of Transp	ortation	Contract Bond
	Route	Robert McClory Bike
	County	Lake
	Local Agency	LCDOT
	Section	17-00173-15-DR
	Bond #	1243108
We, Campanella & Sons	a, Inc.	
39207 N. Magnetics Blvd	. Wadsworth, IL. 60083	
a/an) 🗌 Individual 🗌 C	o-partnership 🛛 Corporation organized under the laws of the Sta	ate of _Delaware,
as PRINCIPAL, andCi	ncinnati Insurance Company	
6200 S. Gilmore Rd. Fairfiel	d, OH. 45014	as SURETY,
	nto the above Local Agency (hereafter referred to as "LA") in the pe	nal sum of
Two Hundred Four Thousar	nd Eight Hundred Seventy Six Dollars and Fifteen Cents	
	Dollars(\$204,876.15	), lawful money of the
United States, well and truly	to be paid unto said LA, for the payment of which we bind ourselve	es, our heirs, executors,

Draft

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.

administrators, successors, jointly to pay to the LA this sum under the conditions of this instrument.

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.

Approved this day of	day of <u>December</u> A.D. <u>2017</u>
By:	By:
By:       Signature & Title)         Attest:       Signature & Title)         (If PRINCIPAL is a joint/venture of two or more contractors, affixed.)       STATE OF ILLINOIS,         COUNTY OF       Lake         I,       Patricia Strickland         Suzanne Zupec       (Insert names of individual strickland         Suzanne Zupec       (Insert names of individual strickland         My commission expires       PATRICIA STRICKLAND         My commission expires       PATRICIA STRICKLAND         Mortaery Public Strate of ILLINOIS.       COUNTY OF         COUNTY OF       Lake         I,       Patricia Strickland         My commission expires       PATRICIA STRICKLAND         Mortaery Public Strate of ILLINOIS.       COUNTY OF         COUNTY OF       Lake         I,       Patricia Strickland         Andrew J. Condon       (Insert names of individual strickland         Mortaery Public Strickland       (Insert names of individual strickland         My commission expires       (Insert names of individual strickland         My conder each personally known to me to be the same of SURETY, appeared before me this day in person instrument as their free and voluntary act for the use Given under my hand and notarial seal this       11th         My commission expires       PATRICIA STRICKLAND MORAWING SUP	By:
Attest:	(Signature & Title) Attest: (Signature & Title) the company names and authorized signature of each contractor must be , a Notary Public in and for said county, do hereby certify that duals signing on behalf or PRINCIPAL) e persons whose names are subscribed to the foregoing instrument on behalf on and acknowledged respectively, that they signed and delivered said s and purposes therein set forth. day of December A.D. 2017 Within Markov (SEAL)
(If PRINCIPAL is a joint venture of two or more contractors, affixed.)         STATE OF ILLINOIS,         COUNTY OFLake	Attest:
(If PRINCIPAL is a joint/venture of two or more contractors, affixed.)         STATE OF ILLINOIS,         COUNTY OF Lake         I, Patricia Strickland         Suzanne Zupec         (Insert names of individe who are each personally known to me to be the sam of PRINCIPAL, appeared before me this day in perso instrument as their free and voluntary act for the use Given under my hand and notarial seal-this         My commission expires       PATRICIAL SEAL         My commission expires       PATRICK PUBLIC, STATE OF ILLINOIS.         COUNTY OF Lake       I.         I, Patricia Strickland       MY COMMISSION EXPIRES 02:07:2018         Cincinnati Insurance Company       (Name of Surety)         STATE OF ILLINOIS.       COUNTY OF Lake         I, Patricia Strickland       (Insert names of individe who are each personally known to me to be the sam of SURETY, appeared before me this day in person instrument as their free and voluntary act for the use Given under my hand and notarial seal this 11th         My commission expires       PATRICIA STATE OF ILLINOIS         My commission expires       PATRICIA STATE OF ILLINOIS         Approved this	the company names and authorized signature of each contractor must be , a Notary Public in and for said county, do hereby certify that duals signing on behalf or PRINCIPAL) e persons whose names are subscribed to the foregoing instrument on behalf on and acknowledged respectively, that they signed and delivered said s and purposes therein set forth. day of December A.D. 2017 Within Markov (SEAL)
COUNTY OF Lake          I.       Patricia Strickland         Suzanne Zupec       (Insert names of individual search personally known to me to be the same of PRINCIPAL, appeared before me this day in personality known to the use Given under my hand and notarial search this search of PRINCIPAL, appeared before me this day in personality known to me to be the same of PRINCIPAL, appeared before me this day in personality (Name of Surety)         My commission expires       OFFICIAL SEAL PATRICIA STRICKLAND NOTARY PUBLIC. STATE OF ILLINOIS.         COUNTY OF       Lake         I,       Patricia Strickland         Andrew J. Condon       (Insert names of individual search personally known to me to be the same of SURETY, appeared before me this day in personal instrument as their free and voluntary act for the use Given under my hand and notarial seal this	duals signing on behalf or PRINCIPAL) e persons whose names are subscribed to the foregoing instrument on behalt on and acknowledged respectively, that they signed and delivered said s and purposes therein set forth. day of <u>December</u> A.D. <u>2017</u> Attitude (SEAL)
