## AMENDMENT NO. 2

This Amendment modifies Contract No. 2005-18332, for Insurance Brokerage Services (Municipal Liability, Medical Malpractice and Managed Care Excess of Loss Insurance - CountyCare) by and between the County of Cook, Illinois, herein referred to as "County" and Mesirow Insurance Services, Inc., authorized to do business in the State of Illinois hereinafter referred to as "Contractor":

## RECITALS

Whereas, the County and Contractor have entered into a Contract approved by the County Board on March 18, 2021, (hereinafter referred to as the "Contract"), wherein the Contractor is to provide Insurance Brokerage Services (Municipal Liability, Medical Malpractice and Managed Care Excess of Loss Insurance - CountyCare) (hereinafter referred to as the "Services") from July 1, 2021 through June 30, 2024, in an amount not to exceed $30,085,720.00, with one, two-year renewal option; and

Whereas, Amendment No. 1 was authorized by the County Board on April 18, 2024, to renew the contract for two years beginning July 1, 2024 through June 30, 2026, in the amount of $22,161,511.00 and the Total Contract Amount was revised to $52,247,231.00; and

Whereas, Mesirow Insurance Services, Inc., has been acquired by Alliant Insurance Services, Inc.; and

Whereas, pursuant to Article 3(k) of the Contract, effective October 15, 2024, Mesirow Insurance Services, Inc., requests to assign the contract to Alliant Insurance Services, Inc.; and

Whereas, the Parties desire to update the Contract with Consultant's new name.

Now therefore, in consideration of mutual covenants contained herein, it is agreed by and between the parties to amend the Contract as follows:

1. As per Article 3(k), Subcontracting or Assignment of Contract or Contract Funds, the assignment of this Contract from Mesirow Insurance Services, Inc., to Alliant Insurance Services, Inc. as applicable, is hereby agreed to by the Parties and approved in all respects effective as of October 15, 2024. Any reference to Mesirow Insurance Services, Inc., shall be changed to Alliant Insurance Services, Inc. who shall be the "Consultant".

3. The Contract is hereby amended to incorporate Attachment No. 1 and made part of the Contract.

3. As per Article 11 of the Contract, Notices, all notices sent to Mesirow Insurance Services, Inc is replaced as follows:

   Alliant Insurance Services, Inc.
   353 N. Clark Street, 11th Floor
   Chicago, IL 60654
   Attn: John P. Harney

3. The attached updated Identification of Sub-Contractors/Suppliers/Sub-Consultants Form, MBE/WBE Utilization Plan forms, Certificate of Insurance, and Economic Disclosures Statement under Attachment No. 2 are incorporated and made a part of this Contract.

4. All other terms and conditions remain as stated in the Contract.

In witness whereof and pursuant to authority of the Chief Procurement Officer the County and Contractor have caused this Amendment No. 2 to be executed on the date and year last written below.

County of Cook, Illinois

By: Raffi Sarrafian Digitally signed by Raffi Sarrafian Date: 2025.01.09 09:23:08 -06'00'
Chief Procurement Officer

Date: _____

By: Brian Tracy
State's Attorney

Brian Tracy
Type or print name

Date: 1/6/2025

Alliant Insurance Services, Inc.

Signed

Michael Mackey
Type or print name

Executive VP
Title

Date: 11/05/2024

# ATTACHMENT NO. 1

September 27, 2024

Raffi Sarrafian
Chief Procurement Officer
Cook County Office of the Chief Procurement Officer
161 N. Clark Street, Suite 2300
Chicago, IL 60601

Re: Mesirow Insurance Services, Inc.'s Request to Assign the *Professional Services Agreement Insurance Brokerage Services (Municipal Liability, Medical Malpractice and Managed Care Excess of Loss Insurance – County Care) Between Cook County Government Department of Risk Management and Mesirow Insurance Services, Inc., and Alliant-Owned Company* dated March 18, 2021 (the "Agreement") to Alliant Insurance Services, Inc.

To Whom it May Concern,

On July 29, 2016, Alliant Insurance Services, Inc. ("AIS") purchased 100% of the stock of Mesirow Insurance Services, Inc. ("MIS"). Attached please find the cover page and signature pages of the Stock Purchase Agreement pursuant to which MIS became a subsidiary of AIS. Since the transaction closed nearly eight years ago MIS has continued to operate as a licensed, full-service insurance brokerage.

Last year, we began the process of integrating the business of MIS into AIS. In conjunction with this initiative, MIS is now requesting, pursuant to Article 3 Sub-Section k) of the Agreement, that Cook County Government Department of Risk Management ("Cook County") please consent to MIS's assignment of the Agreement to AIS effective October 15, 2024. Upon the effective date of such assignment, AIS hereby agrees to: (1) be bound by the Agreement; (2) assume all of MIS's obligations and responsibilities under the Agreement; and (3) comply with and honor all of MIS's obligations owed to Cook County under the Agreement.

Please send all notices to:

Alliant Insurance Services, Inc.
353 N. Clark Street, 11th Floor
Chicago, IL 60654
Attn: John P. Harney

Please contact me should you have any questions.

Thank you.

Sincerely,

John P. Harney
Executive Vice President
John.harney@alliant.com

Enclosures: 1) Agreement; 2) Amendment No. 1 to Agreement; 3) Stock Purchase Agreement cover page

**STOCK PURCHASE AGREEMENT**

This STOCK PURCHASE AGREEMENT (this "Stock Purchase Agreement" or "Agreement") is made as of July 1, 2016, by and among Mesirow Financial Services, Inc., an Illinois corporation ("Seller"); Mesirow Insurance Services, Inc., an Illinois corporation (the "Company"); Alliant Insurance Services, Inc., a Delaware corporation ("Buyer"); solely for Section 3.07, Section 6.08, Section 6.09(b) and Section 7.10 hereof, Mesirow Financial Holdings, Inc., the parent company of Seller ("MFH"); and solely for Section 2.03(e) hereof, Alliant Holdings, L.P., a Delaware limited partnership and the parent company of Buyer ("Parent"). Capitalized terms used and not otherwise defined herein have the meanings set forth in Article X below.

WHEREAS, Seller owns all of the issued and outstanding capital stock of the Company, which consists of 500 shares of the Company's common stock, par value $1.00 per share (collectively, the "Shares");

WHEREAS, subject to the terms and conditions set forth herein, Buyer desires to acquire from Seller, and Seller desires to sell to Buyer, all of such Shares free and clear of all Liens other than restrictions imposed by state and federal securities laws;

WHEREAS, fifty (50) Shares will be contributed by Seller to Parent in exchange for limited partnership interests in Parent, and Parent will cause such Shares to be transferred to Buyer, and the remaining Shares will be acquired by Buyer;

WHEREAS, the respective boards of directors of Seller, the Company and Buyer have approved this Agreement and the transactions contemplated hereby, upon the terms and subject to the conditions set forth herein.

NOW, THEREFORE, in consideration of the premises, representations and warranties and mutual covenants contained herein and of other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged and intending to be legally bound, the parties hereto agree as follows:

ARTICLE I

PURCHASE AND SALE OF SHARES

IN WITNESS WHEREOF, the parties hereto have executed this Stock Purchase Agreement on the day and year first above written.

SELLER:

**MESIROW FINANCIAL SERVICES, INC.**

By: _____
Name: Richard S. Price
Title: Chief Executive Officer

COMPANY:

**MESIROW INSURANCE SERVICES, INC.**

By: _____
Name: Richard S. Price
Title: Chief Executive Officer

SOLELY FOR PURPOSES OF SECTIONS 3.07, 6.08, 6.09(b) AND 7.10:

**MESIROW FINANCIAL HOLDINGS, INC.**

By: _____
Name: Richard S. Price
Title: Chief Executive Officer

BUYER:

**ALLIANT INSURANCE SERVICES, INC.**

By: _____
Name: P. Gregory Zimmer
Title: President

SOLELY FOR PURPOSES OF SECTION 2.03(e):

**ALLIANT HOLDINGS, L.P.**

By: _____
Name: P. Gregory Zimmer
Title: President

IN WITNESS WHEREOF, the parties hereto have executed this Stock Purchase Agreement on the day and year first above written.

SELLER:

**MESIROW FINANCIAL SERVICES, INC.**

By: _____
Name: Richard S. Price
Title: Chief Executive Officer

COMPANY:

**MESIROW INSURANCE SERVICES, INC.**

By: _____
Name: Richard S. Price
Title: Chief Executive Officer

SOLELY FOR PURPOSES OF SECTIONS 3.07, 6.08, 6.09(b) AND 7.10:

**MESIROW FINANCIAL HOLDINGS, INC.**

By: _____
Name: Richard S. Price
Title: Chief Executive Officer

BUYER:

**ALLIANT INSURANCE SERVICES, INC.**

By: _____
Name: P. Gregory Zimmer
Title: President

SOLELY FOR PURPOSES OF SECTION 2.03(e):

**ALLIANT HOLDINGS, L.P.**

By: _____
Name: P. Gregory Zimmer
Title: President

# ATTACHMENT NO. 2

Contract #: 2005-18332 A2

| OCPO ONLY: |
|---|
| ☐ Disqualification |
| ☒ Check Complete |

**Cook County**
**Office of the Chief Procurement Officer**
**Identification of Subcontractor/Supplier/Subconsultant Form**

The Bidder/Proposer/Respondent ("the Contractor") will fully complete and execute and submit an Identification of Subcontractor/Supplier/Subconsultant Form ("ISF") with each Bid, Request for Proposal, and Request for Qualification. **The Contractor must complete the ISF for each Subcontractor, Supplier or Subconsultant which shall be used on the Contract**. In the event that there are any changes in the utilization of Subcontractors, Suppliers or Subconsultants, the Contractor must file an updated ISF.

| | | | |
|---|---|---|---|
| Bid/RFP/RFQ No.: | 2005-18332 A2 | Date: | 10/22/2024 |
| Total Bid or Proposal Amount: | $719,000 | Contract Title: | Municipal Liability, Medical Malpractice and Managed Care Excess of Loss Insurance - CountyCare |
| Contractor: | Alliant Insurance Services, Inc. | Subcontractor/Supplier/ Subconsultant to be added or substitute: | A. Lavelle Consulting Services, LLC dba Cynasure |
| Authorized Contact for Contractor: | Michael Mackey | Authorized Contact for Subcontractor/Supplier/ Subconsultant: | Avis LaVelle Sampson |
| Email Address (Contractor): | michael.mackey@alliant.com | Email Address (Subcontractor): | avis@alavelleconsulting.com |
| Company Address (Contractor): | 353 North Clark Street | Company Address (Subcontractor): | 203 N LaSalle Street, Suite 2100 |
| City, State and Zip (Contractor): | Chicago, IL 60654 | City, State and Zip (Subcontractor): | Chicago, Il 60615 |
| Telephone and Fax (Contractor): | p: (312) 595-7900<br>f: (312) 595-7909 | Telephone and Fax (Subcontractor): | p. (312) 402-2171 |
| Estimated Start and Completion Dates (Contractor): | 7/2024 - 6/2026 | Estimated Start and Completion Dates (Subcontractor): | 7/2024 - 6/2026 |

**Note**: Upon request, a copy of all written subcontractor agreements must be provided to the OCPO.

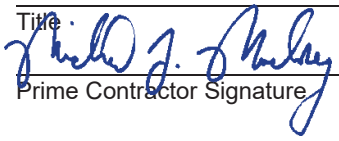
| **Description of Services or Supplies** | **Total Price of Subcontract for Services or Supplies** |
|---|---|
| Insurance requirement contractual review and provide training to County on certificate of insurance requests and will assist with coverage comparison for Municipal Liability. | 25% of total annual compensation. |

The subcontract documents will incorporate all requirements of the Contract awarded to the Contractor as applicable. The subcontract will in no way hinder the Subcontractor/Supplier/Subconsultant from maintaining its progress on any other contract on which it is either a Subcontractor/Supplier/Subconsultant or principal contractor. This disclosure is made with the understanding that the Contractor is not under any circumstances relieved of its abilities and obligations, and is responsible for the organization, performance, and quality of work. **This form does not approve any proposed changes, revisions or modifications to the contract approved MBE/WBE Utilization Plan. Any changes to the contract's approved MBE/WBE/Utilization Plan must be submitted to the Office of the Contract Compliance.**

Alliant Insurance Services, Inc.
Contractor

Michael Mackey
Name

Executive Vice President
Title



Prime Contractor Signature

10/22/2024
Date

Contract #: 2005-18332 A2

| OCPO ONLY: |
|---|
| ☐ Disqualification |
| ☒ Check Complete |

**Cook County**
**Office of the Chief Procurement Officer**
**Identification of Subcontractor/Supplier/Subconsultant Form**

The Bidder/Proposer/Respondent ("the Contractor") will fully complete and execute and submit an Identification of Subcontractor/Supplier/Subconsultant Form ("ISF") with each Bid, Request for Proposal, and Request for Qualification. **The Contractor must complete the ISF for each Subcontractor, Supplier or Subconsultant which shall be used on the Contract**. In the event that there are any changes in the utilization of Subcontractors, Suppliers or Subconsultants, the Contractor must file an updated ISF.

