	APPENDED TO THE STATE OF THE SECOND STATE OF T	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORM ONLY AND CONFERS NO RIGHTS UPON THE CERTIHOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEALTER THE COVERAGE AFFORDED BY THE POLICIES EXTERNALLY.			
Suite B					
Tinley Park	IL 60477	INSURERS AFFORDING COVERAGE	NAIC#		
INSURED		INSURERA: Travelers Prop Cas Ins Co	25674		
Christopher B.	Burke Engineering Ltd.	INSURER B: Travelers Indemnity Company	25658		
9575 W. Higgin	s Road	INSURER C.			
Suite 600		INSURER D:			
Rosemont	IL 60018	INSURER E:	1		
COVERAGES					

THE POLICIES OF INSURANCE LISTED BELOWHAVE 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 DUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

WITS	LIMITS	POLICY EXPIRATION DATE (MM/DD/YYYY)	DATE (MM/DD/YYYY)	POLICY NUMBER	TYPE OF INSURANCE	NSRD	LTR
s 1,000,000 s 300,000	EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$				GENERAL LIABILITY  X COMMERCIAL GENERAL LIABILITY	1 :	
\$ 10,000	MED EXP (Any one person) \$	10/15/2013	10/15/2012	680-6752L902	CLAIMS MADE X OCCUR		A
\$ 1,000,000	PERSONAL & ADV INJURY \$			and the same of th	X Blkt Contract Liab	11	
s 2,000,000	GENERAL AGGREGATE \$			(2)	/	X	-
G \$ 2,000,000	PRODUCTS - COMP/OP AGG   \$			(5)	POLICY X PRO-	GE	
s 1,000,000	COMBINED SINGLE LIMIT (Ea accident) s			1	AUTOMOBILE LIABILITY  X ANY AUTO	f yet man	
s	BODILY INJURY (Per person) \$	10/15/2013	10/15/2012	BA-6760L521	X ALL OWNED AUTOS X SCHEDULED AUTOS	-	A
\$	BODILY INJURY (Per accident) \$				X X HIRED AUTOS X NON-OWNED AUTOS	1	(
s	PROPERTY DAMAGE (Per accident) S						
T S	AUTO ONLY - EA ACCIDENT \$				GARAGE LIABILITY /	GA	
	OTHER THAN EA ACC \$ ACG \$		7		ANY AUTO		
s 9,000,000	EACH OCCURRENCE S				EXCESS/UMBRELLA LIABILITY	EX	
s 9,000,000	- 100 117 117 117 117 117 117 117 117 117		*		X OCCUR CLAIMS MADE	x	
<u> </u>		10/15/2013	c769665 10/15/2012	CUP-2C769665	X DEDUCTIBLE CUP-2C769665	x	В
\$						i +	-
H-	X WC STATU- TORY LIMITS OTH- ER				KERSCOMPENSATION	WORKER	A
s 1,000,000		10/15/2013	10/15/2012		D EMPLOYERS'LIABILITY Y PROPRIETOR/PARTNER/EXECUTIVE		•
	E.L. DISEASE - EA EMPLOYEE \$			UB-7639¥370	NY PROPRIETURY AND PROPRIETURE OF THE PROPRIETURE O		1
	E.L. DISEASE - POLICY LIMIT \$						
						OTHER	
	E.L. DISEASE - POLICY LIM				IAL PROVISIONS below R	SPECIAL	



DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Project: Environmental Maintenance Sterns Road Corridor- Section: 13-00214-02-SM. It is agreed that the following are added as Additional Insured, when required by written contract, on the General Liability, Automobile Liability, and umbrella with respect to operations performed by the Name Insured in connection with this project: County of Kane. Umbrella follows form.

### CERTIFICATE HOLDER

County of Kane 719 Batavia Avenue Building A Geneva, IL 60134

### CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

W Donne, CPCU, ARM/GA William J. Wonne

### 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
<b>Products and Completed Operation</b>	\$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.