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of PRINCIPAL, appeared before me this day in pers instrument as their free and voluntary act for the use Given under my hand and notarial seal this       14th         My commission expires       PATRICIA STRICKLAND MOTARY PUBLIC. STATE OF ILLINOIS         Cincinnati Insurance Company (Name of Surety)         STATE OF ILLINOIS.         COUNTY OF       Lake         1,       Patricia Strickland         Andrew J. Condon         (Insert names of indiv         who are each personally known to me to be the sam of SURETY, appeared before me this day in person instrument as their free and voluntary act for the use Given under my hand and notarial seal this         My commission expires         OFFICIAL SEAL My commission expires	on and acknowledged respectively, that they signed and delivered said s and purposes therein set forth. day of <u>December</u> A.D. <u>2017</u> Attuined to the set of the se
(Name of Surety) STATE OF ILLINOIS. COUNTY OF <u>Lake I, Patricia Strickland Andrew J. Condon (Insert names of indiv who are each personally known to me to be the sam of SURETY, appeared before me this day in person instrument as their free and voluntary act for the use Given under my hand and notarial seal this <u>11th</u> My commission expires PATRICIA STRICKLAND NOTARY PUBLIC STATE OF ILLINOIS WY COMMISSION EXPIRES 02-07-2018 Approved this day of</u>	Notary Public (SEAL)
(Name of Surety) STATE OF ILLINOIS. COUNTY OF <u>Lake I, Patricia Strickland Andrew J. Condon (Insert names of indiv who are each personally known to me to be the sam of SURETY, appeared before me this day in person instrument as their free and voluntary act for the use Given under my hand and notarial seal this <u>11th</u> My commission expires PATRICIA STRICKLAND NOTARY PUBLIC STATE OF ILLINOIS MY COMMISSION EXPIRES 02-07-2018 Approved this day of</u>	SURETY
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COUNTY OF Lake  I. Patricia Strickland  Andrew J. Condon  (Insert names of indiv who are each personally known to me to be the sam of SURETY, appeared before me this day in person instrument as their free and voluntary act for the use Given under my hand and notarial seal this	(Signature of Attorney-in-Fact)
I, Patricia Strickland Andrew J. Condon (Insert names of indiv who are each personally known to me to be the sam of SURETY, appeared before me this day in person instrument as their free and voluntary act for the use Given under my hand and notarial seal this 11th My commission expires PATRICIA STRICKLAND NOTARY PUBLIC STATE OF ILLINOIS MY COMMISSION EXPIRES 02-07-2018 Approved this day of	ESEAL
Andrew J. Condon  (Insert names of indiv who are each personally known to me to be the sam of SURETY, appeared before me this day in person instrument as their free and voluntary act for the use Given under my hand and notarial seal this	OHIO
(Insert names of indiv who are each personally known to me to be the sam of SURETY, appeared before me this day in person instrument as their free and voluntary act for the use Given under my hand and notarial seal this	, a Notary Public in and for said county, do hereby certify that
who are each personally known to me to be the sam of SURETY, appeared before me this day in person instrument as their free and voluntary act for the use Given under my hand and notarial seal this	
who are each personally known to me to be the sam of SURETY, appeared before me this day in person instrument as their free and voluntary act for the use Given under my hand and notarial seal this	iduals signing on behalf or SURETY)
My commission expires PATRICIA STRICKLAND NOTARY PUBLIC STATE OF ILLINOIS MY COMMISSION EXPIRES 02-07-2018	duals signing of behall of SORETT)
	and acknowledged respectively, that they signed and delivered said
	and acknowledged respectively, that they signed and delivered said and purposes therein set forth.
Attest:	and acknowledged respectively, that they signed and delivered said and purposes therein set forth. day of <u>December</u> A.D. <u>2017</u> A.D. <u>2017</u> Motary Public (SEAL)
	and acknowledged respectively, that they signed and delivered said and purposes therein set forth. day of <u>December</u> A.D. <u>2017</u> A.D. <u>2017</u>
Clerk	and acknowledged respectively, that they signed and delivered said and purposes therein set forth. day of <u>December</u> A.D. <u>2017</u> A.D. <u>2017</u> Motary Public (SEAL)
	and purposes therein set forth. day of <u>December</u> A.D. <u>2017</u> A.D. <u>(SEAL)</u> Notary Public (SEAL)

