AMENDMENT NO. 3

This Amendment modifies Contract No. 2138-18556 for "Professional Construction Management Administrator Services for the Public Safety Portfolio" by and between the County of Cook, Illinois, herein referred to as "County" and Ardmore Roderick Arcadis Joint Venture, 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 July 28, 2022 (hereinafter referred to as the "Contract"), wherein the Contractor is to provide Professional Construction Management Administrator Services for the Public Safety Portfolio (hereinafter referred to as the "Services") from August 1, 2022 through July 31, 2026, in an amount not to exceed $29,346,084.64, with two (2) one-year renewal options; and

Whereas, Amendment No. 1 was executed by the Chief Procurement Officer on December 31, 2022 to amend Article 2, "Basic Services" of the Contract to incorporate Section 2.0, "Overview"; and

Whereas, Amendment No. 2, was executed by the County Board on July 3, 2024 to amend Article 3, "Additional Services" of the Contract to incorporate additional scope of services to the Contract; and the Total Contract Amount was revised to $31,655,084.64; and

Whereas, the Contract will expire July 31, 2026, and the agreed upon Services are still required; and

Whereas, an increase of the Contract amount is required for the continuation of Services; and pursuant to Section 4.1.5 of the Contract, the County and Contractor desire to increase the Contract in the amount of $12,140,538.25.

Whereas, pursuant to Section 1.2.1 of the Contract, the County and Contractor desire to renew the Contract for one (1) year beginning on August 1, 2026 through July 31, 2027.

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

1. The Contract is renewed through July 31, 2027.

2. The Contract is increased by $12,140,538.25 and the Total Contract Amount is revised to $43,795,622.89.

3. The attached updated Identification of Sub-Contractors/Suppliers/Sub-Consultants Form (if applicable and updated), MBE/WBE Utilization Plan forms (if applicable and updated), Certificate of Insurance (if updated), and Economic Disclosures Statement under Attachment B are incorporated and made a part of this Contract.

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

Signature page follows

Signature Page

In witness whereof and pursuant to Cook County Board approval, the County and Contractor have caused this Amendment No.3 to be executed on the date and year last written below.

Ardmore Roderick Arcadis Joint Venture

Sam Boye, Jr.
Signature of President or Authorized Representative

Sam Boye, Jr.
Type or Print Name

Vice President, Buildings and Facilities
Title

May 4th, 2026
Date

Assistant State's Attorney (if applicable – approved as to form)

James Beligratis
Signature

James Beligratis
Printed Name

5/18/26
Date

County of Cook, Illinois

Raffi Sarrafian Digitally signed by Raffi Sarrafian Date: 2026.08.25 08:47:12 -05'00'
Raffi Sarrafian, Chief Procurement Officer

Date

ATTACHMENT A

Identification of Sub-Contractors/Suppliers/Sub-Consultants Form

MBE/WBE Utilization Plan forms

Certificate of Insurance

Economic Disclosures Statement

COOK COUNTY
OFFICE OF THE
Chief Procurement
Officer

161 N. Clark
Suite 2300
Chicago, Illinois 60601

Memorandum

Date: May 11, 2026

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

RE: Contract No. 2138-18556 Amendment 3
Professional Construction Management Administrator Services for the Public Safety Portfolio
Department of Capital Planning and Policy
Contractor: Ardmore Roderick Arcadis Joint Venture
Original Contract Amount: $29,346,084.64
Original Contract Term: August 1, 2022 – July 31, 2026
Amend Article 2, "Basic Services of the Contract to incorporate Section 2.0 "Overview" with no change to contract value and contract term. (Amendment No. 1)
Increased Contract Value: $2,309,000.00 with no change to the contract term (Amendment No. 2)
Revised Contract Value of $31,655,084.64
Increased Contract Value: $12,140,538.25 and renews contract term for 1 year (Amendment No. 3)
Revised Contract Value: $43,795,622.89
Revised Contract Term: August 1, 2022 – July 31, 2027
RFP – Professional Services
Contract Goal: 35% MBE/WBE

Dear Mr. Sarrafian:

The Center of Business Enterprise Development is in receipt of the above-reference contract amendment and has reviewed it for compliance with the Minority- and Women- owned Business Enterprises (MBE/WBE) Ordinance. After careful review, it has been determined this amendment is responsive to the Ordinance.

COOK COUNTY
OFFICE OF THE
Chief Procurement
Officer

Amendment 3 MWBE Utilization Plan (Based Revised Contract Value $43,795,622.89)

MWBE Firm	Status	Certifying Agency	Commitment (Direct)
The Roderick Group, Inc dba Ardmore Roderick	MBE - AA M	Cook County	35.10%
Onyx Architectural Services	MBE - AA M	City of Chicago	5.30%
d'Escoto, Inc.	MBE - HA M	Cook County	2.80%
Cera Solutions	MBE - AA M	Cook County	2.80%
Ernest R. Sawyer, Inc.	MBE - AA M	City of Chicago	1.30%
Si! Advertising Inc.	MBE - HA F	Cook County	0.50%
McNitt Consulting, LLC	WBE - C F	City of Chicago	2.60%
Coordinated Construction Project Control Services, LLC	WBE - C F	City of Chicago	4.10%
Carnow, Conibear Assoc Ltd.	WBE - HA F	City of Chicago	0.10%
		Total MWBE:	

Amendment 3 increases the contract value by $12,140,538.25 from $31,655,084.64 to a revised contract value of $43,795,622.89 renews contract by 1 year from August 1, 2026 through July 31, 2027.

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

JC/mm

CC: Lisa Freelon, (OCPO)
Chealon Shears, (DCPP)

Contract #:

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.

Type text here

Bid/RFP/RFQ No.:	(RFQ) No. 2138-18556	Date:	05.04.26
Total Bid or Proposal Amount:	$43,795,622.89	Contract Title:	Construction Management Service for the Cook County Public Safety Real Estate Portfolio
Contractor:	The Roderick Group, Inc. dba Ardmore Roderick	Subcontractor/Supplier/ Subconsultant to be added or substitute:	Cera Solutions
Authorized Contact for Contractor:	Sam Boye	Authorized Contact for Subcontractor/Supplier/ Subconsultant:	Stephen Vaughn
Email Address (Contractor):	sboye@ardmoreroderick.com	Email Address (Subcontractor):	svaughn@cerasolutions.com
Company Address (Contractor):	1500 W. Carrol Ave, Suite 300	Company Address (Subcontractor):	125 S. Wacker Drive, Suite 300
City, State and Zip (Contractor):	Chicago, IL 60607	City, State and Zip (Subcontractor):	Chicago, IL 60606
Telephone and Fax (Contractor):	312.795.1400	Telephone and Fax (Subcontractor):	312.924.2902
Estimated Start and Completion Dates (Contractor):	Start: August 1, 2022 Complete: July 31, 2027	Estimated Start and Completion Dates (Subcontractor):	Start: August 1, 2022 Complete: July 31, 2027

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**
Construction Project Management	$1,211,015.84 (2.8%)

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.**

The Roderick Group, Inc. dba Ardmore Roderick
Contractor

Sam Boye
Name

Vice President, Buildings and Facilities
Title

Sam Boye, Jr.
Prime Contractor Signature

May 4, 2026
Date

Contract #:

OCPO ONLY:
☐ Disqualification
☐ Check Complete

Cook County
Office of the Chief Procurement Officer
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Total Bid or Proposal Amount: $43,795,622.89	Contract Title: Construction Management Service for the Cook County Public Safety Real Estate Portfolio
Contractor: The Roderick Group, Inc. dba Ardmore Roderick	Subcontractor/Supplier/ Subconsultant to be added or substitute: Cotter Consulting/ Consertus
Authorized Contact for Contractor: Sam Boye	Authorized Contact for Subcontractor/Supplier/ Subconsultant: Deeta Bernstein
Email Address (Contractor): sboye@ardmoreroderick.com	Email Address (Subcontractor): deeta.bernstein@consertus.com
Company Address (Contractor): 1500 W. Carrol Ave, Suite 300	Company Address (Subcontractor): 100 S. Wacker Dr.
City, State and Zip (Contractor): Chicago, IL 60607	City, State and Zip (Subcontractor): Chicago, IL 60606
Telephone and Fax (Contractor): 312.795.1400	Telephone and Fax (Subcontractor): 312.696.1200
Estimated Start and Completion Dates (Contractor): Start: August 1, 2022 Complete: July 31, 2027	Estimated Start and Completion Dates (Subcontractor): Start: August 1, 2022 Complete: July 31, 2027

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**
Program Controls	$2,057,765.41 (4.7%)

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.**

The Roderick Group, Inc. dba Ardmore Roderick
Contractor

Sam Boye
Name

Vice President, Buildings and Facilities
Title

Sam Boye, Jr.
Prime Contractor Signature

May 4, 2026
Date

Contract #:

OCPO ONLY:
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Cook County
Office of the Chief Procurement Officer
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Contractor: The Roderick Group, Inc. dba Ardmore Roderick	Subcontractor/Supplier/ Subconsultant to be added or substitute: d'Escoto, Inc.
Authorized Contact for Contractor: Sam Boye	Authorized Contact for Subcontractor/Supplier/ Subconsultant: Marcello Gulotta
Email Address (Contractor): sboye@ardmoreroderick.com	Email Address (Subcontractor): mgulotta@descotoinc.com
Company Address (Contractor): 1500 W. Carrol Ave, Suite 300	Company Address (Subcontractor): 55 W. Van Buren St. Suite 200
City, State and Zip (Contractor): Chicago, IL 60607	City, State and Zip (Subcontractor): Chicago, IL 60605
Telephone and Fax (Contractor): 312.795.1400	Telephone and Fax (Subcontractor): 312.787.0707
Estimated Start and Completion Dates (Contractor): Start: August 1, 2022 Complete: July 31, 2027	Estimated Start and Completion Dates (Subcontractor): Start: August 1, 2022 Complete: July 31, 2027

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**
Construction Project Management	$1,223,348.87 (2.8%)

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.**

The Roderick Group, Inc. dba Ardmore Roderick
Contractor

Sam Boye
Name

Vice President, Buildings and Facilities
Title

Sam Boye, Jr.
Prime Contractor Signature

May 4, 2026
Date

Contract #:

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Contractor:	The Roderick Group, Inc. dba Ardmore Roderick	Subcontractor/Supplier/ Subconsultant to be added or substitute:	Coordinated Construction Project Control Services, LLC.
Authorized Contact for Contractor:	Sam Boye	Authorized Contact for Subcontractor/Supplier/ Subconsultant:	Jacqueline Doyle
Email Address (Contractor):	sboye@ardmoreroderick.com	Email Address (Subcontractor):	jdoyle@coordcpcs.com
Company Address (Contractor):	1500 W. Carrol Ave, Suite 300	Company Address (Subcontractor):	18W140 Butterfield Road, 15th Floor
City, State and Zip (Contractor):	Chicago, IL 60607	City, State and Zip (Subcontractor):	Oakbrook Terrace, IL 60181
Telephone and Fax (Contractor):	312.795.1400	Telephone and Fax (Subcontractor):	630.613.7170
Estimated Start and Completion Dates (Contractor):	Start: August 1, 2022 Complete: July 31, 2027	Estimated Start and Completion Dates (Subcontractor):	Start: August 1, 2022 Complete: July 31, 2027

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**
Program Controls	$1,800,000.00 (4.1%)

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.**

The Roderick Group, Inc. dba Ardmore Roderick
Contractor

Sam Boye
Name

Vice President, Buildings and Facilities
Title

Sam Boye, Jr.
Prime Contractor Signature

May 4, 2026
Date

Contract #:

OCPO ONLY:
☐ Disqualification
☐ Check Complete

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

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Bid/RFP/RFQ No.: (RFQ) No. 2138-18556	Date: 05.04.26
Total Bid or Proposal Amount: $43,795,622.89	Contract Title: Construction Management Service for the Cook County Public Safety Real Estate Portfolio
Contractor: The Roderick Group, Inc. dba Ardmore Roderick	Subcontractor/Supplier/ Subconsultant to be added or substitute: ERS Enterprises
Authorized Contact for Contractor: Sam Boye	Authorized Contact for Subcontractor/Supplier/ Subconsultant: Louis Mauldin
Email Address (Contractor): sboye@ardmoreroderick.com	Email Address (Subcontractor): lmauldin@erenterprises.net
Company Address (Contractor): 1500 W. Carrol Ave, Suite 300	Company Address (Subcontractor): 100 N. LaSalle St. #1515
City, State and Zip (Contractor): Chicago, IL 60607	City, State and Zip (Subcontractor): Chicago, IL 60602
Telephone and Fax (Contractor): 312.795.1400	Telephone and Fax (Subcontractor): 312.364.9292
Estimated Start and Completion Dates (Contractor): Start: August 1, 2022 Complete: July 31, 2027	Estimated Start and Completion Dates (Subcontractor): Start: August 1, 2022 Complete: July 31, 2027

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**
Stakeholder Engagement and Community Relations	$548,621.07 (1.3%)

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.**

The Roderick Group, Inc. dba Ardmore Roderick
Contractor

Sam Boye
Name

Vice President, Buildings and Facilities
Title

Sam Boye, Jr.
Prime Contractor Signature

May 4, 2026
Date

Contract #:

OCPO ONLY:
☐ Disqualification
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Cook County
Office of the Chief Procurement Officer
Identification of Subcontractor/Supplier/Subconsultant Form

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Contractor: The Roderick Group, Inc. dba Ardmore Roderick	Subcontractor/Supplier/ Subconsultant to be added or substitute: LCM Architects
Authorized Contact for Contractor: Sam Boye	Authorized Contact for Subcontractor/Supplier/ Subconsultant: Doug Anderson
Email Address (Contractor): sboye@ardmoreroderick.com	Email Address (Subcontractor): danderson@lcmarchitects.com
Company Address (Contractor): 1500 W. Carrol Ave, Suite 300	Company Address (Subcontractor): 819 S. Wabash Ave., Fifth Floor
City, State and Zip (Contractor): Chicago, IL 60607	City, State and Zip (Subcontractor): Chicago, IL 60605
Telephone and Fax (Contractor): 312.795.1400	Telephone and Fax (Subcontractor): 312.913.1717
Estimated Start and Completion Dates (Contractor): Start: August 1, 2022 Complete: July 31, 2027	Estimated Start and Completion Dates (Subcontractor): Start: August 1, 2022 Complete: July 31, 2027

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**
ADA/ Accessibility and Universal Design Consultant	$997,727.52 (2.3%)

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.**

The Roderick Group, Inc. dba Ardmore Roderick
Contractor

Sam Boye
Name

Vice President, Buildings and Facilities
Title

Sam Boye, Jr.
Prime Contractor Signature

May 4, 2026
Date

Contract #:

OCPO ONLY:
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Cook County
Office of the Chief Procurement Officer
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Contractor: The Roderick Group, Inc. dba Ardmore Roderick	Subcontractor/Supplier/ Subconsultant to be added or substitute: McNitt Consulting
Authorized Contact for Contractor: Sam Boye	Authorized Contact for Subcontractor/Supplier/ Subconsultant: Heather McNitt
Email Address (Contractor): sboye@ardmoreroderick.com	Email Address (Subcontractor): hmcnitt@mcnittconsulting.com
Company Address (Contractor): 1500 W. Carrol Ave, Suite 300	Company Address (Subcontractor): 1735 Evergreen Road
City, State and Zip (Contractor): Chicago, IL 60607	City, State and Zip (Subcontractor): Homewood, IL 60430
Telephone and Fax (Contractor): 312.795.1400	Telephone and Fax (Subcontractor): 312.550.1688
Estimated Start and Completion Dates (Contractor): Start: August 1, 2022 Complete: July 31, 2027	Estimated Start and Completion Dates (Subcontractor): Start: August 1, 2022 Complete: July 31, 2027

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**
Construction Project Management	$1,134,675.42 (2.6%)

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.**

The Roderick Group, Inc. dba Ardmore Roderick
Contractor

Sam Boye
Name

Vice President, Buildings and Facilities
Title

Sam Boye, Jr.
Prime Contractor Signature

May 4, 2026
Date

Contract #:

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Contractor:	The Roderick Group, Inc. dba Ardmore Roderick	Subcontractor/Supplier/ Subconsultant to be added or substitute:	Salas Obrien
Authorized Contact for Contractor:	Sam Boye	Authorized Contact for Subcontractor/Supplier/ Subconsultant:	Dave Seiling
Email Address (Contractor):	sboye@ardmoreroderick.com	Email Address (Subcontractor):	dave.seiling@salasobrien.com
Company Address (Contractor):	1500 W. Carrol Ave, Suite 300	Company Address (Subcontractor):	815 S Wabash Ave.
City, State and Zip (Contractor):	Chicago, IL 60607	City, State and Zip (Subcontractor):	Chicago, IL 60605
Telephone and Fax (Contractor):	312.795.1400	Telephone and Fax (Subcontractor):	312.786.4210
Estimated Start and Completion Dates (Contractor):	Start: August 1, 2022 Complete: July 31, 2027	Estimated Start and Completion Dates (Subcontractor):	Start: August 1, 2022 Complete: July 31, 2027

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**
Energy Management, Substainability, A/V and IT Integrator	$1,100,077.47 (2.5%)

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.**

The Roderick Group, Inc. dba Ardmore Roderick
Contractor

Sam Boye
Name

Vice President, Buildings and Facilities
Title

Sam Boye, Jr.
Prime Contractor Signature

May 4, 2026
Date

Contract #:

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.: (RFQ) No. 2138-18556	Date: 05.04.26
Total Bid or Proposal Amount: $43,795,622.89	Contract Title: Construction Management Service for the Cook County Public Safety Real Estate Portfolio
Contractor: The Roderick Group, Inc. dba Ardmore Roderick	Subcontractor/Supplier/ Subconsultant to be added or substitute: S! Communications
Authorized Contact for Contractor: Sam Boye	Authorized Contact for Subcontractor/Supplier/ Subconsultant: Alejandra Moran
Email Address (Contractor): sboye@ardmoreroderick.com	Email Address (Subcontractor): sialemoran@gmail.com
Company Address (Contractor): 1500 W. Carrol Ave, Suite 300	Company Address (Subcontractor): 6337 West 26th Street
City, State and Zip (Contractor): Chicago, IL 60607	City, State and Zip (Subcontractor): Berwyn, IL 60402
Telephone and Fax (Contractor): 312.795.1400	Telephone and Fax (Subcontractor): 708.715.6495
Estimated Start and Completion Dates (Contractor): Start: August 1, 2022 Complete: July 31, 2027	Estimated Start and Completion Dates (Subcontractor): Start: August 1, 2022 Complete: July 31, 2027

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**
Stakeholder Engagement, Community Outreach, and Communications	$200,000.00 (0.5%)

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.**

The Roderick Group, Inc. dba Ardmore Roderick
Contractor

Sam Boye
Name

Vice President, Buildings and Facilities
Title

Sam Boye, Jr.
Prime Contractor Signature

May 4, 2026
Date

Contract #:

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☐ Disqualification
☐ Check Complete

Cook County
Office of the Chief Procurement Officer
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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.: (RFQ) No. 2138-18556	Date: 05.04.26
Total Bid or Proposal Amount: $43,795,622.89	Contract Title: Construction Management Service for the Cook County Public Safety Real Estate Portfolio
Contractor: The Roderick Group, Inc. dba Ardmore Roderick	Subcontractor/Supplier/ Subconsultant to be added or substitute: Onyx Architectural Services
Authorized Contact for Contractor: Sam Boye	Authorized Contact for Subcontractor/Supplier/ Subconsultant: Victor Simpkins
Email Address (Contractor): sboye@ardmoreroderick.com	Email Address (Subcontractor): vsimpkins@onyxchicago.com
Company Address (Contractor): 1500 W. Carrol Ave, Suite 300	Company Address (Subcontractor): 750 n. Franklin. #207
City, State and Zip (Contractor): Chicago, IL 60607	City, State and Zip (Subcontractor): Chicago, IL 60654
Telephone and Fax (Contractor): 312.795.1400	Telephone and Fax (Subcontractor): 312.787.2748
Estimated Start and Completion Dates (Contractor): Start: August 1, 2022 Complete: July 31, 2027	Estimated Start and Completion Dates (Subcontractor): Start: August 1, 2022 Complete: July 31, 2027

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**
Construction Project Management	$2,303,764.24 (5.3%)

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.**

The Roderick Group, Inc. dba Ardmore Roderick
Contractor

Sam Boye
Name

Vice President, Buildings and Facilities
Title

Sam Boye, Jr.
Prime Contractor Signature

May 4, 2026
Date

Contract #:

OCPO ONLY:
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Cook County
Office of the Chief Procurement Officer
Identification of Subcontractor/Supplier/Subconsultant Form

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Bid/RFP/RFQ No.: (RFQ) No. 2138-18556	Date: 05.04.26
Total Bid or Proposal Amount: $43,795,622.89	Contract Title: Construction Management Service for the Cook County Public Safety Real Estate Portfolio
Contractor: The Roderick Group, Inc. dba Ardmore Roderick	Subcontractor/Supplier/ Subconsultant to be added or substitute: Caminer Law, LLC
Authorized Contact for Contractor: Sam Boye	Authorized Contact for Subcontractor/Supplier/ Subconsultant: Irene Schild Caminer
Email Address (Contractor): sboye@ardmoreroderick.com	Email Address (Subcontractor): irene@caminerlaw.com
Company Address (Contractor): 1500 W. Carrol Ave, Suite 300	Company Address (Subcontractor): 2612 W. Sunnyside Ave.
City, State and Zip (Contractor): Chicago, IL 60607	City, State and Zip (Subcontractor): Chicago,IL 60625
Telephone and Fax (Contractor): 312.795.1400	Telephone and Fax (Subcontractor): 773.263.4013
Estimated Start and Completion Dates (Contractor): Start: August 1, 2022 Complete: July 31, 2027	Estimated Start and Completion Dates (Subcontractor): Start: August 1, 2022 Complete: July 31, 2027

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**
Provide guidance, education, and training	$80,000.00 (0.2%)

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.**

The Roderick Group, Inc. dba Ardmore Roderick
Contractor

Sam Boye
Name

Vice President, Buildings and Facilities
Title

Sam Boye, Jr.
Prime Contractor Signature

May 4, 2026
Date

Contract #:

OCPO ONLY:
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Cook County
Office of the Chief Procurement Officer
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Bid/RFP/RFQ No.: (RFQ) No. 2138-18556	Date: 05.04.26
Total Bid or Proposal Amount: $43,795,622.89	Contract Title: Construction Management Service for the Cook County Public Safety Real Estate Portfolio
Contractor: The Roderick Group, Inc. dba Ardmore Roderick	Subcontractor/Supplier/ Subconsultant to be added or substitute: Desman
Authorized Contact for Contractor: Sam Boye	Authorized Contact for Subcontractor/Supplier/ Subconsultant: Gerald Salzman
Email Address (Contractor): sboye@ardmoreroderick.com	Email Address (Subcontractor): gsalzman@desman.com
Company Address (Contractor): 1500 W. Carrol Ave, Suite 300	Company Address (Subcontractor): 20 N. Clark Street Suite 300
City, State and Zip (Contractor): Chicago, IL 60607	City, State and Zip (Subcontractor): Chicago, IL 60602
Telephone and Fax (Contractor): 312.795.1400	Telephone and Fax (Subcontractor): 312.263.8400
Estimated Start and Completion Dates (Contractor): Start: August 1, 2022 Complete: July 31, 2027	Estimated Start and Completion Dates (Subcontractor): Start: August 1, 2022 Complete: July 31, 2027

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**
Parking Design Consultant	$66,500.00 (0.2%)

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.**

The Roderick Group, Inc. dba Ardmore Roderick
Contractor

Sam Boye
Name

Vice President, Buildings and Facilities
Title

Sam Boye, Jr.
Prime Contractor Signature

May 4, 2026
Date

Contract #:

OCPO ONLY:
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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.: (RFQ) No. 2138-18556	Date: 05.04.26
Total Bid or Proposal Amount: $43,795,622.89	Contract Title: Construction Management Service for the Cook County Public Safety Real Estate Portfolio
Contractor: The Roderick Group, Inc. dba Ardmore Roderick	Subcontractor/Supplier/ Subconsultant to be added or substitute: National Center for State Courts (NCSC)
Authorized Contact for Contractor: Sam Boye	Authorized Contact for Subcontractor/Supplier/ Subconsultant: Shay Cleary
Email Address (Contractor): sboye@ardmoreroderick.com	Email Address (Subcontractor): scleary@ncsc.org
Company Address (Contractor): 1500 W. Carrol Ave, Suite 300	Company Address (Subcontractor): 300 Newport Ave.
City, State and Zip (Contractor): Chicago, IL 60607	City, State and Zip (Subcontractor): Williamsburg, VA 23185
Telephone and Fax (Contractor): 312.795.1400	Telephone and Fax (Subcontractor): 757.259.1815
Estimated Start and Completion Dates (Contractor): Start: August 1, 2022 Complete: July 31, 2027	Estimated Start and Completion Dates (Subcontractor): Start: August 1, 2022 Complete: July 31, 2027

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**
Consultant	$319.759.34 (0.7%)

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.**

The Roderick Group, Inc. dba Ardmore Roderick
Contractor

Sam Boye
Name

Vice President, Buildings and Facilities
Title

Sam Boye, Jr.
Prime Contractor Signature

May 4, 2026
Date

Contract #:

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Cook County
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Bid/RFP/RFQ No.:	(RFQ) No. 2138-18556	Date:	05.04.26
Total Bid or Proposal Amount:	$43,795,622.89	Contract Title:	Construction Management Service for the Cook County Public Safety Real Estate Portfolio
Contractor:	The Roderick Group, Inc. dba Ardmore Roderick	Subcontractor/Supplier/ Subconsultant to be added or substitute:	Jacob & Hefner Associates, Inc.
Authorized Contact for Contractor:	Sam Boye	Authorized Contact for Subcontractor/Supplier/ Subconsultant:	Stephanie Mitre
Email Address (Contractor):	sboye@ardmoreroderick.com	Email Address (Subcontractor):	smitre@jhainc.com
Company Address (Contractor):	1500 W. Carrol Ave, Suite 300	Company Address (Subcontractor):	1333 Butterfield Road, Suite 300
City, State and Zip (Contractor):	Chicago, IL 60607	City, State and Zip (Subcontractor):	Downer Grove, IL 60515
Telephone and Fax (Contractor):	312.795.1400	Telephone and Fax (Subcontractor):	630.652.4640
Estimated Start and Completion Dates (Contractor):	Start: August 1, 2022 Complete: July 31, 2027	Estimated Start and Completion Dates (Subcontractor):	Start: August 1, 2022 Complete: July 31, 2027

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**
Environmental Constulant Services	$181,700.00 (0.4%)

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.**

The Roderick Group, Inc. dba Ardmore Roderick
Contractor

Sam Boye
Name

Vice President, Buildings and Facilities
Title

Sam Boye, Jr.
Prime Contractor Signature

May 4, 2026
Date

Contract #:

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☐ Disqualification
☐ Check Complete

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Total Bid or Proposal Amount: $43,795,622.89	Contract Title: Construction Management Service for the Cook County Public Safety Real Estate Portfolio
Contractor: The Roderick Group, Inc. dba Ardmore Roderick	Subcontractor/Supplier/ Subconsultant to be added or substitute: Carnow Conibear & Associates (CCA)
Authorized Contact for Contractor: Sam Boye	Authorized Contact for Subcontractor/Supplier/ Subconsultant: Dave Bremer
Email Address (Contractor): sboye@ardmoreroderick.com	Email Address (Subcontractor): dbremer@ccaltd.com
Company Address (Contractor): 1500 W. Carrol Ave, Suite 300	Company Address (Subcontractor): 600 W. Van Buren St. #500
City, State and Zip (Contractor): Chicago, IL 60607	City, State and Zip (Subcontractor): Chicago, IL 60607
Telephone and Fax (Contractor): 312.795.1400	Telephone and Fax (Subcontractor): 312.907.0646
Estimated Start and Completion Dates (Contractor): Start: August 1, 2022 Complete: July 31, 2027	Estimated Start and Completion Dates (Subcontractor): Start: August 1, 2022 Complete: July 31, 2027

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**
Environmental Constulant Services	$64,525.00 (0.1%)

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.**

The Roderick Group, Inc. dba Ardmore Roderick
Contractor

Sam Boye
Name

Vice President, Buildings and Facilities
Title

Sam Boye, Jr.
Prime Contractor Signature

May 4, 2026
Date

Contract #:

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☐ Disqualification
☐ Check Complete

Cook County
Office of the Chief Procurement Officer
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Bid/RFP/RFQ No.: (RFQ) No. 2138-18556	Date: 05.04.26
Total Bid or Proposal Amount: $43,795,622.89	Contract Title: Construction Management Service for the Cook County Public Safety Real Estate Portfolio
Contractor: The Roderick Group, Inc. dba Ardmore Roderick	Subcontractor/Supplier/ Subconsultant to be added or substitute: Accelerated PM
Authorized Contact for Contractor: Sam Boye	Authorized Contact for Subcontractor/Supplier/ Subconsultant: Andrew Taylor
Email Address (Contractor): sboye@ardmoreroderick.com	Email Address (Subcontractor): andrew@acceleratedpm.com
Company Address (Contractor): 1500 W. Carrol Ave, Suite 300	Company Address (Subcontractor): 589 Aberdeen Road
City, State and Zip (Contractor): Chicago, IL 60607	City, State and Zip (Subcontractor): Frankfort, IL 60423
Telephone and Fax (Contractor): 312.795.1400	Telephone and Fax (Subcontractor): 708.224.8707
Estimated Start and Completion Dates (Contractor): Start: August 1, 2022 Complete: July 31, 2027	Estimated Start and Completion Dates (Subcontractor): Start: August 1, 2022 Complete: July 31, 2027

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**
Program Controls	$509,550.00 (1.2%)

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.**

The Roderick Group, Inc. dba Ardmore Roderick
Contractor

Sam Boye
Name

Vice President, Buildings and Facilities
Title

Sam Boye, Jr.
Prime Contractor Signature

May 4, 2026
Date

Cook County M/WBE Certification Reciprocal Affidavit

Firm Name The Roderick Group, LLC dba Ardmore Roderick

Address 1500 W Carroll Ave Suite 300 City Chicago

County Cook State IL Zip 60607

Phone (312) 795-1400 Email sboye@ardmoreroderick.com

I Sam Boye (Authorized Representative), Vice President (Print Title)

of The Roderick Group, LLC dba Ardmore Roderick (Name of Firm) do hereby affirm:

1) The Roderick Group, LLC dba Ardmore Roderick (Name of Firm) is a Minority and/or Women Business Enterprise currently certified by the City of Chicago as: [x] Black- [ ] Hispanic- [ ] Asian- [ ] Woman-owned business.

2) With respect to The Roderick Group, LLC dba Ardmore Roderick (Name of Firm), the personal net worth of the qualifying (51%) individual(s) does not exceed $2,491,482.03, excluding the individual's ownership interest in the M/WBE firm and the equity of the owner's primary residence, and otherwise meets the requirements of Chapter 34, Article IV of the Cook County Procurement Code. (As per Section 34-263 of the Cook County Procurement Code, an individual's personal net worth includes only his or her own Share of assets held jointly or as community/marital property with the individual's spouse.)

3) The average annual gross receipts of The Roderick Group, LLC dba Ardmore Roderick (Name of Firm), as derived from tax filings over the five most recent years, does not exceed the Small Business Size Standards published by the U.S. Small Business Administration found in Title 13, Code of Federal Regulations, Part 121. (http://www.sba.gov/content/small-business-size-standards)

Upon penalty of perjury, I Sam Boye (Authorized Representative) affirm that, to the best of my knowledge and belief, the information herein is true and accurate.

Signature Sam Boye, Jr. *Title* Vice President *Date* May 6th, 2026

Subscribed and sworn to before me this 6 day of May (Month) / 2026 (Year)

(Notary's Signature) Notary's Seal

OFFICIAL SEAL
L'QUITA M ALEXANDER
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires June 7, 2026

My Commission Expires June 7, 2026

PLEASE NOTE: This affidavit is good for a period of one year from the date of sworn signature. Any changes to your firm within that year may require a new form.

Revised 1/2020

Certified Profile

CLOSE WINDOW

Print

Business & Contact Information

BUSINESS NAME	**The Roderick Group, LLC,** DBA **Ardmore Roderick**
OWNER	**Rashod Johnson**
ADDRESS	**1500 W Carroll Ave** **Suite 300** **Chicago, IL 60607** [map]
PHONE	**312-795-1400**
FAX	**773-289-0567**
EMAIL	**rashod@ardmoreroderick.com**
ETHNICITY	**African American**

Certification Information

CERTIFYING AGENCY	**City of Chicago**
CERTIFICATION TYPE	**MBE - Minority Business Enterprise**
CERTIFICATION DATE	**11/28/2022**
RENEWAL DATE	**7/1/2023**
EXPIRATION DATE	**6/1/2025**
CERTIFIED BUSINESS DESCRIPTION	**NAICS 236220 Construction management, commercial and institutional building** **NAICS 237130 Construction management, power and communication transmission line** **NAICS 237310 Construction management, highway, road, street and bridge** **NAICS 237990 Construction management, mass transit** **NAICS 541330 Civil engineering services** **NAICS 541330 Engineering design services** **NAICS 541330 Engineering services** **NAICS 541370 Surveying and mapping services (except geophysical** **NAICS 541611 Administrative Management and General Management Consulting Services**

Commodity Codes

Code	Description

NAICS 236220	Construction management, commercial and institutional building
NAICS 237130	Construction management, power and communication transmission line
NAICS 237310	Construction management, highway, road, street and bridge
NAICS 237990	Construction management, mass transit
NAICS 541330	Civil engineering services
NAICS 541330	Engineering design services
NAICS 541330	Engineering services
NAICS 541370	Surveying and mapping services (except geophysical)
NAICS 541611	Administrative Management and General Management Consulting Services

Additional Information

WARD	**27**
COMMUNITY AREA	**28 Near West Side**
QUALIFIED INVESTMENT AREA	**Yes**

This profile was generated on 6/20/2024

MBE Certification Extension - Message (HTML)

Search

File Message Help

Delete Archive Move Reply Reply All Forward All Apps Create New Mark Unread Find Read Aloud Immersive Reader Zoom Reply with Scheduling Poll

MBE Certification Extension

Reply Reply All Forward

Thu 6/12/2025 11:05 AM

FN Francisco Nunez <Francisco.Nunez@cityofchicago.org>

To Jamal Jackson

Cc Valencia Jenkins

If there are problems with how this message is displayed, click here to view it in a web browser.

The_Roderick_Group_Inc_Approval_Letter_20210914114216_7084_20221128150526_0307 (2).pdf
165 KB

Hello Mr. Jackson,

In regards to you MBE certification. We are in receipt of your no change affidavit. I will begin to process the application as soon as possible. In the meantime, the attached letter is still valid while we conclude the review of your application. If anyone has any question about this, the can reach me directly by email or by phone.

Thanks

Francisco Nunez | Sr. Certification/Compliance Officer
City of Chicago | Department of Procurement Services
City Hall, 121 N. LaSalle, Room 806 | Chicago, IL 60602
francisco.nunez@cityofchicago.org
P: 312-744-1984
www.chicago.gov/dps

DPS
Department of Procurement Services

Connect with DPS on LinkedIn, X.com, YouTube, and Facebook.

This e-mail, and any attachments thereto, is intended only for use by the addressee(s) named herein and may contain legally privileged and/or confidential information. If you are not the intended recipient of this e-mail (or the person responsible for delivering this document to the intended recipient), you are hereby notified that any dissemination, distribution, printing or copying of this e-mail, and any attachment thereto, is strictly prohibited. If you have received this e-mail in error, please respond to the individual sending the message, and permanently delete the original and any copy of any e-mail and printout thereof.

CITY OF CHICAGO

DEPARTMENT OF PROCUREMENT SERVICES

SEP 0 8 2021

Rashod Johnson
The Roderick Group, Inc. dba Ardmore Roderick
1500 W. Carroll Ave. Suite 300
Chicago, Illinois 60607

Re: Change in Address

Dear Mr. Johnson:

We are pleased to inform you that we have updated your certification to reflect your firm's change in address. **The Roderick Group, Inc. dba Ardmore Roderick** continues to be certified as a **Minority-Owned Business Enterprise ("MBE")** by the City of Chicago ("City"). This **MBE** certification is valid until **6/1/2025**; however, your firm's certification must be revalidated annually. 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 during the five year period stated above, you must file an **annual No-Change Affidavit**. Your firm's annual No-Change Affidavit is due by **6/1/2022, 6/1/2023 and 6/1/2024**. Please remember, you have an affirmative duty to file your No-Change Affidavit 60 days prior to the date of expiration. Failure to file your annual No-Change Affidavit may result in the suspension or rescission of your certification.

Your firm's five year certification will expire on **6/1/2025**. You have an affirmative duty to file for recertification **60 days** prior to the date of the five year anniversary date. Therefore, you must file for recertification by **4/1/2025.**

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 **MBE** 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):
236220 – Commercial and Institutional Building; Construction Management
237130 – Power and Communication Transmission Line; Construction Management
237310 – Highway, Road, Street and Bridge; Construction Management
237990 – Mass Transit; Construction Management
541330 – Civil Engineering Services
541330 – Engineering Design Services
541330 – Engineering Services
541370 – Surveying and Mapping Services (except geophysical)
541611 – Administrative and General Management Consulting Services

Your firm's participation on City contracts will be credited only toward **MBE** 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,

Monica Jimenez
Acting Chief Procurement Officer

MJ/vlw

Cook County M/WBE Certification Reciprocal Affidavit

Firm Name Caminer Law, LLC

Address 2612 W. Sunnyside Ave. City Chicago

County Cook State Illinois Zip 60625

Phone (773) 263-4013 Email irene@caminerlaw.com

I Irene Schild Caminer , _____
(Authorized Representative) (Print Title)

of Caminer Law, LLC do hereby affirm:
(Name of Firm)

1) Caminer Law, LLC is a Minority and/or Women Business Enterprise currently
(Name of Firm)
certified by the City of Chicago as: [ ] Black- [ ] Hispanic- [ ] Asian- [x] Woman-owned business.

2) With respect to Irene Schild Caminer, the personal net worth of the qualifying
(Name of Firm)
(51%) individual(s) does not exceed $2,491,482.03, excluding the individual's ownership interest in the M/WBE firm and the equity of the owner's primary residence, and otherwise meets the requirements of Chapter 34, Article IV of the Cook County Procurement Code. (As per Section 34-263 of the Cook County Procurement Code, an individual's personal net worth includes only his or her own Share of assets held jointly or as community/marital property with the individual's spouse.)

3) The average annual gross receipts of Caminer Law, LLC or Irene Schild Caminer
(Name of Firm)
as derived from tax filings over the five most recent years, does not exceed the Small Business Size Standards published by the U.S. Small Business Administration found in Title 13, Code of Federal Regulations, Part 121. (http://www.sba.gov/content/small-business-size-standards)

Upon penalty of perjury, I Irene Schild Caminer affirm that, to the best of my knowledge
(Authorized Representative)
and belief, the information herein is true and accurate.

Signature Irene Schild Caminer Title Owner Date May 4, 2026

Subscribed and sworn to before me this 4th day of May (Month) / 2026 (Year)

Mary Ann Ciaravino
(Notary's Signature)

Notary's Seal

MARY ANN R CIARAVINO
OFFICIAL SEAL
Notary Public - State of Illinois
Commission No. 992920
My Commission Expires June 28, 2028

My Commission Expires 6-28-28

PLEASE NOTE: This affidavit is good for a period of one year from the date of sworn signature. Any changes to your firm within that year may require a new form.

Revised 1/2020

CITY OF CHICAGO

DEPARTMENT OF PROCUREMENT SERVICES

MAY 1 2 2025

Irene Schild Caminer
Caminer Law, LLC
2612 W. Sunnyside Ave.
Chicago, IL 60625

Re: Change in NAICS code(s)

Dear Ms. Caminer:

We are pleased to inform you that we have updated your certification to reflect your firm's change in NAICS code(s). **Caminer Law, LLC** continues to be certified as a **Women-Owned Business Enterprise ("WBE")** by the City of Chicago ("City"). This certification 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 of July 1st**.

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 July 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 an **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.

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):
561110 – Office Administrative Services
541110 – Office of Lawyers, Legal Services
541611 – Administrative Management and General Management Consulting Services
541618 – Utilities Management Consulting Services
541620 – Environmental Consulting Services
525920 – Trusts, Estates, and Agency Accounts

Your firm's participation on City contracts will be credited only toward **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,

Sharla D. Roberts
Chief Procurement Officer

SDR/etm

Cook County M/WBE Certification Reciprocal Affidavit

Firm Name Carnow, Conibear & Assoc., Ltd.

Address 600 W. Van Buren St., Suite 500 City Chicago

County Cook State Illinois Zip 60607

Phone (312) 907-0646 Email dbremer@ccaltd.com

I David Bremer (Authorized Representative), Vice President (Print Title)

of Carnow, Conibear & Assoc., Ltd. (Name of Firm) do hereby affirm:

1) Carnow, Conibear & Assoc., Ltd. (Name of Firm) is a Minority and/or Women Business Enterprise currently certified by the City of Chicago as: [ ] Black- [x] Hispanic- [ ] Asian- [x] Woman-owned business.

2) With respect to Carnow, Conibear & Assoc., Ltd. (Name of Firm), the personal net worth of the qualifying (51%) individual(s) does not exceed $2,491,482.03, excluding the individual's ownership interest in the M/WBE firm and the equity of the owner's primary residence, and otherwise meets the requirements of Chapter 34, Article IV of the Cook County Procurement Code. (As per Section 34-263 of the Cook County Procurement Code, an individual's personal net worth includes only his or her own Share of assets held jointly or as community/marital property with the individual's spouse.)

3) The average annual gross receipts of Carnow, Conibear & Assoc., Ltd. (Name of Firm), as derived from tax filings over the five most recent years, does not exceed the Small Business Size Standards published by the U.S. Small Business Administration found in Title 13, Code of Federal Regulations, Part 121. (http://www.sba.gov/content/small-business-size-standards)

Upon penalty of perjury, I David Bremer (Authorized Representative) affirm that, to the best of my knowledge and belief, the information herein is true and accurate.

Signature David Bremer Title Vice President Date 05/05/2026

Subscribed and sworn to before me this 5th day of May (Month) / 2026 (Year)

Gabriela M. Tarnowski (Notary's Signature)

Notary's Seal

OFFICIAL SEAL
GABRIELA M TARNOWSKI
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES: 06/29/2026

My Commission Expires 06/29/2026

PLEASE NOTE: This affidavit is good for a period of one year from the date of sworn signature. Any changes to your firm within that year may require a new form.

Revised 1/2020

CITY OF CHICAGO

DEPARTMENT OF PROCUREMENT SERVICES

JUN - 6 2023

Elizabeth Arreola
Carnow, Conibear & Assoc., Ltd.
600 West Van Buren Street, Suite 500
Chicago, IL 60607-3706

Re: Change in Ownership and Change in Certification Type

Dear Ms. Arreola:

We are pleased to inform you that we have updated your certification to reflect your firm's change in ownership and change in certification type **Carnow, Conibear & Assoc., Ltd.** is now certified as a **Minority-Owned Business Enterprise ("MBE"), Women-Owned Business Enterprise ("WBE") and Veteran-Owned Business Enterprise ("VBE")** by the City of Chicago ("City"). This certification 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 of January 1st**.

