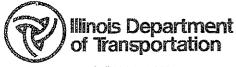
BLR 12320 (Rev. 01/09/14)

				Count	y Lake
			Lo	cal Public Agenc	y LCDOT
				Section Numbe	r 13-00139-06-DR
				Route	CH 64
1.	THIS AGREEMENT, made and concluded the		day of		
	between the County				Month and Year
	acting by and through its County Board				as the party of the first part, and
	Berger Excavating Contractors, Inc.	***************************************	his/their i		rators, successors or assigns,
	known as the party of the second part.		(110) ((10))	exceutors, aurimis	rators, successors or assigns,
2.	Witnesseth: That for and in consideration of the be made and performed by the party of the first presents, the party of the second part agrees with all the work, furnish all materials and all lab specifications hereinafter described, and in full of the Engineer under it.	ith said p or nece	party of the firs	o the terms expres it part at his/their or	sed in the Bond referring to these wn proper cost and expense to do
	And it is also understood and agreed that the Business Office, Apprenticeship or Training Prog Section 13-00139-06-DR . in La	LPA F gram Ce ake Cou	ruiication, and	Contract Bond her	al Provisions, Affidavit of Illinois eto attached, and the Plans for
	approved by the Illinois Department of Transport	tation on	Not Applica	ible are	essential documents of this
	contract and are a part hereof.		Da	ite	The state of the s
	N WITNESS WHEREOF, The said parties have	evecutor	d those press	de en de la lata	
Atte					/e mentioned.
		The		of Lake	
	Clerk	Ву "		Party of the Fi	
(Sea	al)			Party of the Fi	rst Part
				(If a Corp	ooration)
		Corpo	orate Name	~	•
		Ву		THE CALL	verting Contractors Inc
		Бу	President		Party of the Second Part
				O	
Attes	ot			(If a Co-Pa	rtnership)
Alles					
	Seffense Seffense				
	Secretary				

			Partne	ers doing Business	under the firm name of
				Party of the S	econd Part
				(If an ind	ividual)
		•	y waterick havings govided they appeared Mellings of the hiddings was	Party of the S	econd Part
Printed	d 7/23/2015	P	Page 1 of 2	, , ,	DI D doore in



Bond #929618693

Contract Bond

"Issued in 4 counterparts"	County Local Agency	
We , Berger Excavating Contractors, Inc., 1205 Garland Road, Wat	uconda, IL 60084	
a/an)	under the laws of the Sta	ite of <u>IL</u> ,
are held and firmly bound unto the above Local Agency (hereafter refe	rred to as "LA") in the per	as SURETY,
Dollars(United States, well and truly to be paid unto said LA, for the payment of administrators, successors, jointly to pay to the LA this sum under the		s, our heirs, executors,

WHEREAS THE CONDITION OF THE FOREGOING OBLIGATION IS SUCH that, the said Principal has entered into a written contract with the LA acting through its awarding authority for the construction of work on the above section, which contract is hereby referred to and made a part hereof, as if written herein at length, and whereby the said Principal has promised and agreed to perform said work in accordance with the terms of said contract, and has promised to pay all sums of money due for any labor, materials, apparatus, fixtures or machinery furnished to such Principal for the purpose of performing such work and has further agreed to pay all direct and indirect damages to any person, firm, company or corporation suffered or sustained on account of the performance of such work during the time thereof and until such work is completed and accepted; and has further agreed that this bond shall inure to the benefit of any person, firm, company or corporation to whom any money may be due from the Principal, subcontractor or otherwise for any such labor, materials, apparatus, fixtures or machinery so furnished and that suit may be maintained on such bond by any such person, firm, company or corporation for the recovery of any such money.

NOW THEREFORE, if the said Principal shall well and truly perform said work in accordance with the terms of said contract, and shall pay all sums of money due or to become due for any labor, materials, apparatus, fixtures or machinery furnished to him for the purpose of constructing such work, and shall commence and complete the work within the time prescribed in said contract, and shall pay and discharge all damages, direct and indirect, that may be suffered or sustained on account of such work during the time of the performance thereof and until the said work shall have been accepted, and shall hold the LA and its awarding authority harmless on account of any such damages and shall in all respects fully and faithfully comply with all the provisions, conditions and requirements of said contract, then this obligation to be void; otherwise to remain in full force and effect.