| | | | |
|---|---|---|---|
| Bid/RFP/RFQ No.: | 2005-18332 A2 | Date: | 10/22/2024 |
| Total Bid or Proposal Amount: | $719,000 | Contract Title: | Municipal Liability, Medical Malpractice and Managed Care Excess of Loss Insurance - CountyCare |
| Contractor: | Alliant Insurance Services, Inc. | Subcontractor/Supplier/ Subconsultant to be added or substitute: | EagleOne Case Management Solutions, Inc. |
| Authorized Contact for Contractor: | Michael Mackey | Authorized Contact for Subcontractor/Supplier/ Subconsultant: | Elizabeth Rodriguez-Spreck |
| Email Address (Contractor): | michael.mackey@alliant.com | Email Address (Subcontractor): | lspreck@eagleonecms.com |
| Company Address (Contractor): | 353 North Clark Street | Company Address (Subcontractor): | 760 Village Center Drive, Suite 250 |
| City, State and Zip (Contractor): | Chicago, IL 60654 | City, State and Zip (Subcontractor): | Burr Ridge, IL 60527 |
| Telephone and Fax (Contractor): | p: (312) 595-7900<br>f: (312) 595-7909 | Telephone and Fax (Subcontractor): | p. (630) 655-0800 |
| Estimated Start and Completion Dates (Contractor): | 7/2024 - 6/2026 | Estimated Start and Completion Dates (Subcontractor): | 7/2024 - 6/2026 |

**Note**: Upon request, a copy of all written subcontractor agreements must be provided to the OCPO.

| **Description of Services or Supplies** | **Total Price of Subcontract for Services or Supplies** |
|---|---|
| Assist with renewal coverage comparisons for Healthcare Professional Liability and assess processes and renewal options under the CountyCare managed care stop loss program. | 10% of total annual compensation. |

The subcontract documents will incorporate all requirements of the Contract awarded to the Contractor as applicable. The subcontract will in no way hinder the Subcontractor/Supplier/Subconsultant from maintaining its progress on any other contract on which it is either a Subcontractor/Supplier/Subconsultant or principal contractor. This disclosure is made with the understanding that the Contractor is not under any circumstances relieved of its abilities and obligations, and is responsible for the organization, performance, and quality of work. **This form does not approve any proposed changes, revisions or modifications to the contract approved MBE/WBE Utilization Plan. Any changes to the contract's approved MBE/WBE/Utilization Plan must be submitted to the Office of the Contract Compliance.**

Alliant Insurance Services, Inc.
Contractor

Michael Mackey
Name

Executive Vice President
Title

Prime Contractor Signature — Date: 10/22/2024

COOK COUNTY
OFFICE OF THE
Chief Procurement
Officer

161 N. Clark
Suite 2300
Chicago, Illinois 60601

# MEMORANDUM

TO: Raffi Sarrafian, Chief Procurement Officer
Office of the Chief Procurement Officer

FROM: JEANETTA CARDINE
Jeanetta Cardine, Deputy Director
Compliance Center of Excellence
Center of Business Enterprise Development

Date: December 19, 2024

Re: Contract No. 2005-18332 **(Amendment No. 2)**
Vendor: Alliant Insurance Services, Inc.
Service: Insurance Brokerage Services (Municipal Liability, Medical Malpractice and Managed Care Excess of Loss Insurance)
Contract Goal: 35% MWBE Overall Participation
Department of Risk Management
RFP – Professional Services

| | | |
|---|---|---|
| Contract Value: | $30,085,720 | **Original Term** (07/01/2021 – 6/30/2024) |
| Increase Amount: | $22,161,511.00 | **Amendment No. 1** (07/01/2024 – 6/30/2026) |
| Increase Amount: | $0.00 | **Amendment No. 2** (07/01/2024 – 6/30/2026) Name Change |
| Contract Value: | $52,247,231.00 | |

Effective October 15, 2024, Mesirow Insurance Services, Inc., assigned the contract to Alliant Insurance Services, Inc. The FEIN number was revised from 36-3429604 to 33-0785439. The contract value and term end date remain as is.

---

Dear Mr. Sarrafian:

The Center of Business Enterprise Development is in receipt of the above-referenced contract amendment and has reviewed this contract for compliance with the Minority- and Women- owned Business Enterprises (MBE/WBE) Ordinance. After careful review of our records as reported by the vendor, it has been determined the vendor is in compliance with the MBE/WBE Ordinance.

**MBE/WBE Utilization Original Contract ($30,085,720.00 Value)**

| MBE/WBE | Status | Certifying Agency | Commitment (Direct) |
|---|---|---|---|
| CS Insurance Strategies, Inc. | MBE (AA) | Cook County | 25% $269,625.00** |
| EagleOne Case Mgmt. Solutions, Inc. | MWBE(HA) | Cook County | 10% $107,850.00 |
| | | **Total** | **35%*** |

*Based on the Total Brokerage Fees of $1,078,500 ( $359,500 per year X 3 years).

**Of the $269,625 committed and paid to CS Insurance Strategies dba Cynasure only $180,750 is eligible for MW credit as the other $88,875 was paid after CS Insurance Strategies was decertified on November 22,2022.

**Amendment No. 1 Overall Utilization Plan ($52,247,231 Contract Value Increase of $22,161,511.00)**

| MBE/WBE | Status | Certifying Agency | Commitment (Direct) | |
|---|---|---|---|---|
| CS Insurance Strategies, Inc. dba Cynasure | MBE(AA) | Cook County | 10.06% | $180,750.00 |
| A.Lavelle Consulting Services | MWBE(AA) | City of Chicago | 10.00% | $179,750.00** |
| EagleOne Case Mgmt. Solutions, Inc. | MWBE(HA) | Cook County | 10.00% | $179,750.00 |
| | | **Total** | **30.06%*** | |

*Based on the Total Brokerage Fees of $1,797,500 ( $359,500 per year X 5 years)

**Of the $269,625 paid to CS Insurance Strategies dba Cynasure only $180,750 is eligible for MW credit as the other $88,875 was paid after CS Insurance Strategies was decertified on November 22,2022.

**Amendment No. 2 Overall Utilization Plan - NAME CHANGE ($52,247,231 No Change to Contract Value or Term)**

| MBE/WBE | Status | Certifying Agency | Commitment (Direct) | |
|---|---|---|---|---|
| CS Insurance Strategies, Inc. dba Cynasure | MBE(AA) | Cook County | 10.06% | $180,750.00 |
| A.Lavelle Consulting Services | MWBE(AA) | City of Chicago | 10.00% | $179,750.00** |
| EagleOne Case Mgmt. Solutions, Inc. | MWBE(HA) | Cook County | 10.00% | $179,750.00 |
| | | **Total** | **30.06%*** | |

*Based on the Total Brokerage Fees of $1,797,500 ( $359,500 per year X 5 years).

Amendment No. 2 is amended to incorporate Attachment 1 and made part of the contract. As per Article 11 of the Contract, Notices, all notices sent to Mesirow Insurance Services, Inc. has been replaced as summarized in Amendment No. 2. As per Article 3(k), Subcontracting or Assignment of Contract or Contract Funds, the assignment of this Contract from Mesirow Insurance Services, Inc., to Alliant Insurance Services, Inc. as applicable, is hereby agreed to by the Parties and approved in all respects effective as of October 15, 2024. Any reference to Mesirow Insurance Services, Inc., shall be changed to Alliant Insurance Services, Inc. who shall be the "Consultant". Amendment No. 2 reassigns the contract to Alliant Insurance Services, Inc. to reflect the name change from Mesirow Insurance Services, Inc. to Alliant Insurance Services, Inc.

COOK COUNTY
OFFICE OF THE
Chief Procurement
Officer

In November 2022, CS Insurance Strategies, Inc. dba Cynasure was sold to a non-MBE which resulted in CS Insurance Strategies , Inc. dba Cynasure losing its Cook County Certification. As a result, for subject Amendment 1, CS Insurance Strategies, Inc. dba Cynasure is being replaced with A. Lavelle Consulting Services, dba Cynasure (AA F). No funds were paid to CS Insurance Strategies, Inc. dba Cynasure for MBE participation credit prior to CS Insurance Strategies, Inc. dba Cynasure losing its Cook County MBE certification as such Mesirow Insurance Services, an Alliant-owned Company is committing 25% of the overall contract value brokerage fee to A. Lavelle Consulting Services dba Cynasure which equates to $449,375 out of the $1,797,500 in brokerage fees subject to participation goals.

As there was a 4.94% shortfall in the MW compliance commitment for the reasons as noted above, a partial M/WBE waiver was requested by Mesirow on Mach 14, 2024 which was reviewed and recommended for approval by the Waiver Review Committee on March 14, 2024, at the review and processing for Amendment No. 1.

Revised MBE/WBE forms were used in the determination of the responsiveness of this contract.

JC/vl

CC: Edmund Rendon, (OCPO)
Jacqueline Hrabak (Department of Risk Management)

# MBE/WBE UTILIZATION PLAN - FORM 1

BIDDER/PROPOSER HEREBY STATES that all MBE/WBE firms included in this Plan are certified MBEs/WBEs by at least one of the entities listed in the General Conditions – Section 19.

**I. BIDDER/PROPOSER MBE/WBE STATUS:** (check the appropriate line)

[ ] Bidder/Proposer is a certified MBE or WBE firm. (If so, attach copy of current Letter of Certification)

[ ] Bidder/Proposer is a Joint Venture and one or more Joint Venture partners are certified MBEs or WBEs. (If so, attach copies of Letter(s) of Certification, a copy of Joint Venture Agreement clearly describing the role of the MBE/WBE firm(s) and its ownership interest in the Joint Venture and a completed Joint Venture Affidavit – available online at www.cookcountyil.gov/contractcompliance)

[X] Bidder/Proposer is not a certified MBE or WBE firm, nor a Joint Venture with MBE/WBE partners, but will utilize MBE and WBE firms either directly or indirectly in the performance of the Contract. (If so, complete Sections II below and the Letter(s) of Intent – Form 2).

**II.** [X] **Direct Participation of MBE/WBE Firms** [ ] **Indirect Participation of MBE/WBE Firms**

**NOTE: Where goals have not been achieved through direct participation, Bidder/Proposer shall include documentation outlining efforts to achieve Direct Participation at the time of Bid/Proposal submission. Indirect Participation will only be considered after all efforts to achieve Direct Participation have been exhausted. Only after written documentation of Good Faith Efforts is received will Indirect Participation be considered.**

MBEs/WBEs that will perform as subcontractors/suppliers/consultants include the following:

MBE/WBE Firm: A. Lavelle Consulting Services, LLC dba Cynasure

Address: 203 N LaSalle Street, Suite 2100, Chicago, IL 60615

E-mail: avis@alavelleconsulting.com

Contact Person: Avis LaVelle Sampson Phone: (312) 402-2171

Dollar Amount Participation: $ 179,750

Percent Amount of Participation: 25% of total compensation. %

*Letter of Intent attached? Yes X No _____
*Current Letter of Certification attached? Yes X No _____

MBE/WBE Firm: EagleOne Case Management Solutions, Inc.

Address: 760 Village Center Drive, Suite 250, Burr Ridge, IL 60527

E-mail: lspreck@eagleonecms.com

Contact Person: Elizabeth Rodriguez-Spreck Phone: (630) 655-0800

Dollar Amount Participation: $ 71,900

Percent Amount of Participation: 10% of total compensation. %

*Letter of Intent attached? Yes X No _____
*Current Letter of Certification attached? Yes X No _____

*Attach additional sheets as needed.*

*** Letter(s) of Intent and current Letters of Certification must be submitted at the time of bid.**

## MBE/WBE LETTER OF INTENT - FORM 2

M/WBE Firm: A. Lavelle Consulting Services, LLC dba Cynasure

Certifying Agency: City of Chicago

Contact Person: Avis LaVelle Sampson

Certification Expiration Date: 05/01/2025

Address: 203 N LaSalle Street, Suite 2100

Ethnicity: African American

City/State: Chicago, IL Zip: 60615

Bid/Proposal/Contract #: 2005-18332-A2

Phone: (312) 402-2171 Fax: N/A

FEIN #: 56-2457558

Email: avis@alavelleconsulting.com

Participation: [X] Direct [ ] Indirect

Will the M/WBE firm be subcontracting any of the goods or services of this contract to another firm?

[X] No [ ] Yes – Please attach explanation. Proposed Subcontractor(s): _____

The undersigned M/WBE is prepared to provide the following Commodities/Services for the above named Project/ Contract: *(If more space is needed to fully describe M/WBE Firm's proposed scope of work and/or payment schedule, attach additional sheets)*

Insurance requirement contractual review and provide training to County on certificate of insurance requests and will assist with coverage comparison for Municipal Liability.

Indicate the **Dollar Amount**, **Percentage**, and the **Terms of Payment** for the above-described Commodities/ Services:

$179,750 ($89,875 annually) - 25% of total compensation to be paid within the terms of the County's contract.

THE UNDERSIGNED PARTIES AGREE that this Letter of Intent will become a binding Subcontract Agreement for the above work, conditioned upon (1) the Bidder/Proposer's receipt of a signed contract from the County of Cook; (2) Undersigned Subcontractor remaining compliant with all relevant credentials, codes, ordinances and statutes required by Contractor, Cook County, and the State to participate as a MBE/WBE firm for the above work. The Undersigned Parties do also certify that they did not affix their signatures to this document until all areas under Description of Service/ Supply and Fee/Cost were completed.