### THE CINCINNATI INSURANCE COMPANY

Fairfield, Ohio

### POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That THE CINCINNATI INSURANCE COMPANY, a corporation organized under the laws of the State of Ohio, and having its principal office in the City of Fairfield, Ohio, does hereby constitute and appoint

James W. Leech; Michael K. Best; Kelley R. Eccles; Andrew J. Condon and/or Amber D. Schultz

of Zion, Illinois and deliver on its behalf as Surety, and as its act and deed, any and all bonds, policies, undertakings, or other like instruments, as follows: Any such obligations in the United States, up to

Fifteen Million and No/100 Dollars (\$15,000,000.00).

This appointment is made under and by authority of the following resolution passed by the Board of Directors of said Company at a meeting held in the principal office of the Company, a quorum being present and voting, on the 6<sup>th</sup> day of December, 1958, which resolution is still in effect:

"RESOLVED, that the President or any Vice President be hereby authorized, and empowered to appoint Attorneys-in-Fact of the Company to execute any and all bonds, policies, undertakings, or other like instruments on behalf of the Corporation, and may authorize any officer or any such Attorney-in-Fact to affix the corporate seal; and may with or without cause modify or revoke any such appointment or authority. Any such writings so executed by such Attorneys-in-Fact shall be binding upon the Company as if they had been duly executed and acknowledged by the regularly elected officers of the Company."

This Power of Attorney is signed and sealed by facsimile under and by the authority of the following Resolution adopted by the Board of Directors of the Company at a meeting duly called and held on the 7<sup>th</sup> day of December, 1973.

"RESOLVED, that the signature of the President or a Vice President and the seal of the Company may be affixed by facsimile on any power of attorney granted, and the signature of the Secretary or Assistant Secretary and the seal of the Company may be affixed by facsimile to any certificate of any such power and any such power of certificate bearing such facsimile signature and seal shall be valid and binding on the Company. Any such power so executed and sealed and certified by certificate so executed and sealed shall, with respect to any bond or undertaking to which it is attached, continue to be valid and binding on the Company."