Berger Excavating Contractors, Inc. By: Company Name (Company Name) By: (Signature & Title) Attest: (Signature & Title) Attest: (Signature & Title) (If PRINCIPAL is a joint venture of two or more contractors, the company names and authorized signature of each contractor must be affixed.) If PRINCIPAL is a joint venture of two or more contractors, the company names and authorized signature of each contractor must be affixed.) If PRINCIPAL is a joint venture of two or more contractors, the company names and authorized signature of each contractor must be affixed. If International is the company is a present of the company names and authorized signature of each contractor must be affixed by the company name of individuals signing on behalf or PRINCIPAL) who are each personally known to me to be the same persons whose names are subscribed instrument as their fee and voluntary and purposes therein set forth. Given under my hand and notarial seal this 23 day of 100 miles	Berger Excavating Contractors, Inc. (Company Name) By: (Company Name) By: (Signature & Title) Attest: (Signature & Title) Attest: (Signature & Title) (If PRINCIPAL is a joint venture of two or more contractors, the company names and authorized signature of each contractor must be affixed.) STATE OF ILLINOIS, COUNTY OF (Insert names of individuals signing on behalf or PRINCIPAL) who are each personally known to me to be the same persons whose names are subscribed to the foregoing instrument as their free and voluntary act for the uses and purposes therein set forth. Given under my hand and notarial seal this My commission expires (Signature & Title) (Insert names of individuals signing on behalf or PRINCIPAL) who are each personally known to me to be the same persons whose names are subscribed to the foregoing instrument of PRINCIPAL, appeared before me this day in person and acknowledged respectively, that they sign of PRINCIPAL, appeared before me this day in person and acknowledged respectively, that they sign of PRINCIPAL is a proposed by the foregoing instrument of PRINCIPAL. We stern Surety Company (Name of Surety) SURETY By: (Signature & Title) (Signature & Title) (Signature & Title) (Signature of PRINCIPAL) (Signature of Interperin-Fact) (Signature of Attractor in the uses and purposes therein set forth. (Signature of Attractor in the uses and purposes therein set forth. (Signature of Attractor in the uses and purposes therein set forth. (Signature of Attractor in the uses and purposes therein set forth. NOTAR PUBLIC TRACTOR IN THE PUBLIC T	OF, the said PRINCIPAL and the said SURETY have caused this instrument to be e officers this 23rd day of July A.D. 2015
By: Company Name) By: Company Name) By: (Signature & Title) Attest: (Signature & Title) Attest: (Signature & Title) (Attest: (Signature & Title) (Sign	By: Company Name By: (Signature & Title) Attest: Signature & Title Attest: (Signature & Title) Attest: (Signature & Title) Attest: (Signature & Title) (If PRINCIPAL is a joint venture of two or more contractors, the company names and authorized signature of each contractor must be affixed.) STATE OF ILLINOIS, COUNTY OF	
By: Signature & Title) Attest: (Signature & Title) ((If PRINCIPAL is a joint venture of two or more contractors, the company names and authorized signature of each contractor must be affixed.) STATE OF ILLINOIS, COUNTY OF Lake I. A Notary Public in and for said county, do hereby certify that who are each personally known to me to be the same persons whose names are subscribed to the foregoing instrument of PRINCIPAL, appeared before me this day in person and acknowledged respectively, that they signed PRINCIPAL instrument as their free and voluntary act for the uses and purposes therein set forth. Given under my hand and notarial seal this SURETY (Name of Surety) SURETY Western Surety Company We lissa Schmidt A totary Public in and for said county, do hereby certify that SURETY (Signature & Title) (Signature of Altorney-in-Fact) (Signature of Altorney-in-Fact) (Signature & Title) (Signature of Altorney-in-Fact) (By: Signature & Title Signature & Title Attest: Signature & Title Attest: Signature & Title (If PRINCIPAL is a joint venture of two or more contractors, the company names and authorized signature of each contractor must be affixed.) STATE OF ILLINOIS,	
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Attest: (Signature & Title) (If PRINCIPAL is a joint venture of two or more contractors, the company names and authorized signature of each contractor must be affixed.) STATE OF ILLINOIS. COUNTY OF	Attest: (Signature & Title) (If PRINCIPAL is a joint venture of two or more contractors, the company names and authorized signature of each contractor must be affixed.) STATE OF ILLINOIS, COUNTY OF (Insert names of individuals signing on behalf or PRINCIPAL) who are each personally known to me to be the same persons whose names are subscribed to the foregoing instrument on behalf of PRINCIPAL, appeared before me this day in person and acknowledged respectively, that they signed instrument as their free and voluntary act for the uses and purposes therein set forth. Given under my hand and notarial seal this My commission expires Attest: (Signature & Title) (Insert names of individuals signing on behalf or PRINCIPAL) who are each personally known to me to be the same persons whose names are subscribed to the foregoing instrument on behalf of PRINCIPAL) Western street free and voluntary act for the uses and purposes therein set forth. STATE OF ILLINOIS Western Surety Company (Name of Surety) SURETY Western Surety Company (Name of Surety) SURETY Western Surety Company (Signature of Attorney-in-Fact) (Signature of Attor	