Signature (*M/WBE*)

Avis LaVelle Sampson
Print Name

A. Lavelle Consulting Services, LLC dba Cynasure
Firm Name

11/12/2024
Date

Subscribed and sworn before me

this 12th day of November, 2024.

Notary Public _____

SEAL

Signature (*Prime Bidder/Proposer*)

Michael Mackey
Print Name

Alliant Insurance Services, Inc.
Firm Name

11/7/2024
Date

OFFICIAL SEAL
JOSEFINA ROJO
Notary Public, State of Illinois
Commission No. 757966
My Commission Expires November 8, 2027

Subscribed and sworn before me

this 7th day of November, 2024

Notary Public Josefina Rojo

SEAL



SHARON JIMENEZ
COMM. #2452262
NOTARY PUBLIC - CALIFORNIA
RIVERSIDE COUNTY
My Comm. Expires: JULY 4, 2027

CITY OF CHICAGO

DEPARTMENT OF PROCUREMENT SERVICES

JUN 2 9 2022

Avis LaVelle Sampson
A. Lavelle Consulting Services, LLC
203 N. LaSalle Street, Suite 2100
Chicago, IL 60601

Dear Ms. Sampson:

We are pleased to inform you that **A. LaVelle Consulting Services, LLC** continues to be certified as a **Minority-Owned Business Enterprise ("MBE) and Women-Owned Business Enterprise ("WBE")** by the City of Chicago ("City"). This **MBE/WBE** recertification is a continuation of your previous certification which expired **5/1/2022** and will remain effective for as long as your firm continues to meet all certification eligibility requirements and is contingent upon the firm affirming its eligibility by filing an **annual No-Change Affidavit** each year. In the past the City has provided you with an annual letter confirming your certification; such letters will no longer be issued. Therefore, we require you to be even more diligent in filing your **annual No-Change Affidavit 60 days** before your annual anniversary date.

It is now your responsibility to check the City's certification directory and verify your certification status. As a condition of continued certification, you must **file an annual No-Change Affidavit by your anniversary date of May 1st.** Please remember, you have an affirmative duty to file your No-Change Affidavit 60 days prior to the anniversary date for timely processing. Failure to file your annual No-Change Affidavit may result in the suspension or rescission of your certification.

It is important to note that you also have an ongoing affirmative duty to notify the City of any changes in ownership or control of your firm, or any other fact affecting your firm's eligibility for certification **within 10 days** of such change. These changes may include but are not limited to a change of address, change of business structure, change in ownership or ownership structure, change of business operations, gross receipts and or personal net worth that exceed the program threshold. Failure to provide the City with timely notice of such changes may result in the suspension or rescission of your certification. In addition, you may be liable for civil penalties under Chapter 1-22, "False Claims", of the Municipal Code of Chicago.

Please note – you shall be deemed to have had your certification lapse and will be ineligible to participate as a WBE if you fail to:

- File your annual No-Change Affidavit within the required time period;
- Provide financial or other records requested pursuant to an audit within the required time period;

- Notify the City of any changes affecting your firm's certification **within 10 days** of such change; or
- File your recertification within the required time period.

Please be reminded of your contractual obligation to cooperate with the City with respect to any reviews, audits or investigation of its contracts and affirmative action programs. We strongly encourage you to assist us in maintaining the integrity of our programs by reporting instances or suspicions of fraud or abuse to the **City's Inspector General at chicagoinspectorgeneral.org, or 866-IG-TIPLINE (866-448-4754).**

Be advised that if you or your firm is found to be involved in certification, bidding and/or contractual fraud or abuse, the City will pursue decertification and debarment. In addition to any other penalty imposed by law, any person who knowingly obtains, or knowingly assists another in obtaining a contract with the City by falsely representing the individual or entity, or the individual or entity assisted is guilty of a misdemeanor, punishable by incarceration in the county jail for a period not to exceed six months, or a fine of not less than $5,000 and not more than $10,000 or both.

Your firm's name will be listed in the City's Directory of Minority and Women-Owned Business Enterprises in the specialty area(s) of:

**NAICS Code(s):**
**541820 – Public Relations Agencies**
**541611 – Administrative Management and General Management Consulting Services**

Your firm's participation on City contracts will be credited only toward **MBE/WBE** goals in your area(s) specialty. While your participation on City contracts is not limited to your area of specialty, credit toward goals will be given only for work that is self-performed and providing a commercially useful function that is done in the approved specialty category.

Thank you for your interest in the City's Minority, Women-Owned Business Enterprise, Veteran-Owned Business Enterprise and Business Enterprise Owned or Operated by People with Disabilities (MBE/WBE/VBE/BEPD) Program.

Sincerely,

Aileen Velazquez
Chief Procurement Officer

AV/kr

**MBE/WBE LETTER OF INTENT - FORM 2**

EagleOne Case Management

M/WBE Firm: Solutions, Inc. Certifying Agency: Cook County

Contact Person: Elizabeth Rodriguez-Spreck Certification Expiration Date: 2/28/2028

Address: 760 Village Center Drive, Suite 250 Ethnicity: Hispanic

City/State: Burr Ridge, IL Zip: 60527 Bid/Proposal/Contract #: 2005-18332-A2

Phone: 630.918.0951 Fax: 888.605.0123 FEIN #: 36-3774781

Email: lspreck@eagleonecms.com

Participation: [X] Direct [ ] Indirect

Will the M/WBE firm be subcontracting any of the goods or services of this contract to another firm?

[X] No [ ] Yes – Please attach explanation. Proposed Subcontractor(s): _____

The undersigned M/WBE is prepared to provide the following Commodities/Services for the above named Project/ Contract: *(If more space is needed to fully describe M/WBE Firm's proposed scope of work and/or payment schedule, attach additional sheets)*

Assist with renewal coverage comparisons for Healthcare Professional Liability and assess processes and renewal options under the CountyCare managed care stop loss program.

Indicate the **Dollar Amount**, **Percentage**, and the **Terms of Payment** for the above-described Commodities/ Services:

$71,900 ($35,950 annually) - 10% of total compensation to be paid within the terms of the County's contract.

THE UNDERSIGNED PARTIES AGREE that this Letter of Intent will become a binding Subcontract Agreement for the above work, conditioned upon (1) the Bidder/Proposer's receipt of a signed contract from the County of Cook; (2) Undersigned Subcontractor remaining compliant with all relevant credentials, codes, ordinances and statutes required by Contractor, Cook County, and the State to participate as a MBE/WBE firm for the above work. The Undersigned Parties do also certify that they did not affix their signatures to this document until all areas under Description of Service/ Supply and Fee/Cost were completed.

Signature (*M/WBE*)

Elizabeth Rodriguez-Spreck
Print Name

EagleOne Case Management Solutions, Inc.
Firm Name

11/7/24
Date

Subscribed and sworn before me

this 7th day of November, 20 24.

Notary Public Tatjana Baclene

SEAL

TATJANA BACLENE
Official Seal
Notary Public - State of Illinois
My Commission Expires Sep 13, 2025

Signature (*Prime Bidder/Proposer*)

Michael Mackey
Print Name

Alliant Insurance Services, Inc
Firm Name

11/7/2024
Date

OFFICIAL SEAL
JOSEFINA ROJO
Notary Public, State of Illinois
Commission No. 757966
My Commission Expires November 8, 2027

Subscribed and sworn before me

this 7th day of November, 20 24

Notary Public Josefina Rojo

SEAL

OFFICE OF CONTRACT COMPLIANCE
**NICOLE MANDEVILLE**
DIRECTOR
161 N. Clark Street, 23rd Floor ● Chicago, Illinois 60601 ● (312) 603-5502

May 24, 2024

Elizabeth Spreck, CEO/President
Risk & Insurance Management Services, Inc.
d/b/a EagleOne Case Management Services, Inc.
760 Village Center Drive, Suite 250
Burr Ridge, IL 60527

**Annual Certification Renewal: February 28, 2025**

Dear Ms. Spreck:

Congratulations on your continued eligibility for Certification as a **Minority-owned Business Enterprise ("MBE") and Women-owned Business Enterprise ("WBE")** by Cook County Government.

As a condition of continued Certification, you must file a **No Change Affidavit** within **ninety (90) calendar days prior** to the date of the annual renewal, **February 28th**. Failure to file this affidavit may result in the termination of your Certification. In addition, you must notify Cook County's Office of Contract Compliance of any change in ownership or control or any other matters or facts affecting your firm's eligibility for Certification within **ten (10) calendar days** of such change.

Cook County Government may commence action to remove your firm as a certified vendor if you fail to notify us of any changes of facts affecting your firm's Certification, or if your firm otherwise fails to cooperate with the County in any inquiry or investigation. Removal of your status may also be commenced if your firm is found to be involved in bidding or contractual irregularities.

Your firm's name will be listed in Cook County's Directory of certified firms in the following area(s) of specialty:

**NAICS CODES:**
**524292 - Insurance Claims Processing Services, Third Party**
**541612 - Benefit Consulting Services**
**621999 - Medical Care Management Services**

Your firm's participation on Cook County contracts will be credited toward **MBE or WBE** goals in your area(s) of specialty. While your participation on Cook County contracts is not limited to your specialty, credit toward **MBE or WBE** goals will be given only for work done in the specialty category.

Thank you for your continued interest in Cook County Government's Minority, Women, Veteran, Service-Disabled Veteran, and Persons with Disabilities Business Enterprise Programs.

Sincerely,

Desiree M. Otkins

Desiree M. Otkins, EMBA
Deputy Director, Contract Compliance

DMO/lar

**PETITION FOR PARTIAL OR FULL WAIVER – FORM 3**

**Bidder/Proposer:** _____

**Contract No./Title:** _____

**A. BIDDER/PROPOSER HEREBY REQUESTS**:

_____ FULL MBE WAIVER _____ PARTIAL MBE WAIVER

_____ FULL WBE WAIVER _____ PARTIAL WBE WAIVER

_____ FULL DBE WAIVER _____ PARTIAL DBE WAIVER

**B. REASON FOR PARTIAL/FULL WAIVER REQUEST**:

Bidder/Proposer shall check each item applicable to its overall reason for a waiver request. Additionally, supporting documentation shall be submitted with this request.



_____ (1) Lack of sufficient qualified MBEs and/or WBEs capable of providing the goods or services required by the contract.

_____(2) The specifications and necessary requirements for performing the contract make it impossible or economically infeasible to divide the contract to enable the contractor to utilize MBEs and/or WBEs in accordance with the applicable participation.

_____(3) Price(s) quoted by potential MBEs and/or WBEs are above competitive levels and increase cost of doing business and would make acceptance of such MBE and/or WBE bid economically impracticable, taking into consideration the percentage of total contract price represented by such MBE and/or WBE bid.

_____(4) There are other relevant factors making it impossible or economically infeasible to utilize MBE and/or WBE firms.

## GOOD FAITH EFFORT TRANSPARENCY REPORT

**C. GOOD FAITH EFFORTS TO OBTAIN PARTICIPATION (attach sheets as necessary as Schedule 1)**
Bidder/Proposer shall explain and detail the following Good Faith Efforts undertook to meet Cook County's contract specific goals.

1. Please attach to this form a detailed list of any and all PCEs, stating the PCE certification (MBE and/or WBE as defined by the Cook County Municipal Code) and with whom from the contacted PCEs the Bidder/Proposer engaged, contacted, and/or communicated with in the County's Market Place;

   Timelines:

   a. When the Bidder/Proposer knew of the bid;
   b. When the Bidder/Proposer contacted the PCE(s);
   c. When the Bidder/Proposer formulated its bid and utilization plan; and
   d. When was the bid request due date.

2. The number of timely attempts to contact PCEs providing the type of supplies, equipment, goods, and/or services required for the Procurement, including but not limited to;

   a. Dates of each contact attempt for each contacted PCE;
   b. Whom, if anyone, the Bidder/Proposer communicated and/or corresponded (including written, virtual, digital, electronic, and other feasible methods of communication);
   c. The number of unsuccessful attempts to communicate or correspond with PCEs; and
   d. Attach copies of all solicitations to contacted PCEs.

3. How the Bidder/Proposer proposed to divide the procurement requirements into small tasks and/or quantities into economically feasible units to promote PCE participation.

4. Whether and to what degree the requesting party will endeavor to maximize indirect participation.

5. Detailed explanation of use, if any, of the Office of Contract and Compliance services and staff.

6. Detailed explanation of timely notification and usage of services and assistance provided by community, minority, and/or women business organizations.

