

#### **AMENDMENT NO. 4**

This Amendment modifies Contract No. 2138-18683, for Various Planning Services Various (Task Orders) by and between the County of Cook, Illinois, herein referred to as "County" and HNTB Corporation, 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 January 13, 2022, (hereinafter referred to as the "Contract"), wherein the Contractor is to provide Various Planning Services Various (Task Orders), (hereinafter referred to as the "Services") from February 1, 2022 through January 31, 2025, in an amount not to exceed \$2,500,000.00, with two (2), one (1) year renewal options; and

Whereas, Amendment No. 1 was authorized by the Chief Procurement Officer on September 14, 2022 to add the Department of Environment and Sustainability to the contract, and increase the contract in the amount of \$149,000.00 and the Total Contract Amount was revised to \$2,649,000.00; and

Whereas, Amendment No. 2 was authorized by the Chief Procurement Officer on January 24, 2023 to include a scope change adding an additional sub-contractor; and

Whereas, Amendment No. 3 was authorized by the County Board on December 19, 2024, to renew the contract through January 31, 2026 beginning February 1, 2025 through January 31, 2026, in the amount of \$1,000,000.00 and the Total Contract Amount was revised to \$3,649,000.00; and

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

Whereas, pursuant to Article 10, Section C of the Contract, the County and Contractor desire to renew the Contract for one (1) year beginning on February 1, 2026 through January 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 January 31, 2027.
2. The attached updated Identification of Sub-Contractors/Suppliers/Sub-Consultants Form, MBE/WBE Utilization Plan forms, certificate of insurance (if updated), and Economic Disclosures Statement under Attachment A are incorporated and made a part of this Contract.
3. All other terms and conditions remain as stated in the Contract.

In witness whereof and pursuant to authority of the Chief Procurement Officer the County and Contractor have caused this Amendment No. 4 to be executed on the date and year last written below.

County of Cook, Illinois

HNTB Corporation

By: Raffi Sarrafian  
Digitally signed by Raffi Sarrafian  
Date: 2026.01.30 11:33:35 -06'00'  
Chief Procurement Officer

  
Signed

Date: \_\_\_\_\_

Christopher B. Gale  
Type or print name

By: James Beligratis  
State's Attorney (if applicable)  
James Beligratis  
Type or print name (if applicable)

President, Great Lakes Division  
Title

Date: 12/4/2025

Date: 10-15-25

**ATTACHMENT A**



**COOK COUNTY**  
**OFFICE OF THE**  
**Chief Procurement**  
**Officer**

161 N. Clark  
Suite 2300  
Chicago, Illinois 60601

Date: October 28, 2025

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

FROM: JEANETTA CARDINE  
Jeanetta Cardine, Deputy Director (BED)  
Office of the Chief Procurement Officer  
Business Enterprise Development (BED)

RE: Contract No. 2138-18683 Amendment 4  
Various Planning Services  
Department of Transportation and Highways  
Competitive Bid: Professional Services  
Contractor: HNTB Corporation  
Original Contract Value: \$450,000.00  
Original Contract Term: 10/1/2020 – 9/30/2023  
Original Contract Value: \$2,500,000.00  
Original Contract Term: 2/1/2022 1/31/2025 plus two (2) one (1) year renewal options.  
Amendment 1 Increased Contract Value: \$149,000.00 from \$2,500,000 to \$2,649,000  
Revised Contract Value: \$2,649,000.00  
Amendment 2 amended Contract's MBE/WBE Utilization Plan with no change to contract value or duration.  
Amendment 3 increases Contract Value: \$1,000,000.00 from \$2,649,000 to \$3,649,000 and extends contract term by 1 year through January 31, 2026  
Revised Contract Value: \$3,649,000.00  
Revised Contract Term: 2/1/2022 - 1/31/2026  
Amendment 4 extends the contract for one year through January 31, 2027, with no change to the value of the contract  
Revised Contract Term: 2/1/2022 – 1/31/2027  
Participation Goal: 35% MBE/WBE

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



**Utilization Plan – Original Award (Based on contract value of \$2,500,000.00)**

<b><u>Subcontractor</u></b>	<b><u>DBE Status</u></b>	<b><u>Certifying Agency</u></b>	<b><u>Commitment (Direct)</u></b>
Quigg Engineering	MBE-AAPI	Cook County	15%
Canete Medina Consulting	MBE-AAPI	City of Chicago	5%
Muse Community	WBE-C-F	City of Chicago	15%
Total			35%

**Utilization Plan – Amendment 1 (Based on contract value of \$2,649,000.00)**

<b><u>Subcontractor</u></b>	<b><u>DBE Status</u></b>	<b><u>Certifying Agency</u></b>	<b><u>Commitment (Direct)</u></b>
Quigg Engineering	MBE-AAPI	Cook County	15%
Canete Medina Consulting	MBE-AAPI	City of Chicago	5%
Muse Community	WBE-C-F	City of Chicago	15%
Total			35%

**Utilization Plan – Amendment 2 (Based on contract value of \$2,649,000.00)**

<b><u>Subcontractor</u></b>	<b><u>DBE Status</u></b>	<b><u>Certifying Agency</u></b>	<b><u>Commitment (Direct)</u></b>
Quigg Engineering	MBE-AAPI	Cook County	15%
Rudd Resources	MBE-AA	City of Chicago	5%
Synnov Group, Inc.	MBE-AAPI	Cook County	5%
Urban Works, Ltd.	MBE-HA	City of Chicago	5%
Muller & Muller, Ltd.	WBE-C-F	City of Chicago	5%
Canete Medina Consulting	MBE-AAPI	City of Chicago	5%
Muse Community	WBE-C-F	City of Chicago	15%
Total			55%

