



Contract Bond

Bond #1243108

BLR 12321 (Rev. 7/05)

IN TESTIMONY WHEREOF, the said PRINCIPAL and the said SURETY have caused this instrument to be signed by their respective officers this 11th day of December A.D. 2017

PRINCIPAL

Campanella & Sons, Inc.

(Company Name)

By: *Suzanne Zupac*

(Signature & Title)

Attest: *Mary Bevan*

(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, Patricia Strickland, a Notary Public in and for said county, do hereby certify that

Suzanne Zupac

(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 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 11th day of December A.D. 2017

My commission expires



Patricia Strickland
Notary Public

(SEAL)

SURETY

Cincinnati Insurance Company

(Name of Surety)

By: *[Signature]*

(Signature of Attorney-in-Fact)



STATE OF ILLINOIS.

COUNTY OF Lake

I, Patricia Strickland, a Notary Public in and for said county, do hereby certify that

Andrew J. Condon

(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 11th day of December A.D. 2017

My commission expires



Patricia Strickland
Notary Public

(SEAL)

Approved this _____ day of _____, A.D. _____

Attest:

(Awarding Authority)

Clerk

(Chairman/Mayor/President)

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 6th 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 7th 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.



STATE OF OHIO) ss:
COUNTY OF BUTLER)

THE CINCINNATI INSURANCE COMPANY

Stephen A. Justice

Vice President

On this 8th 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

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.
this 11th day of December 2017



Stuart D. Dan
Secretary



CAMP-1

OP ID: AC

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/05/2018

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 Leech Bridges, Inc. 1717 Lewis Avenue Zion, IL 60099 James W. Leech	CONTACT NAME: James W. Leech		
	PHONE (A/C, No, Ext): 847-872-4982	FAX (A/C, No): 847-872-2528	
INSURED Campanella & Sons, Inc. P.O. Box 32 39207 North Magnetics Blvd Wadsworth, IL 60083	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: BITCO		
	INSURER B: QBE Specialty		
	INSURER C:		
	INSURER D:		
	INSURER E:		
	INSURER F:		

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

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY						
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	CLP 3650334	03/01/2018	03/01/2019	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
							MED EXP (Any one person) \$ 10,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$ 1,000,000
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 2,000,000
							\$
A	AUTOMOBILE LIABILITY						
	<input checked="" type="checkbox"/> ANY AUTO	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	CAP 3650338	03/01/2018	03/01/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/>	<input type="checkbox"/>				BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/>	<input type="checkbox"/>				BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (PER ACCIDENT) \$
							\$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				EACH OCCURRENCE \$ 5,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB	<input type="checkbox"/>	<input checked="" type="checkbox"/>	MQSX00005527-01	03/01/2018	03/01/2019	AGGREGATE \$ 5,000,000
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/>	WC 3650332	03/01/2018	03/01/2019	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT \$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

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

CERTIFICATE HOLDER**CANCELLATION**

Lake County
and Lake County Division
of Transportation
600 W Winchester Rd
Libertyville, IL 60048

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

NOTEPAD

INSURED'S NAME Campanella & Sons, Inc.

CAMPA-1
OP ID: AC

PAGE 2
Date 12/19/2017

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
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 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".

Request for Approval of Change in Plans

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

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.:

[illegible]

Request: 1

NET CHANGE

\$25,211.00

\$0.00

Net ADDITION change to date

\$25,211.00 which is 0.000 % of the 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 [Signature] Date 2/5/18

Print Name Joseph Munno

Checked By [Signature] Date 2/6/18

Accounting [Signature] Date 2/6/18

Approval Recommended [Signature] Date 2/6/18
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)

ENTERED

Request for Approval of Change in Plans

I recommend that this _____ addition _____ be made to the above contract.

Local Agency:	Lake County
Project Name:	McClory Emergency Storm Sewer
Section No.:	17-00173-15-DR
Contract Amount:	\$ 204,876.15
P/O No.:	1

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.

Printed 7/9/2018

Request No. 2

Total Net Change: \$ 144,813.74

Amount of Original Contract: \$ 204,876.15

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

701-704- Force accounts for Emergency Storm Sewer Repair

When the net increase or decrease in the cost of the contract is \$10,000.00 or more, or the time of completion is increased or decreased by 30 days or more, one of the following statements must be checked:
(for LCDOT, please check a box at all times)

- ☒ The undersigned has determined that the circumstances which necessitate this change were not reasonably foreseeable at the time the contract was signed.
- ☐ The undersigned has determined that the change is germane to the original contract as signed.
- ☐ The undersigned has determined that this change is in the best interest of the Local Agency and is authorized by law.

Prepared By: Joe Munno Date: 7/9/2018

Print Name & Title: Joseph Munno, Resident Engineer

Checked By: Blum P. P. P. Date: 7/9/18

Accounting: R. J. J. Date: 7/11/18

Approval
Recommended: Shane Schindler Date: 7/11/18
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

ENTERED