7. Attach any other documentation relative to Good Faith Efforts in complying with MBE and WBE participation.

NOT APPLICABLE

**GOOD FAITH EFFORT TRANSPARENCY REPORT**

**By signing below, I affirm under penalty of perjury the information provided in the Petition for Full or Partial Waiver/Good Faith Effort Transparency Report is truthful, accurate, and complete, to the best of my knowledge and capacity. I agree any finding of false, fraudulent, and/or otherwise misleading information will automatically disqualify the request for a waiver and Cook County's Office of Contract Compliance reserves the right to pursue additional actions and/or remedies against the requesting Bidder/Proposer.**

Signature and Title of Bidder/Proposer Title Date

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 12/20/2024

**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**
Alliant Insurance Services, Inc.
560 Mission St., 6th Floor
San Francisco CA 94105

License#: 0C36861

**CONTACT NAME:** Heather Shoemaker Williams
**PHONE (A/C, No, Ext):** **FAX (A/C, No):**
**E-MAIL ADDRESS:** AlliantCorporateCerts@alliant.com

| INSURER(S) AFFORDING COVERAGE | NAIC # |
|---|---|
| INSURER A : Federal Insurance Company | 20281 |
| INSURER B : ACE American Insurance Company | 22667 |
| INSURER C : ACE Fire Underwriters Insuranc | 20702 |
| INSURER D : | |
| INSURER E : | |
| INSURER F : | |

**INSURED**
ALLIHOL-01
Alliant Holdings, L.P.
Alliant Insurance Services, Inc.
18100 Von Karman Ave., 10th Floor
Irvine CA 92612

**COVERAGES** **CERTIFICATE NUMBER:** 1304854629 **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 | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|---|---|---|---|---|---|---|---|---|
| A | X **COMMERCIAL GENERAL LIABILITY**<br>[ ] CLAIMS-MADE [X] OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br>[X] POLICY [ ] PRO-JECT [X] LOC<br>[ ] OTHER: | Y | Y | 36053943 | 3/1/2024 | 3/1/2025 | EACH OCCURRENCE<br>DAMAGE TO RENTED PREMISES (Ea occurrence)<br>MED EXP (Any one person)<br>PERSONAL & ADV INJURY<br>GENERAL AGGREGATE<br>PRODUCTS - COMP/OP AGG | $ 1,000,000<br>$ 1,000,000<br>$ 10,000<br>$ 1,000,000<br>$ 2,000,000<br>$ 2,000,000 |
| A | **AUTOMOBILE LIABILITY**<br>[X] ANY AUTO<br>[ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS<br>[X] HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY | Y | Y | 73626536 | 3/1/2024 | 3/1/2025 | COMBINED SINGLE LIMIT (Ea accident)<br>BODILY INJURY (Per person)<br>BODILY INJURY (Per accident)<br>PROPERTY DAMAGE (Per accident) | $ 1,000,000<br>$<br>$<br>$ |
| A | X **UMBRELLA LIAB** [X] OCCUR<br>**EXCESS LIAB** [ ] CLAIMS-MADE<br>DED [X] RETENTION $ 0 | | | 78186770 | 3/1/2024 | 3/1/2025 | EACH OCCURRENCE<br>AGGREGATE | $ 25,000,000<br>$ 25,000,000 |
| B<br>C | **WORKERS COMPENSATION AND EMPLOYERS' LIABILITY**<br>ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N [N]<br>**(Mandatory in NH)**<br>If yes, describe under DESCRIPTION OF OPERATIONS below | N / A | Y | 71756712<br>71832959 | 3/1/2024<br>3/1/2024 | 3/1/2025<br>3/1/2025 | X PER STATUTE [ ] OTH-ER<br>E.L. EACH ACCIDENT<br>E.L. DISEASE - EA EMPLOYEE<br>E.L. DISEASE - POLICY LIMIT | <br>$ 1,000,000<br>$ 1,000,000<br>$ 1,000,000 |

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**
(Workers' Compensation: Covered States - All States except monopolistic states of OH, WA, WY, ND - Stop Gap/Employers Liability coverage only.)

Re: Contract #2005-18332, Insurance Brokerage Services

Cook County, its officials, employees and agents are included as additional insureds on a primary and non-contributory basis as respects General Liability and Automobile as required by written contract, per attached carrier endorsements. Waiver of Subrogation applies as respects General Liability, Automobile, and Workers' Compensation as required by written contract per attached carrier endorsements. A 30 Day Notice of Cancellation is provided in accordance with
See Attached...

**CERTIFICATE HOLDER**

Cook County
161 N Clark Street
Suite 2300
Chicago IL 60601

**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**

AGENCY CUSTOMER ID: ALLIHOL-01

LOC #:

# ADDITIONAL REMARKS SCHEDULE



| AGENCY | | NAMED INSURED |
|---|---|---|
| Alliant Insurance Services, Inc. | | Alliant Holdings, L.P.<br>Alliant Insurance Services, Inc.<br>18100 Von Karman Ave., 10th Floor<br>Irvine CA 92612 |
| POLICY NUMBER | | |
| CARRIER | NAIC CODE | EFFECTIVE DATE: |

## ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

policy provisions as respects General Liability, Automobile, and Workers' Compensation as required by written contract, per attached carrier endorsements. Umbrella policy is excess follow-form to underlying General Liability, Automobile, and Employer's Liability coverages.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

# DESIGNATED INSURED FOR COVERED AUTOS LIABILITY COVERAGE

This endorsement modifies insurance provided under the following:

AUTO DEALERS COVERAGE FORM
BUSINESS AUTO COVERAGE FORM
MOTOR CARRIER COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by this endorsement.

This endorsement identifies person(s) or organization(s) who are "insureds" for Covered Autos Liability Coverage under the Who Is An Insured provision of the Coverage Form. This endorsement does not alter coverage provided in the Coverage Form.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

**Named Insured:** [illegible]

**Endorsement Effective Date:** [illegible]

**SCHEDULE**

| **Name Of Person(s) Or Organization(s):** |
|---|
| PERSONS OR ORGANIZATIONS THAT YOU ARE OBLIGATED, PURSUANT TO A CONTRACT OR AGREEMENT, TO PROVIDE WITH SUCH INSURANCE AS IS AFFORDED BY THIS POLICY |
| Information required to complete this Schedule, if not shown above, will be shown in the Declarations. |

Each person or organization shown in the Schedule is an "insured" for Covered Autos Liability Coverage, but only to the extent that person or organization qualifies as an "insured" under the Who Is An Insured provision contained in Paragraph **A.1.** of Section **II** – Covered Autos Liability Coverage in the Business Auto and Motor Carrier Coverage Forms and Paragraph **D.2.** of Section **I** – Covered Autos Coverages of the Auto Dealers Coverage Form.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

# NOTICE OF CANCELLATION
# SCHEDULED PERSON(S) OR ORGANIZATION(S)

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM
GARAGE COVERAGE FORM
TRUCKERS COVERAGE FORM
MOTOR CARRIER COVERAGE FORM

With respect to the coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by this endorsement.

SCHEDULE

Name of Person(s) or Organization(s):
PERSONS OR ORGANIZATIONS THAT YOU ARE OBLIGATED, PURSUANT TO A CONTRACT OR AGREEMENT, TO PROVIDE WITH SUCH INSURANCE AS IS AFFORDED BY THIS POLICY

Address:

Under Common Policy Conditions the following condition is added:

**NOTICE OF CANCELLATION – SCHEDULED PERSON(S) OR ORGANIZATION(S)**

When we cancel this policy we will notify the person(s) or organization(s) described in the SCHEDULE at least 30 days (10 days in the event of nonpayment of premium) in advance of the cancellation date.

Any failure by us to notify such person(s) or organization(s) will not:

- Impose any liability or obligation of any kind upon us; or
- Invalidate such cancellation.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

# PRIMARY AND NON-CONTRIBUTORY LIABILITY INSURANCE

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

| |
|---|
| **Named Insured:** ALLIANT HOLDINGS, L.P. |
| **Endorsement Effective Date:** 03/01/2024 |

**SCHEDULE**

| |
|---|
| **Name(s) Of Person(s) Or Organization(s):**<br>PERSONS OR ORGANIZATIONS THAT YOU AREOBLIGATED, PURSUANT TO A CONTRACT OR AGREEMENT, TO PROVIDE WITH SUCH INSURANCEAS IS AFFORDED BY THIS POLICY |
| Information required to complete this Schedule, if not shown above, will be shown in the Declarations. |

The following is added to Item 5. – "**Other Insurance**" of Item B. – "**General Conditions**" under Section IV – "**Business Auto Conditions**":

e. Regardless of the provisions of Paragraph 5.a. through d. above, for any liability arising out of the ownership, maintenance, use, rental, lease, loan, hire or borrowing by an "insured" of a covered "auto" for which an "insured" is contractually obligated to provide primary insurance coverage to a client, this Coverage Form will be primary and non-contributory with respect to the Persons or Organizations in the schedule, regardless of the availability or existence of other collectible insurance under any other Coverage Form or policy that applies on a primary basis.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

# WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US (WAIVER OF SUBROGATION)

This endorsement modifies insurance provided under the following:

AUTO DEALERS COVERAGE FORM
BUSINESS AUTO COVERAGE FORM
MOTOR CARRIER COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

**Named Insured:** [illegible]

**Endorsement Effective Date:** [illegible]

**SCHEDULE**

**Name(s) Of Person(s) Or Organization(s):**
ANY PERSON(S) OR ORGANIZATION(S) WHERE REQUIRED BY WRITTEN CONTRACT

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The **Transfer Of Rights Of Recovery Against Others To Us** condition does not apply to the person(s) or organization(s) shown in the Schedule, but only to the extent that subrogation is waived prior to the "accident" or the "loss" under a contract with that person or organization.

CHUBB®

# Policy Conditions

## Endorsement

| | |
|---|---|
| *Policy Period* | M□□□□ □□□2□24 □□□M□□□□ □□□2□25 |
| *Effective Date* | M□□□□ □□□2□24 |
| *Policy Number* | 3605-39-43 NBO |
| *Insured* | ALLIANT HOLDINGS, L.P. |
| *Name of Company* | FEDERAL INSURANCE COMPANY |
| *Date Issued* | M□□□□ □□□2□24 |

This Endorsement applies to the following forms:

COMMON POLICY CONDITIONS

## Conditions

Under Conditions, the following condition is added.

### *Notice Of Cancellation To Scheduled Persons Or Organizations When We Cancel*

When we cancel this policy we will notify person(s) or organizations(s) shown in the Schedule at least 30 days (10 days in the event of nonpayment of premium) in advance of the cancellation date.

Any failure by us to notify such person(s) or organization(s) will not:

- impose any liability or obligation of any kind upon us; or
- invalidate such cancellation.

## Schedule

| | |
|---|---|
| Person(s) or Organization(s): | ANY PERSON(S) OR ORGANIZATION(S) OR CERTIFICATE HOLDER(S) ON FILE WHERE REQUIRED BY WRITTEN CONTRACT. |
| Address: | - |

All other terms and conditions remain unchanged.

## *Conditions*
*(continued)*

*Authorized Representative* 

# *Liability Insurance*

## *Endorsement*

| | |
|---|---|
| *Policy Period* | M R H 0 *To* M R H 0 |
| *Effective Date* | M R H 0 |
| *Policy Number* | 0 O |
| *Insured* | H d |
| *Name of Company* | D R R OM |
| *Date Issued* | M R H 0 |

This Endorsement applies to the following forms:

GENERAL LIABILITY

Under Who Is An Insured, the following provision is added:

### *Who Is An Insured*

*Designated Person Or Organization*

Persons or organizations designated in the Schedule below are **insured**s with respect to liability arising out of your operations, but only for your negligence with respect to your operations and only if you are contractually obligated to provide them with such insurance as is afforded by this policy.

However, no such person or organization is an **insured** with respect to any:

- damages arising out of their sole negligence; or
- **occurrence** that occurs after your contractual obligation to them ends.

If other insurance is available to the persons or organizations described in the Schedule below for damages insured under this policy, this insurance will apply on a primary basis and we will not seek contribution from the other insurance available to such persons or organizations.

*SCHEDULE*

Designated Person or Organization:

PERSONS OR ORGANIZATIONS THAT YOU ARE OBLIGATED, PURSUANT TO A CONTRACT OR AGREEMENT, TO PROVIDE WITH SUCH INSURANCE AS IS AFFORDED BY THIS POLICY.

All other terms and conditions remain unchanged.

*Authorized Representative*

CHUBB®

# Liability Insurance

## Endorsement

| | |
|---|---|
| *Policy Period* | M□□□□ □□□ 2□24 □□□ M□□□□ □□□ 2□25 |
| *Effective Date* | M□□□□ □□□ 2□24 |
| *Policy Number* | 3605-39-43 NBO |
| *Insured* | ALLIANT HOLDINGS, L.P. |
| *Name of Company* | FEDERAL INSURANCE COMPANY |
| *Date Issued* | M□□□□ □□□ 2□24 |

This Endorsement applies to the following forms:

GENERAL LIABILITY
EMPLOYEE BENEFITS ERRORS OR OMISSIONS

## Conditions

Under Conditions, the following provision is added to the condition titled Other Insurance.

*Other Insurance - Primary, Noncontributory Insurance - Scheduled Person Or Organization*

If you are obligated, pursuant to a written contract or agreement, to provide the person or organization described in the Schedule (that is also included in the Who Is An Insured section of this contract) with primary insurance such as is afforded by this policy, then this insurance is primary and we will not seek contribution from insurance available to such person or organization.

### *Schedule*

PERSONS OR ORGANIZATIONS THAT YOU ARE OBLIGATED PURSUANT TO A CONTRACT OR AGREEMENT, TO PROVIDE WITH SUCH INSURANCE AS IS AFFORDED BY THIS POLICY.

All other terms and conditions remain unchanged.