**Utilization Plan – Amendment 3 (Based on contract value of \$3,649,000.00)**

<b><u>Subcontractor</u></b>	<b><u>DBE Status</u></b>	<b><u>Certifying Agency</u></b>	<b><u>Commitment (Direct)</u></b>
Quigg Engineering	MBE-AAPI	Cook County	.33%
Rudd Resources	MBE-AA	City of Chicago	5%
Synnov Group, Inc.	MBE-AAPI	Cook County	5%
Urban Works, Ltd.	MBE-HA	City of Chicago	5%
Muller & Muller, Ltd.	WBE-C-F	City of Chicago	5%
Accurate Group, Inc.	MBE-AAPI	City of Chicago	5%
GSG Consultants, Inc.	MBE-HA	City of Chicago	9%
Muse Community	WBE-C-F	City of Chicago	15%
Total			49.33%



**COOK COUNTY**  
**OFFICE OF THE**  
**Chief Procurement**  
**Officer**

**Utilization Plan – Amendment 4 (Based on contract value of \$3,649,000.00)**

<b><u>Subcontractor</u></b>	<b><u>DBE Status</u></b>	<b><u>Certifying Agency</u></b>	<b><u>Commitment (Direct)</u></b>
Quigg Engineering	MBE-AAPI	Cook County	.33%
Rudd Resources	MBE-AA	City of Chicago	5%
Urban Works, Ltd.	MBE-HA	City of Chicago	5%
Accurate Group, Inc.	MBE-AAPI	City of Chicago	3%
GSG Consultants, Inc.	MBE-HA	City of Chicago	1%
Journey Mobility	WBE-C-F	City of Chicago	2%
Muse Community	WBE-C-F	City of Chicago	15%
Total			31.33%

A partial 3.67% MWBE waiver was granted during the processing of amendment 4.

**\*Quigg Engineering earned \$12,169.10 in credit prior to losing their MBE certification in November 2023 when they were acquired by a No- MWBE Firm. Quigg continues to work on the contract though they are no longer being used for MBE credit.**

**\*\*Canete Medina Consulting was removed from the Utilization Plan during the processing of Amendment 3. The prime HNTB received confirmation from Canete Medina on 10/25/24 that they agreed to be removed from the contract because of the lack of task orders requested by Cook County requiring data or market analysis for freight transportation planning services which is what Canete was to be used for. Canete had not received any work prior to being removed from the contract.**

**\*\*\*\*Synnov Group's services will not be needed on the contract per discussions with County staff regarding anticipated work orders left. They had not been used to date on the contract. Muller and Muller was acquired and no longer hold an MBE or WBE certification. They are being removed in amendment 4 and have not been used to date.**

JC/mk

CC: David Crawl, (OCPO)  
Cho Ng, (DOTH)  
Nathan Roseberry, (DOTH)

# Waiver Meeting Analysis Form

Reviewing Officer: Michael Krug

Date: 10/28/2025

Bidder/Proposer Name: HNTB Corporation

Contract No.: 2138-18683 Amendment no. 4

Commodity: Various Planning Services Various (Task Orders)

Dollar Amount: Amendment no. 4 was time only, total contract value of \$3,649,000.00

MBE/WBE/DBE Goal: 35% MBE/WBE participation (3.67% partial MWBE waiver request)

	Check the appropriate box:		
BIDDER/PROPOSER REQUEST	FULL WAIVER	PARTIAL WAIVER	% OF WAIVER REQUESTED
MBE WAIVER			
WBE WAIVER			
M/WBE WAIVER		✓	3.67%
DBE WAIVER			

**Check each item applicable to Bidder/Proposer reason(s) for a waiver request**

REASON FOR REQUEST	YES	NO	EXPLAINED YES/NO
Lack of sufficient qualified MBEs and/or WBEs capable of providing the goods or services required by the contract.			
The specifications and necessary requirements for performing the contract make it impossible or economically infeasible to divide the contract to enable the contractor to utilize MBEs and/or WBEs in accordance with the applicable participation.			
Price(s) quoted by potential MBEs and/or WBEs are above competitive levels and increase cost of doing business would make acceptance of such MBE and/or WBE bid economically impracticable, taking into consideration the percentage of total contract price represented by such MBE and/or WBE bid.			



## Waiver Meeting Analysis Form

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There are other relevant factors making it impossible or economically infeasible to utilize MBE and/or WBE firms.	✓		Yes
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# Waiver Meeting Analysis Form