(if PRINCIPAL is a joint venture of two or more contractors, the company names and authorized signature of each contractor must be affixed.) STATE OF ILLINOIS. COUNTY OF	(Signature & Title) (If PRINCIPAL is a joint venture of two or more contractors, the company names and authorized signature of each contractor must be affixed.) STATE OF ILLINOIS, COUNTY OF I, AN Otary Public in and for said county, do hereby certify that (Insert names of individuals signing on behalf or PRINCIPAL) who are each personally known to me to be the same persons whose names are subscribed to the foregoing instrument of PRINCIPAL, appeared before me this day in person and acknowledged respectively, that they signed (PRINCIPAL) who are each personally known to me to be the same persons whose names are subscribed to the foregoing instrument as their free and voluntary act for the uses and purposes therein set forth. Given under my hand and notarial seal this Alignature of Attorney-in-Fact) (Signature & Title) (Signature & Title) (Signature of Attorney-in-Fact)	
STATE OF ILLINOIS, COUNTY OF	STATE OF ILLINOIS, COUNTY OF	(Signature & Title) (Signature & Title)
(Insert names of individuals signing on behalf or PRINCIPAL) who are each personally known to me to be the same persons whose names are subscribed to the foregoing instrument as their free and voluntary act for the uses and purposes therein set forth. Given under my hand and notarial seal this SURETY Western Surety Company (Name of Surety) STATE OF ILLINOIS. COUNTY OF DuPage I, Meliasa Schmidt Relly A. Gardner (Insert names of individuals signing on behalf or PRINCIPAL) who are each personally known to me to be the same persons whose names are subscribed to the foregoing instrument on behalf of SURETY, appeared before me this day in person and acknowledged respectively, that they signed and delivered said instrument as their free and voluntary act for the uses and purposes thereins set forth. Given under my hand and notarial seal this 23 day of Surety SURETY By: (Signature of Altorepy-in-Fact)	COUNTY OF	it venture of two of more contractors, the company names and authorized signature of each contractor must be
(Insert names of individuals signing on behalf or PRINCIPAL) who are each personally known to me to be the same persons whose names are subscribed to the foregoing instrument as their free and voluntary act for the uses and purposes therein set forth. Given under my hand and notarial seal this SURETY Western Surety Company (Name of Surety) STATE OF ILLINOIS. COUNTY OF DuPage I, Meliasa Schmidt Relly A. Gardner (Insert names of individuals signing on behalf or PRINCIPAL) who are each personally known to me to be the same persons whose names are subscribed to the foregoing instrument on behalf of SURETY, appeared before me this day in person and acknowledged respectively, that they signed and delivered said instrument as their free and voluntary act for the uses and purposes thereins set forth. Given under my hand and notarial seal this 23 day of Surety SURETY By: (Signature of Altorepy-in-Fact)	COUNTY OF	
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(Insert names of individuals signing on behalf or PRINCIPAL) who are each personally known to me to be the same persons whose names are subscribed to the foreocine instrument as their free and voluntary act for the uses and purposes therein set forth. Given under my hand and notarial seal this SURETY Western Surety Company (Name of Surety) SURETY Western Surety Company (Name of Surety) SURETY Western Surety Company (Name of Surety) (Signature of Attoney-in-Fact) (Signature of Attoney-in-Fact) (Signature of Attoney-in-Fact) (Signature of Attoney-in-Fact) (Insert names of individuals signing on behalf or SURETY) who are each personally known to me to be the same persons whose names are subscribed to the foregoing instrument on behalf of SURETY, appeared before me this day in person and acknowledged respectively, that they signed and delivered said instrument as their free and voluntary act for the uses and purposes therein set forth. My commission expires May 14, 2016 My commission expires May 14, 2016 (Clerk (Awarding Authority)	(Insert names of individuals signing on behalf or PRINCIPAL) who are each personally known to me to be the same persons whose names are subscribed to the foregoing instrument on behalf or PRINCIPAL, appeared before me this day in person and acknowledged respectively, that they signed instrument as their free and voluntary act for the uses and purposes therein set forth. Given under my hand and notarial seal this My commission expires Western Surety Company (Name of Surety) STATE OF ILLINOIS. COUNTY OF DuPage I, Melissa Schmidt Relly A. Gardner (Insert names of individuals signing on behalf or SURETY)	