_Authorized Representative_ 

CHUBB®

# Liability Insurance

## Endorsement

| | |
|---|---|
| *Policy Period* | M□□□□ □□□2□24□□□M□□□□ □□□2□25 |
| *Effective Date* | M□□□□ □□□2□24 |
| *Policy Number* | 3605-39-43 NBO |
| *Insured* | ALLIANT HOLDINGS, L.P. |
| *Name of Company* | FEDERAL INSURANCE COMPANY |
| *Date Issued* | M□□□□ □□□2□24 |

This Endorsement applies to the following forms:

GENERAL LIABILITY

## Conditions

Under Conditions, Transfer Or Waiver Of Rights Of Recovery Against Others, the following provision is added:

*Transfer Or Waiver Of Rights Of Recovery Against Others*

However, we waive any right of recovery we may have against the designated person or organization shown below because of payments we make for injury or damage arising out of your ongoing operations or done under a contract with that person or organization and included in the **products-completed operations hazard**. This waiver applies to the designated person or organization.

Designated Person Or Organization

PERSONS OR ORGANIZATIONS THAT YOU ARE OBLIGATED, PURSUANT TO A CONTRACT OR AGREEMENT, TO PROVIDE WITH SUCH INSURANCE AS IS AFFORDED BY THIS POLICY.

All other terms and conditions remain unchanged.

_Authorized Representative_ 

**Workers' Compensation and Employers' Liability Policy**

| | |
|---|---|
| Named Insured<br>□□□□□□T□HO□D□□□ □ □□□□□□□□<br>□□□00□□O□□□□RM□□□□□□□□0TH□□□OOR<br>□R□□□□□□□□□□□□□□ | Endorsement Number<br><br>Policy Number<br>Symbol: Number: □□□□□□□□□□□□□□□ |
| Policy Period<br>0□□0□□□□0□□□TO□0□□0□□□□0□□ | Effective Date of Endorsement<br>0□□0□□□□0□□ |
| Issued By (Name of Insurance Company)<br>□□□□□M□R□□□□□□□□R□□□□□OM□□□□ | |
| Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy. | |

# EARLIER NOTICE OF CANCELLATION OR NONRENEWAL PROVIDED BY US

A. Under Condition D. Cancellation of Part Six, the time period is amended as follows:

We may cancel this policy by mailing or delivering to you written notice of cancellation at least:

1. □0 days before the effective date of cancellation if we cancel for non-payment of premium; or

2. □0 days before the effective date of cancellation if we cancel for any other reason.

B. Under Part Six - Conditions of the policy, the following is added:

**Notice of Nonrenewal**

When we do not renew this policy, we will mail or deliver to you written notice of the nonrenewal at Least □0 days before the expiration date. Mailing that notice to you at your mailing address shown in Item 1 of the Information Page will be sufficient to prove notice.

□□H□D□□□

□□□□□□R□O□□□OR□OR□□□□□□T□O□□□O□□□□□□□□ H□R□□R□□□□R□D□□□□ R□TT□□□□O□TR□□T

Authorized Representative

**Workers' Compensation and Employers' Liability Policy**

| | |
|---|---|
| Named Insured<br>□□□□□T□HO□D□□ □□□□□□□<br>1□□00□□O□□□□RM□□□□□□□0TH□□□OOR<br>□R□□□□CA 9□□□□ | Endorsement Number<br><br>Policy Number<br>Symbol: WLR Number: (2□)□717□-□7-□□ |
| Policy Period<br>0□-0□-202□ **TO** 0□-0□-20□□ | Effective Date of Endorsement<br>0□-0□-20□□ |
| Issued By (Name of Insurance Company)<br>ACE AMERICAN INSURANCE COMPANY | |
| Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy. | |

## WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.

This agreement shall not operate directly or indirectly to benefit any one not named in the Schedule.

**Schedule**

ANY PERSON OR ORGANIZATION AGAINST WHOM YOU HAVE AGREED TO WAIVE YOUR RIGHT OF RECOVERY IN A WRITTEN CONTRACT, PROVIDED SUCH CONTRACT WAS EXECUTED PRIOR TO THE DATE OF LOSS.

For the states of CA, UT, TX, refer to state specific endorsements.

This endorsement is not applicable in KY, NH, and NJ.

The endorsement does not apply to policies in Missouri where the employer is in the construction group of code classifications. According to Section 287.150(6) of the Missouri statutes, a contractual provision purporting to waive subrogation rights against public policy and void where one party to the contract is an employer in the construction group of code classifications.

For Kansas, use of this endorsement is limited by the Kansas Fairness in Private Construction Contract Act(K.S.A.. 16-1801 through 16-1807 and any amendments thereto) and the Kansas Fairness in Public Construction Contract Act(K.S.A 16-1901 through 16-1908 and any amendments thereto). According to the Acts a provision in a contract for private or public construction purporting to waive subrogation rights for losses or claims covered or paid by liability or workers compensation insurance shall be against public policy and shall be void and unenforceable except that, subject to the Acts, a contract may require waiver of subrogation for losses or claims paid by a consolidated or wrap-up insurance program.

Authorized Agent

ALLIHOL-01 MRODRIGUEZ

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/18/2024

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 License # 0C36861<br>New York-Alliant Ins Svc Inc<br>32 Old Slip 28th Fl<br>New York, NY 10005 | CONTACT NAME: michele.rodriguez@alliant.com<br>PHONE (A/C, No, Ext):<br>FAX (A/C, No):<br>E-MAIL ADDRESS: |
| | INSURER(S) AFFORDING COVERAGE — NAIC # |
| | INSURER A : Syndicate 3623 at Lloyd's — 00000 |
| INSURED<br>Alliant Holdings, LP<br>c/o Alliant Insurance Services, Inc.<br>18100 Von Karman Ave, 10th Floor<br>Irvine, CA 92612 | INSURER B :<br>INSURER C :<br>INSURER D :<br>INSURER E :<br>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 | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|---|---|---|---|---|---|---|---|---|
| | COMMERCIAL GENERAL LIABILITY<br>CLAIMS-MADE OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br>POLICY PRO-JECT LOC<br>OTHER: | | | | | | EACH OCCURRENCE<br>DAMAGE TO RENTED PREMISES (Ea occurrence)<br>MED EXP (Any one person)<br>PERSONAL & ADV INJURY<br>GENERAL AGGREGATE<br>PRODUCTS - COMP/OP AGG | $<br>$<br>$<br>$<br>$<br>$ |
| | AUTOMOBILE LIABILITY<br>ANY AUTO<br>OWNED AUTOS ONLY<br>SCHEDULED AUTOS<br>HIRED AUTOS ONLY<br>NON-OWNED AUTOS ONLY | | | | | | COMBINED SINGLE LIMIT (Ea accident)<br>BODILY INJURY (Per person)<br>BODILY INJURY (Per accident)<br>PROPERTY DAMAGE (Per accident) | $<br>$<br>$<br>$ |
| | UMBRELLA LIAB OCCUR<br>EXCESS LIAB CLAIMS-MADE<br>DED RETENTION $ | | | | | | EACH OCCURRENCE<br>AGGREGATE | $<br>$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N<br>(Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below | N / A | | | | | PER STATUTE OTH-ER<br>E.L. EACH ACCIDENT<br>E.L. DISEASE - EA EMPLOYEE<br>E.L. DISEASE - POLICY LIMIT | $<br>$<br>$ |
| A | Cyber Liability | | | W34F7C240201 | 05/30/2024 | 05/30/2025 | Each Claim/Aggregate Limit | $10,000,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Evidence of insurance.

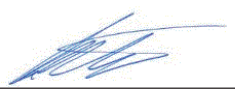
**CERTIFICATE HOLDER**

Cook County
161 N Clark Street, Suite 2300,
Chicago, IL 60601

**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



**COOK COUNTY**
**ECONOMIC DISCLOSURE STATEMENT**
**AND EXECUTION DOCUMENT**
**INDEX**

## SECTION 1
## INSTRUCTIONS FOR COMPLETION OF
## ECONOMIC DISCLOSURE STATEMENT AND EXECUTION DOCUMENT

This Economic Disclosure Statement and Execution Document ("EDS") is to be completed and executed by every Bidder on a County contract, every Proposer responding to a Request for Proposals, and every Respondent responding to a Request for Qualifications, and others as required by the Chief Procurement Officer. The execution of the EDS shall serve as the execution of a contract awarded by the County. The Chief Procurement Officer reserves the right to request that the Bidder or Proposer, or Respondent provide an updated EDS on an annual basis.

**Definitions**. Terms used in this EDS and not otherwise defined herein shall have the meanings given to such terms in the Instructions to Bidders, General Conditions, Request for Proposals, Request for Qualifications, as applicable.

*Affiliate* means a person that directly or indirectly through one or more intermediaries, Controls is Controlled by, or is under common Control with the Person specified.

*Applicant* means a person who executes this EDS.

*Bidder* means any person who submits a Bid.

*Code* means the Code of Ordinances, Cook County, Illinois available on municode.com.

*Contract* shall include any written document to make Procurements by or on behalf of Cook County.

*Contractor* or *Contracting Party* means a person that enters into a Contract with the County.

*Control* means the unfettered authority to directly or indirectly manage governance, administration, work, and all other aspects of a business.

*EDS* means this complete Economic Disclosure Statement and Execution Document, including all sections listed in the Index and any attachments.

*Joint Venture* means an association of two or more Persons proposing to perform a for-profit business enterprise. Joint Ventures must have an agreement in writing specifying the terms and conditions of the relationship between the partners and their relationship and respective responsibility for the Contract

*Lobby* or lobbying means to, for compensation, attempt to influence a County official or County employee with respect to any County matter.

*Lobbyist* means any person who lobbies.

*Person* or *Persons* means any individual, corporation, partnership, Joint Venture, trust, association, Limited Liability Company, sole proprietorship or other legal entity.

*Prohibited Acts* means any of the actions or occurrences which form the basis for disqualification under the Code, or under the Certifications hereinafter set forth.

*Proposal* means a response to an RFP.

*Proposer* means a person submitting a Proposal.

*Response* means response to an RFQ.

*Respondent* means a person responding to an RFQ.

*RFP* means a Request for Proposals issued pursuant to this Procurement Code.

*RFQ* means a Request for Qualifications issued to obtain the qualifications of interested parties.

**INSTRUCTIONS FOR COMPLETION OF**
**ECONOMIC DISCLOSURE STATEMENT AND EXECUTION DOCUMENT**

**Section 1: Instructions.** Section 1 sets forth the instructions for completing and executing this EDS.

**Section 2: Certifications**. Section 2 sets forth certifications that are required for contracting parties under the Code and other applicable laws. Execution of this EDS constitutes a warranty that all the statements and certifications contained, and all the facts stated, in the Certifications are true, correct and complete as of the date of execution.

**Section 3: Economic and Other Disclosures Statement**. Section 3 is the County's required Economic and Other Disclosures Statement form. Execution of this EDS constitutes a warranty that all the information provided in the EDS is true, correct and complete as of the date of execution, and binds the Applicant to the warranties, representations, agreements and acknowledgements contained therein.

**Required Updates.** The Applicant is required to keep all information provided in this EDS current and accurate. In the event of any change in the information provided, including but not limited to any change which would render inaccurate or incomplete any certification or statement made in this EDS, the Applicant shall supplement this EDS up to the time the County takes action, by filing an amended EDS or such other documentation as is required.

**Additional Information.** The County's Governmental Ethics and Campaign Financing Ordinances impose certain duties and obligations on persons or entities seeking County contracts, work, business, or transactions, and the Applicant is expected to comply fully with these ordinances. For further information please contact the Director of Ethics at (312) 603-4304 (69 W. Washington St. Suite 3040, Chicago, IL 60602) or visit the web-site at cookcountyil.gov/ethics-board-of.

**Authorized Signers of Contract and EDS Execution Page.** If the Applicant is a corporation, the President and Secretary must execute the EDS. In the event that this EDS is executed by someone other than the President, attach hereto a certified copy of that section of the Corporate By-Laws or other authorization by the Corporation, satisfactory to the County that permits the person to execute EDS for said corporation. If the corporation is not registered in the State of Illinois, a copy of the Certificate of Good Standing from the state of incorporation must be submitted with this Signature Page.

If the Applicant is a partnership or joint venture, all partners or joint venturers must execute the EDS, unless one partner or joint venture has been authorized to sign for the partnership or joint venture, in which case, the partnership agreement, resolution or evidence of such authority satisfactory to the Office of the Chief Procurement Officer must be submitted with this Signature Page.

If the Applicant is a member-managed LLC all members must execute the EDS, unless otherwise provided in the operating agreement, resolution or other corporate documents. If the Applicant is a manager-managed LLC, the manager(s) must execute the EDS. The Applicant must attach either a certified copy of the operating agreement, resolution or other authorization, satisfactory to the County, demonstrating such person has the authority to execute the EDS on behalf of the LLC. If the LLC is not registered in the State of Illinois, a copy of a current Certificate of Good Standing from the state of incorporation must be submitted with this Signature Page.

If the Applicant is a Sole Proprietorship, the sole proprietor must execute the EDS.

A "Partnership" "Joint Venture" or "Sole Proprietorship" operating under an Assumed Name must be registered with the Illinois county in which it is located, as provided in 805 ILCS 405 (2012), and documentation evidencing registration must be submitted with the EDS.