**Check each item applicable to Bidder/Proposer good faith efforts to obtain MBE/WBE participation.**

<b>GOOD FAITH EFFORTS</b>	<b>YES</b>	<b>NO</b>
Reviewed list of PCEs maintained by the County to identify qualified PCEs for contract participation.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Divided Procurement elements into discrete tasks, quantities or economically feasible units consistent with the availability of PCEs, to facilitate PCE participation.	<input type="checkbox"/>	<input type="checkbox"/>
Adjusted or offered to adjust relevant insurance requirements or otherwise assisted or offered to assist PCEs in obtaining relevant insurance, where economically feasible, to encourage participation by PCEs.	<input type="checkbox"/>	<input type="checkbox"/>
Made timely attempts to contact PCEs capable of providing relevant goods or services and provide them with a convenient and timely opportunity to obtain, review and respond to all relevant information concerning the Procurement.	<input type="checkbox"/>	<input type="checkbox"/>
Followed up initial contacts of PCEs to determine if they are interested in participating in the Procurement.	<input type="checkbox"/>	<input type="checkbox"/>
Negotiated in good faith and on a timely basis with PCEs to enable them to participate in the Procurement. Evidence of such negotiation shall include full contact information for the relevant PCEs; a description of the information provided regarding relevant plans and specifications for the work; and an explanation as to why an agreement in principle could not be reached.	<input type="checkbox"/>	<input type="checkbox"/>
Made efforts to assist relevant PCEs in obtaining equipment, supplies, materials, or related assistance or services, where appropriate, provided, however, that the PCE remains responsible for actually paying for such items and is in a position to fulfill a commercially useful function.	<input type="checkbox"/>	<input type="checkbox"/>
Established delivery schedules which will encourage participation by PCEs, where the requirements of the Procurement permit.	<input type="checkbox"/>	<input type="checkbox"/>
Used the services and assistance of the CCD's staff.	<input type="checkbox"/>	<input type="checkbox"/>
Timely notified appropriate community and minority and women's business organizations; identified by the OCC as assist agencies, of the opportunity for participation in the Procurement.	<input type="checkbox"/>	<input type="checkbox"/>
Has established a mentor/Protégé agreement with a PCE to help improve or develop the PCEs business, operations, capacity, financial management, reputation or skills, which sets forth the actual or projected effects of such agreement.	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrated to the CCD that no PCE exist with which a mentor/protégé relationship could be established.	<input type="checkbox"/>	<input type="checkbox"/>

**Check item applicable**

<b>Additional Factors</b>	<b>Yes</b>	<b>No</b>
The levels of participation by PCEs set forth in Utilization Plans submitted by other Persons for the same Procurement.	<input type="checkbox"/>	<input type="checkbox"/>
Whether and to what degree the requesting party will endeavor to maximize indirect participation.	<input type="checkbox"/>	<input type="checkbox"/>
Whether the requesting party's has, without sound and demonstrable reasons, rejected PCEs as being unqualified.	<input type="checkbox"/>	<input type="checkbox"/>

# Waiver Meeting Analysis Form

Whether the requesting party's conclusion that PCEs were not available for participation in the procurement is based solely on additional costs associated with such participation

Check item applicable, initial and date.

Reviewing Officer	Grant	Deny	Initial	Date
Recommendation	✓		MGK	10/28/25

## Reason for recommendation:

**Scope of Work:** is to provide the Department of Transportation and Highways with consulting services, to provide various feasibility studies, market analysis, community outreach, and other services to support transportation facility improvements, collectively called "planning services".

**Waiver Details:** HNTB Corporation is requesting a 3.67% MWBE partial waiver. Amendment 4 extends the contract through January 31, 2027, but does not change the value of the contract. However, it has come to attention by HTNB that they may fall short of the MBE/WBE participation goal as it stands. The primary reason for the shortfall on this contract is due to one of their subconsultant's (Quigg Engineering, Inc.) lapse of their MBE certification in November of 2023. At the time that HNTB learned of the certification loss, Quigg Engineering was underway on four separate work orders totaling over \$235,000.00. Only around \$12,000.00 of that can be counted towards the MWBE participation goal. As it was not feasible to replace Quigg Engineering at that time with work already underway, HTNB took several steps to mitigate the participation loss. HNTB also states that on various planning services contracts, MBE/WBE participation is difficult to project in advance, as it depends on the specific work orders that are requested by DOTH. They constantly reevaluate their subconsultants to ensure the right team is in place. As part of that process, they periodically need to update the utilization plan based on current expectations for upcoming work orders, as to the reason for the current partial MBE/WBE waiver request. Benet Haller, Transit Manager for the Cook County Department of Transportation and Highways, confirmed that the upcoming work orders primarily require the use of their non-certified subcontractors, which is why most of the upcoming work cannot be allocated to certified firms to make up the remaining 3.67% MWBE participation shortfall.

## Good Faith Efforts:

HNTB has worked proactively to add new MBE/WBE subconsultant's that could provide the same services as Quigg Engineering. HNTB has added both Accurate Group (MBE) and GSG Consultants (MBE) in lieu of Quigg Engineering on future work orders for those services. On the three additional work orders (14,15, and 16) executed since HNTB learned of Quigg Engineering losing their certification, the MBE/WBE participation was at 47%. Also, had Quigg Engineering not lost their certification, HNTB Corporation would be on track to exceed the 35% MBE/WBE participation as it stands.

# Waiver Meeting Analysis Form

Check item applicable, initial and date.

Waiver Team Member	Agree	Disagree	Initial	Date
Maleya Edwards	✓		ME	10/28/2025
Venice Lewis (absent)			VL	
Dave Bowman	✓		DB	10/28/2025
Andrea Williams	✓		AW	10/28/2025
Gary Gordon (absent)			GG	
Michael Krug (presenter)			MK	10/28/2025
Marco Magana	✓		MM	10/28/2025
Ashle' Bland (absent)			AB	
Mohammad Abdrabo (absent)			MA	
April Johnson (absent)			AJ	

Must have at least two members to vote on a waiver

**Comments:**

Deputy Director (OCPO BED): JEANETTA CARDANE

Approval Date: 10/28/25

Denial Date: \_\_\_\_\_

**Comments (If denied):**

## Waiver Meeting Analysis Form

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**Utilization Plan – Amendment 4 (Based on contract value of \$3,649,000.00)**

<u>Subcontractor</u>	<u>DBE Status</u>	<u>Certifying Agency</u>	<u>Commitment (Direct)</u>
Quigg Engineering	MBE-AAPI	Cook County	.33%
Rudd Resources	MBE-AA	City of Chicago	5%
Urban <u>Works</u> , Ltd.	MBE-HA	City of Chicago	5%
Accurate Group, Inc.	MBE-AAPI	City of Chicago	3%
GSG Consultants, Inc.	MBE-HA	City of Chicago	1%
Journey Mobility	WBE-C-F	City of Chicago	2%
Muse Community	WBE-C-F	City of Chicago	15%
Total			31.33%



## Waiver Meeting Analysis Form

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Raffi Sarrafian  
Chief Procurement Officer  
Cook County  
118 North Clark Street, Room 1018  
Chicago, IL 60602



Re: Contract No. 2138-18683, Amendment #4

October 10, 2025

Dear Mr. Sarrafian,

As requested, HNTB is submitting the attached signed Amendment 4 and supporting documents.