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 January 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 an **MBE/WBE/VBE** 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):
541620 - Environmental Consulting Services

Your firm's participation on City contracts will be credited only toward **MBE/WBE/VBE** 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,

Tammi Morgan
Contracting Equity Officer

TM/ge

Certification: View

Certification List | Submit Change Request | View Letters & Certificates | Add Date Alert

Vendor Information

BUSINESS NAME	**Carnow, Conibear & Associates, Ltd.**
SYSTEM VENDOR NUMBER	**20069385**
PRIMARY OWNER'S NAME	**MS. Elizabeth Arreola**
ETHNIC GROUP	**Hispanic/Latino**
GENDER	**Female**

Certification Information

CERTIFYING AGENCY	**City of Chicago**
CERTIFICATION TYPE	**MBE - Minority Business Enterprise**
EFFECTIVE DATE	**1/15/2026**
RENEWAL DATE	**1/1/2027**

Contact Information

MAIN COMPANY EMAIL	**earreola@ccaltd.com**
MAIN PHONE	**773-503-0503**
MAIN FAX	**312-785-5145**
MAIN COMPANY WEBSITE	**http://www.ccaltd.com**

Addresses

PHYSICAL ADDRESS	**600 W VAN BUREN ST** **SUITE 500** **SUITE 500** **CHICAGO, IL 60607-3706** [map]
MAILING ADDRESS	**600 W VAN BUREN ST** **SUITE 500** **CHICAGO, IL 60607-3706** [map]

Business Capabilities

BUSINESS CERTIFIED FOR	**NAICS 541620 Environmental consulting services**
FULL DESCRIPTION OF CAPABILITIES/PRODUCTS	**NAICS 541620 Environmental consulting services**
COMMODITY CODES	**NAICS 541620** **Environmental Consulting Services** (More)

Owner Ethnicity and Gender

ETHNIC GROUP	**Hispanic/Latino**
GENDER	**Female**
DBE ETHNIC GROUP	**Hispanic American**

Location

COUNTY	**Cook (IL)**

Additional Information

WARD	**34**
COMMUNITY AREA	**28 Near West Side**
QUALIFIED INVESTMENT AREA	**No**

Letters & Certificates

View	Letter Type	Format	Date Sent	Viewed In System By Vendor
View	Carnow, Conibear & Assoc., Ltd. Apprvl Ltr	Email	1/15/2026	-

Certification List

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Vendor Information

BUSINESS NAME	**Carnow, Conibear & Associates, Ltd.**
SYSTEM VENDOR NUMBER	**20069385**
PRIMARY OWNER'S NAME	**MS. Elizabeth Arreola**
ETHNIC GROUP	**Hispanic/Latino**
GENDER	**Female**

Certification Information

CERTIFYING AGENCY	**City of Chicago**
CERTIFICATION TYPE	**WBE - Women Business Enterprise**
EFFECTIVE DATE	**1/15/2026**
RENEWAL DATE	**1/1/2027**

Contact Information

MAIN COMPANY EMAIL	**earreola@ccaltd.com**
MAIN PHONE	**773-503-0503**
MAIN FAX	**312-785-5145**
MAIN COMPANY WEBSITE	**http://www.ccaltd.com**

Addresses

PHYSICAL ADDRESS	**600 W VAN BUREN ST** **SUITE 500** **SUITE 500** **CHICAGO, IL 60607-3706** [map]
MAILING ADDRESS	**600 W VAN BUREN ST** **SUITE 500** **CHICAGO, IL 60607-3706** [map]

Business Capabilities

BUSINESS CERTIFIED FOR	**NAICS 541620 Environmental consulting services**
FULL DESCRIPTION OF CAPABILITIES/PRODUCTS	**NAICS 541620 Environmental consulting services**
COMMODITY CODES	**NAICS 541620** **Environmental Consulting Services** (More)

Owner Ethnicity and Gender

ETHNIC GROUP	**Hispanic/Latino**
GENDER	**Female**
DBE ETHNIC GROUP	**Hispanic American**

Location

COUNTY	**Cook (IL)**

Additional Information

WARD	**34**
COMMUNITY AREA	**28 Near West Side**
QUALIFIED INVESTMENT AREA	**No**

Related Letters & Certificates

These communications are saved to a related record.

View	Cert Type	Letter Type	Format	Date Sent	Viewed In System By Vendor
View	MBE	Carnow, Conibear & Assoc., Ltd. Apprvl Ltr	Email	1/15/2026	-

Certification List

This profile was generated on 1/16/2026

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Cook County M/WBE Certification Reciprocal Affidavit

Firm Name Coordinated Construction Project Control Services

Address 18W140 Butterfield Road City Oakbrook Terrace

County DuPage State IL Zip 60181

Phone (630) 613-7170 Email jdoyle@coordcpcs.com

I Jacqueline Doyle (Authorized Representative), President (Print Title)

of Coordinated Construction Project Control (Name of Firm) Services do hereby affirm:

1) Coordinated Construction Project Control Services (Name of Firm) is a Minority and/or Women Business Enterprise currently certified by the City of Chicago as: [ ] Black- [ ] Hispanic- [ ] Asian- [X] Woman-owned business.

2) With respect to Coordinated Construction Project Control Services (Name of Firm), the personal net worth of the qualifying (51%) individual(s) does not exceed $2,491,482.03, excluding the individual's ownership interest in the M/WBE firm and the equity of the owner's primary residence, and otherwise meets the requirements of Chapter 34, Article IV of the Cook County Procurement Code. (As per Section 34-263 of the Cook County Procurement Code, an individual's personal net worth includes only his or her own Share of assets held jointly or as community/marital property with the individual's spouse.)

3) The average annual gross receipts of 2,400,000 (Name of Firm), as derived from tax filings over the five most recent years, does not exceed the Small Business Size Standards published by the U.S. Small Business Administration found in Title 13, Code of Federal Regulations, Part 121. (http://www.sba.gov/content/small-business-size-standards)

Upon penalty of perjury, I Jacqueline Doyle (Authorized Representative) affirm that, to the best of my knowledge and belief, the information herein is true and accurate.

Signature Jacqueline Doyle Title President Date 5/4/2026

Subscribed and sworn to before me this 4th day of May (Month) / 2026 (Year)

Deborah L Gutraj (Notary's Signature)

Notary's Seal

Official Seal
DEBORAH L GUTRAJ
Notary Public, State of Illinois
Commission No. 841398
My Commission Expires July 26, 2028

My Commission Expires

PLEASE NOTE: This affidavit is good for a period of one year from the date of sworn signature. Any changes to your firm within that year may require a new form.

Revised 1/2020

CITY OF CHICAGO

DEPARTMENT OF PROCUREMENT SERVICES

September 25, 2025

Jacqueline Doyle
Coordinated Construction Project Control Services
18W140 Butterfield Rd
15th Floor
Oakbrook Terrace, IL 60181

RE: CONTINUATION OF CERTIFICATION

Dear Ms. Doyle:

We are pleased to inform you that **Coordinated Construction Project Control Services** continues to be certified as a **Women-Owned Business Enterprise ("WBE")** by the City of Chicago ("City"). This recertification is a continuation of your previous certification which will expire **November 30, 2025** 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 calendar days before your annual anniversary date of November 30th.**

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 60 calendar days before your anniversary date of November 30th.** 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.

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.

You have an obligation to cooperate with the City with 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).**

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):
NAICS 541330: ENGINEERING SERVICES

Your firm's participation on City contracts will be credited only toward **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.

The Office of Contracting Equity

State of Illinois
Illinois Commission on Equity & Inclusion

Next Steps for Maximizing Your BEP Certification

Congratulations on attaining your BEP Certification! This is a pivotal step towards positioning your business for success with the State of Illinois. To help you navigate the subsequent steps and fully leverage your certification, please consider the following:

1. Leverage Chief Procurement Officer (CPO) Resources: Four CPOs manage a distinct portfolio and provide unique opportunities. Familiarizing yourself with these portfolios can strategically position your firm to tap into contracts from various State purchasing entities.

2. Register on Procurement Platforms: We strongly recommend visiting and registering on the Illinois Procurement Gateway (IPG) at **https://ipg.illinois.gov/Home.aspx.** The IPG is an online vendor portal used for gathering business information from vendors who wish to conduct business with State agencies and universities. Instead of submitting required information in paper form with every solicitation response, vendors can submit the information in advance electronically.

3. Enroll in Notifications: Please be advised that BEP certification does not automatically subscribe you to notifications regarding solicitations. Each of the four CPOs publishes notices of the State's solicitations for their respective portfolios. We strongly recommend that all BEP-certified vendors register with each of the four State of Illinois procurement bulletins to increase your visibility for potential contracting opportunities. Registration with the appropriate procurement bulletin corresponding to your NIGP codes is essential to stay informed about upcoming opportunities. Learn more about the chief procurement officers' bulletins and doing business with the State at **https://pathway2procurement.illinois.gov/.**

4. Utilize Available Resources: Optimize your opportunities by leveraging resources provided by the CPOs, including workshops, seminars, and guidance documents.

CPO Procurement Sites:

- Chief Procurement Officer of General Services: The CPO-GS oversees the goods and services purchases for roughly 65 State agencies, boards, and commissions. Learn more about CPO-GS at **https://cpo-general.illinois.gov/.**
- Chief Procurement Officer of Higher Education: The CPO-HE oversees purchasing by State universities. Learn more about CPO-HE at **https://cpo-highered.illinois.gov/.**
- Chief Procurement Officer of Capital Development Board: The CPO-CDB oversees vertical construction and construction-related services purchases. Learn more about CPO-CDB at **https://cpo-cdb.illinois.gov/.**
- Chief Procurement Officer of Illinois Department of Transportation: The CPO-IDOT oversees horizontal construction and construction-related services purchases. Learn more about CPO-IDOT at **https://cpo-dot.illinois.gov/.**

By actively engaging in these steps, your business will be well-prepared and strategically positioned to capitalize on forthcoming opportunities. Thank you for your participation in the Business Enterprise Program. We are here to support your endeavors and be an integral part of your continued growth and success.

Printed by the Authority of State of Illinois 12/23 IOCI 24-0884

Illinois Commission on Equity and Inclusion
Nina Harris, Chairperson
Alexandria Wilson, Acting Executive Director
115 South LaSalle Street, Suite 4N, Chicago, IL 60603

12/10/2025
Coordinated Construction Project Control Services
One Lincoln Centre, 18W140 Butterfield Rd, 15th Floor
Oakbrook Terrace, Illinois, 60181

Re: Be Enrolled Business Enterprise Program Certification

Dear Jacqueline T Doyle,

Congratulations, your business qualifies for enrollment in the new Be Enrolled Business Enterprise Program certification (BE BEP)! The Commission on Equity and Inclusion (CEI) was created to maximize supplier diversity, equity, and inclusion by ensuring access to contracting opportunities by developing procedures and initiatives that make procurement processes inclusive, fair, and equitable while providing support, education, and mentorship. CEI established the BE BEP certification to ensure the seamless activation of a reciprocal certification and reduce duplicative red tape.

BE BEP Partners
Chicago Transit Authority (CTA)
City of Chicago
Cook County
Illinois Department of Transportation
METRA
PACE

CEI enrolled your business in the BE BEP certification based on the diversity certification one of the partners listed above issued. Activating your BE BEP certification has several benefits. Businesses certified through BE BEP will be listed in the CEI's certified vendor directory, ensuring visibility amongst State procurement professionals and potential prime vendors. The BEP certification is recognized by various municipalities and organizations, aligning with their supplier diversity initiatives. Best of all, certification is free!

Host Agency: City of Chicago

Certification Type: Women Business Enterprise
Certification Date: 09/25/2025
Certification Expiration Date: 11/30/2026
Certification Renewal Date: 11/30/2026

CEI will activate your BE BEP certification based on your host agency's diversity certification. The duration and commodity codes for the newly activated BE BEP certification will match the existing certification held with the BE BEP partner. If applicable, the North American Industry Classification System (NAICS) codes provided by the host agency will be translated to National Institute of Government Purchasing (NIGP) commodity codes using CEI's crosswalk

Your firm's name will appear in the State's Directory as a certified vendor with the Business Enterprise Program in the specialty area(s) of:

925 - 36 - Engineering Services (Not Otherwise Classified)

Your firm will only appear in the database of BEP-certified vendors in the NIGP codes listed above, so **please review the list carefully to ensure that all relevant NIGP codes are included**.

Vendors must maintain their certification and comply with the rules of their host agency to maintain an active BE BEP certification. If the host agency's certification expires or the host agency suspends a vendor's bidding privileges, the BE BEP certification will also expire or be suspended. CEI's BEP certification unit will email vendors to update their BE BEP certification 90 days before their host agency and BE BEP certifications expire.

BE BEP-certified vendors are encouraged to notify BEP within two weeks if any of the following changes occur:

- Ownership changes
- Changes in control.
- Changes in the host agency's certification status.

Four chief procurement officers (CPOs) exercise the State of Illinois' procurement authority. Each CPO has a separate bulletin that publishes the State's solicitations and bidding opportunities for each portfolio. CEI strongly recommends that all State-certified vendors register with each procurement bulletin to ensure notification of all relevant prime and subcontractor bidding opportunities.

CPO Procurement Websites

- The Chief Procurement Officer of General Services (CPO-GS) oversees the purchases of goods and services for roughly 65 State agencies, boards, and commissions. Learn more about CPO-GS at https://cpo-general.illinois.gov/.
- The Chief Procurement Officer of Higher Education (CPO-HE) oversees purchasing by State universities. Learn more about CPO-HE at https://cpo-highered.illinois.gov/
- The Chief Procurement Officer of the Capital Development Board (CPO-CDB) oversees vertical construction and construction-related services purchases. Learn more about CPO-CDB at https://cpo-cdb.illinois.gov/.
- The Chief Procurement Officer of the Illinois Department of Transportation (CPO-IDOT) oversees horizontal construction and construction-related services purchases. Learn more about CPO-IDOT at https://cpo-dot.illinois.gov/.

CEI welcomes your participation in BEP and wishes you continued success. If you have any questions or comments, please email CEI.BEP.Certification@Illinois.gov or call (312) 814-4190.

Sincerely,



Carlos Gutierrez
Certification Manager

COOK COUNTY
OFFICE OF THE
Chief Procurement
Officer

161 N. Clark
Suite 2300
Chicago, Illinois 60601

August 5, 2025

Stephen Vaughn, President
Vaughn Management LLC
d/b/a CERA Solutions
125 South Wacker Drive, Suite 300
Chicago, IL 60606

Annual Certification Renewal: August 10, 2026

Dear Mr. Vaughn:

Congratulations on your continued eligibility for certification as a **Minority Business Enterprise (MBE)** by Cook County Government. This certification does not expire; however, you must re-validate your firm's certification annually.

In the past, we have provided annual letters, this practice will no longer continue given that your firm will remain certified indefinitely based on your compliance to programmatic requirements. Please refer to this letter, the Vendor Directory, and your account dashboard for evidence of certification.

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. Failure to file this affidavit may result in the removal of your Certification. You must notify Cook County's Office of the Chief Procurement Officer 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, fails to submit annual renewals, 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.

This firm Is Certified under the following commodity codes/area(s) of specialty:

NAICS Code:

NAICS 236220: Construction Management, Commercial and Institutional Building
NAICS 541330: Engineering Services

Your firm's participation on Cook County contracts will be credited toward **Minority Business Enterprise (MBE)** goals in your area(s) of specialty. While your participation on Cook County contracts is not limited to your specialty, credit toward **Minority Business Enterprise (MBE)** 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,

Certification Division

Cook County M/WBE Certification Reciprocal Affidavit

Firm Name Cotter Consulting

Address 100 So. Wacker Dr., Suite 920 City Chicago

County Cook State IL Zip 60606

Phone (630) 698-5152 Email anne.edwards-cotter@consurtus.com

I Anne Edwards-Cotter (Authorized Representative), President (Print Title)

of Cotter Consulting (Name of Firm) do hereby affirm:

1) Cotter Consulting (Name of Firm) is a Minority and/or Women Business Enterprise currently certified by the City of Chicago as: [ ] Black- [ ] Hispanic- [ ] Asian- [ ] Woman-owned business.

2) With respect to Anne Edwards-Cotter (Name of Firm), the personal net worth of the qualifying (51%) individual(s) does not exceed $2,491,482.03, excluding the individual's ownership interest in the M/WBE firm and the equity of the owner's primary residence, and otherwise meets the requirements of Chapter 34, Article IV of the Cook County Procurement Code. (As per Section 34-263 of the Cook County Procurement Code, an individual's personal net worth includes only his or her own Share of assets held jointly or as community/marital property with the individual's spouse.)

3) The average annual gross receipts of Cotter Consulting (Name of Firm), as derived from tax filings over the five most recent years, does not exceed the Small Business Size Standards published by the U.S. Small Business Administration found in Title 13, Code of Federal Regulations, Part 121. (http://www.sba.gov/content/small-business-size-standards)

Upon penalty of perjury, I Anne Edwards-Cotter (Authorized Representative) affirm that, to the best of my knowledge and belief, the information herein is true and accurate.

Signature Anne Edwards-Cotter *Title* President *Date* 5-5-2026

Subscribed and sworn to before me this 5th day of May (Month) / 2026 (Year)

Ann M James
(Notary's Signature)

Notary's Seal

OFFICIAL SEAL
ANN M JAMES
Notary Public, State of Illinois
Commission No. 798727
My Commission Expires March 04, 2030

My Commission Expires _____

PLEASE NOTE: This affidavit is good for a period of one year from the date of sworn signature. Any changes to your firm within that year may require a new form.

Revised 1/2020

Certified Profile

CLOSE WINDOW

Print

Business & Contact Information

BUSINESS NAME	**Cotter Consulting, Inc.**
OWNER	**Anne Edwards-Cotter**
ADDRESS	**100 S. WACKER DRIVE** **Suite 920** **CHICAGO, IL 60606** [map]
PHONE	**312-696-1200**
FAX	**312-696-1222**
EMAIL	**w.cotter@cotterconsulting.com**
WEBSITE	**http://www.cotterconsulting.com**
ETHNICITY	**Caucasian**

Certification Information

CERTIFYING AGENCY	**City of Chicago**
CERTIFICATION TYPE	**WBE - Women Business Enterprise**
CERTIFICATION DATE	**7/25/2023**
RENEWAL DATE	**7/15/2025**
EXPIRATION DATE	**7/15/2028**
CERTIFIED BUSINESS DESCRIPTION	**NAICS 236116 Construction management, multifamily building** **NAICS 236210 Construction management, industrial building (except warehouses)** **NAICS 236220 Construction management, commercial and institutional building** **NAICS 236220 Project Management**

NAICS 237310 Construction management, highway, road, street and bridge
NAICS 237990 Construction management, mass transit
NAICS 541330 Engineering services
531390 Real estate asset management services (except property management)

Commodity Codes

Code	Description
NAICS 236116	Construction management, multifamily building
NAICS 236210	Construction management, industrial building (except warehouses)
NAICS 236220	Construction management, commercial and institutional building
NAICS 237310	Construction management, highway, road, street and bridge
NAICS 237990	Construction management, mass transit
NAICS 531390	Real estate asset management services (except property management)
NAICS 541330	Engineering services

Additional Information

WARD	**42**
COMMUNITY AREA	**32 Loop**
QUALIFIED INVESTMENT AREA	**No**

This profile was generated on 7/22/2024

cotter

100 SOUTH WACKER DRIVE, SUITE 920
CHICAGO, ILLINOIS 60606
P 312 696 1200 F 312 696 1222
COTTERCONSULTING.COM

March 18, 2025

VIA ELECTRONIC MAIL

Sam Boye Jr.
Vice President
Ardmore Roderick Arcadis A Joint Venture
sboye@ardmoreroderick.com

RE: Notice of Change of Control of Cotter Consulting, Inc. & WBE Status

Dear Sam:

The owners of Cotter Consulting, Inc. ("Cotter"), entered into a certain Equity Purchase Agreement (the "Transaction") pursuant to which Cotter was acquired by Enstoa, Inc. The Transaction closed on December 31, 2024. As a result of the Transaction, Cotter underwent a reorganization and is organized as a limited liability company with the same EIN as it previously had. Our new name is Cotter Consulting, LLC.

As you know, Cotter is a party to certain agreements with your firm (the "Client") as a subconsultant (the "Agreements"). Cotter and its existing professionals will continue to perform all work under the Agreements. However, the Transaction will enable Cotter to continue to grow its business and employ more local residents and serve its clients and partners even better.

We notified the City of Chicago regarding the Transaction and the City has made a preliminary determination that Cotter is no longer eligible to participate in the Woman-Owned Business Enterprise ("WBE"). A copy of that determination is attached hereto. However, and importantly, the City has recognized the continued utilization of our firm's WBE status on previously awarded contracts.

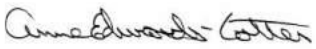
City contracts. If your firm has entered a contract or subcontract before the date of this notice, your firm's work will continue to be counted toward the contract WBE goals. Any services

Therefore, our WBE participation will continue to count for Agreements awarded prior to the date of the City's notice. Thank you in advance for your understanding. If you have any questions regarding this letter, please do not hesitate to contact me at (630) 698-5152.

We value and appreciate your partnership in the past and we look forward to building a stronger partnership with you in the future.

Very truly yours,

Cotter Consulting, LLC



By: _____

Anne Edwards-Cotter
President

Schedule A

Contracts on which Cotter is a Subcontractor:

Agreement	Effective Date
Ardmore Roderick Arcadis A Joint Venture and Cotter Consulting, Inc. subconsultant agreement	August 1, 2022

CITY OF CHICAGO

DEPARTMENT OF PROCUREMENT SERVICES

MAR 10 2025

Anne Edwards-Cotter
Cotter Consulting Inc., n/k/a Cotter Consulting LLC
100 South Wacker Drive, Suite 920
Chicago, Illinois 60606
Email: w.cotter@cotterconsulting.com and jleach@LKKLawGroup.com

RE: Preliminary Notice of Ineligibility for Continued WBE Certification

Dear Ms. Edwards-Cotter:

The City of Chicago (the "City") acknowledges receipt of your correspondence dated January 10, 2025, concerning the recent acquisition of Cotter Consulting Inc., by Enstoa Inc., and reorganization to Cotter Consulting LLC. Based on the change in ownership structure the City has determined that Cotter Consulting Inc., is no longer eligible for certification as a Women-Owned Business Enterprise ("WBE") under the City of Chicago Regulations Governing Certification of Minority and Women-Owned Business Enterprises, Veteran-Owned Business Enterprises and Business Enterprises Owned or Operated by People with Disabilities for Non-Construction Contracts (the "Regulations").

According to the Regulations, a firm must be a small local business which is at least 51% owned by one or more qualifying individuals who independently manage and control the firm's operations in order to be eligible for certification. The firm must also be independent and viable. The City has determined that your firm no longer meets the eligibility requirements for certification. The City's specific findings are cited below.

Findings:

The relevant factors regarding our determination of inability for continued certification as a WBE include as a result of the acquisition of Cotter Consulting Inc. by Enstoa, Inc. and restructuring as Cotter Consulting, LLC, your firm is no longer owned and controlled by eligible individuals.

Based on the foregoing, we have determined that Cotter Consulting, Inc., is no longer eligible for certification under the criteria set forth in the Regulations, which state in part:

"WOMEN-OWNED BUSINESS ENTERPRISE" or "WBE" means a small local business that is at least 51% owned by one or more economically disadvantaged women, or in the case of a publicly held corporation, 51% of all classes of stock of which is owned by one or more economically disadvantaged women, who independently manage(s) and control(s) the management, policies, major decisions and daily business operations.

Therefore, the City proposes to remove Cotter Consulting Inc.'s WBE certification. Should you choose to appeal this Preliminary Notice of Ineligibility, you are granted fifteen (15) calendar days from the receipt of this letter to respond. Please submit your response in writing with any supporting documentation to:

Tammi Morgan
Contracting Equity Officer
City of Chicago
Department of Procurement Services
Contracting Equity Office
121 N. LaSalle Street, Suite 806
Chicago, Illinois 60602
dps.certification@cityofchicago.org
(312) 744-4900

If the City does not receive your response in the specified time frame, our decision will become final and your firm's certification will be removed. This preliminary determination or any final decision does not prevent your firm from participating as a prime contractor or subcontractor on City contracts. If your firm has entered a contract or subcontract before the date of this notice, your firm's work will continue to be counted toward the contract WBE goals. Any services performed by your firm on future City contracts, however, may not be applied to the achievement of any related WBE contract goals.

