AMENDMENT NO. 2

This Amendment modifies Contract No. 2316-10193, for Emergency Contract - Provident Hospital Elevator Modernization by and between the County of Cook, Illinois, herein referred to as "County" and Anderson Elevator Company, 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 Chief Procurement Officer on May 22, 2024, (hereinafter referred to as the "Contract"), wherein the Contractor is to provide Emergency Contract - Provident Hospital Elevator Modernization (hereinafter referred to as the "Services") from May 20, 2024 through May 19, 2025, in an amount not to exceed $658,000.00, with no renewal options; and

Whereas, Amendment No. 1 was executed by the Chief Procurement Officer on November 11, 2025, to extend the Contract for one (1) year beginning May 20, 2025 through May 19, 2026, in the amount of $9,884.24 and the Total Contract Amount was revised to $667,884.24; and

Whereas, the Contract will expire May 19, 2026, and the agreed upon Services are still required; and

Whereas, pursuant to GC-04 of the Contract, the County and Contractor desire to extend the Contract for one (1) year beginning on May 20, 2026 through May 19, 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 extended through May 19, 2027.

2. The attached updated certificate of insurance under Attachment A is 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 the authority of the Chief Procurement Officer, the County and Contractor have caused this Amendment No. 2 to be executed on the date and year last written below.

Signature page follows

County of Cook, Illinois

By: Raffi Sarrafian
Digitally signed by Raffi Sarrafian
Date: 2026.06.04 09:17:31 -05'00'

Raffi Sarrafian, Chief Procurement Officer

Date: _____

By: _____
State's Attorney (if applicable)

_____
Type or print name (if applicable)

Date: _____

Anderson Elevator Company

_____
Signed

Greg Gibbs
Type or print name

Vice President
Title

Date: 5/19/2026

SOUTIND-01 KSABATINO

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 5/21/2026

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 Belmont Insurance Brokerage, Inc. 123 N Wacker Dr Ste 1160 Chicago, IL 60606-1712	CONTACT NAME: Taylor McGrath PHONE (A/C, No, Ext): (773) 560-4186 FAX (A/C, No): E-MAIL ADDRESS: coi@trustbelmont.com
INSURED Southwest Industries Dba Anderson Elevator 2801 S 19th Ave Broadview, IL 60155	INSURER(S) AFFORDING COVERAGE — NAIC # INSURER A : Great American Insurance Company — 16691 INSURER B : Selective Ins Co Of South Carolina — 19259 INSURER C : Palomar Excess And Surplus Insurance Co — 16754 INSURER D : Insurance Company Of The West — 27847 INSURER E : Ascot Insurance Company — 23752 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: POLICY X PRO-JECT LOC OTHER:			GLP529222002	3/31/2026	3/31/2027	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG ANNUAL AGGREGAT	$ 1,000,000 $ 300,000 $ 10,000 $ 1,000,000 $ 4,000,000 $ 4,000,000 $ 10,000,000
B	AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY SCHEDULED AUTOS HIRED AUTOS ONLY NON-OWNED AUTOS ONLY			S 2733581	3/31/2026	3/31/2027	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $
C	UMBRELLA LIAB X OCCUR X EXCESS LIAB CLAIMS-MADE DED X RETENTION $ 0			CEPXP-26-0000256-00	3/31/2026	3/31/2027	EACH OCCURRENCE AGGREGATE	$ 2,000,000 $ 2,000,000
D	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		WIL 5089098 00	3/31/2026	3/31/2027	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
E	Excess Liability			ESXS2610006167-01	3/31/2026	3/31/2027	Each Occ/Aggregate	3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Contract No. 2316-10193 for the Provident Hospital Elevator Modernization

Cook County, its officials, employees and agents shall be listed as Additional Insured(s) on a primary and non-contributory basis in regards to the General Liability, Automobile Liability, and Excess Liability when required by a written contract or agreement. A waiver of subrogation shall also apply to the Additional Insureds in regards to the General Liability, Automobile Liability, Workers Compensation and Excess Liability when required by a written contract or agreement. A 30 day notice of cancellation shall also apply.

CERTIFICATE HOLDER

Provident Hospital
500 E 51st St
Chicago, IL 60615

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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