IN WITNESS WHEREOF, THE CINCINNATI INSURANCE COMPANY has caused these presents to be sealed with its corporate seal, duly attested by its Vice President this 8th day of March, 2017.

THE CINCINNATI INSURANCE COMPANY

Vice President

STATE OF OHIO ) ss: COUNTY OF BUTLER )

CORPORAT

On this 8<sup>th</sup> day of March, 2017, before me came the above-named Vice President of THE CINCINNATI INSURANCE COMPANY, to me personally known to be the officer described herein, and acknowledged that the seal affixed to the preceding instrument is the corporate seal of said Company and the corporate seal and the signature of the officer were duly affixed and subscribed to said instrument by the authority and direction of said corporation.



MARK J. HULLER, Attorney at Law NOTARY PUBLIC - STATE OF OHIO My commission has no expiration date. Section 147.03 O.R.C.

I, the undersigned Secretary or Assistant Secretary of THE CINCINNATI INSURANCE COMPANY, hereby certify that the above is a true and correct copy of the Original Power of Attorney issued by said Company, and do hereby further certify that the said Power of Attorney is still in full force and effect.

GIVEN under my hand and seal of said Company at Fairfield, Ohio.

December 2017



tun D Dan

Secretary

A	C	CFRT	IFI		ATE OF LIAB		SURA			(MM/DD/YYYY)
	HIS	CERTIFICATE IS ISSUED AS A		-		10 10 P				/05/2018
E F		TIFICATE DOES NOT AFFIRMAT OW. THIS CERTIFICATE OF IN RESENTATIVE OR PRODUCER, A	IVEL SURA ND 1	Y O ANCE THE (	R NEGATIVELY AMEND, E DOES NOT CONSTITUT CERTIFICATE HOLDER.	EXTEND OR ALT E A CONTRACT	ER THE CO	VERAGE AFFORDED E	3Y THI (S), AI	E POLICIES UTHORIZED
t	he t	DRTANT: If the certificate holder erms and conditions of the policy ficate holder in lieu of such endor	, cer	tain	policies may require an en	oolicy(ies) must b dorsement. A sta	e endorsed. tement on th	If SUBROGATION IS W his certificate does not o	AIVED	, subject to rights to the
	DUC					CONTACT James	N. Leech			
171 Zio	7 Le n, IL	Bridges, Inc. ewis Avenue _ 60099 W. Leech				PHONE (A/C, No, Ext): 847-87 E-MAIL ADDRESS:	2-4982	FAX (A/C, No):	847-8	72-2528
	103	W. Leech				INS	URER(S) AFFOR	DING COVERAGE		NAIC #
						INSURER A : BITCO				
INS	JRED	<ul> <li>Campanella &amp; Sons, Inc.</li> <li>P.O. Box 32</li> </ul>				INSURER B : QBE S	pecialty			
		39207 North Magnetics E	Blvd			INSURER C :				
		Wadsworth, IL 60083				INSURER D :				
						INSURER E :				
co	VE	RAGES CER	TIF	CAT	E NUMBER:	INSURER F :		REVISION NUMBER:		
Т	HIS	IS TO CERTIFY THAT THE POLICIES	S OF	INSU	RANCE LISTED BELOW HAV	E BEEN ISSUED TO	THE INSURE	D NAMED ABOVE FOR T	HE POI	ICY PERIOD
	idiç Ert	CATED. NOTWITHSTANDING ANY RI TFICATE MAY BE ISSUED OR MAY USIONS AND CONDITIONS OF SUCH	EQUII PER1	reme Tain	INT, TERM OR CONDITION ( THE INSURANCE AFFORDE	OF ANY CONTRACT	OR OTHER	DOCUMENT WITH RESPE	CT TO	WHICH THIS
INSR LTR		TYPE OF INSURANCE		SUBR WVD		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	-							EACH OCCURRENCE	\$	1,000,000
A	X		X	X	CLP 3650334	03/01/2018	03/01/2019	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
		CLAIMS-MADE X OCCUR						MED EXP (Any one person)	\$	10,000
	-							PERSONAL & ADV INJURY	\$	1,000,000
	-							GENERAL AGGREGATE	\$	2,000,000
	GE							PRODUCTS - COMP/OP AGG	\$	2,000,000
	AU		-					COMBINED SINGLE LIMIT	\$	4 000 000
A	X	ANY AUTO	x	x	CAP 3650338	03/01/2018	03/01/2019	(Ea accident) BODILY INJURY (Per person)	\$ \$	1,000,000
	-	ALL OWNED SCHEDULED				00/01/2010	00/01/2013	BODILY INJURY (Per accident)	\$	
		AUTOS AUTOS HIRED AUTOS AUTOS						PROPERTY DAMAGE (PER ACCIDENT)	\$	
								(FER ACCIDENT)	\$	
	X	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
в	X	EXCESS LIAB CLAIMS-MADE	X	X	MQSX00005527-01	03/01/2018	03/01/2019	AGGREGATE	\$	5,000,000
		DED RETENTION \$							\$	
	ANI	D EMPLOYERS' LIABILITY Y / N			10 2050220			X WC STATU- TORY LIMITS OTH- ER		
Α	OFF		N / A	X	WC 3650332	03/01/2018	03/01/2019	E.L. EACH ACCIDENT	\$	1,000,000
	If ve	andatory in NH) es, describe under SCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE		1,000,000
	DE	SCRIPTION OF OPERATIONS BEIOW		-				E.L. DISEASE - POLICY LIMIT	\$	1,000,000
DES	RIP	TION OF OPERATIONS / LOCATIONS / VEHIC	LES (/	Attach	ACORD 101, Additional Remarks So	chedule, if more space is	required)			
Rob	ert	McClory Bike Path Emer Dn: 17-00173-15-DR	gen	су 8	Storm Sewer Replace	ments				
sec	ĻΙU	JH: 17-00173-13-DR								
CE	RTIF	FICATE HOLDER				CANCELLATION				
		Lake County and Lake County Divisior	ı				DATE THE	ESCRIBED POLICIES BE C. EREOF, NOTICE WILL I Y PROVISIONS.		
		of Transportation			E. E.		NTATIVE			
		600 W Winchester Rd Libertyville, IL 60048				-J-a		auch		
			_	_					_	