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

Sincerely,

Sharla D Roberts
Chief Procurement Officer

cc: C. DelGiudice

SDR/cm

COOK COUNTY
OFFICE OF THE
Chief Procurement
Officer

161 N. Clark Street
Suite 2300
Chicago, Illinois 60601

April 1, 2026

Federico J. d'Escoto
dEscoto Inc.
420 N. Wabash
Suite 200
Chicago, IL 60611

Annual Certification Renewal: May 4, 2027

Dear Mr. Federico J. d'Escoto:

Congratulations on your continued eligibility for certification as a **Minority Business Enterprise (MBE)**, by Cook County Government. This certification does not expire; however, you must re-validate your firm's certification annually.

In the past, we have provided annual letters, this practice will no longer continue given that your firm will remain certified indefinitely based on your compliance to programmatic requirements. Please refer to this letter, the Vendor Directory, and your account dashboard for evidence of certification.

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. Failure to file this affidavit may result in the removal of your Certification. You must notify Business Enterprise Development (BED) 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, fails to submit annual renewals, 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.

This firm is Certified under the following commodity codes/area(s) of specialty:

NAICS Code:
NAICS 236210: CONSTRUCTION MANAGEMENT, INDUSTRIAL BUILDING (EXCEPT WAREHOUSES)
NAICS 237110: WATER AND SEWER LINE AND RELATED STRUCTURES CONSTRUCTION
NAICS 237310: HIGHWAY, STREET, AND BRIDGE CONSTRUCTION
NAICS 541330: ENGINEERING SERVICES
NAICS 541511: CUSTOM COMPUTER PROGRAMMING SERVICES
NAICS 541611: ADMINISTRATIVE MANAGEMENT AND GENERAL MANAGEMENT CONSULTING SERVICES

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

To ensure your firm has access to contracting opportunities, you must register on Bonfire at https://cookcountyil.bonfirehub.com/portal/?tab=openOpportunities.

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,

Business Enterprise Development
Certification Division
https://cookcountyil.gov/service/business-enterprise-development-certification

COOK COUNTY
OFFICE OF THE
Chief Procurement
Officer

Cook County MBE/WBE Non-Construction Certification Reciprocal Affidavit

Firm Name Ernest R. Sawyer, Enterprises Inc.

Address 100 N. LaSalle St City Chicago, IL.

County Cook State IL. Zip 60602

Phone (312) 364-9292 Email esawyer@ERS Enterprises.net

I Ernest R. Sawyer, President
(Authorized Representative) (Print Title)

of Ernest R. Sawyer, Enterprises Inc do hereby affirm:
(Name of Firm)

1) Ernest R. Sawyer, Enterprises Inc. is a Minority and/or Women Business Enterprise currently
(Name of Firm)
certified by the City of Chicago as: [X] Black- [ ] Hispanic- [ ] Asian- [ ] Woman-owned business.

2) With respect to $1.2 million, the personal net worth of the qualifying
(Name of Firm)
(51%) individual(s) does not exceed $2,767,082.23, excluding the individual's ownership interest in the M/WBE firm and the equity of the owner's primary residence, and otherwise meets the requirements of Chapter 34, Article IV of the Cook County Procurement Code. (As per Section 34-263 of the Cook County Procurement Code, an individual's personal net worth includes only his or her own Share of assets held jointly or as community/marital property with the individual's spouse.)

3) The average annual gross receipts of $1.2 million,
(Name of Firm)
as derived from tax filings over the five most recent years, does not exceed the Small Business Size Standards published by the U.S. Small Business Administration found in Title 13, Code of Federal Regulations, Part 121. (http://www.sba.gov/content/small-business-size-standards)

Upon penalty of perjury, I Ernest R. Sawyer affirm that, to the best of my knowledge
(Authorized Representative)
and belief, the information herein is true and accurate.

Signature Ernest R. Sawyer Title President Date 5/4/26

Subscribed and sworn to before me this 5/4/26 day of May (Month) / 2026 (Year)

Margery Baum
(Notary's Signature)

Notary's Seal

OFFICIAL SEAL
MARGERY BAUM
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES: 10/13/2026

My Commission Expires 10-13-2026

PLEASE NOTE: This affidavit is good for a period of one year from the date of sworn signature. Any changes to your firm within that year may require a new form.

CITY OF CHICAGO

DEPARTMENT OF PROCUREMENT SERVICES

MAR 2 2 2022

Ernest R. Sawyer
Ernest R. Sawyer Enterprises, Inc.
100 N. LaSalle St. #1515
Chicago, Illinois 60602

Dear Mr. Sawyer:

We are pleased to inform you that **Ernest R. Sawyer Enterprises, Inc.,** is certified as a **Minority-Owned Business Enterprise ("MBE"),** and as a **Veteran-Owned Business Enterprise ("VBE")** by the City of Chicago ("City"). This **MBE/VBE** certification is a continuation of your previous certification which expired **3/1/2022** 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 March 15th.** 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 **MBE/VBE** 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):
541320 – Landscape Consulting Services; Urban Planners' Offices
541611 – Administrative and General Management Consulting Services
541618 – Other 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/cm

Certification Application: Main Summary

Main Documents Signature Submit Q & A Utilities Cert List

Ernest R. Sawyer Enterprises, Inc.
Type: **MBE/WBE/BEPD/VBE No Change Affidavit**
App #: **7569027**

Status: **Processing Complete**
Started: **2/19/2026**
Submitted: **3/31/2026**

Home
View
Search
Tools
Message
Settings
Resource Center
Logoff
Show All Hide All

The application review has been completed.

Need Help?
User manual

MBE/WBE/BEPD/VBE No Change Affidavit Information

TYPE	**MBE/WBE/BEPD/VBE No Change Affidavit**
CERTIFYING AGENCY	**City of Chicago**
BUSINESS NAME	**Ernest R. Sawyer Enterprises, Inc.**
CURRENT STATUS	**Processing Complete**
APPLICATION NUMBER	**7569027**
CONTACT PERSON	Roshawn DuBose (Add user not on list)

Only the Contact Person can access the application unless you reassign it or grant access through the Utilities tab by adding users to the Access List. Note: If you reassign the Contact Person, you will lose access to the application.

View and Print App For Your Records

Sections and Documentation

CONTACT INFORMATION	✓ View	**Complete**: 7 completed of 7 required; 2 completed of 3 optional (by Roshawn DuBose, 2/19/2026)
BUSINESS INFORMATION	✓ View	**Complete**: 11 completed of 11 required; 1 completed of 1 optional (by Roshawn DuBose, 2/19/2026)
DOCUMENT LIST	✓ View	**Complete**: 1 attached of 1 mandatory; 5 attached, 4 not applicable of 9 required

Roshawn DuBose
ERNEST R. SAWYER ENTERPRISES, INC.

Powered by B2Gnow

Signature and Submittal

Cook County M/WBE Certification Reciprocal Affidavit

Firm Name McNitt Consulting, LLC

Address 1735 Evergreen Rd. City Homewood

County Cook State Illinois Zip 60430

Phone (312) 550.1668 Email hmcnitt@mcnittconsulting.com

I Heather McNitt (Authorized Representative), President (Print Title)

of McNitt Consulting, LLC (Name of Firm) do hereby affirm:

1) McNitt Consulting, LLC (Name of Firm) is a Minority and/or Women Business Enterprise currently certified by the City of Chicago as: [ ] Black- [ ] Hispanic- [ ] Asian- [X] Woman-owned business.

2) With respect to McNitt Consulting, LLC (Name of Firm), the personal net worth of the qualifying (51%) individual(s) does not exceed $2,491,482.03, excluding the individual's ownership interest in the M/WBE firm and the equity of the owner's primary residence, and otherwise meets the requirements of Chapter 34, Article IV of the Cook County Procurement Code. (As per Section 34-263 of the Cook County Procurement Code, an individual's personal net worth includes only his or her own Share of assets held jointly or as community/marital property with the individual's spouse.)

3) The average annual gross receipts of McNitt Consulting, LLC (Name of Firm), as derived from tax filings over the five most recent years, does not exceed the Small Business Size Standards published by the U.S. Small Business Administration found in Title 13, Code of Federal Regulations, Part 121. (http://www.sba.gov/content/small-business-size-standards)

Upon penalty of perjury, I Heather McNitt (Authorized Representative) affirm that, to the best of my knowledge and belief, the information herein is true and accurate.

Signature Heather M Title President Date 5.4.26

Subscribed and sworn to before me this 4TH day of MAY (Month) / 2026 (Year)

(Notary's Signature) Notary's Seal

Official Seal
LAKEISHA JOHNSON LINDSEY
Notary Public, State of Illinois
Commission No. 989820
My Commission Expires April 24, 2028

My Commission Expires APRIL 24, 2028

PLEASE NOTE: This affidavit is good for a period of one year from the date of sworn signature. Any changes to your firm within that year may require a new form.

Revised 1/2020

B2Gnow Certified Profile

CLOSE WINDOW

Business & Contact Information

BUSINESS NAME	McNitt Consulting, LLC
B2G VENDOR ID (VID)	20527156
OWNER	Ms. Heather McNitt
ADDRESS	1735 Evergreen Road Homewood, IL 60430 [map]
PHONE	312-550-1668
EMAIL	hmcnitt@mcnittconsulting.com
ETHNICITY	Caucasian

Certification Information

CERTIFYING AGENCY	City of Chicago
CERTIFICATION TYPE	WBE - Women Business Enterprise
CERTIFICATION DATE	5/2/2025
RENEWAL DATE	5/15/2026
EXPIRATION DATE	5/15/2026
CERTIFIED BUSINESS DESCRIPTION	NAICS 236116 Construction management, multifamily building (More) NAICS 236210 Construction management, industrial building (except warehouses) (More) NAICS 236220 Construction management, commercial and institutional building (More) NAICS 237310 Construction management, highway, road, street and bridge (More) NAICS 237990 Construction management, mass transit (More) NAICS 541611 Administrative Management and General Management Consulting Services

Commodity Codes

Code	Description
NAICS 236116	Construction management, multifamily building
NAICS 236210	Construction management, industrial building (except warehouses)
NAICS 236220	Construction management, commercial and institutional building
NAICS 237310	Construction management, highway, road, street and bridge
NAICS 237990	Construction management, mass transit
NAICS 541611	Administrative Management and General Management Consulting Services

Cook County M/WBE Certification Reciprocal Affidavit

Firm Name Onyx Architectural Services, Inc

Address 750 N Franklin Suite #207 City Chicago

County Cook State Illinois Zip 60654

Phone (312) 787-2748 Email vsimpkins@onyxchicago.com

I Victor E. Simpkins (Authorized Representative), Chief Operating Officer (Print Title)

of Onyx Architectural Services, Inc (Name of Firm) do hereby affirm:

1) Onyx Architectural Services, Inc (Name of Firm) is a Minority and/or Women Business Enterprise currently certified by the City of Chicago as: [X] Black- [ ] Hispanic- [ ] Asian- [ ] Woman-owned business.

2) With respect to Onyx Architectural Services, Inc (Name of Firm), the personal net worth of the qualifying (51%) individual(s) does not exceed $2,491,482.03, excluding the individual's ownership interest in the M/WBE firm and the equity of the owner's primary residence, and otherwise meets the requirements of Chapter 34, Article IV of the Cook County Procurement Code. (As per Section 34-263 of the Cook County Procurement Code, an individual's personal net worth includes only his or her own Share of assets held jointly or as community/marital property with the individual's spouse.)

3) The average annual gross receipts of $3,171,710 (Name of Firm), as derived from tax filings over the five most recent years, does not exceed the Small Business Size Standards published by the U.S. Small Business Administration found in Title 13, Code of Federal Regulations, Part 121. (http://www.sba.gov/content/small-business-size-standards)

Upon penalty of perjury, I Victor E. Simpkins (Authorized Representative) affirm that, to the best of my knowledge and belief, the information herein is true and accurate.

Signature Victor E. Simpkins Title Chief Operating Officer Date 5/4/2026

Subscribed and sworn to before me this 4th day of May (Month), 2026 (Year)

(Notary's Signature)

Notary's Seal

Notary Public, State of Illinois
Official Seal
Tangela Darlene Simona Hudson
Commission # 1000252
My Commission Expires 11/19/2028

My Commission Expires 11/19/2028

PLEASE NOTE: This affidavit is good for a period of one year from the date of sworn signature. Any changes to your firm within that year may require a new form.

Revised 1/2020

CITY OF CHICAGO

DEPARTMENT OF PROCUREMENT SERVICES

AUG 1 3 2024

Victor Simpkins
Onyx Architecture Services, Inc.
750 North Franklin Suite 207
Chicago, IL 60654

RE: CONTINUATION OF CERTIFICATION

Dear Mr. Simpkins

We are pleased to inform you that **Onyx Architecture Services, Inc.** continues to be certified as a **Minority-Owned Business Enterprise ("MBE")** by the City of Chicago ("City"). This recertification is a continuation of your previous certification which expired **June 15, 2024,** 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 calendar days before your annual anniversary date of June 15th.**

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 60 calendar days before your anniversary date of June 15th.** 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.

You shall be deemed to have had your certification lapse and will be ineligible to participate as an **MBE** 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.

You have an obligation to cooperate with the City with 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).**

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):

236220 – Construction Management Commercial/Institutional
236116 – Construction Management Multifamily Residences
236115 – Construction Management Single Family Residences
541410 – Interior Design Services
541310 – Architectural Services

Your firm's participation on City contracts will be credited only toward **MBE** 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,

Tammi Morgan
Contracting Equity Officer

TM/ejm

COOK COUNTY
OFFICE OF THE
Chief Procurement
Officer

161 N. Clark Street
Suite 2300
Chicago, Illinois 60601

December 3, 2025

Alejandra Moran
Si! Advertising Inc. DBA Si! Communications
6337 West 26th Street
berwyn, IL 60402

Annual Certification Renewal: January 6, 2027

Dear Ms. Alejandra Moran:

Congratulations on your continued eligibility for certification as a **Minority Business Enterprise (MBE), Women Business Enterprise (WBE)**, by Cook County Government. This certification does not expire; however, you must re-validate your firm's certification annually.

In the past, we have provided annual letters, this practice will no longer continue given that your firm will remain certified indefinitely based on your compliance to programmatic requirements. Please refer to this letter, the Vendor Directory, and your account dashboard for evidence of certification.

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. Failure to file this affidavit may result in the removal of your Certification. You must notify Business Enterprise Development (BED) 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, fails to submit annual renewals, 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.

This firm is Certified under the following commodity codes/area(s) of specialty:

NAICS Code:
NAICS 541613: MARKETING CONSULTING SERVICES
NAICS 541810: ADVERTISING AGENCIES
NAICS 541810: ADVERTISING AGENCY CONSULTING SERVICES
NAICS 541820: PUBLIC RELATIONS AGENCIES
NAICS 541840: ADVERTISING MEDIA REPRESENTATIVES (I.E., INDEPENDENT OF MEDIA OWNERS)
NAICS 541850: ADVERTISING SERVICES, INDOOR OR OUTDOOR DISPLAY
NAICS 541850: INDOOR AND OUTDOOR DISPLAY ADVERTISING
NAICS 541910: MARKETING RESEARCH AND PUBLIC OPINION POLLING
NAICS 541910: MARKETING RESEARCH SERVICES
NAICS 541930: TRANSLATION AND INTERPRETATION SERVICES

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

To ensure your firm has access to contracting opportunities, you must register on Bonfire at https://cookcountyil.bonfirehub.com/portal/?tab=openOpportunities.

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,

Business Enterprise Development
Certification Division
https://cookcountyil.gov/service/business-enterprise-development-certification

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 12/18/2025

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	CONTACT NAME: Kristin Schenn
Marsh & McLennan Agency LLC 20 North Martingale Road Schaumburg IL 60173	PHONE (A/C, No, Ext): (847) 463-7817 FAX (A/C, No): (847) 440-9123 E-MAIL ADDRESS: Kristin.Schenn@MarshMMA.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Valley Forge Insurance Company	20508
INSURER B : National Fire Insurance Compan	20478
INSURER C : Continental Insurance Company	35289
INSURER D : Berkley Assurance Company	39462
INSURER E :	
INSURER F :	

INSURED THERODE-01
Ardmore Roderick Arcadis JV
1500 W. Carroll Avenue, Suite 300
Chicago IL 60607

COVERAGES **CERTIFICATE NUMBER:** 727828702 **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 [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [ ] PRO-JECT [X] LOC [ ] OTHER:	Y	Y	7063768433	12/31/2025	12/31/2026	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG $	$ 2,000,000 $ 100,000 $ 15,000 $ 2,000,000 $ 4,000,000 $ 4,000,000 $
B	AUTOMOBILE LIABILITY X ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY	Y	Y	7063847584	12/31/2025	12/31/2026	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) $	$ 1,000,000 $ $ $ $
C	X UMBRELLA LIAB X OCCUR EXCESS LIAB [ ] CLAIMS-MADE DED X RETENTION $ 10,000	Y	Y	7063768464	12/31/2025	12/31/2026	EACH OCCURRENCE AGGREGATE $	$ 10,000,000 $ 10,000,000 $
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N: N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A	Y	7063768450	12/31/2025	12/31/2026	X PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 1,000,000 $ 1,000,000 $ 1,000,000
D A A	Pollution/Professional Liability Leased & Rented Equipment Valuable Papers			PCAB50299721225 7063768433 7063768433	12/31/2025 12/31/2025 12/31/2025	12/31/2026 12/31/2026 12/31/2026	$5,000,000 Per Claim $25,000 Per Item $250,000 Limit	$5,000,000 Agg. $50,000 Per Occ.

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

RE: 2138-18556 - Construction Management Services for Public Safety Portfolio

It is agreed that the following are added as Additional Insureds, when required by written contract, on the General Liability, Automobile Liability and Umbrella Liability on a primary and non-contributory basis with respect to operations performed by the Named Insured in connection with this project.

- Cook County, its officials, employees and agents.

See Attached...

CERTIFICATE HOLDER

Cook County
Office of the Chief Procurement Officer
(OCPO)
69 W. Washington Street, Suite 3000
Chicago IL 60602

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

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CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
06/05/2025

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
Aon Risk Insurance Services West, Inc.
Denver CO Office
200 Clayton Street, Suite 800
Denver CO 80206 USA

CONTACT NAME:
PHONE (A/C. No. Ext): (866) 283-7122 **FAX (A/C. No.):** 800-363-0105
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A:	Hartford Accident & Indemnity Company	22357
INSURER B:	Twin City Fire Insurance Company	29459
INSURER C:	Hartford Fire Insurance Co.	19682
INSURER D:	Hartford Underwriters Insurance Company	30104
INSURER E:		
INSURER F:		

INSURED
Arcadis U.S., Inc.
630 Plaza Drive
Suite 200
Highlands Ranch CO 80129 USA

COVERAGES **CERTIFICATE NUMBER:** 570113063228 **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.

Limits shown are as requested

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
B	X COMMERCIAL GENERAL LIABILITY			20ECSOL5969	06/01/2025	06/01/2026	EACH OCCURRENCE	$1,000,000
	CLAIMS-MADE X OCCUR			SIR applies per policy terms & conditions			DAMAGE TO RENTED PREMISES (Ea occurrence)	$1,000,000
	X Contractual Liability						MED EXP (Any one person)	$10,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY	$1,000,000
	POLICY X PRO-JECT X LOC						GENERAL AGGREGATE	$2,000,000
	OTHER:						PRODUCTS - COMP/OP AGG	$2,000,000
C	AUTOMOBILE LIABILITY			20 UEN OL5968	06/01/2025	06/01/2026	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
				AOS				
D	X ANY AUTO			20 UEN OL5973	06/01/2025	06/01/2026	BODILY INJURY (Per person)	
	OWNED AUTOS ONLY / SCHEDULED AUTOS			HI			BODILY INJURY (Per accident)	
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	
	DED RETENTION							
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			20WNOL5971	06/01/2025	06/01/2026	X PER STATUTE OTH-ER	
	ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N: N	N / A		AOS				
B	(Mandatory in NH)			20WBROL5970	06/01/2025	06/01/2026	E.L. EACH ACCIDENT	$1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below			MA, WI			E.L. DISEASE-EA EMPLOYEE	$1,000,000
							E.L. DISEASE-POLICY LIMIT	$1,000,000

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

Certificate Holder is included as Additional Insured in accordance with the policy provisions of the General Liability, Automobile Liability and Umbrella Liability policies. General Liability policy evidenced herein is Primary and Non-Contributory to other insurance available to Additional Insured, but only in accordance with the policy's provisions. A Waiver of Subrogation is granted in favor of Certificate Holder in accordance with the policy provisions of the General Liability, Automobile Liability and Workers' Compensation policies.

CERTIFICATE HOLDER

Office of the Chief Procurement
Officer (OCPO)
Cook County
69 W. Washington St., Suite 3000
Chicago IL 60602 USA

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

Aon Risk Insurance Services West, Inc.

Holder Identifier : DFGHIJL

Certificate No : 570113063228

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WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

SCHEDULE

Name Of Person Or Organization:
ANY PERSON OR ORGANIZATION FROM WHOM YOU ARE REQUIRED BY WRITTEN CONTRACT OR AGREEMENT TO OBTAIN THIS WAIVER OF RIGHTS FROM US.
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The following is added to Paragraph **8. Transfer Of Rights Of Recovery Against Others To Us** of **Section IV – Conditions:**

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "products-completed operations hazard". This waiver applies only to the person or organization shown in the Schedule above.

© Insurance Services Office, Inc., 2008

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

NOTICE OF CANCELLATION TO CERTIFICATE HOLDER(S)

This policy is subject to the following additional Conditions:

A. If this policy is cancelled by the Company, other than for nonpayment of premium, notice of such cancellation will be provided at least thirty (30) days in advance of the cancellation effective date to the certificate holder(s) with mailing addresses on file with the agent of record or the Company.

B. If this policy is cancelled by the Company for nonpayment of premium, or by the insured, notice of such cancellation will be provided within (10) days of the cancellation effective date to the certificate holder(s) with mailing addresses on file with the agent of record or the Company.

If notice is mailed, proof of mailing to the last known mailing address of the certificate holder(s) on file with the agent of record or the Company will be sufficient proof of notice.

Any notification rights provided by this endorsement apply only to active certificate holder(s) who were issued a certificate of insurance applicable to this policy's term.

Failure to provide such notice to the certificate holder(s) will not amend or extend the date the cancellation becomes effective, nor will it negate cancellation of the policy. Failure to send notice shall impose no liability of any kind upon the Company or its agents or representatives.

