

JO DAVIESS COUNTY

CERTIFICATE OF INSURANCE POLICY

General Insurance Requirements

It is the requirement of Jo Daviess County (County) that for work performed under contract and/or authorized by the County and conducted on county property that the contractor/supplier (Contractor) procure and maintain insurance at the expense of the Contractor and without expense to the County, until final acceptance of the work. All insurance must be procured and maintained in a form satisfactory to the County.

Before a purchase order is released, a contract signed, or any work commenced, contractors doing business with Jo Daviess County are required to provide proof of insurance satisfactory to the County and documentation evidencing that the Contractor maintains insurance that meets the following requirements:

- A. General Liability Insurance of not less than \$1,000,000.00 combined single limit per occurrence for bodily injury and property damage.
- B. Personal and Advertising Injury of not less than \$1,000,000.00 per occurrence.
- C. Worker's Compensation and Employer's Liability Insurance, of not less than 500/500/500, covering all employees and subcontractors of Contractor as required by law in the State of Illinois.
- D. Automobile Liability Insurance of not less than \$1,000,000.00 is required in the event motor vehicles are used by the Contractor in the performance of the Agreement.
- E. In the event Contractor is a licensed professional, and is performing professional services under an Agreement with the County, professional liability (for example, errors and omissions) is required with a limit of liability of not less than \$1,000,000.00 per occurrence.
- F. Contractor shall furnish a certificate of insurance satisfactory to the County as evidence that the insurance required above is being maintained.
- G. The certificate of insurance must include the following provisions:
 1. Jo Daviess County must be named as an additional insured under the Contractor's General Liability insurance. This provision shall apply to all liability policies except worker's compensation and professional liability insurance policies.
 2. The Contractor shall not cancel insurance coverage. Insurance shall be kept in force during the duration of the job and for a minimum of at least 30 days thereafter.

3. When entering into a contractual agreement with the County the Contractor shall agree to indemnify and hold harmless the County, its officers and employees, from and against any and all claims, losses, judgments, liabilities or claims for attorneys' fees arising out of or resulting from Contractor's performance of its duties pursuant to the contract.
- H. The Contractor's insurance coverage shall be primary insurance as respects the County, its officers, officials, employees and volunteers.
 - I. Any failure of the contractor to comply with the reporting provisions of the policies shall not affect the contractors obligations provided to the County, its officers, officials, employees, or volunteers under this agreement.
 - J. Contractor's obligations shall not be limited by the forgoing insurance requirements and shall survive expiration of any agreement with the County.
 - K. The standards as outlined above are the minimum acceptable requirements. Certificates of insurance may be required to meet additional standards that are considered essential for protection of the County. Depending upon the level of exposure, additional limits of liability or additional coverage's may be required for individual jobs or projects, as determined by Jo Daviess County.

Adopted: December 13, 2007

JO DAVIESS COUNTY

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2015 Contractor Insurance Information Form

Please completely fill out this form and return with your certificate of insurance.

Contractor's Name: _____

Company Name (D/B/A): _____

Mailing Address: _____

City, State, Zip Code: _____

Phone #: _____ Mobile#: _____

Fax#: _____ email: _____

If a corporation, name of registered agent: _____

Nature of your business (General construction, excavation, consulting, supplier, service provider etc.) _____

Liability Insurance Company: _____

Your Insurance Agency Name: _____

Your Insurance Agent's Name: _____

Address of your agent: _____

City, State, Zip Code: _____

Phone Number of Agent: _____

Policy Expiration Date: _____

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With my signature below, I certify that the information above is true and correct.

Signature

Date