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Lake County and its officers, agents, and employees and the Lake County Division of Transportation and its officers, agents and employees are listed as Additional Insured.

The Additional Insured (Lake County) coverage shall be on a primary and non-contributory basis with respect to the General Liability and Auto Liability in favor of Lake County, and the coverage shall cover "products and completed operations" as well as "on-going operations," with a waiver of subrogation in favor of Lake County.

A 30 day written notice of cancellation, alteration, or material change, to the Holder/Additional Insureds applies.

## THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IS CAREFULLY.

# ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

### COMMERCIAL GENERAL LIABILITY COVERAGE PART

### SCHEDULE

Name Of Additional Insured Person(s) or Organization(s)						
Lake County and its officers, agents, and employees and the Lake County						
Division of Transportation and its officers, agents and employees						

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

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 the liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

- A. In the performance of your ongoing operations; or
- B. In connection with your premises owned by or rented to you.

# 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: Policy # CLP 3650334

### COMMERCIAL GENERAL LIABILITY COVERAGE PART

### SCHEDULE

Name of Additional Insured Person(s) or Organization(s):	Location and Description of Completed Operations
Lake County and its officers, agents, and employees and the Lake County Division of Transportation and its officers, agents and employees	Robert McClory Bike Path Emergency Storm Sewer Replacements Section: 17-00173-15-DR

Section II – Who is an Insured is amended to inclued 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".

#### ILLINOIS DEPARTMENT OF TRANSPORTATION

Request for Approval of Change in Plans

Date: 2/5/2018

3.3.

