

SCHEDULE A

Statement of Prime Submitter Regarding Its MBE/WBE Utilization Plan

TO BE COMPLETED BY SUBMITTER ONLY

Submitter: RSM US LLP Project: P-18015

Is the submitter a certified MBE/WBE? MBE: ☐ Yes ☒ No WBE: ☐ Yes ☒ No

If yes, attach all current Letters of Certification.

NOTE:

CERTIFICATION OF THE SUBMITTER AS AN **MBE** SATISFIES ONLY THE **MBE** GOAL; THE **WBE** GOAL MUST STILL BE MET.

CERTIFICATION OF THE SUBMITTER AS A **WBE** SATISFIES ONLY THE **WBE** GOAL; THE **MBE** GOAL MUST STILL BE MET.

CERTIFICATION OF THE SUBMITTER AS BOTH **MBE** AND **WBE** MAY SATISFY **ONE GOAL** ONLY.

The submitter intends to perform work in connection with this project as a:

GENDER:

- ☐ Male
☐ Female

RACE/ETHNICITY:

- ☐ Black/African American
☐ Hispanic American
☐ Asian American
☐ White American
☐ Other _____

TYPE OF FIRM:

- ☐ Partnership
☐ Sole Proprietorship
☐ Corporation
☐ Joint Venturer
☐ Other _____

All MBE/WBE firms included in the following plan must be certified as such by a public or private organization such as the City of Chicago, Chicago Minority Supplier Development Council (CMSDC), Women Business Development Center (WBDC), and the Small Business Administration.

I. Participation of MBE/WBE Firms

In determining the manner of MBE/WBE participation in the performance of this contract, the submitter shall consider involvement with MBE/WBE firms as joint venture partners, subcontractors, and suppliers of goods and services, either directly or indirectly.

- A. If submitter is a joint venturer and one or more joint venture partners are certified MBEs or WBEs, attach copies of Letters of Certification and a copy of the Joint Venture Agreement clearly describing the role of the MBE/WBE firm(s) and its ownership interest in the joint venture.
- B. Proposing MBE/WBE subcontractors/suppliers/consultants to perform work or supply goods or services not directly related to the performance of this contract is considered to be indirect participation.

MBE/WBE Subcontractors/Suppliers/Consultants:

1. Name of MBE/WBE: Mitchell Titus

Address: 333 W. Wacker Drive, Suite 2650, Chicago, IL 60606

Contact Person: Lester McKeever Phone: 312.325.7418

E-mail: lmckeever@mitchelltitus.com Fax: 312.325.7446

MBE/WBE Participation: Dollars \$ 57,750 Percent: 25 %

Will this subcontractor be used for direct or indirect participation? (circle one)

Schedule B and all current certification letters attached? ☒ Yes ☐ No

2. Name of MBE/WBE: Benford Brown & Associates, LLC

Address: 8334 S. Stony Island Avenue, Chicago, IL 60617

Contact Person: Timothy Watson Phone: 773.731.1300

E-mail: twatson@benfordbrown.com Fax: _____

MBE/WBE Participation: Dollars \$ 11,550 Percent: 5 %

Will this subcontractor be used for direct or indirect participation? (circle one)

Schedule B and all current certification letters attached? ☒ Yes ☐ No

3. Name of MBE/WBE: _____

Address: _____

Contact Person: _____ Phone: _____

E-mail: _____ Fax: _____

MBE/WBE Participation: Dollars \$ _____ Percent: _____ %

Will this subcontractor be used for direct or indirect participation? (circle one)

Schedule B and all current certification letters attached? ☐ Yes ☐ No

4. Name of MBE/WBE: _____

Address: _____

Contact Person: _____ Phone: _____

E-mail: _____ Fax: _____

MBE/WBE Participation: Dollars \$ _____ Percent: _____ %

Will this subcontractor be used for direct or indirect participation? (circle one)

Schedule B and all current certification letters attached? ☐ Yes ☐ No

5. Name of MBE/WBE: _____

Address: _____

Contact Person: _____ Phone: _____

E-mail: _____ Fax: _____

MBE/WBE Participation: Dollars \$ _____ Percent: _____ %

Will this subcontractor be used for direct or indirect participation? (circle one)