As part of this amendment, HNTB is proposing changes to its roster of subconsultants and MBE/WBE utilization plan. This includes the following changes:

- HNTB is requesting a partial waiver of the contract MBE/WBE requirement, with a proposed reduction of the MBE/WBE goal from 35% to 30%. This is documented in the attached materials, including documentation of reasons for the request and good faith efforts to meet the original goal.
- As documented as part of Amendment 3, Quigg Engineering no longer holds MBE or WBE certification. We wish to note that Quigg Engineering is still included in our utilization plan; Form 1 reflects work previously performed prior to loss of certification. Because they are no longer certified and we do not plan to continue using Quigg Engineering going forward, no ISF or MBE/WBE Form 2 is included for Quigg Engineering.
- Muller and Muller was recently acquired and no longer holds MBE or WBE certification as a result of that acquisition. We propose to remove them from our subconsultant roster, and they are not included in the attached materials. Muller and Muller has not performed any work to date under this contract.
- We no longer anticipate using Synnov Group based on discussions with County staff regarding intended use of this contract, and have thus removed them from our utilization plan. Synnov Group has not performed any work to date under this contract.

If you have any questions, please do not hesitate to contact Steven Brown, contract manager, at (312) 798-0274.

Sincerely,  
**HNTB Corporation**

Christopher B. Gale, PE

Steven Brown, AICP



# CERTIFICATE OF LIABILITY INSURANCE

1/1/2026

DATE (MM/DD/YYYY)

2/5/2025

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).

<b>PRODUCER</b> 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	<b>CONTACT NAME:</b>	
	<b>PHONE (A/C, No, Ext):</b> <b>FAX (A/C, No):</b>	
<b>INSURED</b> 1489174 HNTB CORPORATION ONE SOUTH WACKER DRIVE, SUITE 2500 CHICAGO IL 60606 020	<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>
	INSURER A : Zurich American Insurance Company	16535
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
INSURER F :		

**COVERAGES****CERTIFICATE NUMBER:** 18065855**REVISION NUMBER:** XXXXXXXX

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	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:	Y	Y	GLO 0769451	1/1/2025	1/1/2026	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000 \$
A	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	BAP 0769452	1/1/2025	1/1/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX \$ XXXXXXXX
	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			NOT APPLICABLE			EACH OCCURRENCE \$ XXXXXXXX AGGREGATE \$ XXXXXXXX \$ XXXXXXXX
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> N	Y N/A	WC 0769453	1/1/2025	1/1/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> 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)**

RE: HNTB JOB #75694; RFQ NO. 2138-18682 VARIOUS PLANNING SERVICE. COOK COUNTY, ITS OFFICERS, EMPLOYEES, AND AGENTS ARE ADDITIONAL INSURED AS RESPECTS GENERAL LIABILITY AND AUTO LIABILITY, AND THESE COVERAGES ARE PRIMARY AND NON-CONTRIBUTORY, IF REQUIRED BY WRITTEN CONTRACT. WAIVER OF SUBROGATION APPLIES TO GENERAL LIABILITY, AUTO LIABILITY AND WORKERS COMPENSATION/EMPLOYER'S LIABILITY WHERE ALLOWED BY STATE LAW AND IF REQUIRED BY WRITTEN CONTRACT. SEVERABILITY OF INTERESTS CLAUSE APPLIES TO GENERAL LIABILITY AND AUTO LIABILITY SUBJECT TO POLICY TERMS, CONDITIONS, AND EXCLUSIONS.

**CERTIFICATE HOLDER****CANCELLATION** See Attachments**18065855**COOK COUNTY DEPARTMENT OF  
TRANSPORTATION AND HIGHWAY  
69 WEST WASHINGTON STREET, 24TH FLOOR  
CHICAGO IL 60602

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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POLICY NUMBER: GLO 0769451

COMMERCIAL GENERAL LIABILITY  
CG 20 10 12 19**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.****ADDITIONAL INSURED – OWNERS, LESSEES OR  
CONTRACTORS – SCHEDULED PERSON OR  
ORGANIZATION**

This endorsement modifies insurance provided under the following:

## COMMERCIAL GENERAL LIABILITY COVERAGE PART

**SCHEDULE**

<b>Name Of Additional Insured Person(s) Or Organization(s)</b>	<b>Location(s) Of Covered Operations</b>
ANY PERSON OR ORGANIZATION, WHOM YOU ARE REQUIRED TO ADD AS AN ADDITIONAL INSURED UNDER THIS POLICY UNDER A WRITTEN CONTRACT OR WRITTEN AGREEMENT EXECUTED PRIOR TO A LOSS.	ANY LOCATION OR PROJECT, OTHER THAN A WRAP-UP OR OTHER CONSOLIDATED INSURANCE PROGRAM LOCATION OR PROJECT FOR WHICH INSURANCE IS OTHERWISE SEPARATELY PROVIDED TO YOU BY A WRAP-UP OR OTHER CONSOLIDATED INSURANCE PROGRAM

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

**A. Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. 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 contract or agreement to provide for such additional insured.

**B.** With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

**This insurance does not apply to "bodily injury" or "property damage" occurring after:**

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location 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 a part of the same project.

**C.** With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance**:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable limits of insurance; whichever is less.

This endorsement shall not increase the applicable limits of insurance.

POLICY NUMBER: GLO 0769451

**COMMERCIAL GENERAL LIABILITY**  
**CG 20 37 12 19**

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

## **ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – COMPLETED OPERATIONS**

This endorsement modifies insurance provided under the following:

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

### **SCHEDULE**

<b>Name Of Additional Insured Person(s) Or Organization(s)</b>	<b>Location And Description Of Completed Operations</b>
ANY PERSON OR ORGANIZATION, WHOM YOU ARE REQUIRED TO ADD AS AN ADDITIONAL INSURED UNDER THIS POLICY UNDER A WRITTEN CONTRACT OR WRITTEN AGREEMENT EXECUTED PRIOR TO LOSS	ANY LOCATION OR PROJECT, OTHER THAN A WRAP-UP OR OTHER CONSOLIDATED INSURANCE PROGRAM LOCATION OR PROJECT FOR WHICH INSURANCE IS OTHERWISE SEPARATELY PROVIDED TO YOU BY A WRAP-UP OR OTHER CONSOLIDATED PROGRAM.

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

**A. Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury" or "property damage" caused, in whole or in part, by "your work" at the location designated and described in the Schedule of this endorsement performed for that additional insured and included in the "products-completed operations hazard".

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. 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 contract or agreement to provide for such additional insured.

**B. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance;

whichever is less.

This endorsement shall not increase the applicable limits of insurance.

**CG 20 37 12 19**



POLICY NUMBER: BAP 0769452

COMMERCIAL AUTO  
CA 20 48 10 13

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

## **DESIGNATED INSURED FOR COVERED AUTOS LIABILITY COVERAGE**

This endorsement modifies insurance provided under the following:

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

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

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

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

### **SCHEDULE**

**Name Of Person(s) Or Organization(s):**

ANY PERSON OR ORGANIZATION TO WHOM OR WHICH YOU ARE REQUIRED TO PROVIDE ADDITIONAL INSURED STATUS OR ADDITIONAL INSURED STATUS ON A PRIMARY, NON-CONTRIBUTORY BASIS, IN A WRITTEN CONTRACT OR WRITTEN AGREEMENT EXECUTED PRIOR TO LOSS, EXCEPT WHERE SUCH CONTRACT OR AGREEMENT IS PROHIBITED BY LAW.

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

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

Policy Number: GLO 0769451

## Other Insurance Amendment – Primary And Non-Contributory

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

This endorsement modifies insurance provided under the:  
**Commercial General Liability Coverage Part**

**1. The following paragraph is added to the Other Insurance Condition of Section IV – Commercial General Liability Conditions:**

This insurance is primary insurance to and will not seek contribution from any other insurance available to an additional insured under this policy provided that:

- a. The additional insured is a Named Insured under such other insurance; and
- b. You are required by a written contract or written agreement that this insurance would be primary and would not seek contribution from any other insurance available to the additional insured.

**2. The following paragraph is added to Paragraph 4.b. of the Other Insurance Condition of Section IV – Commercial General Liability Conditions:**

This insurance is excess over:

Any of the other insurance, whether primary, excess, contingent or on any other basis, available to an additional insured, in which the additional insured on our policy is also covered as an additional insured on another policy providing coverage for the same "occurrence", offense, claim or "suit". This provision does not apply to any policy in which the additional insured is a Named Insured on such other policy and where our policy is required by written contract or written agreement to provide coverage to the additional insured on a primary and non-contributory basis.

All other terms and conditions of this policy remain unchanged.

POLICY NUMBER: GLO 0769451

Notification to Others of Cancellation

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the:

- Commercial General Liability Coverage Part
- Liquor Liability Coverage Part
- Products/Completed Operations Liability Coverage Part

A. If we cancel this Coverage Part(s) by written notice to the first Named Insured for any reason other than nonpayment of premium, we will mail or deliver a copy of such written notice of cancellation:

- 1. To the name and address corresponding to each person or organization shown in the Schedule below; and
- 2. At least 10 days prior to the effective date of the cancellation, as advised in our notice to the first Named Insured, or the longer number of days notice if indicated in the Schedule below.

B. If we cancel this Coverage Part(s) by written notice to the first Named Insured for nonpayment of premium, we will mail or deliver a copy of such written notice of cancellation to the name and address corresponding to each person or organization shown in the Schedule below at least 10 days prior to the effective date of such cancellation.

C. If notice as described in Paragraphs A. or B. of this endorsement is mailed, proof of mailing will be sufficient proof of such notice.

SCHEDULE

Name and Address of Other Person(s) / Organization(s):	Name and Address of Other Person(s) / Organization(s):
ANY PERSON OR ORGANIZATION YOU ARE REQUIRED TO PROVIDE NOTICE OF CANCELLATION, NONRENEWAL OR REDUCTION OF INSURANCE, AS DEFINED ABOVE, IN A WRITTEN CONTRACT, WRITTEN AGREEMENT, EXCEPT WHERE SUCH CONTRACT OR AGREEMENT IS PROHIBITED BY LAW.	30

All other terms and conditions of this policy remain unchanged.

**POLICY NUMBER: BAP 0769452**

**Notification to Others of Cancellation**

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READIT CAREFULLY.