1

Request:

To: Department of Transportation LCDOT/SCHAUMBURG

1

I recommend that an addition be made to the above contract.

The estimated quantities are shown below and the contractor agrees to furnish the materials and do the work at the contract unit prices.

Local Agency: Lake County

Name: Robert McClory Bike Path Emergency Storm Sewer Repairs Section: 17-00173-15-DR

Contractor: Campanella & Sons, Inc. Address: 39207 N. Magnetics Blvd. Wadsworth, IL 60083 Contract Amount:

P/O No.:

				P/O No.:		
Item			Changed	Unit		
#	Description	Unit	Quantity	Price	Additions	Deductions
601	Soil Disposal Analysis	EACH	4.00	\$1,860.00	\$7,440.00	\$0.00
502	Special Waste Plans & Report	LSUM	1.00	\$2,654.00	\$2,654.00	\$0.00
503	Non-Special Waste Disposal	CU YD	50.00	\$104.25	\$5,212.50	\$0.00
504	Trench Backfill FA-6	CU YD	125.00	\$66.90	\$8,362.50	\$0.00
505	Trench Backfill CA-6	CU YD	20.00	\$77.10	\$1,542.00	\$0.00
					\$0.00	\$0.00
					\$0.00	\$0.00
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					\$0.00	\$0.00
					\$0.00	\$0.00
					\$0.00	\$0.00
			тс	DTALS	\$25,211.00	\$0.00

Request: 1		NET CHANGE	\$25,211.00	\$0.00
Net ADDITION change to date	\$25,211.00 which is	0.000 % of the	e contract price	

State fully the nature and reason for change:

501-505 Unable to keep extra material on site due to drainage issues

When the net increase or decrease in the cost of the contract is \$10,000 or more or the time of completion is increased or decreased by 30 days or more, one of the following statements shall be checked.

- The undersigned determined that the circumstances which necessitated this change were not reasonably foreseeable at the time the contract was signed.
- The undersigned determined that the circumstances which necessitated this change were not within the contemplation of the contract as signed.
- The undersigned determined that this change is in the best interest of the local agency and is authorized by law.

Made By Print Name Joseph Munno Date 2 Checked By 18 Accounting Date 2 Approval Date 2/6/18 Recommended ha County Engineer

BLR13210

Submit 3 copies of this form to Regional Engineer (4 copies for road district) updated GP 8/16 (for use on projects without MFT funding)

# Rey # 5004604

### **Request for Approval** of Change in Plans

Date:		7/9/2018				Local Agency:	Lake County
Request No.	2 x Final					Project Name: M	AcClory Emergency Storm Sewer
Contractor:	Campanella & Sons, Inc.					Section No.: 1	7-00173-15-DR
Address:	39207 N. Magnetics Blvd.					Contract Amount:	\$ 204,876.1
	Wadsworth, IL 60083					P/O No.: 1	
I recommend th	at this	addition	be made	to	the above contract.		

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MFT Funds Included:

The estimated quantities are shown below and the contractor agrees to furnish the materials and do the work at the unit prices. Addition(A) or Item # Item Description Unit Changed Quantity Unit Price **Total Addition** Total Deduction Deduction(D) PERIMETER EROSION BARRIER 1 FOOT 352.00 5.00 D \$ -\$ 1,760.00 2 FILTER FABRIC SQ YD 10.110 10.00 A \$ 101.10 \$ -3 AGGREGATE BASE COURSE TYPE B TON 3.05 115.85 A \$ 353.34 \$ -AGGREGATE SURFACE COURSE, TYPE B 4 TON 49.46 98.15 A \$ 4,854.50 \$ -5 PROTECTIVE COAT SQ YD 22.00 10.00 D \$ -S 220.00 6 CONCRETE HEADWALL REMOVAL EACH 4.00 1,125.00 A \$ 4,500.00 \$ -7 CONCRETE STRUCTURES CU YD 2.32 1,794.25 D \$ 4,162.66 -S 8 REINFORCEMENT BARS POUND 0.44 0.01 D \$ 0.00 . \$ 9 STORM SEWERS, RUBBER GASKET, CLASS A, TYPE 3 72" FOOT 17.08 346.50 D \$ 5,918.22 . \$ 10 REMOVING MANHOLES EACH 1.00 777.50 D \$ 777.50 \$ . 13 STORM SEWER REMOVAL FOOT 17.08 13.25 D \$ 226.31 \$ -16 SEEDING (COMPLETE) SQ YD 4505.30 12.00 A S 54,063.60 \$ . 503 Non-Special Waste Disposal CU YD 50.00 104,25 D 5,212.50 S \$ • 504 Trench Backfill FA-6 CU YD 54.82 66.90 A \$ 3,667.46 \$ . 505 Trench Backfill CA-6 CU YD 14.84 77.10 A \$ 1,144.16 \$ . 506 Excess Spoil Disposal LOAD 76.00 455.00 A \$ 34,580.00 \$ -507 Install extra barrel/cone sections for 10' MH EACH 1.00 3.353.29 Α \$ 3.353.29 \$ -508 Furnish and install 2' MH EACH 1.00 3,027,33 Α \$ 3,027.33 \$ • 509 Furnish and install 12" Storm Sewer FOOT 17.00 110.00 A \$ 1,870.00 \$ • 510 Rip Rap #4 Installation TON 37.72 183.40 A S 6.917.85 \$ . 511 Traffic Control Credit L SUM 1.00 (600.00)Â \$ (600.00) \$ -Patch Asphalt Parking Lot at Angel's Tow Yard 701 DOLLAR 2398.87 1.00 A \$ 2,398.87 \$ • 702 Remove CIP Storm Sewer DOLLAR 29015.33 1.00 Α S 29.015.33 \$ -Connection To Ex. Storm Sewer 703 DOLLAR 11017.90 1.00 Α S 11.017.90 S -704 Fence Removal and Installation DOLLAR 2826.20 1.00 Â \$ 2,826.20 \$ • S \$ • . \$ -\$ -S . S -S -\$ . \$ -\$ ..... \$ ÷. \$ -S S -. S -\$ . \$ S . -S -\$ . \$ \$ ÷. • \$ -\$ . S . S -18,277.19

Total Changes: \$ 163.090.93 \$

Request No2	Total Net Change:	\$	144,813.74				
	Amount of Original Contract:	\$	204,876.15				
	Amount of Dravious Change Orders		05 044 00				
	Amount of Previous Change Orders:		25,211.00				
	Amount of adjusted/final contract:	\$	374,900.89				
	Total net	addition	to date _\$	170,024.74	which is	82.99	% of the contract price.
State fully the nature and reason for the change: 1-16, 503-505- Final Balancing							
506-511- Addition of new items for Emergency Storm Sewer Repair	0						
701-704- Force accounts for Emergency Storm Sewer Repair							
When the net increase or decrease in the cost of the contract is \$10,00	0.00 or more, or the time of completion is incl	reased or decreas	ed by 30 days or mo	re, one of the fo	llowing state	ments must	be checked:
(for LCDOT, please check a box at all times)							
X The undersigned has determined that the circu	mstances which necessitate this change were	e not reasonably fo	preseeable at the tim	e the contract w	as signed.		
The undersigned has determined that the chan	ge is germane to the original contract as sign	ed.					
The undersigned has determined that this char	ge is in the best interest of the Local Agency	and is authorized	by law.				
Prepared By:	Date:	7/9/2018					
Print Name & Title: Joseph Munno, Resident Engineer							
	2	7101	-				
Checked By:	ette Date:	11911	5				

Date: 7

Date:

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Accounting:

County Engineer

Note: BLR 13210 as updated for LCDOT by GP 6/1/18 Submit 2 copies of this form to IDOT per Agreement of Understanding for MFT projects

Approvai Recommended: