

CONTRACTOR INSURANCE REQUIREMENTS

REQUISITION NUMBER: **1427**CONTRACTOR: A.C. Advisory, Inc.

The Contractor shall take out and maintain during the life of this Agreement, the following insurance as specified by the insertion of policy limits and such other insurance as the Northeastern Illinois Regional Transportation Authority (RTA) may from time to time require.

See attached insurance certificates

TYPE OF COVERAGE	GENERAL POLICY HOLDING RATING OF <u>A</u> OR BETTER	FINANCIAL RATING OF <u>X</u> OR BETTER As Published By Best's Key Ranking Guide	AMOUNT REQUIRED
1. WORKER'S COMPENSATION: Coverage A – Statutory Coverage B - \$_____	Same	Same	<u>\$500,000.00</u> Limits of Liability
2. COMPREHENSIVE GENERAL LIABILITY (BROAD FORM): Bodily Injury Liability & Property Damage Liability (combined). To also include the following coverages: _____	Same	Same	<u>\$1,000,000.00</u> Each Occurrence <u>\$2,000,000.00</u> Aggregate
3. AUTOMOBILE LIABILITY: Bodily Injury Liability & Property Damage Liability combined) Property Damage (Leases, etc.)	Same	Same	N/A Combined Single Limit
4. PROFESSIONAL LIABILITY: Errors and Omissions	Same	Same	<u>\$500,000.00</u> Each Occurrence N/A Aggregate
5. PERFORMANCE/PAYMENT BOND:			N/A
6. OTHER INSURANCE:			N/A Each Occurrence N/A Aggregate

Additional Insured shall be as follows: Northeastern Illinois Regional Transportation Authority (RTA).

The Contractor shall not commence work herein until it has obtained the required insurance and has received approval of such insurance by the RTA. Certificates of insurance indicating amounts and coverages in force shall be furnished to insureds, within ten (10) calendar days after award of contract.

All policies are in effect at this time and will not be canceled, modified, limited or allowed to expire without renewal until 30 days written notice has been given to the RTA. Such notice shall be sent by certified mail to the RTA, care of the Manager of Procurement, 15th Floor, 175 W. Jackson, Chicago, Illinois 60604.

The Contractor's policies will insure all liabilities assumed by the Contractor under the provisions of the hold harmless and indemnity clauses contained in the Agreement.

The insurance coverage afforded under the policies described herein must be primary and non-contributing with respect to any insurance carried independently by the additional named insureds. All such insurance policies must indicate that as respects the insureds (whether named or otherwise), cross liability and severability of interests must exist for all coverages provided thereunder. Such policies must include, without limitation, a waiver of subrogation endorsement in favor of the additional named insureds. The insurance must be written on an occurrence basis (except for Professional Liability Insurance, which must be written on a claims made basis).



HCC

Houston Casualty Company

ADMINISTRATIVE OFFICES: 13403 NORTHWEST FREEWAY, HOUSTON, TEXAS 77040

DECLARATIONS
PROFESSIONAL LIABILITY ERRORS & OMISSIONS INSURANCE
THIS IS A CLAIMS MADE AND REPORTED POLICY

Broker: 157785 Policy Number: H712-16942
CRUMP INSURANCE SERVICES, INC. - Renewal of: H711-13125
CORPORATE OFFICE

Item 1. Named Insured: AC Advisory, Inc

Item 2. Address: 150 N. Wacker Dr. Suite 2160
Chicago, IL 60606

Item 3. Named Insured's Profession: See Endorsement MPL32

Item 4. Limit of Liability: \$ 1,000,000 Each Claim including Claim Expenses
\$ 1,000,000 Total Policy Limit of Liability for all Claims (including Claim Expenses)

Item 5. Deductible: \$ 5,000.00 Each Claim including Claim Expenses

Item 6. Notice of Claim to: Director of Claims
37 Radio Circle Drive, Mt. Kisco, New York 10549

Item 7. Policy Period: Inception Date: 06/04/2012 Expiration Date: 06/04/2013
12:01 A.M. Standard Time at the address of the Named Insured herein.