This endorsement modifies insurance provided under the:

Commercial Automobile Coverage Part

A. If we cancel this Coverage Part by written notice to the first Named Insured for any reason other than nonpayment of premium, we will mail or deliver a copy of such written notice of cancellation:

- 1. To the name and address corresponding to each person or organization shown in the Schedule below; and
- 2. At least 10 days prior to the effective date of the cancellation, as advised in our notice to the first Named Insured, or the longer number of days notice if indicated in the Schedule below.

B. If we cancel this Coverage Part by written notice to the first Named Insured for nonpayment of premium, we will mail or deliver a copy of such written notice of cancellation to the name and address corresponding to each person or organization shown in the Schedule below at least 10 days prior to the effective date of such cancellation.

C. If notice as described in Paragraphs A. or B. of this endorsement is mailed, proof of mailing will be sufficient proof of such notice.

**SCHEDULE**

Name and Address of Other Person(s) / Organization(s):	Number of Days Notice:
ANY PERSON OR ORGANIZATION YOU ARE REQUIRED TO PROVIDE NOTICE OF CANCELLATION, NONRENEWAL OR REDUCTION OF INSURANCE, AS DEFINED ABOVE, IN A WRITTEN CONTRACT, WRITTEN AGREEMENT, EXCEPT WHERE SUCH CONTRACT OR AGREEMENT IS PROHIBITED BY LAW.	30

All other terms and conditions of this policy remain unchanged.

**U-CA-812-A CW (05/10)**

**POLICY NUMBER: WC 0769453****WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY****WC 99 06 33****NOTIFICATION TO OTHERS OF CANCELLATION ENDORSEMENT**

This endorsement is used to add the following to Part Six of the policy.

**PART SIX  
CONDITIONS**

A. If we cancel this policy by written notice to you for any reason other than nonpayment of premium, we will mail or deliver a copy of such written notice of cancellation to the name and address corresponding to each person or organization shown in the Schedule below. Notification to such person or organization will be provided at least 10 days prior to the effective date of the cancellation, as advised in our notice to you, or the longer number of days notice if indicated in the Schedule below.

B. If we cancel this policy by written notice to you for nonpayment of premium, we will mail or deliver a copy of such written notice of cancellation to the name and address corresponding to each person or organization shown in the Schedule below at least 10 days prior to the effective date of such cancellation.

C. If notice as described in Paragraphs A. or B. of this endorsement is mailed, proof of mailing will be sufficient proof of such notice.

**SCHEDULE**

<b>Name and Address of Other Person(s) / Organization(s):</b>	<b>Number of Days Notice:</b>
<b>ANY PERSON OR ORGANIZATION YOU ARE REQUIRED TO PROVIDE NOTICE OF CANCELLATION, NONRENEWAL OR REDUCTION OF INSURANCE, AS DEFINED ABOVE, IN A WRITTEN CONTRACT, WRITTEN AGREEMENT, EXCEPT WHERE SUCH CONTRACT OR AGREEMENT IS PROHIBITED BY LAW.</b>	<b>30</b>

All other terms and conditions of this policy remain unchanged.

POLICY NUMBER: GLO 0769451

COMMERCIAL GENERAL LIABILITY  
CG 24 04 12 19

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

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

This endorsement modifies insurance provided under the following:

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

### **SCHEDULE**

**Name Of Person(s) Or Organization(s):**

ANY PERSON OR ORGANIZATION THAT REQUIRES YOU TO WAIVE YOUR RIGHTS  
OF RECOVERY, IN A WRITTEN CONTRACT OR AGREEMENT WITH THE NAMED  
INSURED THAT IS EXECUTED PRIOR TO THE ACCIDENT OR LOSS

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 against the person(s)  
or organization(s) shown in the Schedule above  
because of payments we make under this Coverage  
Part. Such waiver by us applies only to the extent that  
the insured has waived its right of recovery against  
such person(s) or organization(s) prior to loss. This  
endorsement applies only to the person(s) or  
organization(s) shown in the Schedule above.

POLICY NUMBER: BAP 0769452

COMMERCIAL AUTO  
CA 04 44 10 13

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

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

This endorsement modifies insurance provided under the following:

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

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

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

### **SCHEDULE**

**Name(s) Of Person(s) Or Organization(s):**

ALL PERSONS AND/OR ORGANIZATIONS THAT ARE REQUIRED BY WRITTEN CONTRACT OR AGREEMENT WITH THE INSURED, EXECUTED PRIOR TO THE ACCIDENT OR LOSS, THAT WAIVER OF SUBROGATION BE PROVIDED UNDER THIS POLICY

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

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

POLICY NUMBER: WC 0769453

**WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY**

**WC 00 03 13**

(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**

ALL PERSONS AND/OR ORGANIZATIONS THAT ARE REQUIRED BY WRITTEN CONTRACT OR AGREEMENT WITH THE INSURED, EXECUTED PRIOR TO THE ACCIDENT OR LOSS, THAT WAIVER OF SUBROGATION BE PROVIDED UNDER THIS POLICY FOR WORK PERFORMED BY YOU FOR THAT PERSON AND/OR ORGANIZATION

**WC 00 03 13**

(Ed. 4-84)

□ 1983 National Council on Compensation Insurance.