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

NOTICE OF CANCELLATION TO CERTIFICATE HOLDER(S)

This policy is subject to the following additional Conditions:

A. If this policy is cancelled by the Company, other than for nonpayment of premium, notice of such cancellation will be provided at least thirty (30) days in advance of the cancellation effective date to the certificate holder(s) with mailing addresses on file with the agent of record or the Company.

B. If this policy is cancelled by the Company for nonpayment of premium, or by the insured, notice of such cancellation will be provided within (10) days of the cancellation effective date to the certificate holder(s) with mailing addresses on file with the agent of record or the Company.

If notice is mailed, proof of mailing to the last known mailing address of the certificate holder(s) on file with the agent of record or the Company will be sufficient proof of notice.

Any notification rights provided by this endorsement apply only to active certificate holder(s) who were issued a certificate of insurance applicable to this policy's term.

Failure to provide such notice to the certificate holder(s) will not amend or extend the date the cancellation becomes effective, nor will it negate cancellation of the policy. Failure to send notice shall impose no liability of any kind upon the Company or its agents or representatives.

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Policy Number: 20XHUOL5972

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

NOTICE OF CANCELLATION TO CERTIFICATE HOLDER(S)

This policy is subject to the following additional Conditions:

A. If this policy is cancelled by the Company, other than for nonpayment of premium, notice of such cancellation will be provided at least thirty (30) days in advance of the cancellation effective date to the certificate holder(s) with mailing addresses on file with the agent of record or the Company.

B. If this policy is cancelled by the Company for nonpayment of premium, or by the insured, notice of such cancellation will be provided within (10) days of the cancellation effective date to the certificate holder(s) with mailing addresses on file with the agent of record or the Company.

If notice is mailed, proof of mailing to the last known mailing address of the certificate holder(s) on file with the agent of record or the Company will be sufficient proof of notice.

Any notification rights provided by this endorsement apply only to active certificate holder(s) who were issued a certificate of insurance applicable to this policy's term.

Failure to provide such notice to the certificate holder(s) will not amend or extend the date the cancellation becomes effective, nor will it negate cancellation of the policy. Failure to send notice shall impose no liability of any kind upon the Company or its agents or representatives.

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

NOTICE OF CANCELLATION TO DESIGNATED CERTIFICATE HOLDER

Policy Number: 20 WN OL5971 **Endorsement Number:** 83
Effective Date: 06/01/2025 Effective hour is the same as stated on the Information Page of the policy.
Named Insured and Address: ARCADIS U.S. INC
630 PLAZA DRIVE, STE 200
HIGHLANDS RANCH, CO 80129

This policy is subject to the following additional Conditions when a number of days are shown in the schedule for any of the below Parts:

A. If this policy is cancelled by the Company, other than for non-payment of premium, notice of such cancellation will be provided to the certificate holder in the schedule, at least the number of days in advance of the cancellation effective date, as shown in Part A.

B. If this policy is cancelled by the Company for non-payment of premium, notice of such cancellation will be provided to the certificate holder in the schedule within the number of days notice of the cancellation effective date, as shown in Part B.

C. If this policy is cancelled by the insured, notice of such cancellation will be provided to the certificate holder(s) in the schedule, within the number of days notice of the cancellation effective date, as shown in Part C.

If notice is mailed, proof of mailing notice to the certificate holder's mailing address as shown in the schedule will be sufficient proof of notice. If the number of days notice in the schedule for any Part is left blank or is shown as zero, no notice will be provided to the scheduled certificate holder under that Part.

Any notification rights provided by this endorsement apply only to active certificate holder(s) who were issued a certificate of insurance applicable to this policy's term.

Schedule

Number of Days Notice:		**Name and Mailing Address of Certificate Holder**
Part A:	30	EASTERN MUNICIPAL WATER DISTRICT, WHERE REQUIRED BY WRITTEN CONTRACT
Part B:	10	
Part C:	30	

Form WC 99 03 96 Printed in U.S.A.
Process Date: **Policy Expiration Date:**

© 2011, The Hartford

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

COMMERCIAL AUTOMOBILE BROAD FORM ENDORSEMENT

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM

To the extent that the provisions of this endorsement provide broader benefits to the "insured" than other provisions of the Coverage Form, the provisions of this endorsement apply.

1. BROAD FORM INSURED

Paragraph .1. - WHO IS AN INSURED - of Section II - Liability Coverage is amended to add the following:

d. Subsidiaries and Newly Acquired or Formed Organizations

The Named Insured shown in the Declarations is amended to include:

(1) Any legal business entity other than a partnership or joint venture, formed as a subsidiary in which you have an ownership interest of more than 50% on the effective date of the Coverage Form. However, the Named Insured does not include any subsidiary that is an "insured" under any other automobile policy or would be an "insured" under such a policy but for its termination or the exhaustion of its Limit of Insurance.

(2) Any organization that is acquired or formed by you and over which you maintain majority ownership. However, the Named Insured does not include any newly formed or acquired organization:

(a) That is a partnership or joint venture,

(b) That is an "insured" under any other policy,

(c) That has exhausted its Limit of Insurance under any other policy, or

(d) 180 days or more after its acquisition or formation by you, unless you have given us notice of the acquisition or formation.

Coverage does not apply to "bodily injury" or "property damage" that results from an "accident" that occurred before you formed or acquired the organization.

e. Employees as Insureds

(1). Any "employee" of yours while using a covered "auto" you don't own, hire or borrow in your business or your personal affairs.

f. Lessors as Insureds

(1). The lessor of a covered "auto" while the "auto" is leased to you under a written agreement if:

(a) The agreement requires you to provide direct primary insurance for the lessor and

(b) The "auto" is leased without a driver.

Such a leased "auto" will be considered a covered "auto" you own and not a covered "auto" you hire.

g. Additional Insured if Required by Contract

(1) When you have agreed, in a written contract or written agreement, that a person or organization be added as an additional insured on your business auto policy, such person or organization is an "insured", but only to the extent such person or organization is liable for "bodily injury" or "property damage" caused by the conduct of an "insured" under paragraphs a. or b. of Who Is An Insured with regard to the ownership, maintenance or use of a covered "auto."

The insurance afforded to any such additional insured applies only if the "bodily injury" or "property damage" occurs:

(a) During the policy period, and

(b) Subsequent to the execution of such written contract, and

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(c) Prior to the expiration of the period of time that the written contract requires such insurance be provided to the additional insured.

(2) How Limits Apply

If you have agreed in a written contract or written agreement that another person or organization be added as an additional insured on your policy, the most we will pay on behalf of such additional insured is the lesser of:

(a) The limits of insurance specified in the written contract or written agreement; or

(b) The Limits of Insurance shown in the Declarations.

Such amount shall be a part of and not in addition to Limits of Insurance shown in the Declarations and described in this Section.

(3) Additional Insureds Other Insurance

If we cover a claim or "suit" under this Coverage Part that may also be covered by other insurance available to an additional insured, such additional insured must submit such claim or "suit" to the other insurer for defense and indemnity.

However, this provision does not apply to the extent that you have agreed in a written contract or written agreement that this insurance is primary and non-contributory with the additional insured's own insurance.

(4) Duties in The Event Of Accident, Claim, Suit or Loss

If you have agreed in a written contract or written agreement that another person or organization be added as an additional insured on your policy, the additional insured shall be required to comply with the provisions in LOSS CONDITIONS 2. - DUTIES IN THE EVENT OF ACCIDENT, CLAIM , SUIT OR LOSS – OF SECTION IV – BUSINESS AUTO CONDITIONS, in the same manner as the Named Insured.

2. Primary and Non-Contributory if Required by Contract

Only with respect to insurance provided to an additional insured in A.1.g. - Additional Insured If Required by Contract, the following provisions apply:

(1) Primary Insurance When Required By Contract

This insurance is primary if you have agreed in a written contract or written agreement that this insurance be primary. If other insurance is also primary, we will share with all that other insurance by the method described in Other Insurance 5.d.

(2) Primary And Non-Contributory To Other Insurance When Required By Contract

If you have agreed in a written contract or written agreement that this insurance is primary and non-contributory with the additional insured's own insurance, this insurance is primary and we will not seek contribution from that other insurance.

Paragraphs **(1)** and **(2)** do not apply to other insurance to which the additional insured has been added as an additional insured.

When this insurance is excess, we will have no duty to defend the insured against any "suit" if any other insurer has a duty to defend the insured against that "suit". If no other insurer defends, we will undertake to do so, but we will be entitled to the insured's rights against all those other insurers.

When this insurance is excess over other insurance, we will pay only our share of the amount of the loss, if any, that exceeds the sum of:

(1) The total amount that all such other insurance would pay for the loss in the absence of this insurance; and

(2) The total of all deductible and self-insured amounts under all that other insurance.

We will share the remaining loss, if any, by the method described in SECTION IV- Business Auto Conditions, B. General Conditions, Other Insurance 5.d.

3. AUTOS RENTED BY EMPLOYEES

Any "auto" hired or rented by your "employee" on your behalf and at your direction will be considered an "auto" you hire.

The SECTION IV- Business Auto Conditions, B. General Conditions, 5. OTHER INSURANCE Condition is amended by adding the following:

e. If an "employee's" personal insurance also applies on an excess basis to a covered "auto" hired or rented by your "employee" on your behalf and at your direction, this insurance will be primary to the "employee's" personal insurance.

4. AMENDED FELLOW EMPLOYEE EXCLUSION

EXCLUSION 5. - FELLOW EMPLOYEE - of SECTION II - LIABILITY COVERAGE does not apply if you have workers' compensation insurance in-force covering all of your "employees".

Coverage is excess over any other collectible insurance.

5. HIRED AUTO PHYSICAL DAMAGE COVERAGE

If hired "autos" are covered "autos" for Liability Coverage and if Comprehensive, Specified Causes of Loss, or Collision coverages are provided under this Coverage Form for any "auto" you own, then the Physical Damage Coverages provided are extended to "autos" you hire or borrow, subject to the following limit.

The most we will pay for "loss" to any hired "auto" is:

(1) $100,000;

(2) The actual cash value of the damaged or stolen property at the time of the "loss"; or

(3) The cost of repairing or replacing the damaged or stolen property,

whichever is smallest, minus a deductible. The deductible will be equal to the largest deductible applicable to any owned "auto" for that coverage. No deductible applies to "loss" caused by fire or lightning. Hired Auto Physical Damage coverage is excess over any other collectible insurance. Subject to the above limit, deductible and excess provisions, we will provide coverage equal to the broadest coverage applicable to any covered "auto" you own.

We will also cover loss of use of the hired "auto" if it results from an "accident", you are legally liable and the lessor incurs an actual financial loss, subject to a maximum of $1000 per "accident".

This extension of coverage does not apply to any "auto" you hire or borrow from any of your "employees", partners (if you are a partnership), members (if you are a limited liability company), or members of their households.

6. PHYSICAL DAMAGE - ADDITIONAL TEMPORARY TRANSPORTATION EXPENSE COVERAGE

Paragraph A.4.a. of SECTION III - PHYSICAL DAMAGE COVERAGE is amended to provide a limit of $50 per day and a maximum limit of $1,000.

7. LOAN/LEASE GAP COVERAGE

Under SECTION III - PHYSICAL DAMAGE COVERAGE, in the event of a total "loss" to a covered "auto", we will pay your additional legal obligation for any difference between the actual cash value of the "auto" at the time of the "loss" and the "outstanding balance" of the loan/lease.

"Outstanding balance" means the amount you owe on the loan/lease at the time of "loss" less any amounts representing taxes; overdue payments; penalties, interest or charges resulting from overdue payments; additional mileage charges; excess wear and tear charges; lease termination fees; security deposits not returned by the lessor; costs for extended warranties, credit life Insurance, health, accident or disability insurance purchased with the loan or lease; and carry-over balances from previous loans or leases.

8. AIRBAG COVERAGE

Under Paragraph B. EXCLUSIONS - of SECTION III - PHYSICAL DAMAGE COVERAGE, the following is added:

The exclusion relating to mechanical breakdown does not apply to the accidental discharge of an airbag.

9. ELECTRONIC EQUIPMENT - BROADENED COVERAGE

a. The exceptions to Paragraphs B.4 - EXCLUSIONS - of SECTION III - PHYSICAL DAMAGE COVERAGE are replaced by the following:

Exclusions **4.c.** and **4.d.** do not apply to equipment designed to be operated solely by use of the power from the "auto's" electrical system that, at the time of "loss", is:

(1) Permanently installed in or upon the covered "auto";

(2) Removable from a housing unit which is permanently installed in or upon the covered "auto";

(3) An integral part of the same unit housing any electronic equipment described in Paragraphs (1) and (2) above; or

(4) Necessary for the normal operation of the covered "auto" or the monitoring of the covered "auto's" operating system.

b. Section III, Physical Damage Coverage, Limit of Insurance, Paragraph C.2. is amended to add the following:

$1,500 is the most we will pay for "loss" in any one "accident" to all electronic equipment (other than equipment designed solely for the reproduction of sound, and accessories used with such equipment) that reproduces, receives or transmits audio, visual or data signals which, at the time of "loss", is:

(1) Permanently installed in or upon the covered "auto" in a housing, opening or other location that is not normally used by the "auto" manufacturer for the installation of such equipment;

(2) Removable from a permanently installed housing unit as described in Paragraph 2.a. above or is an integral part of that equipment; or

(3) An integral part of such equipment.

c. For each covered "auto", should loss be limited to electronic equipment only, our obligation to pay for, repair, return or replace damaged or stolen electronic equipment will be reduced by the applicable deductible shown in the Declarations, or $250, whichever deductible is less.

10. EXTRA EXPENSE - BROADENED COVERAGE

Under Paragraph A. - COVERAGE - of SECTION III - PHYSICAL DAMAGE COVERAGE, we will pay for the expense of returning a stolen covered "auto" to you.

11. GLASS REPAIR - WAIVER OF DEDUCTIBLE

Under Paragraph D. - DEDUCTIBLE - of SECTION III - PHYSICAL DAMAGE COVERAGE, the following is added:

No deductible applies to glass damage if the glass is repaired rather than replaced.

12. TWO OR MORE DEDUCTIBLES

Under Paragraph D. - DEDUCTIBLE - of SECTION III - PHYSICAL DAMAGE COVERAGE, the following is added:

If another Hartford Financial Services Group, Inc. company policy or coverage form that is not an automobile policy or coverage form applies to the same "accident", the following applies:

(1) If the deductible under this Business Auto Coverage Form is the smaller (or smallest) deductible, it will be waived;

(2) If the deductible under this Business Auto Coverage Form is not the smaller (or smallest) deductible, it will be reduced by the amount of the smaller (or smallest) deductible.

13. AMENDED DUTIES IN THE EVENT OF ACCIDENT, CLAIM, SUIT OR LOSS

The requirement in LOSS CONDITIONS 2.a. - DUTIES IN THE EVENT OF ACCIDENT, CLAIM, SUIT OR LOSS - of SECTION IV - BUSINESS AUTO CONDITIONS that you must notify us of an "accident" applies only when the "accident" is known to:

(1) You, if you are an individual;

(2) A partner, if you are a partnership;

(3) A member, if you are a limited liability company; or

(4) An executive officer or insurance manager, if you are a corporation.

14. UNINTENTIONAL FAILURE TO DISCLOSE HAZARDS

If you unintentionally fail to disclose any hazards existing at the inception date of your policy, we will not deny coverage under this Coverage Form because of such failure.

15. HIRED AUTO - COVERAGE TERRITORY

SECTION IV, BUSINESS AUTO CONDITIONS, PARAGRAPH B. GENERAL CONDITIONS, 7. - POLICY PERIOD, COVERAGE TERRITORY - is added to include the following:

(6) For short-term hired "autos", the coverage territory with respect to Liability Coverage is anywhere in the world provided that if the "insured's" responsibility to pay damages for "bodily injury" or "property damage" is determined in a "suit," the "suit" is brought in the United States of America, the territories and possessions of the United States of America, Puerto Rico or Canada or in a settlement we agree to.

16. WAIVER OF SUBROGATION

Paragraph 5. TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US - of SECTION IV - BUSINESS AUTO CONDITIONS A. Loss Conditions is amended by adding the following:

We waive any right of recovery we may have against any person or organization with whom you have a written contract that requires such waiver because of payments we make for damages under this Coverage Form.

17. RESULTANT MENTAL ANGUISH COVERAGE

The definition of "bodily injury" in SECTION V- DEFINITIONS, C. is replaced by the following:

"Bodily injury" means bodily injury, sickness or disease sustained by any person, including mental anguish or death resulting from any of these.

18. EXTENDED CANCELLATION CONDITION

Paragraph 2. of the COMMON POLICY CONDITIONS - CANCELLATION - applies except as follows:

If we cancel for any reason other than nonpayment of premium, we will mail or deliver to the first Named Insured written notice of cancellation at least 60 days before the effective date of cancellation.

19. HYBRID, ELECTRIC, OR NATURAL GAS VEHICLE PAYMENT COVERAGE

In the event of a total loss to a "non-hybrid" auto for which Comprehensive, Specified Causes of Loss, or Collision coverages are provided under this Coverage Form, then such Physical Damage Coverages are amended as follows:

a. If the auto is replaced with a "hybrid" auto or an auto powered solely by electricity or natural gas, we will pay an additional 10%, to a maximum of $2,500, of the "non-hybrid" auto's actual cash value or replacement cost, whichever is less,

b. The auto must be replaced and a copy of a bill of sale or new lease agreement received by us within 60 calendar days of the date of "loss,"

c. Regardless of the number of autos deemed a total loss, the most we will pay under this Hybrid, Electric, or Natural Gas Vehicle Payment Coverage provision for any one "loss" is $10,000.

For the purposes of the coverage provision,

a. A "non-hybrid" auto is defined as an auto that uses only an internal combustion engine to move the auto but does not include autos powered solely by electricity or natural gas.

b. A "hybrid" auto is defined as an auto with an internal combustion engine and one or more electric motors; and that uses the internal combustion engine and one or more electric motors to move the auto, or the internal combustion engine to charge one or more electric motors, which move the auto.

20. VEHICLE WRAP COVERAGE

In the event of a total loss to an "auto" for which Comprehensive, Specified Causes of Loss, or Collision coverages are provided under this Coverage Form, then such Physical Damage Coverages are amended to add the following:

In addition to the actual cash value of the "auto", we will pay up to $1,000 for vinyl vehicle wraps which are displayed on the covered "auto" at the time of total loss. Regardless of the number of autos deemed a total loss, the most we will pay under this Vehicle Wrap Coverage provision for any one "loss" is $5,000. For purposes of this coverage provision, signs or other graphics painted or magnetically affixed to the vehicle are not considered vehicle wraps.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT - CALIFORNIA

Policy Number: 20 WN OL5971 **Endorsement Number:** 70

Effective Date: 06/01/2025 Effective hour is the same as stated on the Declarations of the policy.

Named Insured and Address: ARCADIS U.S. INC
630 PLAZA DRIVE, STE 200
HIGHLANDS RANCH, CO 80129

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.)

You must maintain payroll records accurately segregating the remuneration of your employees while engaged in the work described in the Schedule.

The additional premium for this endorsement shall be 2.0 % of the California workers' compensation premium otherwise due on such remuneration.

SCHEDULE

Person or Organization	Job Description
ANY PERSON OR ORGANIZATION FROM WHOM YOU ARE REQUIRED BY WRITTEN CONTRACT OR AGREEMENT TO OBTAIN THIS WAIVER OF RIGHTS FROM US.	

Countersigned by Susan L. Castaneda
Authorized Representative

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 12/18/2025

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	CONTACT NAME: Kristin Schenn
Marsh & McLennan Agency LLC 20 North Martingale Road Schaumburg IL 60173	PHONE (A/C, No, Ext): (847) 463-7817 FAX (A/C, No): (847) 440-9123 E-MAIL ADDRESS: Kristin.Schenn@MarshMMA.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Valley Forge Insurance Company	20508
INSURER B : National Fire Insurance Compan	20478
INSURER C : Continental Insurance Company	35289
INSURER D : Berkley Assurance Company	39462
INSURER E :	
INSURER F :	

INSURED THERODE-01
The Roderick Group, LLC DBA: Ardmore Roderick
1500 W. Carroll Avenue, Suite 300
Chicago IL 60607

COVERAGES **CERTIFICATE NUMBER:** 2010114525 **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 [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [ ] PRO-JECT [X] LOC [ ] OTHER:	Y	Y	7063768433	12/31/2025	12/31/2026	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG $	$ 2,000,000 $ 100,000 $ 15,000 $ 2,000,000 $ 4,000,000 $ 4,000,000 $
B	**AUTOMOBILE LIABILITY** X ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY	Y	Y	7063847584	12/31/2025	12/31/2026	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) $	$ 1,000,000 $ $ $ $
C	X **UMBRELLA LIAB** X OCCUR **EXCESS LIAB** [ ] CLAIMS-MADE DED X RETENTION $ 10,000	Y	Y	7063768464	12/31/2025	12/31/2026	EACH OCCURRENCE AGGREGATE $	$ 10,000,000 $ 10,000,000 $
A	**WORKERS COMPENSATION AND EMPLOYERS' LIABILITY** Y / N ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N **(Mandatory in NH)** If yes, describe under DESCRIPTION OF OPERATIONS below	N / A	Y	7063768450	12/31/2025	12/31/2026	X PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 1,000,000 $ 1,000,000 $ 1,000,000
D A A	Pollution/Professional Liability Leased & Rented Equipment Valuable Papers			PCAB50299721225 7063768433 7063768433	12/31/2025 12/31/2025 12/31/2025	12/31/2026 12/31/2026 12/31/2026	$5,000,000 Per Claim $25,000 Per Item $250,000 Limit	$5,000,000 Agg. $50,000 Per Occ.

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

RE: 2138-18556 - Construction Management Services for Public Safety Portfolio

It is agreed that the following are added as Additional Insureds, when required by written contract, on the General Liability, Automobile Liability and Umbrella Liability on a primary and non-contributory basis with respect to operations performed by the Named Insured in connection with this project.

- Cook County, its officials, employees and agents.

See Attached...

