

## **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.)





# Good EXAMPLE



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
5/28/2013

PRODUCER (708) 429-3100 FAX: (708) 429-3105  
Donne Insurance Group, Inc  
7777 W. 159th Street  
Suite B  
Tinley Park IL 60477

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED  
Christopher B. Burke Engineering Ltd.  
9575 W. Higgins Road  
Suite 600  
Rosemont IL 60018

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: <b>Travelers Prop Cas Ins Co</b>	25674
INSURER B: <b>Travelers Indemnity Company</b>	25658
INSURER C:	
INSURER D:	
INSURER E:	

### COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>Blkt Contract Liab</b> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC	680-6752L902	10/15/2012	10/15/2013	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/>				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/PROP AGG \$ 2,000,000
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	BA-6760L521	10/15/2012	10/15/2013	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/>				BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY EA ACC AGG \$
B	<b>EXCESS / UMBRELLA LIABILITY</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 10,000	CUP-2C769665	10/15/2012	10/15/2013	EACH OCCURRENCE \$ 9,000,000
	<input checked="" type="checkbox"/>				AGGREGATE \$ 9,000,000 \$ \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below Y/N <input checked="" type="checkbox"/> N	UB-7639Y370	10/15/2012	10/15/2013	<input checked="" type="checkbox"/> WC STATUTORY LIMITS: OTH-ER
	<input checked="" type="checkbox"/>				E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
	OTHER				

### 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 D. Donne*

## **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 and 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.