# CERTIFICATE OF LIABILITY INSURANCE

1/1/2026

DATE (MM/DD/YYYY)

11/25/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> 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	<b>CONTACT NAME:</b>
	<b>PHONE</b> (A/C, No, Ext):
<b>INSURED</b> 1445016 HNTB CORPORATION ONE SOUTH WACKER DRIVE, SUITE 2500 CHICAGO IL 60606 020	<b>FAX</b> (A/C, No):
	<b>E-MAIL ADDRESS:</b>
	<b>INSURER(S) AFFORDING COVERAGE</b>
	<b>INSURER A:</b> AIG Specialty Insurance Company
	<b>INSURER B:</b>
	<b>INSURER C:</b>
<b>INSURER D:</b>	
<b>INSURER E:</b>	
<b>INSURER F:</b>	

**COVERAGES** **CERTIFICATE NUMBER:** 18065872 **REVISION NUMBER:** XXXXXXXX

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 SUBR INSR / WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:		NOT APPLICABLE			EACH OCCURRENCE \$ XXXXXXXX DAMAGE TO RENTED PREMISES (Ea occurrence) \$ XXXXXXXX MED EXP (Any one person) \$ XXXXXXXX PERSONAL & ADV INJURY \$ XXXXXXXX GENERAL AGGREGATE \$ XXXXXXXX PRODUCTS - COMP/OP AGG \$ XXXXXXXX \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		NOT APPLICABLE			COMBINED SINGLE LIMIT (Ea accident) \$ XXXXXXXX BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX \$ XXXXXXXX
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$		NOT APPLICABLE			EACH OCCURRENCE \$ XXXXXXXX AGGREGATE \$ XXXXXXXX \$ XXXXXXXX
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input type="checkbox"/> N/A		NOT APPLICABLE			PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ XXXXXXXX E.L. DISEASE - EA EMPLOYEE \$ XXXXXXXX E.L. DISEASE - POLICY LIMIT \$ XXXXXXXX
A	<b>CONTRACTORS POLLUTION LIABILITY</b>	N Y	CPO1367512	1/1/2025	1/1/2026	\$1,000,000 EACH LOSS/AGGREGATE

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

RE: HNTB JOB #75694; RFQ NO. 2138-18682 VARIOUS PLANNING SERVICE. WAIVER OF SUBROGATION APPLIES TO CONTRACTOR'S POLLUTION LIABILITY WHERE ALLOWED BY STATE LAW AND IF REQUIRED BY WRITTEN CONTRACT.

**CERTIFICATE HOLDER**

18065872

COOK COUNTY DEPARTMENT OF  
TRANSPORTATION AND HIGHWAY  
69 WEST WASHINGTON STREET, 24TH FLOOR  
CHICAGO IL 60602

**CANCELLATION** See Attachments

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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**ENDORSEMENT NO. 5**

**Policy no.:** CPO1367512

**Issued to:** HNTB HOLDINGS LTD

**By:** AIG Specialty Insurance Company

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

**LIMITED ADVICE OF CANCELLATION TO ENTITIES OTHER THAN THE NAMED INSURED**

**ENDORSEMENT**

It is hereby agreed that:

1. The following is added to Section **V. CONDITIONS**:

In the event that the Company cancels, non-renews or materially changes (defined as a reduction in the Limits of Liability shown in Item 3 of the Declarations page, other than by payment of **Loss**), this Policy for any reason other than nonpayment of premium, and

1. The cancellation effective date is prior to this Policy's expiration date,
2. The **First Named Insured** is under an existing contractual obligation to notify a certificate holder when this Policy is canceled, non-renewed or materially changed (hereinafter, the "Certificate Holder(s)") and has provided to the **Insurer**, either directly or through its broker of record, either:

- (a) the name of the entity shown on the certificate, and the mailing address of such entity, or
- (b) the email address of the contact at such entity,

and the Company received this information after the **First Named Insured** receives notice of cancellation, non-renewal or material change of this Policy and prior to this Policy's cancellation effective date, via an electronic spreadsheet that is acceptable to the **Insurer**, the Company will provide advice of cancellation, non-renewal or material change (the "Advice") to such Certificate Holder(s).

Proof of the Company emailing or mailing of the Advice, using the information provided by the **First Named Insured**, will serve as proof that the Company has fully satisfied its obligations under this endorsement.

This Endorsement does not affect, in any way, coverage provided under this Policy or the cancellation, non-renewal or reduction in the Limits of Liability shown in Item 3 of the Declarations page of this Policy or the effective date thereof, nor shall this Endorsement invest any rights in any entity not insured under this Policy.

Solely with respect to this Endorsement, the following is added to Section **VI. DEFINITIONS**: **First Named Insured** means the **Named Insured** shown on the Declarations Page of this Policy.

All other terms, conditions and exclusions remain the same.

**Policy no.:** CPO 1367512

**Issued to:** HNTB HOLDINGS LTD

**By:** AIG SPECIALTY INSURANCE COMPANY

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

It is hereby agreed that:

2. Section **V. CONDITIONS**, Paragraph **K. SUBROGATION** and Paragraph **M. CANCELLATION** are deleted in their entirety and replaced with the following:

**K. SUBROGATION**

If there is a payment made by the Company under this Policy, the Company shall be subrogated to all the **Insured's** rights of recovery against any person or organization. The **Insured** shall cooperate with the Company and do whatever is necessary to secure these rights. The **Insured** shall do nothing after a **Loss** to waive or prejudice such rights.

Any recovery as a result of subrogation proceedings arising out of payment of **Loss** under this Policy (net of expenses incurred in making such recovery) shall accrue first to the **Insured** to the extent of any payment in excess of the limit of coverage of the Policy, then pro-rata to the **Insured** and the Company in proportion to the amount each actually paid as a result of judgment, settlement or defense of a **Claim** or **Emergency Response Costs**.

Notwithstanding anything to the contrary in this Condition K., the Company hereby expressly waives any rights of subrogation against an entity where such right has been waived in writing by the **Insured** prior to a **Claim, Loss** or **Emergency Response Costs**.



