

Company \$50,000 Bond and Insurance C (Multiple Permits) Requirements for Cook County Permit

Bond

1. To start a general file with Cook County Department of Transportation and Highways Permit Division (CCDOTH Permits Division) or to update a bond because of a company name change. The company shall email hwy.permits@cookcountyil.gov a letter to CCDOTH Permits Division per the directions in the "Bond and Insurance Requirement Form 20C50000." See Form 20C50000 below.

COOK COUNTY DEPARTMENT OF TRANSPORTATION AND HIGHWAYS PERMIT DIVISION

\$50,000 BOND AND INSURANCE C REQUIREMENTS (MULTIPLE PERMITS)

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

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

Company Address:

Company Email:

Company Phone Number:

"(Name of Company) is the company responsible for all work performed in All Permits." I understand that the bond will not be released until all company infrastructure on Cook County ROW is completely removed and Cook County right of way is properly restored and accepted.

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

Bond,

Used for pipeline, cable, fiber optic and other private utilities etc. permits. The bond will be in pipeline, cable, fiber optic and other private utilities etc.name and will be used for every permit that is issued over unlimited years until the company completely removes all infrastructure from Cook County ROW and no longer needs the bond. There will be no contractor bond.

CCDOTH Permits Division requires the original CCDOTH Permits Division bond form and the original company 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 company shall email hwy.permits@cookcountyil.gov insurance for "All Permits". 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.

The company and/or insurance companies must notify the CCDOTH Permits Division when there is a change of address, and/or change of insurance company.

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 hwy.permits@cookcountyil.gov.

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



COUNTY OF COOK
DEPARTMENT OF TRANSPORTATION & HIGHWAYS Permit # VARIOUS
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. 2016

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 VARIOUS SECTION VARIOUS
 and specified in application by the principal dated _____ day of _____ A.D. 2016 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: 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.

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, 1988 COOK COUNTY STATE'S ATTORNEY

FORM 24

The Company name on the bond should match exactly to the Company name on the insurance cert or one of the many names the company does business as on the insurance cert. If there is a change in the company name, the company will notify CCDOTH Permits Division and CCDOTH Permits Division will send out a new bond form with the updated name. Once the original new bond submittal is received and approved by the CCDOTH Permits Division the old bond will be released.

- The company 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 deliver. The bond has to be the original Highway Permit Bond that was sent out to the company and the company'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 C

1. The company shall follow the insurance requirements in the “Bond and Insurance Requirement Form 20C50000” See Form 20C50000 below.

COOK COUNTY DEPARTMENT OF TRANSPORTATION AND HIGHWAYS PERMIT DIVISION

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The company shall email hwypermits@cookcountyil.gov insurance for “All Permits”. 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.

The company and/or insurance companies must notify the CCDOTH Permits Division when there is a change of address, and/or change of insurance company.

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 company shall meet the requirements on Insurance Form Sample C. See next page for descriptions. The insurance shall be emailed to hwypermits@cookcountyil.gov



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. 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).

a	PRODUCER	INSURANCE AGENCY, INC. (PLEASE SUPPLY ADDRESS, TELEPHONE NUMBER & FAX NUMBER)	CONTACT NAME:	
			PHONE (A/C, No, Ext):	FAX (A/C, No):
b	INSURED	COMPANY NAME (LIST ALL COMPANY NAMES. USE ATTACHED SHEET IF NEEDED)(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 LTR	TYPE OF INSURANCE	ADDD INSD	SUBR WWD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
c	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			LIST POLICY NUMBER	DATE	DATE	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
d	<input checked="" type="checkbox"/> XCU Underground Explosion & Collapse Hazard			LIST POLICY NUMBER	DATE	DATE	MED EXP (Any one person) \$
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$ 1,000,000
e	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC			LIST POLICY NUMBER (SHALL HAVE ANY AUTO OR THREE OTHER ITEMS) (BINDER NUMBER NOT ACCEPTABLE)	DATE	DATE	GENERAL AGGREGATE \$ 2,000,000
	OTHER:						PRODUCTS - COMPIOP AGG \$
f	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY			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
	<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						BODILY INJURY (Per person) \$
g	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB			"SAMPLE C"	DATE	DATE	BODILY INJURY (Per accident) \$ 1,000,000
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE						PROPERTY DAMAGE (Per accident) \$ 500,000
h	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			LIST POLICY NUMBER (BINDER NUMBER NOT ACCEPTABLE)	DATE	DATE	PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER MEMBER EXCLUDED? (Mandatory in NH)		Y/N <input type="checkbox"/>				E.L. EACH ACCIDENT \$ 100,000
i	<input type="checkbox"/> OTHER			LIST POLICY NUMBER (BINDER NUMBER NOT ACCEPTABLE)	DATE	DATE	E.L. DISEASE - EA EMPLOYEE
							E.L. DISEASE - POLICY LIMIT

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

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 (24th Floor), 69 West Washington Street, Chicago, IL 60602