

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

## **Bond**

1. Once the permit number is assigned contractor can process and submit bond. The blank bond form is on the Permits Website.

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COOK COUNTY DEPARTMENT OF TRANSPORTATION AND HIGHWAYS PERMIT DIVISION

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

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

#### **Bond,**

Once the permit number is assigned contractor can process and submit bond. The blank bond form is on the Permits Website.

<https://www.cookcountyil.gov/service/construction-permits-online-payment>

A copy of the bond shall be emailed to [hwy.permits@cookcountyil.gov](mailto:hwy.permits@cookcountyil.gov) before the permit can be issued. The original bond form and attachments shall be mailed to CCDOTH Permits Division.

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,**

Once the permit number is assigned contractor can process and submit bond. The contractor shall email [hwy.permits@cookcountyil.gov](mailto:hwy.permits@cookcountyil.gov) the 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 [hwy.permits@cookcountyil.gov](mailto:hwy.permits@cookcountyil.gov).

2020-10

FORM20A.

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Permit No.:	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  
312.603.9643

KNOW ALL MEN BY THESE PRESENTS, that We (Principle 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 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.

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): 1. CHOOSE HIGHWAY

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 Principle'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 shall be held for one year if the permit requires an open cut in the pavement. Upon completion of said work the Principle must notify the Permits Division, in writing, by sending an email to [hwy.permits@cookcountyil.gov](mailto:hwy.permits@cookcountyil.gov) requesting a prefinal inspection. The one year starts on the date of notification.

If the permit does not require an open cut or if the one year open cut requirement has been met, upon completion of said work the Principle must request, in writing, by sending an email to [hwy.permits@cookcountyil.gov](mailto:hwy.permits@cookcountyil.gov) requesting 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 Cook County Department of Transportation and Highways Permits Division.

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

Surety _____	Principle _____
Address _____	Address _____
City/State _____	City/State _____
Contact Name _____	Contact Name _____
Phone Number _____	Phone Number _____
Email Address _____	Email Address _____
By: _____ <small>(Affix Seal) Signature of Agent for Surety</small>	By: _____ <small>(Affix Seal) Signature of Agent for Principle</small>

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.

- The contractor 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 [hwy.permits@cookcountyil.gov](mailto:hwy.permits@cookcountyil.gov) before the permit can be issued. The original bond form and attachments shall be mailed to CCDOTH Permits Division. Mail to: Cook County Department of Transportation and Highways, Permit Office (24<sup>th</sup> 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.

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

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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 [hwypermits@cookcountyil.gov](mailto:hwypermits@cookcountyil.gov) .

2020-10

FORM20A.

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2. The contractor shall meet the requirements on Insurance Form Sample A. See next page for descriptions. The insurance shall be emailed to [hwypermits@cookcountyil.gov](mailto:hwypermits@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).

<b>PRODUCER</b> INSURANCE AGENCY, INC. (PLEASE SUPPLY ADDRESS, TELEPHONE NUMBER & FAX NUMBER)	CONTACT NAME:	
	PHONE (A/C, No. Ext):	FAX (A/C, No.):
E-MAIL ADDRESS:		
INSURER(S) AFFORDING COVERAGE		NAIC #
<b>INSURED</b> GENERAL CONTRACTOR (PLEASE SUPPLY ADDRESS, TELEPHONE NUMBER & FAX NUMBER)		
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	INSR 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			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 \$ \$
<input checked="" type="checkbox"/>	XCU Underground Explosion & Collapse Hazard						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 \$			<b>"SAMPLE A"</b>			EACH OCCURRENCE \$ AGGREGATE \$ \$
<input checked="" type="checkbox"/>	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below			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
	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.

<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. 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 (24<sup>th</sup> Floor), 69 West Washington Street, Chicago, IL 60602