Effective October 1, 2016 all foreign corporations and LLCs must be registered with the Illinois Secretary of State's Office unless a statutory exemption applies to the applicant. Applicants who are exempt from registering must provide a written statement explaining why they are exempt from registering as a foreign entity with the Illinois Secretary of State's Office.

## SECTION 2

## CERTIFICATIONS

THE FOLLOWING CERTIFICATIONS ARE MADE PURSUANT TO STATE LAW AND THE CODE. THE APPLICANT IS CAUTIONED TO CAREFULLY READ THESE CERTIFICATIONS PRIOR TO SIGNING THE SIGNATURE PAGE. SIGNING THE SIGNATURE PAGE SHALL CONSTITUTE A WARRANTY BY THE APPLICANT THAT ALL THE STATEMENTS, CERTIFICATIONS AND INFORMATION SET FORTH WITHIN THESE CERTIFICATIONS ARE TRUE, COMPLETE AND CORRECT AS OF THE DATE THE SIGNATURE PAGE IS SIGNED. THE APPLICANT IS NOTIFIED THAT IF THE COUNTY LEARNS THAT ANY OF THE FOLLOWING CERTIFICATIONS WERE FALSELY MADE, THAT ANY CONTRACT ENTERED INTO WITH THE APPLICANT SHALL BE SUBJECT TO TERMINATION.

### A. PERSONS AND ENTITIES SUBJECT TO DISQUALIFICATION

No person or business entity shall be awarded a contract or sub-contract, for a period of five (5) years from the date of conviction or entry of a plea or admission of guilt, civil or criminal, if that person or business entity:

1) Has been convicted of an act committed, within the State of Illinois, of bribery or attempting to bribe an officer or employee of a unit of state, federal or local government or school district in the State of Illinois in that officer's or employee's official capacity;

2) Has been convicted by federal, state or local government of an act of bid-rigging or attempting to rig bids as defined in the Sherman Anti-Trust Act and Clayton Act. Act. 15 U.S.C. Section 1 *et seq.;*

3) Has been convicted of bid-rigging or attempting to rig bids under the laws of federal, state or local government;

4) Has been convicted of an act committed, within the State**,** of price-fixing or attempting to fix prices as defined by the Sherman Anti-Trust Act and the Clayton Act. 15 U.S.C. Section 1, *et seq.;*

5) Has been convicted of price-fixing or attempting to fix prices under the laws the State;

6) Has been convicted of defrauding or attempting to defraud any unit of state or local government or school district within the State of Illinois;

7) Has made an admission of guilt of such conduct as set forth in subsections (1) through (6) above which admission is a matter of record, whether or not such person or business entity was subject to prosecution for the offense or offenses admitted to; or

8) Has entered a plea of *nolo contendere* to charge of bribery, price-fixing, bid-rigging, or fraud, as set forth in sub-paragraphs (1) through (6) above.

In the case of bribery or attempting to bribe, a business entity may not be awarded a contract if an official, agent or employee of such business entity committed the Prohibited Act on behalf of the business entity and pursuant to the direction or authorization of an officer, director or other responsible official of the business entity, and such Prohibited Act occurred within three years prior to the award of the contract. In addition, a business entity shall be disqualified if an owner, partner or shareholder controlling, directly or indirectly, 20% or more of the business entity, or an officer of the business entity has performed any Prohibited Act within five years prior to the award of the Contract.

***THE APPLICANT HEREBY CERTIFIES THAT*****:** The Applicant has read the provisions of Section A, Persons and Entities Subject to Disqualification, that the Applicant has not committed any Prohibited Act set forth in Section A, and that award of the Contract to the Applicant would not violate the provisions of such Section or of the Code.

### B. BID-RIGGING OR BID ROTATING

***THE APPLICANT HEREBY CERTIFIES THAT:*** *In accordance with 720 ILCS 5/33 E-11, neither the Applicant nor any Affiliated Entity is barred from award of this Contract as a result of a conviction for the violation of State laws prohibiting bid-rigging or bid rotating.*

### C. DRUG FREE WORKPLACE ACT

***THE APPLICANT HEREBY CERTIFIES THAT*****:** The Applicant will provide a drug free workplace, as required by (30 ILCS 580/3).

**D. DELINQUENCY IN PAYMENT OF TAXES**

***THE APPLICANT HEREBY CERTIFIES THAT****: The Applicant is not an owner or a party responsible for the payment of any tax or fee administered by Cook County, such as bar award of a contract or subcontract pursuant to the Code, Chapter 34, Section 34-171.*

**E. HUMAN RIGHTS ORDINANCE**

No person who is a party to a contract with Cook County ("County") shall engage in unlawful discrimination or sexual harassment against any individual in the terms or conditions of employment, credit, public accommodations, housing, or provision of County facilities, services or programs (Code Chapter 42, Section 42-30 *et seq.*).

**F. ILLINOIS HUMAN RIGHTS ACT**

***THE APPLICANT HEREBY CERTIFIES THAT:*** *It is in compliance with the Illinois Human Rights Act (775 ILCS 5/2-105), and agrees to abide by the requirements of the Act as part of its contractual obligations.*

**G. INSPECTOR GENERAL (COOK COUNTY CODE, CHAPTER 34, SECTION 34-174 and Section 34-250)**

The Applicant has not willfully failed to cooperate in an investigation by the Cook County Independent Inspector General or to report to the Independent Inspector General any and all information concerning conduct which they know to involve corruption, or other criminal activity, by another county employee or official, which concerns his or her office of employment or County related transaction.

The Applicant has reported directly and without any undue delay any suspected or known fraudulent activity in the County's Procurement process to the Office of the Cook County Inspector General.

**H. CAMPAIGN CONTRIBUTIONS (COOK COUNTY CODE, CHAPTER 2, SECTION 2-585)**

**THE APPLICANT CERTIFIES THAT:** It has read and shall comply with the Cook County's Ordinance concerning campaign contributions, which is codified at Chapter 2, Division 2, Subdivision II, Section 585, and can be read in its entirety at www.municode.com.

**I. GIFT BAN, (COOK COUNTY CODE, CHAPTER 2, SECTION 2-574)**

**THE APPLICANT CERTIFIES THAT:** It has read and shall comply with the Cook County's Ordinance concerning receiving and soliciting gifts and favors, which is codified at Chapter 2, Division 2, Subdivision II, Section 574, and can be read in its entirety at www.municode.com.

**J. LIVING WAGE ORDINANCE PREFERENCE (COOK COUNTY CODE, CHAPTER 34, SECTION 34-160;**

Unless expressly waived by the Cook County Board of Commissioners, the Code requires that a living wage must be paid to individuals employed by a Contractor which has a County Contract and by all subcontractors of such Contractor under a County Contract, throughout the duration of such County Contract. The amount of such living wage is annually by the Chief Financial Officer of the County, and shall be posted on the Chief Procurement Officer's website.

The term "Contract" as used in Section 4, I, of this EDS, specifically excludes contracts with the following:

1) Not-For Profit Organizations (defined as a corporation having tax exempt status under Section 501(C)(3) of the United State Internal Revenue Code and recognized under the Illinois State not-for -profit law);

2) Community Development Block Grants;

3) Cook County Works Department;

4) Sheriff's Work Alternative Program; and

5) Department of Correction inmates.

## SECTION 3

## REQUIRED DISCLOSURES

### 1. DISCLOSURE OF LOBBYIST CONTACTS

List all persons that have made lobbying contacts on your behalf with respect to this contract:

Name Address

None.

### 2. LOCAL BUSINESS PREFERENCE STATEMENT (CODE, CHAPTER 34, SECTION 34-230)

*Local business* means a Person, including a foreign corporation authorized to transact business in Illinois, having a bona fide establishment located within the County at which it is transacting business on the date when a Bid is submitted to the County, and which employs the majority of its regular, full-time work force within the County. A Joint Venture shall constitute a Local Business if one or more Persons that qualify as a "Local Business" hold interests totaling over 50 percent in the Joint Venture, even if the Joint Venture does not, at the time of the Bid submittal, have such a bona fide establishment within the County.

a) Is Applicant a "Local Business" as defined above?

Yes: [X] No: [ ]

b) If yes, list business addresses within Cook County:

353 North Clark Street, Chicago, IL 60654

c) Does Applicant employ the majority of its regular full-time workforce within Cook County?

Yes: [ ] No: [X]

### 3. THE CHILD SUPPORT ENFORCEMENT ORDINANCE (CODE, CHAPTER 34, SECTION 34-172)

Every Applicant for a County Privilege shall be in full compliance with any child support order before such Applicant is entitled to receive or renew a County Privilege. When delinquent child support exists, the County shall not issue or renew any County Privilege, and may revoke any County Privilege.

**All Applicants are required to review the Cook County Affidavit of Child Support Obligations attached to this EDS (EDS-5) and complete the Affidavit, based on the instructions in the Affidavit.**

**4. REAL ESTATE OWNERSHIP DISCLOSURES.**

The Applicant must indicate by checking the appropriate provision below and providing all required information that either:

a) The following is a complete list of all real estate owned by the Applicant in Cook County:

**PERMANENT INDEX NUMBER(S)**: _____

_____

_____

**(ATTACH SHEET IF NECESSARY TO LIST ADDITIONAL INDEX NUMBERS)**

**OR:**

b) [X] The Applicant owns no real estate in Cook County.

**5. EXCEPTIONS TO CERTIFICATIONS OR DISCLOSURES.**

If the Applicant is unable to certify to any of the Certifications or any other statements contained in this EDS and not explained elsewhere in this EDS, the Applicant must explain below:

N/A

If the letters, "NA", the word "None" or "No Response" appears above, or if the space is left blank, it will be conclusively presumed that the Applicant certified to all Certifications and other statements contained in this EDS.

## COOK COUNTY DISCLOSURE OF OWNERSHIP INTEREST STATEMENT

The Cook County Code of Ordinances (§2-610 *et seq.*) requires that any Applicant for any County Action must disclose information concerning ownership interests in the Applicant. This Disclosure of Ownership Interest Statement must be completed with all information current as of the date this Statement is signed. Furthermore, this Statement must be kept current, by filing an amended Statement, until such time as the County Board or County Agency shall take action on the application. The information contained in this Statement will be maintained in a database and made available for public viewing. **County reserves the right to request additional information to verify veracity of information contained in this statement.**

If you are asked to list names, but there are no applicable names to list, you must state NONE. An incomplete Statement will be returned and any action regarding this contract will be delayed. A failure to fully comply with the ordinance may result in the action taken by the County Board or County Agency being voided.

"*Applicant*" means any Entity or person making an application to the County for any County Action.

*"County Action"* means any action by a County Agency, a County Department, or the County Board regarding an ordinance or ordinance amendment, a County Board approval, or other County agency approval, with respect to contracts, leases, or sale or purchase of real estate.

*"Person" "Entity"* or *"Legal Entity"* means a sole proprietorship, corporation, partnership, association, business trust, estate, two or more persons having a joint or common interest, trustee of a land trust, other commercial or legal entity or any beneficiary or beneficiaries thereof.

This Disclosure of Ownership Interest Statement must be submitted by :

1. An Applicant for County Action and

2. A Person that holds stock or a beneficial interest in the Applicant and is listed on the Applicant's Statement (a "Holder") must file a Statement and complete #1 only under **Ownership Interest Declaration**.

Please print or type responses clearly and legibly. Add additional pages if needed, being careful to identify each portion of the form to which each additional page refers.

**This Statement is being made by the** [X] Applicant or [ ] Stock/Beneficial Interest Holder

**This Statement is an:** [ ] Original Statement or [X] Amended Statement

**Identifying Information:**

Name Alliant Insurance Services, Inc.

D/B/A: _____ FEIN # Only: 33-0785439

Street Address: 353 North Clark Street

City: Chicago State: IL Zip Code: 60654

Phone No.: (312) 595-7347 Fax Number: _____ Email: john.harney@alliant.com

Cook County Business Registration Number: _____
(Sole Proprietor, Joint Venture Partnership)

Corporate File Number (if applicable): _____

**Form of Legal Entity:**

[ ] Sole Proprietor [ ] Partnership [X] Corporation [ ] Trustee of Land Trust

[ ] Business Trust [ ] Estate [ ] Association [ ] Joint Venture

[ ] Other (describe) _____

**Ownership Interest Declaration:**

1. List the name(s), address, and percent ownership of each Person having a legal or beneficial interest (including ownership) of more than five percent (5%) in the Applicant/Holder.

| Name | Address | Percentage Interest in Applicant/Holder |
|---|---|---|
| Alliant Holdings Intermediate, Inc. | 18100 Von Karman Avenue, 10th Floor, Irvine, CA, 92612 | 100% |
| | | |
| | | |

2. If the interest of any Person listed in (1) above is held as an agent or agents, or a nominee or nominees, list the name and address of the principal on whose behalf the interest is held.

| Name of Agent/Nominee | Name of Principal | Principal's Address |
|---|---|---|
| N/A | | |
| | | |
| | | |

3. Is the Applicant constructively controlled by another person or Legal Entity? [ X ] Yes [ ] No

If yes, state the name, address and percentage of beneficial interest of such person, and the relationship under which such control is being or may be exercised.

| Name | Address | Percentage of Beneficial Interest | Relationship |
|---|---|---|---|
| Alliant Holdings Intermediate, Inc. | 18100 Von Karman Avenue, 10th Floor, Irvine, CA, 92612 | 100% | Parent company |
| | | | |
| | | | |

**Corporate Officers, Members and Partners Information:**

For all corporations, list the names, addresses, and terms for all corporate officers. For all limited liability companies, list the names, addresses for all members. For all partnerships and joint ventures, list the names, addresses, for each partner or joint venture.

| Name | Address | Title (specify title of Office, or whether manager or partner/joint venture) | Term of Office |
|---|---|---|---|
| See attached list | 18100 Von Karman Avenue, 10th Floor, Irvine, CA, 92612 | See attached list | Annual |
| | | | |
| | | | |

**Declaration (check the applicable box):**

[X] I state under oath that the Applicant has withheld no disclosure as to ownership interest in the Applicant nor reserved any information, data or plan as to the intended use or purpose for which the Applicant seeks County Board or other County Agency action.