**Cook County  
Office of the Chief Procurement Officer**

**Economic Disclosure Statement Recertification Affidavit**

Applicant/Holder Name: HNTB Corporation

Contract #: 2138-18683

Address: 1 South Wacker Drive, Suite

City: Chicago

County: 2500 Cook

State: Illinois

Zip: 60606

Phone: (312) 930-9119

Email: cgale@hntb.com

**Instructions**

If the Applicant is a corporation, the President must execute this affidavit. If executed by someone other than the President, attach hereto a certified copy of that section of the Corporate By-Laws or other authorization, satisfactory to the County that permits the person to execute this affidavit for the corporation.

If the Applicant is a partnership or joint venture, all partners or joint venturers must execute this affidavit, unless one partner or joint venturer has been authorized to sign.

If the Applicant is a member-managed LLC all members must execute this affidavit, unless otherwise provided in the operating agreement, resolution or other corporate documents.

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

This recertification is being submitted in connection with

Contract Name: Contract No. 2138-18683, for Various Planning Services

Under penalty of perjury, the person signing below: (1) warrants that he/she is authorized to execute this Economic Disclosure Statement ("EDS") recertification on behalf of the Applicant/Holder, (2) warrants that all certifications and statements contained in the Applicant/Holder's last submitted EDS dated are true, accurate and complete as of the date furnished to the County and continue to be true, accurate and complete as of the date of this recertification, and (3) reaffirms its acknowledgments.

Recertification of:

- ☒ Certifications (SECTION 2), if applicable, as updated on: 7/1/2024
- ☒ Economic and Other Disclosures (SECTION 3), if applicable, as updated on: 7/1/2024
- ☒ Cook County Child Support Affidavit (Please submit any additional Child Support Obligations as an attachment to this form), if applicable, as updated on: 7/1/2024
- ☒ Cook County Disclosure of Ownership Interest Statement, if applicable, as updated on: 7/1/2024
- ☒ Cook County Board of Ethics Familial Relationship Disclosure Form, if applicable, as updated on: 7/1/2024
- ☒ Cook County Affidavit for Wage Theft Ordinance (SECTION 4), if applicable, as updated on: 7/1/2024

If your recertification of any of the above is related to information contained in an updated form submitted after the last submitted full EDS, please indicate the date such information was updated.

IMPORTANT: If you are unable to re-certify any section(s) of your previous EDS, please submit a truthful, fully updated version of that section(s) of the EDS including separate signatures where required.

By: HNTB Corporation

Date: 10-15-25

(Print or type legal name of Applicant/Holder)

*Christopher B. Gale*

President or authorized signatory (Signature)

Print or type name of President or authorized signatory:

Christopher B. Gale

Title of signatory:

President, Great Lakes Division

Subscribed and sworn to before me on this 15 day of October, 2025

Notary Public Signature: *Mary Christine Graham*



Mary Christine Graham  
Notary Public, State of Ohio  
My Commission Expires:  
April 2, 2030





**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:

- |                                  |  |                                       |
|----------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Parent  | <input type="checkbox"/> Grandparent     | <input type="checkbox"/> Stepfather   |
| <input type="checkbox"/> Child   | <input type="checkbox"/> Grandchild      | <input type="checkbox"/> Stepmother   |
| <input type="checkbox"/> Brother | <input type="checkbox"/> Father-in-law   | <input type="checkbox"/> Stepson      |
| <input type="checkbox"/> Sister  | <input type="checkbox"/> Mother-in-law   | <input type="checkbox"/> Stepdaughter |
| <input type="checkbox"/> Aunt    | <input type="checkbox"/> Son-in-law      | <input type="checkbox"/> Stepbrother  |
| <input type="checkbox"/> Uncle   | <input type="checkbox"/> Daughter-in-law | <input type="checkbox"/> Stepsister   |
| <input type="checkbox"/> Niece   | <input type="checkbox"/> Brother-in-law  | <input type="checkbox"/> Halfbrother  |
| <input type="checkbox"/> Nephew  | <input type="checkbox"/> Sister-in-law   | <input type="checkbox"/> Halfsister   |

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

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**A. PERSON DOING OR SEEKING TO DO BUSINESS WITH THE COUNTY**Name of Person Doing Business with the County: HNTB CorporationAddress of Person Doing Business with the County: One South Wacker Drive, Suite 2500, Chicago, IL 60606Phone number of Person Doing Business with the County: (312) 930-9119Email address of Person Doing Business with the County: cgale@hntb.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:

Christopher B Gale, Great Lakes Division President, One South Wacker Drive, Suite 2500, Chicago, IL 60606

**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 preceding 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: 2183-18683

The aggregate dollar value of the business you are doing or seeking to do with the County: \$ 3,649,000.00

The name, title and contact information for the County official(s) or employee(s) involved in negotiating the business you are doing or seeking to do with the County: \_\_\_\_\_

David Crawl, Contract Negotiator, Office of the Chief Procurement Officer, (312) 603-0831

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: \_\_\_\_\_

Jesse Elam, Bureau Chief, Strategic Planning Bureau, Department of Transportation and Highways, (312) 603-1652

**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			

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

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

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

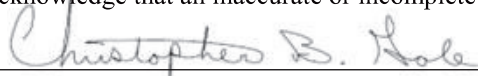
Name of Officer for Business Entity Doing Business with the County	Name of Related County Employee or State, County or Municipal Elected Official	Title and Position of Related County Employee or State, County or Municipal Elected Official	Nature of Familial Relationship*



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

*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.

	10/30/2025
Signature of Recipient	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.