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SURETY (Name of Surety) STATE OF ILLINOIS. COUNTY OF DuPage I, Melissa Schmidt Relly A. Gardner (Insert names of individuals signing on behalf or SURETY) who are each personally known to me to be the same persons whose names are subscribed to the foregoing instrument on behalf of SURETY, appeared before me this day in person and acknowledged respectively, that they signed and delivered said instrument as their free and voluntary act for the uses and purposes therein set forth. Given under my hand and notarial seal this 23rd day of July My commission expires May 14, 2016 My commission expires May 14, 2016 Approved this day of Attorney-in-Fact) (Signature of Attorney-in-Fact) (SEAL)	Western Surety Company (Name of Surety) STATE OF ILLINOIS. COUNTY OF DuPage I, Melissa Schmidt Relly A. Gardner (Insert names of individuals signing on behalf or SURETY) SURETY By: June 1. Signature of Attorney-in-Fact) (Signature of Attorney-in-Fact) (SEAL) (SEAL)	S VI 13 / 18 (Seem) SWEET MY COMMISSION EXPIRES 11/13/18 \$
Western Surety Company (Name of Surety) STATE OF ILLINOIS. COUNTY OF DuPage I, Melissa Schmidt Relly A. Gardner (Insert names of individuals signing on behalf or SURETY) who are each personally known to me to be the same persons whose names are subscribed to the foregoing instrument on behalf of SURETY, appeared before me this day in person and acknowledged respectively, that they signed and delivered said instrument as their free and voluntary act for the uses and purposes therein set forth. Given under my hand and notarial seal this 23rd day of July My commission expires May 14, 2016 Approved this day of A.D. (Awarding Authority) Clerk	Western Surety Company (Name of Surety) STATE OF ILLINOIS. COUNTY OF DuPage I, Melissa Schmidt Kelly A. Gardner Kelly A. Gardner (Insert names of individuals signing on behalf or SURETY) By: Lunch (Signature of Attorney-in-Fact) Kelly A. Gardner (Signature of Attorney-in-Fact) Kelly A. Gardner (SEAL)	Notary Public
(Name of Surety) STATE OF ILLINOIS. COUNTY OF DuPage I, Melissa Schmidt , a Notary Public in and for said county, do hereby certify that Kelly A. Gardner (Insert names of individuals signing on behalf or SURETY) who are each personally known to me to be the same persons whose names are subscribed to the foregoing instrument on behalf of SURETY, appeared before me this day in person and acknowledged respectively, that they signed and delivered said instrument as their free and voluntary act for the uses and purposes therein set forth. Given under my hand and notarial seal this 23rd day of July My commission expires May 14, 2016 My commission expires May 14, 2016 My commission expires May 14, 2016 (Awarding Authority)	(Name of Surety) STATE OF ILLINOIS. COUNTY OF DuPage I, Melissa Schmidt , a Notary Public in and for said county, do hereby certify that Kelly A. Gardner (Insert names of individuals signing on behalf or SURETY)	SURETY
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Melissa Schmidt , a Notary Public in and for said county, do hereby certify that	I, Melissa Schmidt , a Notary Public in and for said county, do hereby certify that Kelly A. Gardner (Insert names of individuals signing on behalf or SURETY)	(SEAL)
Relly A. Gardner	Kelly A. Gardner (Insert names of individuals signing on behalf or SURETY)	
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(Insert names of individuals signing on behalf or SURETY) who are each personally known to me to be the same persons whose names are subscribed to the foregoing instrument on behalf of SURETY, appeared before me this day in person and acknowledged respectively, that they signed and delivered said instrument as their free and voluntary act for the uses and purposes therein set forth. Given under my hand and notarial seal this 23rd day of July A.D. 2015 My commission expires May 14, 2016 Approved this day of A.D. (Awarding Authority) Approved this Clerk	(Insert names of individuals signing on behalf or SURETY)	
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Approved this day of, A.D	Given under my hand and notatial sear this	y hand and notatial seal this day of
Approved this day of, A.D	My commission expires May 14, 2016	s May 14, 2016 Note Public Not
Approved this day of, A.D	COMMISSIC-STAMIDT	COMMISSIONS
Attest: (Awarding Authority)	TOOM EXPIRES OF LUNDIS	A STAPIRES OF THE INVOICE OF
(Awarding Authority)	Approved this day of, A.D	day of , A.D
Clerk	Attest:	and the same of th
Clerk	(Awarding Authority)	(Awarding Authority)
Clerk		
(Chairman/Mayor/President)	CIERK (Chairman/Mayor/President)	Clerk (Chairman/Mayor/President)