CERTIFICATE HOLDER

Cook County
Office of the Chief Procurement Officer
(OCPO)
69 W. Washington Street, Suite 3000
Chicago IL 60602

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

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 2/4/2026

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	CONTACT NAME:	
Barcham Insurance Agency Inc 6023 N. Cicero Ave. Chicago IL 60646	PHONE (A/C, No, Ext): (773) 867-6113	FAX (A/C, No):
	E-MAIL ADDRESS: service@barchaminsurance.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : THE HARTFORD	
INSURED	INSURER B :	
CAMINER LAW LLC 2612 W SUNNYSIDE AVE CHICAGO IL 60625-3023	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC [ ] OTHER:	Y		83 SBM AP9L77	02/01/2026	02/01/2027	EACH OCCURRENCE	$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 1,000,000
							MED EXP (Any one person)	$ 10,000
							PERSONAL & ADV INJURY	$ 1,000,000
							GENERAL AGGREGATE	$ 2,000,000
							PRODUCTS - COMP/OP AGG	$ 2,000,000
								$
	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [ ] HIRED AUTOS ONLY [ ] NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	$
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
								$
A	[X] UMBRELLA LIAB [ ] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $			83 SBM AP9L77	02/01/2026	02/01/2027	EACH OCCURRENCE	$ 1,000,000
							AGGREGATE	$ 1,000,000
								$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N: Y (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A	Y	83 WEC AP9L71	02/01/2026	02/01/2027	[ ] PER STATUTE [ ] OTH-ER	
							E.L. EACH ACCIDENT	$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	$ 1,000,000

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

Law Firms Additional Insured: Ardmore Roderick Arcadis A Joint Venture, Cook County, its officials, employees, and agents

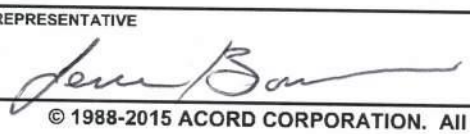
CERTIFICATE HOLDER

Office of the Chief Procurement Officer Cook County
69 W. Washington St
Suite 3000
Chicago IL 60602

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



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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 02/03/2026

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PRODUCER Willis Towers Watson Midwest, Inc. c/o 26 Century Blvd P.O. Box 305191 Nashville, TN 372305191 USA	CONTACT NAME: Willis Towers Watson Certificate Center PHONE (A/C, No, Ext): 1-877-945-7378 FAX (A/C, No): 1-888-467-2378 E-MAIL ADDRESS: certificates@willis.com
INSURED Carnow, Conibear & Associates, Ltd. 600 W Van Buren Suite 500 Chicago, IL 60607	INSURER A : Navigators Specialty Insurance Company — NAIC # 36056 INSURER B : Trumbull Insurance Company — 27120 INSURER C : Ohio Security Insurance Company — 24082 INSURER D : INSURER E : INSURER F :

COVERAGES **CERTIFICATE NUMBER:** W43904079 **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 [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [X] PRO-JECT [X] LOC [ ] OTHER:	Y	Y	CH25NP4Z0HVLZIC	07/31/2025	07/31/2026	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 300,000 $ 25,000 $ 1,000,000 $ 2,000,000 $ 2,000,000
B	AUTOMOBILE LIABILITY [X] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [ ] HIRED AUTOS ONLY [ ] NON-OWNED AUTOS ONLY	Y	Y	83 UEN BJ0XF0	07/31/2025	07/31/2026	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $
A	[ ] UMBRELLA LIAB [X] OCCUR [X] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $	Y	Y	CH25NP4Z0HVLZIC	07/31/2025	07/31/2026	EACH OCCURRENCE AGGREGATE	$ 8,000,000 $ 8,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N: No (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A	Y	XWS63413751	07/31/2025	07/31/2026	[X] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ 1,000,000 $ 1,000,000 $ 1,000,000
A	Professional Liability		Y	CH25NP4Z0HVLZIC	07/31/2025	07/31/2026	Aggregate Per Claim	$1,000,000 $1,000,000

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

Cook County, its officials, employees and agents and Ardmore Roderick Arcadis JV are included as Additional Insureds as respects to General Liability, Excess Liability and Auto Liability.

General Liability, Excess Liability and Auto Liability policies shall be Primary and Non-contributory with any other insurance in force for or which may be purchased by Cook County, its officials, employees and agents.

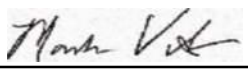
CERTIFICATE HOLDER

Cook County
Department of Real Estate Management
Bureau of Asset Management
69 West Washington,
Ste 3100
Chicago, IL 60602

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



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AGENCY CUSTOMER ID: _____

LOC #: _____

ADDITIONAL REMARKS SCHEDULE

AGENCY Willis Towers Watson Midwest, Inc.	NAMED INSURED Carnow, Conibear & Associates, Ltd. 600 W Van Buren Suite 500 Chicago, IL 60607
POLICY NUMBER See Page 1	
CARRIER See Page 1 / NAIC CODE See Page 1	EFFECTIVE DATE: See Page 1

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Waiver of Subrogation applies in favor of Cook County with respects to General Liability, Excess Liability, Auto Liability, Professional Liability, and Workers Compensation as permitted by law.

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 01/09/2026

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	CONTACT NAME:	
GCG Risk Management Consultants LLC	PHONE (A/C, No, Ext): (847) 457-3000	FAX (A/C, No): (847) 457-3100
Three Parkway North	E-MAIL ADDRESS: COIREQUEST@aleragroup.com	
Suite 500	INSURER(S) AFFORDING COVERAGE	NAIC #
Deerfield IL 60015	INSURER A : West Bend Insurance Company	15350
INSURED	INSURER B : Lexington Insurance Company	19437
Coordinated Construction Project Control Services, LLC	INSURER C :	
18W140 Butterfield Rd	INSURER D :	
Ste 1500	INSURER E :	
Oakbrook Terrace IL 60181	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** 26-27 GL AU UM WC PL **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 [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [X] PRO-JECT [ ] LOC [ ] OTHER:	Y	Y	A53317307	01/11/2026	01/11/2027	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 300,000 $ 5,000 $ 1,000,000 $ 2,000,000 $ 2,000,000
A	AUTOMOBILE LIABILITY [X] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [ ] HIRED AUTOS ONLY [ ] NON-OWNED AUTOS ONLY	Y	Y	A53317307	01/11/2026	01/11/2027	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $
A	[X] UMBRELLA LIAB [X] OCCUR EXCESS LIAB [ ] CLAIMS-MADE DED [X] RETENTION $ 0	Y	Y	A53317307	01/11/2026	01/11/2027	EACH OCCURRENCE AGGREGATE	$ 2,000,000 $ 2,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N: N If yes, describe under DESCRIPTION OF OPERATIONS below	N / A	Y	A533202	01/11/2026	01/11/2027	[X] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ 1,000,000 $ 1,000,000 $ 1,000,000
B	Professional Liability: Errors & Omissions			015137024	01/11/2026	01/11/2027	Each Claim Aggregate Limit Deductible	1,000,000 3,000,000 5,000

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

[Job #: 2138-18556 Job Type: Construction Mgt Services: Public Safety Portfolio]
Cook County, its officials, employees and agents are included as Additional Insureds as respect to General and Auto Liability when required by written contract per policy forms. This insurance is Primary, Non-Contributory in favor of the Additional Insureds. Waiver of Subrogation applies in favor of the Additional Insureds as respect to General and Auto Liability and Workers Compensation as required by written contract per policy forms. Umbrella liability follows primary policy forms. 30-day notice of cancellation applies. Note: 10 day notice of cancellation applies for non-payment of premium.

CERTIFICATE HOLDER

Cook County;Office of Chief Procurement
Officer, 69 W Washington St
Suite 300
Chicago IL 60602

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

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

EARLIER NOTICE OF CANCELLATION AND/OR NONRENEWAL

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE PART
COMMERCIAL GENERAL LIABILITY COVERAGE PART
RAILROAD PROTECTIVE LIABILITY COVERAGE PART

Notice of Cancellation and/or Nonrenewal to other Person(s) or Organization(s)

SCHEDULE

Name of Person(s) or Organization(s):		
Cook County; Office of Chief Procurement Officer 69 W Washington St Suite 300 Chicago, IL, 60602-3134		
Notice of Cancellation Other Than Nonpayment	Number of Days Notice	30
Notice of Cancellation Nonpayment of Premium	Number of Days Notice	10
Notice of Nonrenewal	Number of Days Notice	60
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.		

As indicated in the Schedule above, we will mail or deliver written Notice of Cancellation for a statutorily permitted reason and/or Notice of Nonrenewal to the person(s) or organization(s) shown.

Unless a specified number of Days Notice is shown above, the Notice of Cancellation and/or Notice of Nonrenewal does not apply.

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

EARLIER NOTICE OF CANCELLATION AND/OR NONRENEWAL

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE PART
COMMERCIAL PROPERTY COVERAGE PART

SCHEDULE

Name of Person(s) or Organization(s):		
Cook County; Office of Chief Procurement Officer 69 W Washington St Suite 300 Chicago, IL, 60602-3134		
Notice of Cancellation Other Than Nonpayment	Number of Days Notice	30
Notice of Cancellation Nonpayment of Premium	Number of Days Notice	10
Notice of Nonrenewal	Number of Days Notice	60
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.		

As indicated in the Schedule above, we will mail or deliver written Notice of Cancellation for a statutorily permitted reason and/or Notice of Nonrenewal to the person(s) or organization(s) shown.

Unless a specified number of Days Notice is shown above, the Notice of Cancellation and/or Notice of Nonrenewal does not apply.

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EARLIER NOTICE OF CANCELLATION AND/OR NONRENEWAL

This endorsement modifies insurance provided under the following:

COMMERCIAL AUTOMOBILE COVERAGE PART

Notice of Cancellation and/or Nonrenewal to other Person(s) or Organization(s)

SCHEDULE

Name of Person(s) or Organization(s):		
Cook County; Office of Chief Procurement Officer 69 W Washington St Suite 300 Chicago, IL, 60602-3134		
Notice of Cancellation Other Than Nonpayment	Number of Days Notice	30
Notice of Cancellation Nonpayment of Premium	Number of Days Notice	10
Notice of Nonrenewal	Number of Days Notice	60
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.		

As indicated in the Schedule above, we will mail or deliver written Notice of Cancellation for a statutorily permitted reason and/or Notice of Nonrenewal to the person(s) or organization(s) shown.

Unless a specified number of Days Notice is shown above, the Notice of Cancellation and/or Notice of Nonrenewal does not apply.

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – CONTRACTOR'S BLANKET

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

A. WHO IS AN INSURED (Section II) is amended to include as an additional insured any person or organization whom you are required to add as an additional insured on this policy under a written contract or written agreement.

The written contract or written agreement must be:

1. Currently in effect or becoming effective during the term of this policy; and
2. Signed by all parties to the written contract or written agreement prior to the "bodily injury," "property damage," "personal injury and advertising injury."

B. The insurance provided to the additional insured is limited as follows:

1. That person or organization is only an additional insured with respect to liability for "bodily injury", "property damage' or "personal and advertising injury" caused in whole or in part, by:
   a. Your premises; or
   b. Your negligent acts or omissions in connection with "Your work" for that additional insured.

   However:
   a. The insurance afforded to such additional insured only applies to the extent permitted by law; and
   b. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the written contract or written agreement to provide such additional insured.
2. The Limits of Insurance applicable to the additional insured are those specified in the written contract or written agreement or in the Declarations for this policy, whichever is less. These Limits of Insurance are inclusive and not in addition to the Limits of Insurance shown in the Declarations.
3. Except when required by written contract or written agreement, the coverage provided to the additional insured by this endorsement does not apply to:
   a. "Bodily injury" or "property damage" occurring after:
      (1) All work on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured at the site of the covered operations has been completed; or
      (2) That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as part of the same project.
   b. "Bodily injury" or "property damage" arising out of acts or omissions of the additional insured other than in connection with the general supervision of "your work."
4. The insurance provided to the additional insured does not apply to "bodily injury," "property damage," "personal injury and advertising injury" arising out of an architect's, engineer's, or surveyor's rendering of or failure to render any professional services including;
   a. The preparing, approving, or failing to prepare or approve maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawings and specifications; and
   b. Supervisory, or inspection activities performed as part of any related architectural or engineering activities.

This exclusion applies even if the claims against any insured allege negligence or other wrongdoing in the supervision, hiring, employment, training or monitoring of others by that insured, if the "occurrence" which caused the "bodily injury" or "property damage", or the offense which caused the "personal and advertising injury", involved the rendering of, or the failure to render, any professional architectural, engineering or surveying services.

C. As respects the coverage provided under this endorsement, Paragraph **4.b. SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS** is amended with the addition of the following:

4. Other insurance

b. Excess insurance

This insurance is excess over:

Any other valid and collectible insurance procured by or on behalf of the additional insured whether primary, excess, contingent or on any other basis unless a written contract specifically requires that this insurance be either primary or primary and noncontributing. Where required by written contract, we will consider any other insurance procured by the additional insured for injury or damage covered by this endorsement to be excess and noncontributing with this insurance.

If no written contract specifically requires primary or noncontributory coverage, then this insurance is excess and as a condition of coverage, the additional insured shall be obligated to tender the defense and indemnity of every claim or suit to all other insurers that may provide coverage to the additional insured, whether on a contingent, excess or primary basis.

When this insurance is excess, we will have no duty under Coverage **A.** and Coverage **B.** to defend the insured against any "suit" if any other insurer has a duty to defend the insured against that "suit". If no other insurer defends, we will undertake to do so, but we will be entitled to the insured's rights against all those other insurers.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

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

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
ELECTRONIC DATA LIABILITY COVERAGE PART
LIQUOR LIABILITY COVERAGE PART
POLLUTION LIABILITY COVERAGE PART DESIGNATED SITES
POLLUTION LIABILITY LIMITED COVERAGE PART DESIGNATED SITES
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART
RAILROAD PROTECTIVE LIABILITY COVERAGE PART
UNDERGROUND STORAGE TANK POLICY DESIGNATED TANKS

The following is added to Paragraph **8. Transfer Of Rights Of Recovery Against Others To Us** of **Section IV – Conditions:**

We waive any right of recovery against any person or organization, because of any payment we make under this Coverage Part, to whom the insured has waived its right of recovery in a written contract or agreement. Such waiver by us applies only to the extent that the insured has waived its right of recovery against such person or organization prior to loss.

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(Ed. 4-84)

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 anyone not named in the Schedule.

Schedule

Any party for whom the insured is required to waive subrogation in a written contract.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective 01-11-2026 Policy No. Endorsement No.

Insured A533202 Premium Included

Coordinated Construction, LLC

Insurance Company Countersigned by _____

WC 00 03 13
(Ed. 4-84)

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

Named Insured: Coordinated Construction, LLC

Endorsement Effective Date : 1/11/2026

SCHEDULE

Name of Person(s) or Organization(s):
Any party for whom the insured is required to provide designated insured status.
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

A. 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.

B. The following is added to the Other Insurance Condition in the Business Auto and Auto Dealers Coverage Forms and the Other Insurance – Primary And Excess Insurance Provisions in the Motor Carrier Coverage Form and supersedes any provision to the contrary:

This Coverage Form's Covered Autos Liability Coverage is primary to and will not seek contribution from any other insurance available to an "insured" shown in the schedule provided that:

1. Such "insured" is a Named Insured under such other insurance; and

2. You have agreed in writing in a contract or agreement that this insurance would be primary and would not seek contribution from any other insurance available to such "insured".

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PLUS PAK – COMMERCIAL AUTO

This endorsement modifies insurance provided under the following:

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.

A. Changes In Covered Autos Liability Coverage

1. Paragraph **A.1. Who Is An Insured** is amended by the addition of the following:

Newly Acquired Organizations

Any organization you newly acquire or form, other than a partnership, joint venture or limited liability company, and over which you maintain ownership or majority interest, will qualify as a Named Insured if there is no other similar insurance available to that organization. However:

a. Coverage under this provision is afforded only until the 180th day after you acquire or form the organization or the end of the policy period, whichever is earlier;

b. This coverage does not apply to “bodily injury” or “property damage” that occurred before you acquired or formed the organization;

c. No person or organization is an insured with respect to the conduct of any current or past partnership, joint venture or limited liability company that is not shown as a named Insured in the Declarations.

Employees As Insureds

Any "employee" of yours is an "insured" while using a covered "auto" you don't own, hire or borrow in your business or your personal affairs.

Employee Hired Autos

An "employee" of yours is an "insured" while operating an "auto" hired or rented under a contract or agreement in an "employee's" name, with your permission, while performing duties related to the conduct of your business.

If Employee Hired Autos **CA 20 54** is attached to this policy, the Employee Hired Autos coverage described above does not apply.

Additional Insured By Written Contract

Any person or organization for whom you have agreed to add under a written contract or agreement. Such person or organization is an additional "insured" only with respect to your ownership, maintenance or use of a covered "auto".

This coverage is primary to and will not seek contribution from any other insurance available to an "insured" provided that:

a. Such "insured" is a Named Insured under such other insurance; and

b. You have agreed in a written contract or agreement that this insurance would be primary and would not seek contribution from any other insurance available to such "insured".

2. Increased Supplementary Payments

Paragraph **A.2.a.(4)** is replaced by:

(4) All reasonable expenses incurred by the "insured" at our request, including actual loss of earnings up to $300 a day because of time off from work.

3. Fellow Employee

Paragraph **B.5. Fellow Employee** does not apply to claims for "bodily injury" resulting from the use of a covered "auto" where the fellow "employee" is not immune from "suit" or civil liability for "bodily injury" by reason of Workers Compensation laws or other similar laws.

Coverage is excess over any other collectible insurance.

This amendment is not applicable in Virginia. See applicable Virginia Changes endorsement.

VAUGMAN-01 HNORIEGA

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/8/2025

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	CONTACT NAME: Bethany Dioli	
Alliant Insurance Services, Inc. 1421 Hanz Dr New Braunfels, TX 78130	PHONE (A/C, No, Ext): (830) 206-0449	FAX (A/C, No):
	E-MAIL ADDRESS: bethany.dioli@alliant.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Continental Casualty Company	20443
INSURED	INSURER B : Nutmeg Insurance Company	39608
Vaughn Management LLC DBA Cera Solutions LLC 125 S Wacker Dr Chicago, IL 60606	INSURER C : Coalition Insurance Company	29530
	INSURER D : HDI Global Insurance Company	41343
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 2,000,000
	CLAIMS-MADE X OCCUR	X		B 8034763589	8/28/2025	8/28/2026	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 1,000,000
							MED EXP (Any one person)	$ 10,000
							PERSONAL & ADV INJURY	$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 4,000,000
	POLICY X PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 4,000,000
	OTHER:							$
B	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	X ANY AUTO			83UECAE9848	12/10/2025	12/10/2026	BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
A	X UMBRELLA LIAB OCCUR						EACH OCCURRENCE	$ 10,000,000
	EXCESS LIAB CLAIMS-MADE			B 8034763592	8/28/2025	8/28/2026	AGGREGATE	$ 10,000,000
	DED X RETENTION $ 10,000							$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X PER STATUTE OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N N (Mandatory in NH)	N / A		WC 8 33865573	8/28/2025	8/28/2026	E.L. EACH ACCIDENT	$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	$ 1,000,000
C	Commercial Cyber Lia			C-4LRC-112109-CYBER-2025	5/9/2025	5/9/2026	Aggregate	2,000,000
D	Professional Liabili			FRS-H-P-PL-00012683-01	5/9/2025	5/9/2026	Per Claim	5,000,000

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

The General Liability and Commercial Auto policies contains a special provision with "Primary and Noncontributory" wording. The General Liability and Commercial Auto policies include a blanket automatic additional insured endorsement [provision] that provides additional insured status to the certificate holder only when there is a written contract between the named insured and the certificate holder that requires such status. The General Liability, Commercial Auto and Workers Compensation policies include a blanket automatic waiver of subrogation endorsement that provides this feature only when there is a written contract between the named insured and the certificate holder that requires it. Excess is follow form of the General Liability, Commercial Auto and Workers Compensation coverages unless otherwise directed by the policy.

SEE ATTACHED ACORD 101

CERTIFICATE HOLDER

Ardmore Roderick
1500 W Carroll Avenue, Suite 300
Chicago, IL 60607

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

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AGENCY CUSTOMER ID: VAUGMAN-01 HNORIEGA

LOC #: 1

ADDITIONAL REMARKS SCHEDULE

AGENCY Alliant Insurance Services, Inc.	NAMED INSURED Vaughn Management LLC DBA Cera Solutions LLC 125 S Wacker Dr Chicago, IL 60606
POLICY NUMBER SEE PAGE 1	
CARRIER SEE PAGE 1 / NAIC CODE SEE P 1	EFFECTIVE DATE: SEE PAGE 1

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Description of Operations/Locations/Vehicles:
Re: RFQ No. 2038-18393 Construction Insepction Services, Various-Various Task Orders Contract Cook County is an Additional Insured with respect to the
general liability policy per written contract.

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ENSTINC-01 BSOUTH

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/5/2025

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 Ames & Gough 8300 Greensboro Drive Suite 980 McLean, VA 22102	CONTACT NAME: PHONE (A/C, No, Ext): (703) 827-2277 FAX (A/C, No): (703) 827-2279 E-MAIL ADDRESS: admin@amesgough.com
INSURED Cotter Consulting, LLC 745 McClintock Drive Suite 130 Burr Ridge, IL 60527	INSURER(S) AFFORDING COVERAGE — NAIC # INSURER A : Continental Insurance Company A(XV) — 35289 INSURER B : National Fire Insurance Company of Hartford A(XV) — 20478 INSURER C : Valley Forge Insurance Company A(XV) — 20508 INSURER D : Westfield Specialty Insurance Company A, XV — 16992 INSURER E : INSURER F :

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X Contractual Liab. GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC OTHER:			7092238238	5/24/2025	5/24/2026	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 1,000,000 $ 15,000 $ 1,000,000 $ 2,000,000 $ 2,000,000
B	AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY SCHEDULED AUTOS HIRED AUTOS ONLY NON-OWNED AUTOS ONLY			8018404547	5/24/2025	5/24/2026	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $
A	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION $ 10,000			7092238224	5/24/2025	5/24/2026	EACH OCCURRENCE AGGREGATE	$ 10,000,000 $ 10,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N: N If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		7094341687	5/24/2025	5/24/2026	X PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ 1,000,000 $ 1,000,000 $ 1,000,000
D	Professional Liab.			ADP-0000323	12/31/2024	5/24/2026	Per Claim/Aggregate	5,000,000

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

Ardmore Roderick Arcadis A Joint Venture, Cook County, its officials, employees, and agents are included as additional insured with respect to General Liability, Automobile Liability, and Umbrella Liability when required by written contract. General Liability includes Additional Insured coverage for On-Going & Completed Operations as required by written contract. General Liability, Automobile Liability, and Umbrella Liability are primary and non-contributory over any existing insurance and limited to liability arising out of the operations of the named insured and when required by written contract. General Liability, Automobile Liability, Workers Compensation, and Umbrella Liability policies include a waiver of subrogation in favor of the additional insureds where permissible by state law and when required by written contract. 30-day Notice of Cancellation will be issued for the General Liability, Automobile, Workers Compensation, and Umbrella Liability coverage in accordance with policy terms and conditions.

