



Lake County Purchasing Division
18 N County Street – 9th Floor
Waukegan, IL 60085-4340
Phone: 847.377.2929
E-mail: purchasing@lakecountyil.gov

September 11th, 2017

Joseph Barbosa

Advocate Occupational Health
8550 W. Bryn Mawr, Suite 650
Chicago, IL 60631
Joseph.barbosa@advocatehealth.com

CONTRACT DESCRIPTION: **Pre-Employment Physicals for Lake County**
CONTRACT: **# 15179**

Dear Mr. Barbosa:

The County agrees to the price increase contingent on the submission of a compliant certificate of insurance (COI) according to the requirements indicated below. The current COI on file is attached for your reference. The revised COI should be emailed to purchasing@lakecountyil.gov or mailed to *Lake County Purchasing Division, 18 N. County St. – 9th Fl., Waukegan, IL 60085-4350.*

Policy Types and Limits:

- **Umbrella or Excess Policy** with \$2,000,000 per occurrence and \$2,000,000 aggregate.
- **Workers Compensation** "Per Statute" or "Other" box marked, \$1,000,000 each accident, \$1,000,000 disease per employee, and \$1,000,000 per policy limit.

Description of Operations:

"Lake County, its agents, officers, employees and volunteers are hereby listed as additional insured on a primary a basis with no contribution for all required liability policies with the exception of Professional Liability, where required by written contracts. Waivers of subrogation are granted in favor of the Certificate Holder on all policies where and to the extend required by written contract. 30-day Notice of Cancellation to the Certificate holder applies."

Thank you for your continued interest in doing business with Lake County.

Sincerely,

A handwritten signature in black ink that reads "RuthAnne K. Hall".

RuthAnne K. Hall
Purchasing Agent

cc: R. Bentz
 S. Brines

Attachment



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/06/2017

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 Esser Hayes Insurance Group Inc. 1811 High Grove #139 Naperville, IL 60540 | CONTACT NAME: | | |
| | PHONE (A/C No. Ext): | 6303552077 | FAX (A/C, No): 6303557996 |
| | E-MAIL ADDRESS: | lnew@esserhayes.com | |
| | INSURER(S) AFFORDING COVERAGE | | NAIC # |
| | INSURER A : Self-Insured Trust | | |
| | INSURER B : Westfield Insurance Company | | |
| | 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 INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|----------|--|-----------|----------|--------------------|-------------------------|-------------------------|--|--------------|
| A | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | | | Self-Insured Trust | 01/01/2017 | 01/01/2018 | EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 1,000,000 |
| | | | | | | | MED EXP (Any one person) | \$ |
| | | | | | | | PERSONAL & ADV INJURY | \$ |
| | | | | | | | GENERAL AGGREGATE | \$ 3,000,000 |
| | | | | | | | PRODUCTS - COMP/OP AGG | \$ |
| | | | | | | | | \$ |
| B | <input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY | | | CMM 1657258 | 06/01/2017 | 06/01/2018 | COMBINED SINGLE LIMIT (Ea accident) | \$ 1,000,000 |
| | | | | | | | BODILY INJURY (Per person) | \$ |
| | | | | | | | BODILY INJURY (Per accident) | \$ |
| | | | | | | | PROPERTY DAMAGE (Per accident) | \$ |
| | | | | | | | | \$ |
| | <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$ | | | | | | EACH OCCURRENCE | \$ |
| | | | | | | | AGGREGATE | \$ |
| | | | | | | | | \$ |
| | <input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | PER STATUTE | |
| | | | | | | | OTH-ER | |
| | | | | | | | E.L. EACH ACCIDENT | \$ |
| | | | | | | | E.L. DISEASE - EA EMPLOYEE | \$ |
| | | | | | | | E.L. DISEASE - POLICY LIMIT | \$ |
| A | Hosp. Prof. Liab. | | | Self-Insured Trust | 01/01/2017 | 01/01/2018 | 1,000,000 Each Occur. 3,000,000 Aggregate | |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Re: Evidence of Coverage for Advocate Health and Hospital Corporation. Lake County is named as an additional insured only to the extent of the written contract.

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| CERTIFICATE HOLDER Lake County 18 North County Street Waukegan, Illinois 60085-4350 | 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 |
|---|--|