

E N G I N E E R S • S U R V E Y O R S • P L A N N E R S

April 4, 2017

R. L. Sohol General Contractor, Inc.
14150 State Route 30, Suite 204
Plainfield, IL 60544

SUBJECT: City of Peru – Splash Park
Contract 2 – Site Buildings

Please be advised that the City Council of the City of Peru awarded the Base Bid contract for the above-captioned project to your firm in the amount of \$563,000.00.

Enclosed are four (4) copies of the contract documents for execution. Please sign where indicated and provide the following:

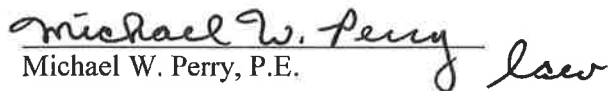
- Performance & Payment Bonds
- Insurance Certificate & Applicable Endorsements. Insurance requirements have recently changed. Please provide your insurance agent with the attached insurance requirements and sample certificate. **Please note that Builder's Risk Insurance is required for this project.**
- Letter certifying that a collective bargaining agreement is in effect dealing with the subject matter of Public Act 95-0635 regarding Substance Abuse Prevention Program or letter certifying that your firm has a Substance Abuse Prevention Program in place that complies with Public Act 95-0635 and supply a copy of the policy. The Contractor is responsible for obtaining all appropriate documentation from subcontractors and submitting to the Engineer.
- Sexual Harassment Policy. The Contractor is responsible for obtaining all appropriate documentation from subcontractors and submitting to the Engineer.

Please return all copies of the contract documents to this office for execution by the City.

If you have any questions, please call.

Sincerely,

CHAMLIN & ASSOCIATES, INC.


Michael W. Perry, P.E.

cc: David R. Bartley, City Clerk
Eric Carls, City Engineer ✓
File No. 14095.05

Enclosure

PERU OFFICE:

JAMES K. CLINARD, S.E., P.E. • MICHAEL W. PERRY, P.E. • KEVIN W. HEITZ, P.E., P.L.S.
DEAN A. CHALKEY, C.F.M. • DON W. BIXBY, P.E. • ADAM J. OSSOLA, P.E. • MICHAEL S. RICHETTA, P.L.S. • SCOTT M. SPAYER, P.L.S.

MORRIS OFFICE:

GUY R. CHRISTENSEN, P.E. • RYAN E. HANSEN, P.E. • MICHAEL E. FARRELL, P.L.S.
TIMOTHY R. HEJNY, P.E. • CASEY J. MCCOLLOM, P.E.

INSURANCE REQUIREMENTS

Project Name: City of Peru / Splash Park – Contract 2 – Site Buildings

Additional Insureds: City of Peru
Chamlin & Associates, Inc.
State of Illinois

Documents/Endorsements Required:

- Certificate of Liability Insurance
- ISO Form CG-2010 (7-04) or equivalent for Additional Insureds
- ISO Form CG-2037 (7-04) or equivalent for Additional Insureds
- ISO Form CG-2001 (4-13) or equivalent for Primary & Non-Contributory Requirement
- ISO Form CG-2404 (5-09) for Waiver of Subrogation for General Liability
- Form WC 000313C for Workers Compensation or its equivalent

Builder's Risk Insurance

- ~~The Owner shall provide property insurance (Builder's Risk Insurance) instead of the Contractor. (Standard unless otherwise noted below and in the Supplementary Conditions.)~~
- The **Contractor** shall purchase and maintain Builder's Risk Insurance upon the Work on a completed value basis, in the amount of the full insurable replacement cost thereof. Any deductible will be the responsibility of the Contractor.

Insurance Limits

The **minimum** limits of the Contractor's Liability Insurance as indicated in the Standard General Conditions, Article 6.03 – Contractor's Insurance, shall be as follows:

- A. Claims under workers' compensation, disability benefits, and other similar employee benefit acts, the limits should be the Statutory Limits.
- B. Claims for damages because of bodily injury, occupational sickness or disease, or death of Contractor's employees, the **minimum** limits should be \$1,000,000.
- C. Claims for damages because of bodily injury, occupational sickness or disease, or death of any person other than Contractor's employees, the **minimum** limits should be \$1,000,000.
- D. Claims for damages insured by reasonably available personal injury liability coverage which are sustained by any person as a result of an offense directly or indirectly related to the employment of such person by the Contractor or by any other person for any other reason, the **minimum** limits should be \$1,000,000.
- E. Claims for damages, other than to the Work itself, because of injury to or destruction of tangible property wherever located, including loss of use resulting therefrom, the **minimum** limits should be \$1,000,000.
- F. Claims for damages because of bodily injury or death of any person or property damage arising out of the ownership, maintenance or use of any motor vehicle, the **minimum** limits should be \$1,000,000.

In addition to the above coverages, the Contractor shall carry an umbrella/Excess Liability policy in the amount of **not less than** \$2,000,000 which should include Employer's Liability Coverage.

A sample Certificate of Insurance is attached.

New Requirement

Commercial General Liability Insurance – Products/Completed Operations Coverage shall be maintained and evidence of continuation provided to the Owner and each other additional insured for **three years** after final payment as provided in Article 6.03.C of the Standard General Conditions.

SAMPLE INSURANCE CERTIFICATE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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 (AGENT)	CONTACT NAME:	
	PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS:	
INSURED (CONTRACTOR)	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: INSURANCE COMPANIES..	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

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/SUBR INSD/WVD		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
		Y	Y					
<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC <input type="checkbox"/> OTHER	Y	Y	xxxxxx	M/D/YR	M/D/YR	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$	
<input checked="" type="checkbox"/>	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS	Y		xxxxxx	M/D/YR	M/D/YR	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ 1,000,000 BODILY INJURY (Per accident) \$ 1,000,000 PROPERTY DAMAGE (Per accident) \$ 1,000,000 \$	
<input checked="" type="checkbox"/>	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE	Y	Y	xxxxxx	M/D/YR	M/D/YR	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 \$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N		N/A Y xxxxxx	M/D/YR	M/D/YR	PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000	
	BUILDER'S RISK INSURANCE (if required)							

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

PROJECT NAME: _____
(Owner's Name) & Chamlin & Associates, Inc. (** See Note) are added as Additional Insured for General Liability and Excess Liability.
Additional Insured provided by ISO Form CG-2010 (7-04) and CG-2037 (7-04) or its equivalent, attached.
Primary and Non-Contributory Requirement met by using ISO Form CG-2001 (4-13) or its equivalent, attached.
Waiver of Subrogation provided by CG2404 (5-09) for General Liability and WC 000313C for Worker's Compensation or its equivalent, attached.

CERTIFICATE HOLDER (Owner's Name) Chamlin & Associates, Inc. ** Other Entities as identified in the Insurance Requirements	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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