Page 2 of 2 Printed on 7/23/2015 5:17:44 AM IL 494-0372

BLR 12321 (Rev. 7/05)

Western Surety Company

POWER OF ATTORNEY APPOINTING INDIVIDUAL ATTORNEY-IN-FACT

Know All Men By These Presents, That WESTERN SURETY COMPANY, a South Dakota corporation, is a duly organized and existing corporation having its principal office in the City of Sioux Falls, and State of South Dakota, and that it does by virtue of the signature and seal herein affixed hereby make, constitute and appoint

Kelly A. Gardner, Individually

its true and lawful Attorney(s)-in-Fact with full power and authority hereby conferred to sign, seal and execute for and on its of Westmont IL behalf bonds, undertakings and other obligatory instruments of similar nature

- In Unlimited Amounts -

Surety Bond No.: 929618693

Principal: Berger Excavating Contractors, Inc.

Obligee: Lake County Department of Transportation

and to bind it thereby as fully and to the same extent as if such instruments were signed by a duly authorized officer of the corporation and all the acts of said Attorney, pursuant to the authority hereby given, are hereby ratified and confirmed.

This Power of Attorney is made and executed pursuant to and by authority of the By-Law printed on the reverse hereof, duly adopted, as indicated, by the shareholders of the corporation.

In Witness Whereof, WESTERN SURETY COMPANY has caused these presents to be signed by its Vice President and its corporate seal to be hereto affixed on this 22nd day of May, 2015.

WESTERN SURETY COMPANY

State of South Dakota County of Minnehaha

On this 22nd day of May, 2015, before me personally came Paul T. Bruflat, to me known, who, being by me duly sworn, did depose and say: that he resides in the City of Sioux Falls, State of South Dakota; that he is the Vice President of WESTERN SURETY COMPANY described in and which executed the above instrument; that he knows the seal of said corporation; that the seal affixed to the said instrument is such corporate seal; that it was so affixed pursuant to authority given by the Board of Directors of said corporation and that he signed his name thereto pursuant to like authority, and acknowledges same to be the act and deed of said corporation.

My commission expires

February 12, 2021



CERTIFICATE

I, L. Nelson, Assistant Secretary of WESTERN SURETY COMPANY do hereby certify that the Power of Attorney hereinabove set forth is still in force, and further certify that the By-Law of the corporation printed on the reverse hereof is still in force. In testimony whereof I have hereunto subscribed my name and affixed the seal of the said corporation this 23rd day of



WESTERN SURETY COMPANY

. Relson Assistant Secretary



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 7/30/2015

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 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: Suzi Stephens		
Assurance Agency, Ltd.		PHONE (A/C, No. Ext):(847) 463-7232	FAX (A/C, No):847-44	10-9123
One Century Centre 1750 E. Golf Road		E-MAIL ADDRESS:sstephens@assuranceagency.com		
Schaumburg IL 60173-		INSURER(S) AFFORDING COVERAGE		NAIC#
		INSURER A :Old Republic General Insurance		24139
INSURED	BERGEXC-02	INSURER B :Great American		
Berger Excavating Contractors, Inc.		INSURER C:Travelers Casualty & Surety Co		
1205 Garland Road		INSURER D:		* · · · · · · · · · · · · · · · · · · ·
Wauconda IL 60084-		INSURER E :		
		INSURER F:		
	EDITICIO A TE AUMEDED 40000	DEVISION MIII	MDCD.	