Item 8. Retroactive Date: 06/04/2007 Item 9. Date of Application: 05/08/2012

Item 10. Premium: \$ 8,000.00 Administrative/ Inspection Fee: \$ 50.00

Item 11. Extension Period: 12 MONTHS Item 12. Extension Percentage: 125 %

Attachments:

MPL32	Named Insured's Professional Services Endorsement
MPL46	Nuclear Incident Exclusion Clause- Liability- Direct (broad)
MPL109	Service of Suit
MPL73	Management Consultants Endorsement
MPL172	Investment Activities Exclusionary Endorsement
MPL41	Libel and Slander Endorsement
MPL33	Professional Services Exclusionary Endorsement

other Forms and Endorsements issued to be a part of the Policy. This insurance is provided by an insurance company of The Hartford Insurance Group shown below.

SBA

INSURER: HARTFORD INSURANCE COMPANY OF ILLINOIS
CHICAGO, ILLINOIS 60606
COMPANY CODE: F

Policy Number: 83 SBA ES1786 DV



SPECTRUM POLICY DECLARATIONS

ORIGINAL

Named Insured and Mailing Address:
(No., Street, Town, State, Zip Code)

A.C. ADVISORY, INC.
MRS. ADELA CEPEDA
150 N WACKER DR STE 2160
CHICAGO IL 60606

Policy Period: From 03/01/12 To 03/01/13 1 YEAR
12:01 a.m., Standard time at your mailing address shown above. **Exception:** 12 noon in New Hampshire.
Name of Agent/Broker: MESIROW INS SERVICES INC/BBT/PHS
Code: 551324

Previous Policy Number: 83 SBA ES1786

Named Insured is: CORPORATION

Audit Period: NON-AUDITABLE

Type of Property Coverage: SPECIAL

Insurance Provided: In return for the payment of the premium and subject to all of the terms of this policy, we agree with you to provide insurance as stated in this policy.

TOTAL ANNUAL PREMIUM IS: \$1,340

IN RECOGNITION OF THE MULTIPLE COVERAGES INSURED WITH THE HARTFORD, YOUR POLICY PREMIUM INCLUDES AN ACCOUNT CREDIT.

Countersigned by

Christine R. Gas

Authorized Representative

12/21/11
Date

Form SS 00 02 12 06
Process Date: 12/21/11

Page 001 (CONTINUED ON NEXT PAGE)
Policy Expiration Date: 03/01/13

INSURED COPY

06921

*3100283ES17860113

SPECTRUM POLICY DECLARATIONS (Continued)**POLICY NUMBER:** 83 SBA ES1786

Location(s), Building(s), Business of Named Insured and Schedule of Coverages for Premises as designated by Number below.

Location: 001 **Building:** 001

150 N. WACKER DRIVE, SUITE 2160
CHICAGO IL 60606

Description of Business:

CONSULTANT - FINANCIAL PLANNING

Deductible: \$ 250 PER OCCURRENCE**BUILDING AND BUSINESS PERSONAL PROPERTY LIMITS OF INSURANCE****BUILDING**

NO COVERAGE

BUSINESS PERSONAL PROPERTY**REPLACEMENT COST** \$ 46,500**PERSONAL PROPERTY OF OTHERS****REPLACEMENT COST** NO COVERAGE**MONEY AND SECURITIES**

INSIDE THE PREMISES	\$ 10,000
OUTSIDE THE PREMISES	\$ 5,000

LOSS PAYEE: 'A' APPLIES

SPECTRUM POLICY DECLARATIONS (Continued)

POLICY NUMBER: 83 SBA ES1786

Location(s), Building(s), Business of Named Insured and Schedule of Coverages for Premises as designated by Number below.