[ ] I state under oath that the Holder has withheld no disclosure as to ownership interest nor reserved any information required to be disclosed.

Thomas W. Corbet (Executive Chairman)

P. Gregory Zimmer, Jr. (CEO)

Ralph S. Hurst (SEVP, President)

Peter Arkley (SEVP, President - National Retail Brokerage)

Peter Carpenter (SEVP & COO)

Ilene Anders (SEVP & CFO)

Ted C. Filley (EVP & Treasurer)

Jennifer E. Baumann (EVP, Chief Legal Officer & Corporate Secretary)

Julie Maloy (SVP, Director of Tax)

Neal Kounkel (First Vice President, Director of Agency and Producer Licensing)

## COOK COUNTY DISCLOSURE OF OWNERSHIP INTEREST STATEMENT SIGNATURE PAGE

John Harney
Name of Authorized Applicant/Holder Representative (please print or type)

Executive VP, Managing Director
Title

Signature

10/29/2024
Date

john.harney@alliant.com
E-mail address

(312) 595-7347
Phone Number

Subscribed to and sworn before me
this 29th day of Oct, 2024

My commission expires: 11/8/2027

X
Notary Public Signature

OFFICIAL SEAL
JOSEFINA ROJO
Notary Public, State of Illinois
Commission No. 757966
My Commission Expires November 8, 2027

Notary Seal

## COOK COUNTY DISCLOSURE OF OWNERSHIP INTEREST STATEMENT

The Cook County Code of Ordinances (§2-610 *et seq.*) requires that any Applicant for any County Action must disclose information concerning ownership interests in the Applicant. This Disclosure of Ownership Interest Statement must be completed with all information current as of the date this Statement is signed. Furthermore, this Statement must be kept current, by filing an amended Statement, until such time as the County Board or County Agency shall take action on the application. The information contained in this Statement will be maintained in a database and made available for public viewing. **County reserves the right to request additional information to verify veracity of information contained in this statement.**

If you are asked to list names, but there are no applicable names to list, you must state NONE. An incomplete Statement will be returned and any action regarding this contract will be delayed. A failure to fully comply with the ordinance may result in the action taken by the County Board or County Agency being voided.

"*Applicant*" means any Entity or person making an application to the County for any County Action.

*"County Action"* means any action by a County Agency, a County Department, or the County Board regarding an ordinance or ordinance amendment, a County Board approval, or other County agency approval, with respect to contracts, leases, or sale or purchase of real estate.

*"Person" "Entity"* or *"Legal Entity"* means a sole proprietorship, corporation, partnership, association, business trust, estate, two or more persons having a joint or common interest, trustee of a land trust, other commercial or legal entity or any beneficiary or beneficiaries thereof.

This Disclosure of Ownership Interest Statement must be submitted by :

1. An Applicant for County Action and

2. A Person that holds stock or a beneficial interest in the Applicant and is listed on the Applicant's Statement (a "Holder") must file a Statement and complete #1 only under **Ownership Interest Declaration**.

Please print or type responses clearly and legibly. Add additional pages if needed, being careful to identify each portion of the form to which each additional page refers.

**This Statement is being made by the** [ ] Applicant or [X] Stock/Beneficial Interest Holder

**This Statement is an:** [X] Original Statement or [ ] Amended Statement

**Identifying Information:**

Name Alliant Holdings Intermediate, Inc.

D/B/A: _____ FEIN # Only: 46-1419725

Street Address: 18100 Von Karman Ave. 10th Floor

City: Irvine State: CA Zip Code: 92612

Phone No.: (949) 756-0271 Fax Number: _____ Email: john.harney@alliant.com

Cook County Business Registration Number: _____
(Sole Proprietor, Joint Venture Partnership)

Corporate File Number (if applicable): _____

**Form of Legal Entity:**

[ ] Sole Proprietor [ ] Partnership [X] Corporation [ ] Trustee of Land Trust

[ ] Business Trust [ ] Estate [ ] Association [ ] Joint Venture

[ ] Other (describe) _____

**Ownership Interest Declaration:**

1. List the name(s), address, and percent ownership of each Person having a legal or beneficial interest (including ownership) of more than five percent (5%) in the Applicant/Holder.

| Name | Address | Percentage Interest in Applicant/Holder |
|---|---|---|
| Alliant Holdings Intermediate, LLC | 18100 Von Karman Avenue, 10th Floor, Irvine, CA, 92612 | 100% |

2. If the interest of any Person listed in (1) above is held as an agent or agents, or a nominee or nominees, list the name and address of the principal on whose behalf the interest is held.

| Name of Agent/Nominee | Name of Principal | Principal's Address |
|---|---|---|
| N/A | | |

3. Is the Applicant constructively controlled by another person or Legal Entity? [ X ] Yes [ ] No

If yes, state the name, address and percentage of beneficial interest of such person, and the relationship under which such control is being or may be exercised.

| Name | Address | Percentage of Beneficial Interest | Relationship |
|---|---|---|---|
| Alliant Holdings Intermediate, LLC | 18100 Von Karman Avenue, 10th Floor, Irvine, CA, 92612 | 100% | Parent company |

**Corporate Officers, Members and Partners Information:**

For all corporations, list the names, addresses, and terms for all corporate officers. For all limited liability companies, list the names, addresses for all members. For all partnerships and joint ventures, list the names, addresses, for each partner or joint venture.

| Name | Address | Title (specify title of Office, or whether manager or partner/joint venture) | Term of Office |
|---|---|---|---|
| See attached list | 18100 Von Karman Avenue, 10th Floor, Irvine, CA, 92612 | See attached list | Annual |

**Declaration (check the applicable box):**

[ ] I state under oath that the Applicant has withheld no disclosure as to ownership interest in the Applicant nor reserved any information, data or plan as to the intended use or purpose for which the Applicant seeks County Board or other County Agency action.

[X] I state under oath that the Holder has withheld no disclosure as to ownership interest nor reserved any information required to be disclosed.

Thomas W. Corbet (Executive Chairman)

P. Gregory Zimmer, Jr. (CEO)

Ralph S. Hurst (SEVP, President)

Peter Arkley (SEVP, President - National Retail Brokerage)

Peter Carpenter (SEVP & COO)

Ilene Anders (SEVP & CFO)

Ted C. Filley (EVP & Treasurer)

Jennifer E. Baumann (EVP, Chief Legal Officer & Corporate Secretary)

Julie Maloy (SVP, Director of Tax)

## COOK COUNTY DISCLOSURE OF OWNERSHIP INTEREST STATEMENT SIGNATURE PAGE

John Harney
Name of Authorized Applicant/Holder Representative (please print or type)

Executive VP, Managing Director
Title

Signature

December 2, 2024
Date

john.harney@alliant.com
E-mail address

(312) 595-7347
Phone Number

Subscribed to and sworn before me
this 2nd day of Dec, 2024

My commission expires:

X
Notary Public Signature

11/8/2027
Notary Seal

OFFICIAL SEAL
JOSEFINA ROJO
Notary Public, State of Illinois
Commission No. 757966
My Commission Expires November 8, 2027

**COOK COUNTY BOARD OF ETHICS**
69 W. WASHINGTON STREET, SUITE 3040
CHICAGO, ILLINOIS 60602
312/603-4304 Office 312/603-9988 Fax

## FAMILIAL RELATIONSHIP DISCLOSURE PROVISION

**Nepotism Disclosure Requirement:**

Doing a significant amount of business with the County requires that you disclose to the Board of Ethics the existence of any familial relationships with any County employee or any person holding elective office in the State of Illinois, the County, or in any municipality within the County. The Ethics Ordinance defines a significant amount of business for the purpose of this disclosure requirement as more than $25,000 in aggregate County leases, contracts, purchases or sales in any calendar year.

If you are unsure of whether the business you do with the County or a County agency will cross this threshold, err on the side of caution by completing the attached familial disclosure form because, among other potential penalties, any person found guilty of failing to make a required disclosure or knowingly filing a false, misleading, or incomplete disclosure will be prohibited from doing any business with the County for a period of three years. The required disclosure should be filed with the Board of Ethics by January 1 of each calendar year in which you are doing business with the County and again with each bid/proposal/quotation to do business with Cook County. The Board of Ethics may assess a late filing fee of $100 per day after an initial 30-day grace period.

The person that is doing business with the County must disclose his or her familial relationships. If the person on the County lease or contract or purchasing from or selling to the County is a business entity, then the business entity must disclose the familial relationships of the individuals who are and, during the year prior to doing business with the County, were:

- its board of directors,
- its officers,
- its employees or independent contractors responsible for the general administration of the entity,
- its agents authorized to execute documents on behalf of the entity, and
- its employees who directly engage or engaged in doing work with the County on behalf of the entity.

Do not hesitate to contact the Board of Ethics at (312) 603-4304 for assistance in determining the scope of any required familial relationship disclosure.

**Additional Definitions:**

"*Familial relationship*" means a person who is a spouse, domestic partner or civil union partner of a County employee or State, County or municipal official, or any person who is related to such an employee or official, whether by blood, marriage or adoption, as a:

- ☐ Parent
- ☐ Child
- ☐ Brother
- ☐ Sister
- ☐ Aunt
- ☐ Uncle
- ☐ Niece
- ☐ Nephew
- ☐ Grandparent
- ☐ Grandchild
- ☐ Father-in-law
- ☐ Mother-in-law
- ☐ Son-in-law
- ☐ Daughter-in-law
- ☐ Brother-in-law
- ☐ Sister-in-law
- ☐ Stepfather
- ☐ Stepmother
- ☐ Stepson
- ☐ Stepdaughter
- ☐ Stepbrother
- ☐ Stepsister
- ☐ Half-brother
- ☐ Half-sister

**COOK COUNTY BOARD OF ETHICS**
**FAMILIAL RELATIONSHIP DISCLOSURE FORM**

**A. PERSON DOING OR SEEKING TO DO BUSINESS WITH THE COUNTY**

Name of Person Doing Business with the County: Alliant Insurance Services, Inc.

Address of Person Doing Business with the County: 353 N Clark Street, Chicago, IL 60654

Phone number of Person Doing Business with the County: (312) 595-6200

Email address of Person Doing Business with the County: michael.mackey@alliant.com

If Person Doing Business with the County is a Business Entity, provide the name, title and contact information for the individual completing this disclosure on behalf of the Person Doing Business with the County:

Michael Mackey / EVP / (312) 595-7900 / michael.mackey@alliant.com

**B. DESCRIPTION OF BUSINESS WITH THE COUNTY**

*Append additional pages as needed and for each County lease, contract, purchase or sale sought and/or obtained during the calendar year of this disclosure (or the proceeding calendar year if disclosure is made on January 1), identify:*

The lease number, contract number, purchase order number, request for proposal number and/or request for qualification number associated with the business you are doing or seeking to do with the County: 2005-18332 A2

The aggregate dollar value of the business you are doing or seeking to do with the County: $ 52,247,231.00

The name, title and contact information for the County official(s) or employee(s) involved in negotiating the business you are doing or seeking to do with the County: Ed Rendon, Procurement Manager, Office of the Chief Procurement Officer, (312) 603-6824

The name, title and contact information for the County official(s) or employee(s) involved in managing the business you are doing or seeking to do with the County: Jacqueline Hrabak, Administrative Coordinator, Dept. of Risk Management, 312-603-6332

**C. DISCLOSURE OF FAMILIAL RELATIONSHIPS WITH COUNTY EMPLOYEES OR STATE, COUNTY OR MUNICIPAL ELECTED OFFICIALS**

*Check the box that applies and provide related information where needed*

☐ The Person Doing Business with the County **is an individual** and there is **no familial relationship** between this individual and any Cook County employee or any person holding elective office in the State of Illinois, Cook County, or any municipality within Cook County.

☐ The Person Doing Business with the County **is a business entity** and there is **no familial relationship** between any member of this business entity's board of directors, officers, persons responsible for general administration of the business entity, agents authorized to execute documents on behalf of the business entity or employees directly engaged in contractual work with the County on behalf of the business entity, and any Cook County employee or any person holding elective office in the State of Illinois, Cook County, or any municipality within Cook County.

