

Contractor \$20,000 Bond and Insurance A (Individual Permits) Requirements for Cook County Permit

Bond

1. The contractor shall email hwyp.permits@cookcountyil.gov a signed letter to Cook County Department of Transportation and Highways Permit Division (CCDOTH Permits Division) per the directions in the "Bond and Insurance Requirement Form 20A." See Form 20A below.

COOK COUNTY DEPARTMENT OF TRANSPORTATION AND HIGHWAYS PERMIT DIVISION

\$20,000 BOND AND INSURANCE A REQUIREMENTS (INDIVIDUAL PERMITS)

Letter to Cook County Department of Transportation and Highways Permit Division (CCDOTH Permits Division),

Before the bond and Insurance requirements are issued, the general contractor shall email hwyp.permits@cookcountyil.gov a signed letter on company stationery stating the following:

Contractor Address:

Contractor Email:

Contractor Phone Number:

"(Name of Contractor) is the contractor responsible for all work performed in permit (#00-00-0000)." I understand that if there is an open cut in the pavement the bond shall remain with the Cook County Department of Transportation and Highways Permit Division for one year after notification in writing by the contractor that the construction work is completed.

Upon receipt of the contractor letter, the bond form and insurance certificate requirements will be forwarded by the CCDOTH Permits Division.

Bond,

Used for commercial, residential, and government, etc. permits.

CCDOTH Permits Division requires the original CCDOTH Permits Division bond form and the original contractor bond attachments in the permit file before the permit can be issued.

The bond must be properly executed with the signature of the officers of company and have the company corporate seal. If the contractor is the sole beneficiary, it should be stated on the bond.

Bonds will not be released until the insurance requirements are met.

Insurance,

The contractor shall email hwyp.permits@cookcountyil.gov insurance for the specified permit number. In the event the insurance expires or is canceled prior to the completion of the permit project, the permit project will be stopped until the insurance coverage is updated and accepted by CCDOTH Permits Division.

Insurance coverage shall be with insurance companies licensed to do business in the State of Illinois and are subject to approval by the CCDOTH Permits Division.

Contractor and/or insurance companies must notify the CCDOTH Permits Division when there is a change of address, and/or change of insurance company. The permit number must always be on all correspondence.

The current certificate of insurance must remain on file until the CCDOTH Permits Division releases the bond.

If you have any questions, please contact the CCDOTH Permits Division at 312-603-1670 or hwyp.permits@cookcountyil.gov.

2. Once the contractor letter is sent to the CCDOTH Permits Division, the CCDOTH Permits Division will generate an original "Highway Permit Bond Form 24" for the contractor, emboss the bond and mail it to the contractor. If time is of the essence the contractor can come and pick up the bond. See Highway Permit Bond example below.



COUNTY OF COOK
DEPARTMENT OF TRANSPORTATION & HIGHWAYS Permit # _____
CHICAGO, ILLINOIS
HIGHWAY PERMIT BOND Bond # _____

KNOW ALL MEN BY THESE PRESENTS, that we _____

as principal and _____
 (NAME AND ADDRESS OF SURETY CO.)

as surety, are held and firmly bound unto The County of Cook, a body politic and corporate of the State of Illinois, in the penal sum of **Twenty Thousand and no cents** _____ dollars; (\$20,000.00) lawful money of the United State of America, for the payment of which sum of money, well and truly to be made, we bind ourselves, our heirs, executors and administrators or our successors and assigns, jointly or severally, firmly by these presents.

Signed, sealed and dated this _____ day of _____ A.D. 2015

WHEREAS, The County of Cook of the State of Illinois is about to grant to the principal permission and authority to construct, install, operate and maintain certain installations, work or improvements in, under, along or upon a certain highway in Cook County, Illinois, identified as:

COUNTY HIGHWAY _____ SECTION _____
 and specified in application by the principal dated _____
 day of _____ A.D. 2015 for a highway permit.

NOW, the condition of the above obligation is such that if the said principal shall do the work as described in said permit and upon completion of same shall, within 10 days, at ITS own cost, restore said highway substantially to the same condition in which it was before said work was commenced, and shall remove all debris, rubbish, materials, apparatus, tools and equipment as well as all excess excavated materials from the right of way of said highway, all to the satisfaction of the County Superintendent of Transportation and Highways for The County of Cook, and shall indemnify and save harmless The County of Cook against all claims for damages to persons or property on account of the prosecution of said work, and the construction, location, operation and maintenance of the proposed installations work or improvements; also, against all costs and expenses which may be incurred by The County of Cook on account of or in connection with such claims, then the above obligation to be void, otherwise to remain in full force and effect.