CERTIFICATE HOLDER

Office of the Chief Procurement Officer
Cook County
69 W Washington St
Ste 3000
Chicago, IL 60602

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



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DESCINC-01 EMEDEISIS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 7/31/2025

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.

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PRODUCER	CONTACT NAME:	
Alliant Insurance Services, Inc. 353 N Clark St 11th Fl Chicago, IL 60654	PHONE (A/C, No, Ext): (312) 595-6200	FAX (A/C, No):
	E-MAIL ADDRESS:	

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Zurich American Insurance Company	16535
INSURER B : Pacific Insurance Company, Limited	10046
INSURER C : Hanover Insurance Company	22292
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
d'Escoto, Inc.
55 W. Van Buren St.
Suite 200
Chicago, IL 60605

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	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC OTHER:			GLO251965201	8/1/2025	8/1/2026	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 100,000 $ 15,000 $ 1,000,000 $ 2,000,000 $ 2,000,000
A	AUTOMOBILE LIABILITY X ANY AUTO X OWNED AUTOS ONLY SCHEDULED AUTOS X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY			BAP251964801	8/1/2025	8/1/2026	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $
A	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION $ 10,000			SXS251965301	8/1/2025	8/1/2026	EACH OCCURRENCE AGGREGATE	$ 10,000,000 $
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		WC251965101	8/1/2025	8/1/2026	X PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ 1,000,000 $ 1,000,000 $ 1,000,000
B	Prof Liab. Inlc Poll			83OH046165525	8/1/2025	8/1/2026	Each Claim/Agg.	5,000,000
C	Commercial Crime			LHCH00094506	8/1/2025	8/1/2026	Each Claim/Agg	1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Ardmore Roderick Arcadis A Joint Venture, Cook County, its officials, employees and agents are hereby included as Additional Insureds on a primary, non-contributory basis with respect to the general liability and auto liability when required by written contract. A waiver of subrogation in favor of the Additional Insureds applies to the general liability, auto liabliity and Workers Compensation when required by written contract.

The general liablity policy includes an endorsement provide 30 days notice of cancellation except for non-payment which is 10 days and sent to the named insured.

CERTIFICATE HOLDER

Cook County
Attn: Office of the Chief Procurement Officer
69 W. Washington St Suite 3000
Chicago, IL 60602

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

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 5/6/2026

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.

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PRODUCER
Hub International Northeast Limited
467 Kinderkamack Rd
Oradell NJ 07649-1509

License#: BR-767175

CONTACT NAME: Sherry Wagner
PHONE (A/C, No, Ext): 201-338-3993 **FAX (A/C, No):** 201-262-7810
E-MAIL ADDRESS: noe.oradell.certs@hubinternational.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Selective of the Southeast	39926
INSURER B : The Continental Insurance Company	35289
INSURER C : Hartford Insurance Company of SE	38261
INSURER D : Arch Insurance Company	11150
INSURER E :	
INSURER F :	

INSURED
Desman, Inc.
20 North Clark
Suite 300
Chicago IL 60602

DESMINC-04

COVERAGES **CERTIFICATE NUMBER:** 1220453978 **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	Y	Y	S2391236	11/1/2025	11/1/2026	EACH OCCURRENCE	$ 2,000,000
	[ ] CLAIMS-MADE [X] OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 500,000
	X Incl Contractual						MED EXP (Any one person)	$ 10,000
	X XCU & 50ft RR						PERSONAL & ADV INJURY	$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 4,000,000
	[ ] POLICY [X] PRO-JECT [ ] LOC						PRODUCTS - COMP/OP AGG	$ 4,000,000
	[ ] OTHER:							$
A	**AUTOMOBILE LIABILITY**	Y	Y	S2391236	11/1/2025	11/1/2026	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	X ANY AUTO						BODILY INJURY (Per person)	$
	[ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	[ ] HIRED AUTOS ONLY [ ] NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
A B	X **UMBRELLA LIAB** [X] OCCUR	Y	Y	S2391236 7095220396	11/1/2025 11/1/2025	11/1/2026 11/1/2026	EACH OCCURRENCE	$ 10,000,000
	X **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$ 10,000,000
	[ ] DED [X] RETENTION $ 10,000						Each Occ/Agg	$ $5m/$5M
C	**WORKERS COMPENSATION AND EMPLOYERS' LIABILITY** Y / N	N / A	Y	84WECAJ2MWL	11/1/2025	11/1/2026	X PER STATUTE [ ] OTH-ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**						E.L. EACH ACCIDENT	$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	$ 1,000,000
D	Profesional Liability Retro Date: Full Prior Acts			PAAEP0172701	12/3/2025	12/3/2026	Each Claim Aggregate Per Claim Deductible	5,000,000 5,000,000 100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Cyber Liability - Beazley Insurance Company Policy V37F15250201 Eff: 08/15/25-08/15/26 $1,000,000 NAIC: 37540
Valuable Papers - Selective of the Southeast Policy #: S2391236 Eff: 11/1/2025-11/1/2026 $500,000 NAIC: 39926

2138-18556 Construction Management Services for Public Safety Portfolio . Additional Insured - Cook County, its officials, employees and agents as additional insureds with respect to operations performed on a primary and non-contributory basis as respects general, auto and excess liability where required by written contract. Waiver of Subrogation applies as respects general, auto and excess liability and workers compensation where required by written contract. 30 day written notice of cancellation to certificate holder applies

CERTIFICATE HOLDER

Cook County
Office of the Chief Procurement Officer
69 W. Washington Street, Suite 3000
Chicago IL 60602

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

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 5/4/2026

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.

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PRODUCER
Hub International Midwest Limited
203 N La Salle St Ste 2000
Chicago IL 60601-1245

CONTACT NAME:
PHONE (A/C, No, Ext): 630-468-5600 **FAX (A/C, No):**
E-MAIL ADDRESS: CSUConstruction@hubinternational.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Hartford Casualty Insurance Company	29424
INSURER B : Pacific Insurance Company	10046
INSURER C : Hartford Underwriters Insurance Company	30104
INSURER D :	
INSURER E :	
INSURER F :	

INSURED ERNERSA-01
Ernest R. Sawyer Enterprises Inc.
100 N. LaSalle Street Suite 1515
Chicago IL 60602

COVERAGES **CERTIFICATE NUMBER:** 1648067821 **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	Y	Y	83SBANN4758	4/20/2026	4/20/2027	EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 300,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						MED EXP (Any one person)	$ 10,000
	POLICY X PRO-JECT LOC						PERSONAL & ADV INJURY	$ 1,000,000
	OTHER:						GENERAL AGGREGATE	$ 2,000,000
							PRODUCTS - COMP/OP AGG	$ 2,000,000
								$
A	AUTOMOBILE LIABILITY	Y	Y	83SBANN4758	4/20/2026	4/20/2027	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS ONLY / X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
A	X UMBRELLA LIAB X OCCUR			83SBANN4758	4/20/2026	4/20/2027	EACH OCCURRENCE	$ 6,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$ 6,000,000
	DED X RETENTION $ 10,000							$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N	N / A	Y	83WECPA3657	4/20/2026	4/20/2027	X PER STATUTE OTH-ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? Y						E.L. EACH ACCIDENT	$ 1,000,000
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	$ 1,000,000
B	Professional Liability			01OH089211026	5/10/2026	5/10/2027	Each Claim/Aggregate: Deductible: Retroactive Date	$2,000,000 $5,000 04/26/2017

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Ardmore Roderick Arcadis A Joint Venture, Cook County, its officials, employees, and agents are included as additional insureds under General Liability & Auto Liability, on a primary and non-contributory basis, when agreed in a written contract, subject to policy terms, conditions and exclusions. Waiver of Subrogation in favor of the additional insured applies under General Liability, Auto Liability & Workers Compensation when agreed in a written contract, subject to policy terms, conditions and exclusions.

CERTIFICATE HOLDER

Office of the Chief Procurement
Cook County
69 W. Washington St
Suite 3000
Chicago IL 60602

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

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 5/5/2026

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PRODUCER AssuredPartners Design Professionals Insurance Services, LLC 3697 Mt. Diablo Blvd., Suite 230 Lafayette CA 94549 License#: 6003745	**CONTACT NAME:** Thi Grinwald **PHONE (A/C, No, Ext):** 714 427-3481 **FAX (A/C, No):** **E-MAIL ADDRESS:** DesignProCerts@AssuredPartners.com
INSURED Jacob & Hefner Associates, Inc. 1333 Butterfield Road, Suite 300 Downers Grove IL 60515 JACO&HE-01	**INSURER(S) AFFORDING COVERAGE** / **NAIC #** **INSURER A :** Axis Surplus Insurance Company / 26620 **INSURER B :** Hartford Accident and Indemnity Company / 22357 **INSURER C :** Hartford Casualty Insurance Company / 29424 **INSURER D :** Nautilus Insurance Company / 17370 **INSURER E :** **INSURER F :**

COVERAGES **CERTIFICATE NUMBER:** 523146111 **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** [ ] CLAIMS-MADE [X] OCCUR X Contractual [ ] Liability GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [X] PRO-JECT [ ] LOC [ ] OTHER:	Y	Y	SP004458062025	10/1/2025	10/1/2026	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG SIR $25,000	$ 1,000,000 $ 1,000,000 $ 10,000 $ 1,000,000 $ 2,000,000 $ 2,000,000 $
B	**AUTOMOBILE LIABILITY** X ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [ ] HIRED AUTOS ONLY [ ] NON-OWNED AUTOS ONLY	Y	Y	57UEGCE4727	10/1/2025	10/1/2026	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $
D	X **UMBRELLA LIAB** X OCCUR **EXCESS LIAB** [ ] CLAIMS-MADE DED X RETENTION $ 0	Y	Y	FFX203858813	10/1/2025	10/1/2026	EACH OCCURRENCE AGGREGATE	$ 2,000,000 $ 2,000,000 $
C	**WORKERS COMPENSATION AND EMPLOYERS' LIABILITY** ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N: N **(Mandatory in NH)** If yes, describe under DESCRIPTION OF OPERATIONS below	N / A	Y	57WEGAJ8LUZ	10/1/2025	10/1/2026	X PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 1,000,000 $ 1,000,000 $ 1,000,000
A	Professional Liab & Contractor Pollution Liab - Included Claims Made Form	Y	Y Y	ELZ791803012025	10/1/2025	10/1/2026	$2,000,000/Per Claim Ded/SIR Retro Date:	Agg Lmt/$2,000,000 $50,000 07/19/1993

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

No Residential/habitational Exclusions apply to General Liability. The following policies are included in the underlying schedule of insurance for Umbrella/Excess Liability: General Liability/Auto Liability/Employer's Liability/Professional Liability/Pollution Liability.
RE: Amendment No. 3: 2138-18556 for "Professional Construction Management Administrator Services --

Cook County, its officials, employees and agents are named as Additional Insured on General Liability and Auto Liability, per policy forms, with respect to the operations of the Named Insured as required by written contract. General Liability is Primary/Non-Contributory and severability of interests per policy form wording. Insurance coverage includes waiver of subrogation per attached.

CERTIFICATE HOLDER

Cook County
69 West Washington Street
Suite 3040
Chicago IL 60602

CANCELLATION 30 Day Notice of 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



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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 10/24/2025

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 Willis Towers Watson Midwest, Inc. c/o 26 Century Blvd P.O. Box 305191 Nashville, TN 372305191 USA	**CONTACT NAME:** WTW Certificate Center **PHONE (A/C, No, Ext):** 1-877-945-7378 **FAX (A/C, No):** 1-888-467-2378 **E-MAIL ADDRESS:** certificates@wtwco.com
INSURED LCM Architects, LLC Casey Burch 819 S Wabash Ave, Ste 509 Chicago, IL 60605	**INSURER(S) AFFORDING COVERAGE** / **NAIC #** INSURER A : Massachusetts Bay Insurance Company — 22306 INSURER B : Hanover Insurance Company — 22292 INSURER C : Arch Insurance Company — 11150 INSURER D : INSURER E : INSURER F :

COVERAGES **CERTIFICATE NUMBER:** W41172641 **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 [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [X] PRO-JECT [ ] LOC [ ] OTHER:	Y	Y	ODC9275585	10/24/2025	10/24/2026	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 2,000,000 $ 1,000,000 $ 10,000 $ 2,000,000 $ 4,000,000 $ 4,000,000
A	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [X] HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY	Y	Y	ODC9275585	10/24/2025	10/24/2026	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 2,000,000 $ $ $
A	[X] UMBRELLA LIAB [X] OCCUR EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $	Y	Y	ODC9275585	10/24/2025	10/24/2026	EACH OCCURRENCE AGGREGATE	$ 5,000,000 $ 5,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N: No (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A	Y	WHC9524214	10/24/2025	10/24/2026	[X] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ 1,000,000 $ 1,000,000 $ 1,000,000
A	Valuable Papers Coverage			ODC9275585	10/24/2025	10/24/2026	Limit:	$25,000

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

Hired & Non-Owned Auto Liability is included within the General Liability coverage and endorsements.

SEE ATTACHED

CERTIFICATE HOLDER

Office of the Chief Procurement Officer Cook County
69 W. Washington St., Suite 3000
Chicago, IL 60602

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



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AGENCY CUSTOMER ID: _____

LOC #: _____

ADDITIONAL REMARKS SCHEDULE

AGENCY		NAMED INSURED
Willis Towers Watson Midwest, Inc.		LCM Architects, LLC Casey Burch 819 S Wabash Ave, Ste 509 Chicago, IL 60605
POLICY NUMBER See Page 1		
CARRIER See Page 1	NAIC CODE See Page 1	EFFECTIVE DATE: See Page 1

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Re: Cook County Public Safety - Ardmore Roderick Arcadis Joint Venture
2138-18556 Construction Management Services for Public Safety Portfolio

Ardmore Roderick Arcadis A Joint Venture, Cook County, its officials, employees and agents are included as Additional Insureds as respects to General Liability, Auto Liability and Umbrella/Excess Liability.

General Liability, Auto Liability and Umbrella/Excess Liability policies shall be Primary and Non-contributory with any other insurance in force for or which may be purchased by Additional Insureds.

Waiver of Subrogation applies in favor of Additional insureds with respects to General Liability, Auto Liability, Umbrella/Excess Liability and Workers Compensation as permitted by law.

Professional Libaility Waiver of Subrogation:
Per Form LX 4204 The Company agrees to waive this right of subrogation against the client of the Insured to the extent that the Insured had, prior to a Claim, a written agreement to waive such rights.

Coverage for XCU is provided under General Liability policy.

INSURER AFFORDING COVERAGE: Arch Insurance Company NAIC#: 11150
POLICY NUMBER: PAAEP0162202 EFF DATE: 10/24/2025 EXP DATE: 10/24/2026

SUBROGATION WAIVED: Y

TYPE OF INSURANCE:	LIMIT DESCRIPTION:	LIMIT AMOUNT:
Professional Liability	Per Claim	$5,000,000
	Aggregate	$5,000,000

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insured's rights against all those other insurers.

c. When this insurance is excess over other insurance, we will pay only our share of the amount of the loss, if any, that exceeds the sum of:

(1) The total amount that all such other insurance would pay for the loss in the absence of this insurance; and

(2) The total of all deductible and self-insured amounts under all that other insurance.

d. We will share the remaining loss, if any, with any other insurance that is not described in this provision and was not bought specifically to apply in excess of the Limits of Insurance shown in the Declarations for this Coverage.

e. Method of Sharing

If all of the other insurance permits contribution by equal shares, we will follow this method also. Under this approach each insurer contributes equal amounts until it has paid its applicable Limit of Insurance or none of the loss remains, whichever comes first.

If any of the other insurance does not permit contribution by equal shares, we will contribute by limits. Under this method, each insurer's share is based on the ratio of its applicable Limit of Insurance to the total applicable limits of insurance of all insurers.

f. When this insurance is excess, we will have no duty under Business Liability Coverage to defend any claim or "suit" that any other insurer has a duty to defend. If no other insurer defends, we will undertake to do so; but we will be entitled to the insured's rights against all those other insurers.

I. Premiums

1. The first Named Insured shown in the Declarations:

a. Is responsible for the payment of all premiums; and

b. Will be the payee for any return premiums we pay.

2. The premium shown in the Declarations was computed based on rates in effect at the time the policy was issued. On each renewal, continuation or anniversary of the effective date of this policy, we will compute the premium in accordance with our rates and rules then in effect.

3. With our consent, you may continue this policy in force by paying a continuation premium for each successive one-year period. The premium must be:

a. Paid to us prior to the anniversary date; and

b. Determined in accordance with paragraph **2.** above.

Our forms then in effect will apply. If you do not pay the continuation premium, this policy will expire on the first anniversary date that we have not received the premium.

4. Undeclared exposures or change in your business operation, acquisition or use of locations may occur during the policy period that is not shown in the Declarations. If so, we may require an additional premium. That premium will be determined in accordance with our rates and rules then in effect.

J. Premium Audit

1. This policy is subject to audit if a premium designated as an advance premium is shown in the Declarations. We will compute the final premium due when we determine your actual exposures.

2. Premium shown in this policy as advance premium is a deposit premium only. At the close of each audit period, we will compute the earned premium for that period and send notice to the first Named Insured. The due date for audit premiums is the date shown as the due date on the bill. If the sum of the advance and audit premiums paid for the policy period is greater than the earned premium, we will return the excess to the first Named Insured.

3. The first Named Insured must keep records of the information we need for premium computation and send us copies at such times as we may request.

K. Transfer of Rights of Recovery Against Others to Us

1. Applicable to **SECTION I - PROPERTY** Coverage:

If any person or organization to or for whom we make payment under this policy has rights to recover damages from another, those rights are transferred to us to the extent of our payment. That person or organization must do everything necessary to secure our rights and must do nothing after loss to impair them. But you may waive your rights against another party in writing:

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a. Prior to a loss to your Covered Property.

b. After a loss to your Covered Property only if, at time of loss, that party is one of the following:

(1) Someone insured by this insurance;

(2) A business firm:

(a) Owned or controlled by you; or

(b) That owns or controls you; or

(3) Your tenant.

You may also accept the usual bills of lading or shipping receipts limiting the liability of carriers.

This will not restrict your insurance.

2. Applicable to **SECTION II - LIABILITY** Coverage:

If the insured has rights to recover all or part of any payment we have made under this Coverage Part, those rights are transferred to us. The insured must do nothing after loss to impair such rights. At our request, the insured will bring "suit" or transfer those rights to us and help us enforce them.

We waive any right of recovery we may have against any person or organization with whom you have a written contract, permit or agreement to waive any rights of recovery against such person or organization because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "products-completed operations hazard".

This condition does not apply to Medical Expenses Coverage.

L. Transfer of Your Rights and Duties Under This Policy

Your rights and duties under this policy may not be transferred without our written consent except in the case of death of an individual Named Insured. If you die, your rights and duties will be transferred to your legal representative but only while that legal representative is acting within the scope of their duties as your legal representative. Until your legal representative is appointed, anyone with proper temporary custody of your property will have your rights and duties but only with respect to that property.

 Includes copyrighted material of Insurance Services Office, Inc., with its permission.

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 anyone not named in the Schedule.

Schedule

ONLY WHERE REQUIRED BY CONTRACT

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective Policy No. Endorsement No.
Insured Premium

Insurance Company Countersigned by _____

Copyright 1983 National Council on Compensation Insurance.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 1/20/2026

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 Shea Insurance Group, LLC. PO Box 93 Wayne IL 60184-0093	**CONTACT NAME:** Laura Shea **PHONE (A/C, No, Ext):** 630-485-8646 **FAX (A/C, No):** **E-MAIL ADDRESS:** laura@sheaig.com
	INSURER(S) AFFORDING COVERAGE / **NAIC #**
	INSURER A : Liberty Mutual / 24066
INSURED MCNICON-02 McNitt Consulting LLC 1735 Evergreen Rd Homewood IL 60430	**INSURER B :** CFC Insurance Company
	INSURER C :
	INSURER D :
	INSURER E :
	INSURER F :

COVERAGES **CERTIFICATE NUMBER:** 158758384 **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						EACH OCCURRENCE	$
	☐ CLAIMS-MADE ☐ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$
	☐ POLICY ☐ PRO-JECT ☐ LOC						PRODUCTS - COMP/OP AGG	$
	☐ OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	☐ ANY AUTO						BODILY INJURY (Per person)	$
	☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	☐ **UMBRELLA LIAB** ☐ OCCUR						EACH OCCURRENCE	$
	☐ **EXCESS LIAB** ☐ CLAIMS-MADE						AGGREGATE	$
	☐ DED ☐ RETENTION $							$
A	**WORKERS COMPENSATION AND EMPLOYERS' LIABILITY** Y / N ☐	N / A		XWS70023129	1/18/2026	1/18/2027	X PER STATUTE ☐ OTH-ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? **(Mandatory in NH)** If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT	$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	$ 1,000,000
B	Cyber			ESO0040629391	12/23/2025	12/23/2026		2,000,000

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

Office of the Chief Procurement Officer Cook County, it's officials, employees and agents & Ardmore Roderick Arcadis a Joint Venture are listed as additional insureds with respect to operations performed on a primary and contributory basis. Any insurance or self-insurance maintained by Cook County shall be excess of the CMA's insurance and shall not contribute with it. The full policy limits and scope of protection shall apply to Cook County as an additional insured even if it exceeds the minimum insurance requirements specified herein. 30 day notice of cancellation applies.

CERTIFICATE HOLDER

Office of the Chief Procurement Officer
Cook County
69 W. Washington Ste 3000
Chicago, IL 60602

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



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Client#: 1613604 NATIOCEN11

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/06/2026

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 any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME: Crystal L. Murzynski	
USI Insurance Services LLC-CL 3110 Fairview Park Drive 10th Fl STE 1000 Falls Church, VA 22042	PHONE (A/C, No, Ext): 703 698-0788	FAX (A/C, No): 610 362-8377
	E-MAIL ADDRESS: crystal.murzynski@usi.com	

INSURED	INSURER(S) AFFORDING COVERAGE	NAIC #
National Center for State Courts 300 Newport Avenue Williamsburg, VA 23185	INSURER A : Federal Insurance Company	20281
	INSURER B : ACE American Insurance Company	22667
	INSURER C : Great Northern Insurance Company	20303
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE / X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY / PRO-JECT / LOC OTHER:			35774277	12/31/2025	12/31/2026	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG $	$1,000,000 $1,000,000 $10,000 $1,000,000 $2,000,000 $2,000,000 $
C	AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY / SCHEDULED AUTOS X HIRED AUTOS ONLY / X NON-OWNED AUTOS ONLY			73507722	12/31/2025	12/31/2026	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) $	$1,000,000 $ $ $ $
A	X UMBRELLA LIAB / X OCCUR EXCESS LIAB / CLAIMS-MADE DED / RETENTION $			79808274	12/31/2025	12/31/2026	EACH OCCURRENCE AGGREGATE $	$10,000,000 $10,000,000 $
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N: Y If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		71703910	12/31/2025	12/31/2026	X PER STATUTE / OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $1,000,000 $1,000,000 $1,000,000
A	DNO/EPL/FID			J06949137	12/31/2025	12/31/2026	$5,000,000	
B	Prof Liab/Cyber			D95765166	12/31/2025	12/31/2026	$4,000,000/$35,000 Ded	

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

Additional insured on a primary and non-contributory basis with respects to General Liability, Automobile Liability and Umbrella Liability when required by written contract: Ardmore Roderick Arcadis A Joint Venture, Cook County, its officials, employees and agents. Waiver of subrogation applies to Workers (See Attached Descriptions)

CERTIFICATE HOLDER

Office of the Chief Procurement Officer
Cook County
69 W. Washington Street, Suite 3000
Chicago, IL 60602

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

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DESCRIPTIONS (Continued from Page 1)

Compensation, General Liability, Automobile Liability and Umbrella Liability when required by written contract in favor of the above additional insured. 30 day notice of cancellation applies.