COVERAGES CERTIFICATE NUMBER: 77313280

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, FXCLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

NSR LTR	TYPE OF INSURANCE	ADDL SUI	BR VD POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	5
4	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY		A5CG06281502	7/1/2015	7/1/2016	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$2,000,000 \$300,000
Ì	CLAIMS-MADE X OCCUR	ļ				MED EXP (Any one person)	\$10,000
	Viene seed					PERSONAL & ADV INJURY	\$2,000,000
						GENERAL AGGREGATE	\$4,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO- X LOC		000 mm			PRODUCTS - COMP/OP AGG	\$4,000,000 \$
۹ .	AUTOMOBILE LIABILITY		A5CA06281502	7/1/2015	7/1/2016	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	X ANY AUTO				· alexandra	BODILY INJURY (Per person)	\$
	ALL OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	X HIRED AUTOS X NON-OWNED AUTOS		COALCA TO THE CO			PROPERTY DAMAGE (Per accident)	\$
			***************************************	i .			\$
	X UMBRELLA LIAB X OCCUR		TUU052073602	7/1/2015	7/1/2016	EACH OCCURRENCE	\$10,000,000
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$10,000,000
	DED X RETENTION \$ 10,000						\$
,	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		A5CW06281502	7/1/2015	7/1/2016	X WC STATU- OTH- TORY LIMITS ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A				E.L. EACH ACCIDENT	\$1,000,000
	(Mandatory in NH)	1876				E.L. DISEASE - EA EMPLOYEE	\$1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$1,000,000
:	Leased/Rented		QT6609F333171	7/1/2015	7/1/2016	Limit	\$25,000

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

RE: 1567 - Diamond Lake Road

It is agreed that the following are added as Additional Insured on the General Liability on a Primary and Non-Contributory basis, when required by written contract, as respects to operations performed by the Named Insured in connection with this project:

-The County of Lake and its officers, agents, and employees -Illinois Department of Transportation (IDOT)

CERTIFICATE HOLDER	CANCELLATION
Lake County Department of Transportation 600 W Winchester Road	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Libertyville IL 60048	AUTHORIZED REPRESENTATIVE
:	Daniel & Klarasa

OLD REPUBLIC GENERAL INSURANCE CORPORATION

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

Name of Person or Organization:	
Where contract specifically requires CG 20 10 10 01 form	

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

- A. Section II Who Is An Insured is amended to include as an insured the person or organization shown in the Schedule, but only with respect to liability arising out of your ongoing operations performed for that insured.
- B. With respect to the insurance afforded to these additional insureds, the following exclusion is added:
 - 2. Exclusions

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 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 a part of the same project.

Named Insured	Berger Excavating Contractors, Inc.				
Policy Number	A5CG06281502	Endorsement No.			
Policy Period	7/1/2015 to 7/1/2016	Endorsement Effective Date:	7/1/2015		
Producer's Name:	Assurance Agency, Ltd.				
Producer Number:	847.797.5700				

	7/1/2015
AUTHORIZED REPRESENTATIVE	DATE

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OLD REPUBLIC GENERAL INSURANCE CORPORATION

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

Name of Person or Organization:

SCHEDULE

Where contract spec	oifically requires CG 20 37	10 01 form			
Location And Desc	ription of Completed Ope	erations:			
Any and all.					
(If no entry appears a applicable to this end	above, information required orsement.)	to complete this endorsement wi	II be shown in the Declarations a		
Schedule, but only wi	ith respect to liability arisin	to include as an insured the per g out of "your work" at the location at insured and included in the "pro	n designated and described in th		
Named Insured	Berger Excavating Conf	tractors, Inc.			
Policy Number	A5CG06281502	Endorsement No.			
Policy Period	7/1/2015 to 7/1/2016	Endorsement Effective Date:	7/1/2015		
Producer's Name:	Assurance Agency, Ltd.				
Producer Number:	847.797.5700				
		7/1/201	5		
AUTHORIZED REPR	RESENTATIVE	DATE			

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