Schedule B and all current certification letters attached? ☐ Yes ☐ No

6. Name of MBE/WBE: _____
 Address: _____
 Contact Person: _____ Phone: _____
 E-mail: _____ Fax: _____
 MBE/WBE Participation: Dollars \$ _____ Percent: _____ %
 Will this subcontractor be used as direct or indirect participation? (circle one)
 Schedule B and all current certification letters attached? ☐ Yes ☐ No
7. Name of MBE/WBE: _____
 Address: _____
 Contact Person: _____ Phone: _____
 E-mail: _____ Fax: _____
 MBE/WBE Participation: Dollars \$ _____ Percent: _____ %
 Will this subcontractor be used for direct or indirect participation? (circle one)
 Schedule B and all current certification letters attached? ☐ Yes ☐ No
8. Name of MBE/WBE: _____
 Address: _____
 Contact Person: _____ Phone: _____
 E-mail: _____ Fax: _____
 MBE/WBE Participation: Dollars \$ _____ Percent: _____ %
 Will this subcontractor be used for direct or indirect participation? (circle one)
 Schedule B and all current certification letters attached? ☐ Yes ☐ No
9. Name of MBE/WBE: _____
 Address: _____
 Contact Person: _____ Phone: _____
 E-mail: _____ Fax: _____
 MBE/WBE Participation: Dollars \$ _____ Percent: _____ %
 Will this subcontractor be used for direct or indirect participation? (circle one)
 Schedule B and all current certification letters attached? ☐ Yes ☐ No

Attach additional sheets as needed.

II. Summary of MBE/WBE Plan:**A. MBE Participation:**

<u>MBE Firm Name</u>	Dollar Amount of Participation	Percent Amount of Participation
Mitchell Titus	\$ 57,750	25 %
	\$	%
	\$	%
	\$	%
	\$	%
	\$	%
	\$	%
	\$	%
Total MBE Participation:	\$	25 %

B. WBE Participation:

<u>WBE Firm Name</u>	Dollar Amount of Participation	Percent Amount of Participation
Benford Brown & Associates, LLC	\$ 11,550	5 %
	\$	%
	\$	%
	\$	%
	\$	%
	\$	%
	\$	%
	\$	%
Total WBE Participation:	\$	5 %

The submitter designates the following person as its MBE/WBE Liaison Officer:


Linda Abernethy, Partner _____ (Name and Title)	(847) 413.6248 _____ (Phone Number)
Linda.abernethy@rsmus.com _____ (E-mail address)	

CONTINUE TO NEXT PAGE

To the best of my knowledge, information and belief, the facts and representations contained in this Schedule are true, and no material facts have been omitted.

Any material misrepresentation will be grounds for terminating any contract that may be awarded and for initiating action under federal or state laws concerning false statements.

Submitter: RSM US LLP
(Print or Type Name of Business)

Signature:  Date: 11-12-2018
(Written Signature of Authorized Officer/Representative)

Name/Title: Linda Abernethy, Partner
(Print or Type Name and Title of Person Signing Statement)

NOTE

If submitter is an MBE/WBE joint venture with a non-MBE/WBE firm, use the following signature page instead.

End of Schedule A

SCHEDULE B

Statement of Intent from MBE/WBE to Perform as Subcontractor, Supplier and/or Consultant
DO NOT FILL OUT OR SIGN THIS FORM IF YOU ARE THE PRIME SUBMITTER

Project: 2018 to 2020 Annual Financial Audit and Report on Federal Awards Specification No. P-18015

From: Mitchell Titus MBE: ☒ Yes ☐ No
(Name of MBE/WBE Firm) WBE: ☐ Yes ☒ No

To: RSM US LLP and the Chicago Park District:
(Name of Prime Contractor-Submitter)

The undersigned intends to perform work in connection with the above projects as a:

GENDER:
☒ Male
☐ Female

RACE/ETHNICITY:
☒ Black/African American
☐ Hispanic American
☐ Asian American
☐ White American
☐ Other _____

TYPE OF FIRM:
☐ Partnership
☐ Sole Proprietorship
☐ Corporation
☐ Joint Venturer
☐ Other _____

The MBE/WBE status of the undersigned is confirmed by the attached current Letters of Certification from public or private entities such as the City of Chicago, the Chicago Minority Supplier Development Council (CMSDC), the Women's Business Development Center (WBDC), and the Small Business Administration.