Client#: 852824 ONYXARCH

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 4/07/2026

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.

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PRODUCER	CONTACT NAME: Stephanie Nunez	
USI Insurance Services LLC 2001 Spring Road, Ste 200 Oak Brook, IL 60523 312 442-7200	PHONE (A/C, No, Ext): 312 442-7280	FAX (A/C, No): 610 362-8900
	E-MAIL ADDRESS: AEcertificates@usi.com	

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : RLI Insurance Company	13056
INSURER B : Westfield Select Insurance Company	17105
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
ONYX Architectural Services, Inc.
750 N Franklin St #207
Chicago, IL 60654

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY			PSB0002986	03/31/2026	03/31/2027	EACH OCCURRENCE	$1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$1,000,000
							MED EXP (Any one person)	$10,000
							PERSONAL & ADV INJURY	$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$2,000,000
	POLICY X PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$2,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY			PSB0002986	03/31/2026	03/31/2027	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS ONLY / X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
A	UMBRELLA LIAB X OCCUR			PSE0003520	03/31/2026	03/31/2027	EACH OCCURRENCE	$5,000,000
	X EXCESS LIAB CLAIMS-MADE						AGGREGATE	$5,000,000
	DED RETENTION $							$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N: Y (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		PSW0002517	03/31/2026	03/31/2027	X PER STATUTE / OTH-ER	
							E.L. EACH ACCIDENT	$1,000,000
							E.L. DISEASE - EA EMPLOYEE	$1,000,000
							E.L. DISEASE - POLICY LIMIT	$1,000,000
B	Professional Liability			ADP0001459	04/07/2026	04/07/2027	$2,000,000 each claim $2,000,000 annual aggr.	

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

Professional Liability is written on a 'claims made' policy form.

Some or all officers are excluded from Workers Compensation coverage.

The General Liability, Automobile Liability and Excess Liability policies include an automatic Additional Insured endorsement that provides Additional Insured status to Ardmore Roderick Arcadis A Joint Venture, (See Attached Descriptions)

CERTIFICATE HOLDER

Cook County
Office of the Chief Procurement Officer
69 W Washington St Ste 3000
Chicago, IL 60602

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

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DESCRIPTIONS (Continued from Page 1)

Cook County, and its officials, employees and agents, only when there is a written contract that requires such status, and only with regard to work performed by or on behalf of the named insured.

The General Liability, Automobile Liability and Excess Liability policies contain a special endorsement with Primary and Noncontributory wording, when required by written contract.

The General Liability, Automobile Liability, Excess Liability, Workers Compensation and Professional Liability policies provide a Blanket Waiver of Subrogation when required by written contract, except as prohibited by law.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/15/2026 | 2/26/2026

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 Lockton Companies, LLC DBA Lockton Insurance Brokers, LLC in CA CA license #0F15767 444 W. 47th St., Ste. 900 Kansas City MO 64112-1906 (816) 960-9000 kcasu@lockton.com	**CONTACT NAME:** **PHONE (A/C, No, Ext):** **FAX (A/C, No):** **E-MAIL ADDRESS:**
INSURED 1457464 SALAS O'BRIEN CENTRAL, INC. A SALAS O'BRIEN COMPANY 815 S WABASH AVE, STE 100 CHICAGO IL 60605	**INSURER(S) AFFORDING COVERAGE** — **NAIC #** **INSURER A :** Columbia Casualty Company — 31127 **INSURER B :** Zurich American Insurance Company — 16535 **INSURER C :** Travelers Property Casualty Company of America — 25674 **INSURER D :** **INSURER E :** **INSURER F :**

COVERAGES **CERTIFICATE NUMBER:** 19042177 **REVISION NUMBER:** XXXXXXX

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	
B	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [X] PRO-JECT [ ] LOC [ ] OTHER:	Y	Y	GLO 3537984	3/1/2026	3/1/2027	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG 	$ 1,000,000 $ 1,000,000 $ 10,000 $ 1,000,000 $ 2,000,000 $ 2,000,000 $
B	AUTOMOBILE LIABILITY [X] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [ ] HIRED AUTOS ONLY [ ] NON-OWNED AUTOS ONLY	Y	Y	BAP 3537985	3/1/2026	3/1/2027	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) 	$ 1,000,000 $ XXXXXXX $ XXXXXXX $ XXXXXXX $ XXXXXXX
C	[X] UMBRELLA LIAB [X] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [X] RETENTION $ 10,000	Y	Y	CUP-6S366916	3/1/2026	3/1/2027	EACH OCCURRENCE AGGREGATE 	$ 2,000,000 $ 2,000,000 $ XXXXXXX
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N [N] (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	Y	WC 3537983	3/1/2026	3/1/2027	[X] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 1,000,000 $ 1,000,000 $ 1,000,000
A	PROFESSIONAL LIABILITY	N	N	AEH591877402	8/15/2025	8/15/2026	$2,000,000 PER CLAIM/AGG.	

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

RE: CONTRACT 2022-03455-00; COOK COUNTY PUBLIC SAFETY REAL ESTATE PORTFOLIO; COOK COUNTY, IL. ***SEE ATTACHED

CERTIFICATE HOLDER

19042177
OFFICE OF THE CHIEF PROCUREMENT
OFFICER COOK COUNTY
69 W WASHINGTON ST
SUITE 3000
CHICAGO IL 60602

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

Joseph M Agnello

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ARDMORE RODERICK ARCADIS A JOINT VENTURE AND COOK COUNTY, ITS OFFICIALS, EMPLOYEES, AND AGENTS ARE ADDITIONAL INSUREDS AS RESPECTS GENERAL LIABILITY, AUTO LIABILITY AND EXCESS LIABILITY, THESE COVERAGES ARE PRIMARY AND NON-CONTRIBUTORY, IF REQUIRED BY WRITTEN CONTRACT. WAIVER OF SUBROGATION APPLIES TO GENERAL LIABILITY, AUTO LIABILITY, EXCESS/ UMBRELLA LIABILITY, AND WORKERS COMPENSATION/EMPLOYER'S LIABILITY, WHERE ALLOWED BY STATE LAW AND IF REQUIRED BY WRITTEN CONTRACT. THIRTY (30) DAYS NOTICE OF CANCELLATION BY THE INSURER WILL BE PROVIDED TO THE CERTIFICATE HOLDER, EXCEPT IN THE EVENT OF NONPAYMENT OF PREMIUM.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/07/2025

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	CONTACT NAME: Hector Garcia	
Hector Garcia 6337 W 26TH ST BERWYN IL 60402	PHONE (A/C, No, Ext): (708) 780-0400	FAX (A/C, No):
	E-MAIL ADDRESS: hgarci1@amfam.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Midvale Indemnity Company	27138
INSURED Si Advertising Si Communications INC 1026 FOREST AVE Oak Park IL 60302	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES CERTIFICATE NUMBER: 2741485761618 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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR	Y	Y	BPP1066298	01/11/2025	01/11/2026	EACH OCCURRENCE	$1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$100,000
							MED EXP (Any one person)	$5,000
							PERSONAL & ADV INJURY	$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC						GENERAL AGGREGATE	$2,000,000
							PRODUCTS - COMP/OP AGG	$2,000,000
	[ ] OTHER:							
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS						BODILY INJURY (Per accident)	
	[ ] HIRED AUTOS ONLY [ ] NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	
	[ ] UMBRELLA LIAB [ ] OCCUR						EACH OCCURRENCE	
	[ ] EXCESS LIAB [ ] CLAIMS-MADE						AGGREGATE	
	[ ] DED [ ] RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECU-TIVE OFFICER/MEMBER EXCLUDED? [ ] (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					[ ] PER STATUTE [ ] OTH-ER	
							E.L. EACH ACCIDENT	
							E.L. DISEASE - EA EMPLOYEE	
							E.L. DISEASE - POLICY LIMIT	
	PROFESSIONAL LIABILITY						OCCURRENCE AGGREGATE	

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

CERTIFICATE HOLDER	CANCELLATION
COOK COUNTY GOVERNMENT 161 NORTH CLARK ST SUITE 2300 CHICAGO IL 60601	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE

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COOK COUNTY
ECONOMIC DISCLOSURE STATEMENT
AND EXECUTION DOCUMENT
INDEX

Section	Description	Pages
1	Instructions for Completion of EDS	EDS i - ii
2	Certifications	EDS 1– 2
3	Economic and Other Disclosures, Affidavit of Child Support Obligations, Disclosure of Ownership Interest and Familial Relationship Disclosure Form	EDS 3 – 12
4	Cook County Affidavit for Wage Theft Ordinance	EDS 13-14
5	Contract and EDS Execution Page	EDS 15
6	Cook County Signature Page	EDS 16

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
N/A	

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: ☑ No: ☐

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

1500 W Carroll Avenue, Suite 300, Chicago, IL 60607

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

Yes: ☑ No: ☐

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): N/A

(ATTACH SHEET IF NECESSARY TO LIST ADDITIONAL INDEX NUMBERS)

OR:

b) ☑ 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:

None

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 [✓] Applicant or [ ] Stock/Beneficial Interest Holder

This Statement is an: [✓] Original Statement or [ ] Amended Statement

Identifying Information:

Name The Roderick Group, LLC

D/B/A: Ardmore Roderick FEIN # Only: 20-3036399

Street Address: 1500 W Carroll Avenue, Suite 300

City: Chicago State: IL Zip Code: 60607

Phone No.: 312.795.1400 Fax Number: 773.289.0567 Email: rashod@ardmoreroderick.com

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

Corporate File Number (if applicable):

Form of Legal Entity:

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

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

[✓] Other (describe) LLC - Limited Liability Company

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
Fourth Inning, Inc.	1500 W Carroll Avenue, Suite 300, Chicago, IL 60607	56%
QSI Investment AR LLC	2727 N Loop West, Houston, TX 77008	44%

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

3. Is the Applicant constructively controlled by another person or Legal Entity? [☐] 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

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
Fourth Inning, Inc.	1500 W Carroll Avenue, Suite 300, Chicago, IL 60607	MEMBER	
QSI Investment AR LLC	2727 N Loop West, Houston, TX 77008	MEMBER	

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.

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

COOK COUNTY DISCLOSURE OF OWNERSHIP INTEREST STATEMENT SIGNATURE PAGE

Rashod R. Johnson
Name of Authorized Applicant/Holder Representative (please print or type)

Signature

rashod@ardmoreroderick.com
E-mail address

Chief Executive Officer
Title

05/04/2026
Date

312.795.1400
Phone Number

Subscribed to and sworn before me this 4 day of May, 20 26.

X
Notary Public Signature

My commission expires: June 7, 2026

OFFICIAL SEAL
L'QUITA M ALEXANDER
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires June 7, 2026

Notary Seal

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: The Roderick Group, LLC dba Ardmore Roderick

Address of Person Doing Business with the County: 1500 W Carroll Avenue, Suite 300, Chicago, IL 60607

Phone number of Person Doing Business with the County: 312 795 5100

Email address of Person Doing Business with the County: info@ardmoreroderick.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:
Rashod R. Johnson, PE, Chief Executive Officer - rashod@ardmoreroderick.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: 2138-18556

The aggregate dollar value of the business you are doing or seeking to do with the County: $ 43,795,622.89

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: Lisa Freelon, Lead Contract Negotiator

lisa.freelon@cookcountyil.gov

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:

Eric Davis, Deputy Director, Bureau of Asset Management, Department of Capital Planning & Policy, eric.davis@cookcountyil.gov, 312 599 2877

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.

ΞΞ 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*
N/A			

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*
N/A			

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*
N/A			

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*
N/A			

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*
N/A			

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*
N/A			

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

05/04/2026
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: 2138-18556

County Using Agency (requesting Procurement): Cook County Department of Capital Planning & Policy

II. Person/Substantial Owner Information:

Person (Corporate Entity Name): The Roderick Group, LLC dba Ardmore Roderick

Substantial Owner Complete Name: Rashod R. Johnson

FEIN# 20-3036399

[redacted] E-mail address: rashod@ardmoreroderick.com

Street Address: 1500 W Carroll Avenue, Suite 300

City: Chicago State: IL Zip: 60607

[redacted]

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: _____ Date: 05/04/2026

Name of Person signing (Print): Rashod R. Johnson Title: Chief Executive Officer

Subscribed and sworn to before me this 4th day of May, 20 26

x Mary Ann Ciaravino
Notary Public Signature

Notary Seal

Note: The above information is subject to verification prior to the awa

MARY ANN R CIARAVINO
OFFICIAL SEAL
Notary Public - State of Illinois
Commission No. 992920
My Commission Expires June 28, 2028

SECTION 5

CONTRACT AND EDS EXECUTION PAGE

The Applicant hereby certifies and warrants that all of the statements, certifications and representations set forth in this EDS are true, complete and correct; that the Applicant is in full compliance and will continue to be in compliance throughout the term of the Contract or County Privilege issued to the Applicant with all the policies and requirements set forth in this EDS; and that all facts and information provided by the Applicant in this EDS are true, complete and correct. The Applicant agrees to inform the Chief Procurement Officer in writing if any of such statements, certifications, representations, facts or information becomes or is found to be untrue, incomplete or incorrect during the term of the Contract or County Privilege.

Execution by Corporation

Corporation's Name

President's Printed Name and Signature

Telephone

Email

Secretary Signature

Date

Execution by LLC

LLC Name

*Member/Manager Printed Name and Signature

Date

Telephone and Email

Execution by Partnership/Joint Venture

The Roderick Group, LLC dba Ardmore Roderick

Partnership/Joint Venture Name

*Partner/Joint Venturer Printed Name and Signature

05/04/2026

Date

rashod@ardmoreroderick.com, 312.795.1400

Telephone and Email

Execution by Sole Proprietorship

Printed Name Signature

Assumed Name (if applicable)

Date

Telephone and Email

Subscribed and sworn to before me this

4th day of May, 2026

My commission expires 6/28/28

Notary Public Signature

Notary Seal

MARY ANN R CIARAVINO
OFFICIAL SEAL
Notary Public - State of Illinois
Commission No. 992920
My Commission Expires June 28, 2028

*If the operating agreement, partnership agreement or governing documents requiring execution by multiple members, managers, partners, or joint venturers, please complete and execute additional Contract and EDS Execution Pages.

SECTION 6
COOK COUNTY SIGNATURE PAGE

ON BEHALF OF THE COUNTY OF COOK, A BODY POLITIC AND CORPORATE OF THE STATE OF ILLINOIS, THIS CONTRACT IS HEREBY EXECUTED BY:

Cook County Chief Procurement Officer

Date

APPROVED AS TO FORM:

Assistant State's Attorney
(Required on contracts over $1,000,000

Date

CONTRACT TERM & AMOUNT

Contract #

Original Contract Term

Renewal Options (If Applicable)

Contract Amount

Cook County Board Approval Date (If Applicable)

COOK COUNTY
ECONOMIC DISCLOSURE STATEMENT
AND EXECUTION DOCUMENT
INDEX

Section	Description	Pages
1	Instructions for Completion of EDS	EDS i - ii
2	Certifications	EDS 1– 2
3	Economic and Other Disclosures, Affidavit of Child Support Obligations, Disclosure of Ownership Interest and Familial Relationship Disclosure Form	EDS 3 – 12
4	Cook County Affidavit for Wage Theft Ordinance	EDS 13-14
5	Contract and EDS Execution Page	EDS 15
6	Cook County Signature Page	EDS 16

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: ☑ No: ☐

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

225 W Wacker Drive Suite 2015 | Chicago, il | 60606 | USA

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

Yes: ☐ No: ☑

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) ☑ 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:

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.

CONTRACT #: 2138-18556

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 [ ] Stock/Beneficial Interest Holder

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

Identifying Information:

Name Arcadis U.S. Inc.

D/B/A: _____ FEIN # Only: 57-0373224

Street Address: 225 W Wacker Drive Suite 2015

City: Chicago State: Illinois Zip Code: 60606

Phone No.: 312-917-1000 Fax Number: 312-583-1914 Email: _____

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

Corporate File Number (if applicable): F 5982-599-2

Form of Legal Entity:

[ ] Sole Proprietor [ ] Partnership [✓] 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
Arcadis North America, Inc. (630 Plaza Dr., Suite 200 Highlands Ranch, CO) (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? [☐] 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

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
John M. McCarthy	Paramus, NJ	Executive	N/A
William Teberg	Coral Gables, Fl	Area Director	N/A
Robyn Miller	Highland Ranch, CO	Secretary	N/A

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.

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

COOK COUNTY DISCLOSURE OF OWNERSHIP INTEREST STATEMENT SIGNATURE PAGE

Hosam Emara
Name of Authorized Applicant/Holder Representative (please print or type)

Area Leader
Title

Signature

May 8, 2026
Date

hosam.emara@arcadis.com
E-mail address

443-936-5526
Phone Number

Subscribed to and sworn before me
this 8 day of May, 2026

My commission expires: May 7/2029

X
Notary Public Signature

Notary Seal

TSIGE SOLOMON INQUAI
NOTARY PUBLIC
ANNE ARUNDEL COUNTY
MARYLAND
MY COMMISSION EXPIRES May 7, 2029

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	☐ Grandparent	☐ Stepfather
☐ Child	☐ Grandchild	☐ Stepmother
☐ Brother	☐ Father-in-law	☐ Stepson
☐ Sister	☐ Mother-in-law	☐ Stepdaughter
☐ Aunt	☐ Son-in-law	☐ Stepbrother
☐ Uncle	☐ Daughter-in-law	☐ Stepsister
☐ Niece	☐ Brother-in-law	☐ Half-brother
☐ Nephew	☐ Sister-in-law	☐ 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: The Roderick Group, LLC dba Ardmore Roderick

Address of Person Doing Business with the County: 1500 W Carroll Avenue, Suite 300, Chicago, IL 60607

Phone number of Person Doing Business with the County: 312 795 5100

Email address of Person Doing Business with the County: info@ardmoreroderick.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:
Rashod R. Johnson, PE, Chief Executive Officer - rashod@ardmoreroderick.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: 2138-18556

The aggregate dollar value of the business you are doing or seeking to do with the County: $ 43,795,622.89

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: Lisa Freelon, Lead Contract Negotiator

lisa.freelon@cookcountyil.gov

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:

Eric Davis, Deputy Director, Bureau of Asset Management, Department of Capital Planning & Policy, eric.davis@cookcountyil.gov, 312 599 2877

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*
N/A			
N/A			
N/A			

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*
N/A			
N/A			
N/A			

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*
N/A			
N/A			
N/A			

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*
N/A			
N/A			
N/A			

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*
N/A			
N/A			
N/A			

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*
N/A			
N/A			
N/A			

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

May 8, 2026
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: 2138-18556

County Using Agency (requesting Procurement): Cook County

II. Person/Substantial Owner Information:

Person (Corporate Entity Name): Arcadis U.S. Inc.

Substantial Owner Complete Name: Arcadis North America, Inc. (Parent to Arcadis U.S. Inc.)

FEIN# 57-0373224

[redacted] E-mail address: _____

Street Address: 225 W Wacker Drive Suite 2015

City: Chicago State: Illinois Zip: 60606

[redacted]

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: _____ Date: May 8, 2026

Name of Person signing (Print): Hosam Emara Title: Area Leader

Subscribed and sworn to before me this 8 day of May, 2026

X _____ _____

Notary Public Signature **Notary Seal**

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

TSIGE SOLOMON INQUAI
NOTARY PUBLIC
ANNE ARUNDEL COUNTY
MARYLAND
MY COMMISSION EXPIRES May 7, 2029

SECTION 5

CONTRACT AND EDS EXECUTION PAGE

The Applicant hereby certifies and warrants that all of the statements, certifications and representations set forth in this EDS are true, complete and correct; that the Applicant is in full compliance and will continue to be in compliance throughout the term of the Contract or County Privilege issued to the Applicant with all the policies and requirements set forth in this EDS; and that all facts and information provided by the Applicant in this EDS are true, complete and correct. The Applicant agrees to inform the Chief Procurement Officer in writing if any of such statements, certifications, representations, facts or information becomes or is found to be untrue, incomplete or incorrect during the term of the Contract or County Privilege.

Execution by Corporation

Corporation's Name

President's Printed Name and Signature

Telephone

Email

Secretary Signature

Date

Execution by LLC

LLC Name

*Member/Manager Printed Name and Signature

Date

Telephone and Email

Execution by Partnership/Joint Venture

Ardmore Roderick Arcadis A Joint Venture

Partnership/Joint Venture Name

*Partner/Joint Venturer Printed Name and Signature

May 5, 2026

Date

312.339.0132 sboye@ardmoreroderick.com

Telephone and Email

Execution by Sole Proprietorship

Printed Name Signature

Assumed Name (if applicable)

Date

Telephone and Email

Subscribed and sworn to before me this
_____day of _____, 20___.

My commission expires:

Notary Public Signature

Notary Seal

*If the operating agreement, partnership agreement or governing documents requiring execution by multiple members, managers, partners, or joint venturers, please complete and execute additional Contract and EDS Execution Pages.

SECTION 6
COOK COUNTY SIGNATURE PAGE

ON BEHALF OF THE COUNTY OF COOK, A BODY POLITIC AND CORPORATE OF THE STATE OF ILLINOIS, THIS CONTRACT IS HEREBY EXECUTED BY:

Cook County Chief Procurement Officer

Date

APPROVED AS TO FORM:

Assistant State's Attorney
(Required on contracts over $1,000,000

Date

CONTRACT TERM & AMOUNT

Contract #

Original Contract Term

Renewal Options (If Applicable)

Contract Amount

Cook County Board Approval Date (If Applicable)