

# 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 replace old bond with new bond, the company shall download bond form from Cook County Permits Division website. See Form 20C50000 below.

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### COOK COUNTY DEPARTMENT OF TRANSPORTATION AND HIGHWAYS PERMIT DIVISION

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

Used for pipeline, cable, fiber optic, wireless and other private utilities etc. permits.

#### **Bond,**

This is only for new pipeline, cable, fiber optic, wireless and other private utilities etc. companies coming into Cook County ROW for the first time. The bond will be under the name of the pipeline, cable, fiber optic and other private utilities etc. name. The bond will be held permanently on file by Cook County Permits Division for every permit that is issued until another bond is submitted to replace this bond or the company completely removes all infrastructure from Cook County ROW and no longer needs the bond.

**Contractors** working for pipeline, cable, fiber optic, wireless and other private utilities etc. **do not** need to provide a bond.

For the first permit done by the new company, a copy of the bond shall be emailed to [hwy.permits@cookcountyil.gov](mailto:hwy.permits@cookcountyil.gov) before the permit can be issued. No hard copy is required. All future permits will be issued based on the bond on file.

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

#### **Insurance,**

The company shall submit 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.

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 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 [hwy.permits@cookcountyil.gov](mailto:hwy.permits@cookcountyil.gov).



Permit No.:	ALL PERMITS	Bond No.:	
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**COOK COUNTY DEPARTMENT OF TRANSPORTATION AND HIGHWAYS  
PERMIT BOND**

Cook County Department of Transportation and Highways Permits Office  
George W. Dunne Cook County Office Building  
69 W. Washington, 24th Floor, Chicago, Illinois 60602

312.603.1670  
312.603.9943

KNOW ALL MEN BY THESE PRESENTS, that We (Principal Name) \_\_\_\_\_

as Principal, and (Surety Company Name) \_\_\_\_\_ as surety, are held and firmly bound unto The County of Cook, a body politic and corporate of the State of Illinois, in the sum of Fifty Thousand and no cents dollars (\$50,000.00) lawful money of the United States of America, the payment of which sum of money, well and truly to be made, we bind ourselves, our heirs, executors and administrators, jointly or severally, firmly by these presents.

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

COUNTY HIGHWAY(S) ALL COOK COUNTY HIGHWAYS

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 the Principal's own cost, restore said highway substantial condition in which it was before said work was commenced, and shall remove all debris, rubbish, materials and equipment as well as all excess excavated materials from the right of way of said highway, all to the County Superintendent of Transportation and Highways for The County of Cook, and shall indemnify and hold The County of Cook against all claims for damages to persons or property on account of the prosecution of the construction, location, operation and maintenance of the proposed installations work or improvements; also and expenses which may be incurred by The County of Cook on account of or in connection with such above obligation to be void, otherwise to remain in full force and effect.

Note: this bond will not be released unless another bond is submitted to replace this bond or all company equipment and Cook County ROW is completely removed and Cook County right of way is properly restored.

This bond will remain in full force and effect until said bond is released, in writing, by the Cook County Department of Transportation and Highways Permits Division.

In witness whereof, we have duly executed the foregoing this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Surety \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State \_\_\_\_\_  
 Contact Name \_\_\_\_\_  
 Phone Number \_\_\_\_\_  
 Email Address \_\_\_\_\_

Principal \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State \_\_\_\_\_  
 Contact Name \_\_\_\_\_  
 Phone Number \_\_\_\_\_  
 Email Address \_\_\_\_\_

By: \_\_\_\_\_  
 (Affix Seal) Signature of Agent for Surety

By: \_\_\_\_\_  
 (Affix Seal) Signature of Agent for Principal

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 fill out all the fillable boxes on the bond form. The bond shall be properly executed with signature of the officers of the company and the company corporate seal. A copy of the bond shall be emailed to [hwypermits@cookcountyil.gov](mailto:hwypermits@cookcountyil.gov) before the permit can be issued. No hard copy is required.



Permit No.: ALL PERMITS	Bond No.:
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PERMIT BOND**

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George W. Dunne Cook County Office Building  
69 W. Washington, 24th Floor, Chicago, Illinois 60602

312.603.1670  
312.603.9943

KNOW ALL MEN BY THESE PRESENTS, that We (Principal Name) \_\_\_\_\_

as Principal, and (Surety Company Name) \_\_\_\_\_

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 **Fifty Thousand and no cents dollars (\$50,000.00)** 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.

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(S) ALL COOK COUNTY HIGHWAYS \_\_\_\_\_

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 the Principal's 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 not be released unless another bond is submitted to replace this bond or all company infrastructure on Cook County ROW is completely removed and Cook County right of way is properly restored and accepted.

This bond will remain in full force and effect until said bond is released, in writing, by the Cook County Department of Transportation and Highways Permits Division.

In witness whereof, we have duly executed the foregoing this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

Surety \_\_\_\_\_

Principal \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_

City/State \_\_\_\_\_

Contact Name \_\_\_\_\_

Contact Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Email Address \_\_\_\_\_

By: \_\_\_\_\_

By: \_\_\_\_\_

(Affix Seal) Signature of Agent for Surety

(Affix Seal) Signature of Agent for Principal

## **Insurance Certification Sample C**

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

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If you have any questions, please contact the CCDOTH Permits Division at [hwy.permits@cookcountyil.gov](mailto:hwy.permits@cookcountyil.gov).

2018-02

Form 20C50000

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2. The company shall meet the requirements on Insurance Form Sample C. See next page for descriptions. The insurance shall be emailed to [hwy.permits@cookcountyil.gov](mailto:hwy.permits@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	<b>PRODUCER</b> INSURANCE AGENCY, INC. (PLEASE SUPPLY ADDRESS, TELEPHONE NUMBER & FAX NUMBER)	<b>CONTACT NAME:</b>		<b>FAX (A/C, No):</b>	
		<b>PHONE (A/C, No, Ext):</b>	<b>E-MAIL ADDRESS:</b>		
b	<b>INSURED</b> COMPANY NAME (LIST ALL COMPANY NAMES. USE ATTACHED SHEET IF NEEDED)(PLEASE SUPPLY ADDRESS, TELEPHONE NUMBER & FAX NUMBER)	<b>INSURER(S) AFFORDING COVERAGE</b>			<b>NAIC #</b>
		<b>INSURER A :</b>			
		<b>INSURER B :</b>			
		<b>INSURER C :</b>			
		<b>INSURER D :</b>			
		<b>INSURER E :</b>			

**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	TYPE OF INSURANCE	ADDL	INSR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
c	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR			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 - COM/PROP AGG \$
d	<input checked="" type="checkbox"/> XCU Underground Explosion & Collapse Hazard GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						
e	<b>AUTOMOBILE LIABILITY</b> <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
g	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE <b>DED</b> <b>RETENTION \$</b>			"SAMPLE C"			EACH OCCURRENCE \$ AGGREGATE \$
g	<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		Y/N	LIST POLICY NUMBER (BINDER NUMBER NOT ACCEPTABLE)	DATE	DATE	PER STATUTE    OTHER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT
h	<b>OTHER</b>						

**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.

<b>CERTIFICATE HOLDER</b> Cook County Department of Transportation and Highways Permit Office 24th Floor 69 West Washington Street Chicago, Illinois 60602	<b>CANCELLATION</b> 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. 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