Location: 001 Building: 001

**PROPERTY OPTIONAL COVERAGES APPLICABLE LIMITS OF INSURANCE
TO THIS LOCATION**

STRETCH COVERAGES

FORM: SS 04 08

**THIS FORM INCLUDES MANY ADDITIONAL
COVERAGES AND EXTENSIONS OF
COVERAGES. A SUMMARY OF THE
COVERAGE LIMITS IS ATTACHED.**

**LIMITED FUNGI, BACTERIA OR VIRUS
COVERAGE:**

\$ 50,000

FORM SS 40 93

**THIS IS THE MAXIMUM AMOUNT OF
INSURANCE FOR THIS COVERAGE,
SUBJECT TO ALL PROPERTY LIMITS
FOUND ELSEWHERE ON THIS
DECLARATION.**

**INCLUDING BUSINESS INCOME AND EXTRA
EXPENSE COVERAGE FOR:**

30 DAYS

*3100283ES17860113 06922



SPECTRUM POLICY DECLARATIONS (Continued)

POLICY NUMBER: 83 SBA ES1786

PROPERTY OPTIONAL COVERAGES APPLICABLE LIMITS OF INSURANCE TO ALL LOCATIONS

**BUSINESS INCOME AND EXTRA EXPENSE
COVERAGE
COVERAGE INCLUDES THE FOLLOWING
COVERAGE EXTENSIONS:**

12 MONTHS ACTUAL LOSS SUSTAINED

**ACTION OF CIVIL AUTHORITY:
EXTENDED BUSINESS INCOME:**

30 DAYS
30 CONSECUTIVE DAYS

**EMPLOYEE DISHONESTY: FORM SS 04 42
DEDUCTIBLE: \$ 100
EACH OCCURRENCE**

\$ 10,000

**EQUIPMENT BREAKDOWN COVERAGE
COVERAGE FOR DIRECT PHYSICAL LOSS
DUE TO:**

**MECHANICAL BREAKDOWN,
ARTIFICIALLY GENERATED CURRENT
AND STEAM EXPLOSION**

**THIS ADDITIONAL COVERAGE INCLUDES
THE FOLLOWING EXTENSIONS**

**HAZARDOUS SUBSTANCES
EXPEDITING EXPENSES**

\$ 50,000
\$ 50,000

**MECHANICAL BREAKDOWN COVERAGE ONLY
APPLIES WHEN BUILDING OR BUSINESS
PERSONAL PROPERTY IS SELECTED ON
THE POLICY**

**IDENTITY RECOVERY COVERAGE
FORM SS 41 12**

\$ 15,000

BUSINESS LIABILITY	LIMITS OF INSURANCE
LIABILITY AND MEDICAL EXPENSES	\$2,000,000
MEDICAL EXPENSES - ANY ONE PERSON	\$ 10,000
PERSONAL AND ADVERTISING INJURY	\$2,000,000
DAMAGES TO PREMISES RENTED TO YOU ANY ONE PREMISES	\$ 300,000
AGGREGATE LIMITS	
PRODUCTS-COMPLETED OPERATIONS	\$4,000,000
FORM SS 05 09	
GENERAL AGGREGATE	\$4,000,000
EMPLOYMENT PRACTICES LIABILITY COVERAGE: FORM SS 09 01	
EACH CLAIM LIMIT	\$ 5,000
DEDUCTIBLE - EACH CLAIM LIMIT NOT APPLICABLE	
AGGREGATE LIMIT	\$ 5,000
RETROACTIVE DATE: 03012003	

This **Employment Practices Liability Coverage** contains claims made coverage. Except as may be otherwise provided herein, specified coverages of this insurance are limited generally to liability for injuries for which claims are first made against the insured while the insurance is in force. Please read and review the insurance carefully and discuss the coverage with your Hartford Agent or Broker.

The Limits of Insurance stated in this Declarations will be reduced, and may be completely exhausted, by the payment of "defense expense" and, in such event, The Company will not be obligated to pay any further "defense expense" or sums which the insured is or may become legally obligated to pay as "damages".

**BUSINESS LIABILITY OPTIONAL
COVERAGES**

HIRED/NON-OWNED AUTO LIABILITY	\$2,000,000
FORM: SS 04 38	