**COOK COUNTY BOARD OF ETHICS**
**FAMILIAL RELATIONSHIP DISCLOSURE FORM**

☐ The Person Doing Business with the County **is an individual** and **there is a familial relationship** between this individual and at least one Cook County employee and/or a person or persons holding elective office in the State of Illinois, Cook County, and/or any municipality within Cook County. **The familial relationships are as follows:**

| Name of Individual Doing Business with the County | Name of Related County Employee or State, County or Municipal Elected Official | Title and Position of Related County Employee or State, County or Municipal Elected Official | Nature of Familial Relationship* |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

*If more space is needed, attach an additional sheet following the above format.*

☒ The Person Doing Business with the County **is a business entity** and **there is a familial relationship** between at least one member of this business entity's board of directors, officers, persons responsible for general administration of the business entity, agents authorized to execute documents on behalf of the business entity and/or employees directly engaged in contractual work with the County on behalf of the business entity, on the one hand, and at least one Cook County employee and/or a person holding elective office in the State of Illinois, Cook County, and/or any municipality within Cook County, on the other. **The familial relationships are as follows**:

| Name of Member of Board of Director for Business Entity Doing Business with the County | Name of Related County Employee or State, County or Municipal Elected Official | Title and Position of Related County Employee or State, County or Municipal Elected Official | Nature of Familial Relationship* |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

| Name of Officer for Business Entity Doing Business with the County | Name of Related County Employee or State, County or Municipal Elected Official | Title and Position of Related County Employee or State, County or Municipal Elected Official | Nature of Familial Relationship* |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

| Name of Person Responsible for the General Administration of the Business Entity Doing Business with the County | Name of Related County Employee or State, County or Municipal Elected Official | Title and Position of Related County Employee or State, County or Municipal Elected Official | Nature of Familial Relationship* |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

| Name of Agent Authorized to Execute Documents for Business Entity Doing Business with the County | Name of Related County Employee or State, County or Municipal Elected Official | Title and Position of Related County Employee or State, County or Municipal Elected Official | Nature of Familial Relationship* |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

| Name of Employee of Business Entity Directly Engaged in Doing Business with the County | Name of Related County Employee or State, County or Municipal Elected Official | Title and Position of Related County Employee or State, County or Municipal Elected Official | Nature of Familial Relationship* |
|---|---|---|---|
| Patrick Sheahan | Patricia O'Brien Sheahan | Judge - Circuit Court of Cook County | Sister-in-Law |
| | | | |
| | | | |

*If more space is needed, attach an additional sheet following the above format.*

**VERIFICATION:** To the best of my knowledge, the information I have provided on this disclosure form is accurate and complete. I acknowledge that an inaccurate or incomplete disclosure is punishable by law, including but not limited to fines and debarment.

Signature of Recipient

10/22/2024
Date

**SUBMIT COMPLETED FORM TO:** Cook County Board of Ethics
69 West Washington Street, Suite 3040, Chicago, Illinois 60602
Office (312) 603-4304 – Fax (312) 603-9988
CookCounty.Ethics@cookcountyil.gov

* Spouse, domestic partner, civil union partner or parent, child, sibling, aunt, uncle, niece, nephew, grandparent or grandchild by blood, marriage (*i.e.* in laws and step relations) or adoption.

**SECTION 4**

## COOK COUNTY AFFIDAVIT FOR WAGE THEFT ORDINANCE

Effective May 1, 2015, every Person, ***including Substantial Owners***, seeking a Contract with Cook County must comply with the Cook County Wage Theft Ordinance set forth in Chapter 34, Article IV, Section 179. Any Person/Substantial Owner, who fails to comply with Cook County Wage Theft Ordinance, may request that the Chief Procurement Officer grant a reduction or waiver in accordance with Section 34-179(d).

"*Contract*" means any written document to make Procurements by or on behalf of Cook County.

"*Person*" means any individual, corporation, partnership, Joint Venture, trust, association, limited liability company, sole proprietorship or other legal entity.

"*Procurement*" means obtaining supplies, equipment, goods, or services of any kind.

"*Substantial Owner*" means any person or persons who own or hold a twenty-five percent (25%) or more percentage of interest in any business entity seeking a County Privilege, including those shareholders, general or limited partners, beneficiaries and principals; except where a business entity is an individual or sole proprietorship, Substantial Owner means that individual or sole proprietor.

All Persons/Substantial Owners are required to complete this affidavit and comply with the Cook County Wage Theft Ordinance before any Contract is awarded. Signature of this form constitutes a certification the information provided below is correct and complete, and that the individual(s) signing this form has/have personal knowledge of such information. **County reserves the right to request additional information to verify veracity of information contained in this Affidavit.**

**I. Contract Information:**

Contract Number: 2005-18332-A2

County Using Agency (requesting Procurement): Cook County

**II. Person/Substantial Owner Information:**

Person (Corporate Entity Name): Alliant Insurance Services, Inc.

Substantial Owner Complete Name: Alliant Holdings Intermediate, Inc.

FEIN# 33-0785439

Date of Birth: N/A E-mail address: N/A

Street Address: 353 North Clark Street

City: Chicago State: IL Zip: 60654

Home Phone: ( ) -

**III. Compliance with Wage Laws:**

Within the past five years has the Person/Substantial Owner, in any judicial or administrative proceeding, been convicted of, entered a plea, made an admission of guilt or liability, or had an administrative finding made for committing a repeated or willful violation of any of the following laws:

No *Illinois Wage Payment and Collection Act, 820 ILCS 115/1 et seq.,* ***YES or NO***

No *Illinois Minimum Wage Act, 820 ILCS 105/1 et seq.,* ***YES or NO***

No *Illinois Worker Adjustment and Retraining Notification Act, 820 ILCS 65/1 et seq.,* ***YES or NO***

No *Employee Classification Act, 820 ILCS 185/1 et seq.,* **YES or NO**

No *Fair Labor Standards Act of 1938, 29 U.S.C. 201, et seq.,* ***YES or NO***

No *Any comparable state statute or regulation of any state, which governs the payment of wages* ***YES or NO***

If the Person/Substantial Owner answered **"Yes"** to any of the questions above, it is ineligible to enter into a Contract with Cook County, but can request a reduction or waiver under **Section IV.**

## IV. Request for Waiver or Reduction

If Person/Substantial Owner answered **"Yes"** to any of the questions above, it may request a reduction or waiver in accordance with Section 34-179(d), provided that the request for reduction of waiver is made on the basis of one or more of the following actions that have taken place:

No There has been a bona fide change in ownership or Control of the ineligible Person or Substantial Owner. YES or NO

No Disciplinary action has been taken against the individual(s) responsible for the acts giving rise to the violation. YES or NO

No Remedial action has been taken to prevent a recurrence of the acts giving rise to the disqualification or default. YES or NO

No Other factors that the Person or Substantial Owner believe are relevant. YES or NO

*The Person/Substantial Owner must submit documentation to support the basis of its request for a reduction or waiver. The Chief Procurement Officer reserves the right to make additional inquiries and request additional documentation.*

## V. Affirmation

The Person/Substantial Owner affirms that all statements contained in the Affidavit are true, accurate and complete.

Signature: J. P. Harney Date: 10/29/2024

Name of Person signing (Print): John Harney Title: Executive VP, Managing Director

Subscribed and sworn to before me this 29th day of October, 2024

X Josefina Rojo
**Notary Public Signature**

**Notary Seal**

OFFICIAL SEAL
JOSEFINA ROJO
Notary Public, State of Illinois
Commission No. 757966
My Commission Expires November 8, 2027

***Note: The above information is subject to verification prior to the award of the Contract.***

## SECTION 4

## COOK COUNTY AFFIDAVIT FOR WAGE THEFT ORDINANCE

Effective May 1, 2015, every Person, ***including Substantial Owners***, seeking a Contract with Cook County must comply with the Cook County Wage Theft Ordinance set forth in Chapter 34, Article IV, Section 179. Any Person/Substantial Owner, who fails to comply with Cook County Wage Theft Ordinance, may request that the Chief Procurement Officer grant a reduction or waiver in accordance with Section 34-179(d).

"*Contract*" means any written document to make Procurements by or on behalf of Cook County.

"*Person*" means any individual, corporation, partnership, Joint Venture, trust, association, limited liability company, sole proprietorship or other legal entity.

"*Procurement*" means obtaining supplies, equipment, goods, or services of any kind.

"*Substantial Owner*" means any person or persons who own or hold a twenty-five percent (25%) or more percentage of interest in any business entity seeking a County Privilege, including those shareholders, general or limited partners, beneficiaries and principals; except where a business entity is an individual or sole proprietorship, Substantial Owner means that individual or sole proprietor.

All Persons/Substantial Owners are required to complete this affidavit and comply with the Cook County Wage Theft Ordinance before any Contract is awarded. Signature of this form constitutes a certification the information provided below is correct and complete, and that the individual(s) signing this form has/have personal knowledge of such information. **County reserves the right to request additional information to verify veracity of information contained in this Affidavit.**

**I. Contract Information:**

Contract Number: 2005-18332-A2

County Using Agency (requesting Procurement): Cook County

**II. Person/Substantial Owner Information:**

Person (Corporate Entity Name): Alliant Holdings Intermediate, Inc.

Substantial Owner Complete Name: Alliant Holdings Intermediate, LLC

FEIN# 46-1419725

Date of Birth: N/A E-mail address: N/A

Street Address: 18100 Von Karman Ave. 10th Floor

City: Irvine State: CA Zip: 92612

Home Phone: ( ) -

**III. Compliance with Wage Laws:**

Within the past five years has the Person/Substantial Owner, in any judicial or administrative proceeding, been convicted of, entered a plea, made an admission of guilt or liability, or had an administrative finding made for committing a repeated or willful violation of any of the following laws:

No *Illinois Wage Payment and Collection Act, 820 ILCS 115/1 et seq.,* ***YES or NO***

No *Illinois Minimum Wage Act, 820 ILCS 105/1 et seq.,* ***YES or NO***

No *Illinois Worker Adjustment and Retraining Notification Act, 820 ILCS 65/1 et seq.,* ***YES or NO***

No *Employee Classification Act, 820 ILCS 185/1 et seq.,* **YES or NO**

No *Fair Labor Standards Act of 1938, 29 U.S.C. 201, et seq.,* ***YES or NO***

No *Any comparable state statute or regulation of any state, which governs the payment of wages* ***YES or NO***

If the Person/Substantial Owner answered **"Yes"** to any of the questions above, it is ineligible to enter into a Contract with Cook County, but can request a reduction or waiver under **Section IV.**

## IV. Request for Waiver or Reduction

If Person/Substantial Owner answered **"Yes"** to any of the questions above, it may request a reduction or waiver in accordance with Section 34-179(d), provided that the request for reduction of waiver is made on the basis of one or more of the following actions that have taken place:

No — There has been a bona fide change in ownership or Control of the ineligible Person or Substantial Owner. YES or NO

No — Disciplinary action has been taken against the individual(s) responsible for the acts giving rise to the violation. YES or NO

No — Remedial action has been taken to prevent a recurrence of the acts giving rise to the disqualification or default. YES or NO

No — Other factors that the Person or Substantial Owner believe are relevant. YES or NO

*The Person/Substantial Owner must submit documentation to support the basis of its request for a reduction or waiver. The Chief Procurement Officer reserves the right to make additional inquiries and request additional documentation.*

## V. Affirmation

The Person/Substantial Owner affirms that all statements contained in the Affidavit are true, accurate and complete.

Signature: J. P. Harney Date: December 2, 2024

Name of Person signing (Print): John Harney Title: Executive VP, Managing Director

Subscribed and sworn to before me this 2nd day of December, 20 24

X Josefina Rojo
**Notary Public Signature**

**Notary Seal**

***Note: The above information is subject to verification prior to the award of the Contract.***

OFFICIAL SEAL
JOSEFINA ROJO
Notary Public, State of Illinois
Commission No. 757966
My Commission Expires November 8, 2027

# CERTIFICATE OF INCUMBENCY
# OF
# ALLIANT INSURANCE SERVICES, INC.

**Alliant Insurance Services, Inc.**
701 B Street, 6th Floor
San Diego, CA 92101

P (619) 238-1828
CA License No. 0C36861
**www.alliant.com**

The undersigned, Jennifer E. Baumann, being the Chief Legal Officer and Corporate Secretary of Alliant Insurance Services, Inc., a corporation organized and existing under the laws of California (the "Corporation"), hereby certifies that the person named below holds the position in the office shown opposite his name.

| Name | Title |
|---|---|
| **Michael Mackey** | **Executive Vice President** |

The undersigned further certifies that under the Corporation's bylaws, officers of the Corporation are elected by the board of directors and that the board of directors may delegate authority to such officers within its discretion. The board of directors has conferred authority upon its officers to act in the manner customary and appropriate for each of the respective officer levels and consistent with the authority memorialized in the Corporation's published policies or reflected in signed Uniform Written Consents, which include authorization to sign certain contracts on behalf of the Corporation. As an Executive Vice President for the Corporation, Michael Mackey is authorized to sign the contract amendment for Contract No. 2005-18332, for Insurance Brokerage Services (Municipal Liability,Medical Malpractice and Managed Care Excess of Loss Insurance - CountyCare, as well as any related agreements or documents.

IN WITNESS WHEREOF, the undersigned has affixed her signature this 4th day of December, 2024.

**Name: Jennifer E. Baumann, Esq.**
**Title: EVP, Chief Legal Officer & Corporate Secretary**