NOTE: UPON COMPLETION OF SAID WORK THE CONTRACTOR MUST REQUEST, IN WRITING, FOR A FINAL INSPECTION AND RELEASE OF THIS BOND. THIS BOND WILL REMAIN IN FULL FORCE AND EFFECT UNTIL SAID BOND IS RELEASED, IN WRITING, BY THE SUPERINTENDENT OF TRANSPORTATION AND HIGHWAYS, COOK COUNTY, ILLINOIS. THIS BOND IS HELD FOR ONE YEAR AFTER JOB IS COMPLETED IF PERMIT REQUIRES AN OPEN CUT IN THE PAVEMENT.

ATTEST **A F F I X S E A L** _____

BY _____
 PRESIDENT (CORPORATION)

 SECRETARY (CORPORATION)

 SURETY

A F F I X S E A L

BY _____
 ATTORNEY IN FACT

APPROVED AS TO FORM: May 1, 1989 COOK COUNTY STATE'S ATTORNEY

FORM 24

The contractor name on the bond should match exactly to the contractor name on the insurance cert or one of the many names the company does business as on the insurance cert.

3. The contractor shall have the bond properly executed with signature of the officers of the company and the company corporate seal and return it back to CCDOTH Permits Division via mail or hand delivery. The bond has to be the original Highway Permit Bond Form 24 that was sent out to the contractor and the contractor's original bond attachments.
 Mail to: Cook County Department of Transportation and Highways, Permit Office (24th Floor), 69 West Washington Street, Chicago, IL 60602

Insurance Certification Sample A

1. The contractor shall follow the insurance requirements in the "Bond and Insurance Requirement Form 20" See Form 20 below.

COOK COUNTY DEPARTMENT OF TRANSPORTATION AND HIGHWAYS PERMIT DIVISION

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Insurance coverage shall be with insurance companies licensed to do business in the State of Illinois and are subject to approval by the CCDOTH Permits Division.

Contractor and/or insurance companies must notify the CCDOTH Permits Division when there is a change of address, and/or change of insurance company. The permit number must always be on all correspondence.

The current certificate of insurance must remain on file until the CCDOTH Permits Division releases the bond.

If you have any questions, please contact the CCDOTH Permits Division at 312-603-1670 or hwypermits@cookcountyil.gov.

2. The contractor shall meet the requirements on Insurance Form Sample A. See next page for descriptions. The insurance shall be emailed to hwv.permits@cookcountyil.gov



CERTIFICATE OF LIABILITY INSURANCE

Page 1 of 1

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. 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 INSURANCE AGENCY, INC. (PLEASE SUPPLY ADDRESS, TELEPHONE NUMBER & FAX NUMBER)	CONTACT NAME:	
	PHONE (A/C, No. Ext):	FAX (A/C, No.):
INSURED GENERAL CONTRACTOR (PLEASE SUPPLY ADDRESS, TELEPHONE NUMBER & FAX NUMBER)	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	NAIC #	
	INSURER A :	
	INSURER B :	
	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 NO	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> XCU Underground Explosion & Collapse Hazard			LIST POLICY NUMBER	DATE	DATE	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			LIST POLICY NUMBER (SHALL HAVE ANY AUTO OR THREE OTHER ITEMS) (BINDER NUMBER NOT ACCEPTABLE)	DATE	DATE	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ 1,000,000 PROPERTY DAMAGE (Per accident) \$ 500,000 \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			"SAMPLE A"			EACH OCCURRENCE \$ AGGREGATE \$ \$
<input checked="" type="checkbox"/>	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			LIST POLICY NUMBER (BINDER NUMBER NOT ACCEPTABLE)	DATE	DATE	<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE 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 PERMIT # _____
 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
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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. Contractor 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 contractor name on the Insurance shall match exactly to the contractor name on the bond. Contractor 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 contractor 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 for Both General Liability & Auto Liability for Permit 00-00-0000-C (list actual permit number assigned)" or alternate option "Cook County Additional Insured for Permit 00-00-0000-C (list actual permit number assigned)".
- i. Certificate Holder shall be Cook County Department of Transportation and Highways, Permit Office (24th Floor), 69 West Washington Street, Chicago, IL 60602