Attach all current certification letters behind Schedule B.

The undersigned is prepared to provide the following services or supply the following goods in connection with the above project/contract:


Annual single audit

The above described performance is offered for the following price and described terms of payment:

\$57,750 payment to be paid monthly net 30 as work progresses

If more space is needed to fully describe the MBE/WBE firm's proposed scope of work and/or payment schedule, attach additional sheets.

The undersigned will enter into a written agreement for the above work with you as prime contractor, conditioned upon your execution of a contract with the Chicago Park District, and will do so within (3) three working days of receipt of a signed contract from the Chicago Park District.

Signature:  Date: November 7, 2018
(Signature of Owner or Authorized Agent of MBE/WBE)

Name/Title: Lester McKeever
(Print or Type Name and Title)

Address: 333 W. Wacker Drive, Suite 2650, Chicago, IL 60606

Telephone: 312.325.7418 Fax: 312.325.7447

End of Schedule B



October 11, 2018

Anthony Kendell
CEO
MITCHELL & TITUS, LLP
One Battery Park Plaza, 27th Floor
New York, NY 10004

Dear Mr. Kendell:

As a certified Minority Business Enterprise (MBE) of the National Minority Supplier Development Council (NMSDC), the Chicago Minority Supplier Development Council, Inc. (ChicagoMSDC) is bound to honor all affiliate certifications by any of the NMSDC councils nationwide.

It is therefore acknowledged that: **MITCHELL & TITUS, LLP** having been certified by: **NEW YORK & NEW JERSEY MINORITY SUPPLIER DEVELOPMENT COUNCIL**, as a Bona Fide MBE is recognized as such by ChicagoMSDC.

This Certification subscription is valid only within the following commodity/services area:

PROFESSIONAL SERVICES FIRM PROVIDING ASSURANCE, TAX, TRANSACTION SUPPORT AND BUSINESS ADVISORY SERVICES. AUDITING, ACCOUNTING, ASSURANCE, TRANSACTION SUPPORT, TAX AND INFORMATION SYSTEMS, MANAGEMENT COUNSULTING SERVICES AND BUSINESS ADVISORY SERVICES

All NMSDC affiliated certification are, however, subject to an annual review by the prospective NMSDC chapters. Thus, the Certification status of the above mentioned MBE is to change from year to year.

This certification subscription is effective through: **October 31, 2019**

Sincerely,

A handwritten signature in black ink, reading 'Gloria A. Blake'. The signature is fluid and cursive, with the first name 'Gloria' being more prominent than the last name 'Blake'.

Gloria A. Blake
Certification Specialist

SCHEDULE B

Statement of Intent from MBE/WBE to Perform as Subcontractor, Supplier and/or Consultant
DO NOT FILL OUT OR SIGN THIS FORM IF YOU ARE THE PRIME SUBMITTER

Project: Annual Financial Audit and Report on Federal Awards

From: Benford Brown & Associates, LLC MBE: ☒ Yes ☐ No
(Name of MBE/WBE Firm) WBE: ☒ Yes ☐ No

To: RSM, LLP and the Chicago Park District:
(Name of Prime Contractor-Submitter)

The undersigned intends to perform work in connection with the above projects as a:

GENDER:

- ☐ Male
☒ Female

RACE/ETHNICITY:

- ☒ Black/African American
☐ Hispanic American
☐ Asian American
☐ White American
☐ Other _____

TYPE OF FIRM:

- ☐ Partnership
☐ Sole Proprietorship
☐ Corporation
☐ Joint Venturer
☒ Other LLC

The MBE/WBE status of the undersigned is confirmed by the attached current Letters of Certification from public or private entities such as the City of Chicago, the Chicago Minority Supplier Development Council (CMSDC), the Women's Business Development Center (WBDC), and the Small Business Administration.

Attach all current certification letters behind Schedule B.

The undersigned is prepared to provide the following services or supply the following goods in connection with the above project/contract:

Audit services

The above described performance is offered for the following price and described terms of payment:

\$11,550 payment to be made monthly net 30 as work progresses

If more space is needed to fully describe the MBE/WBE firm's proposed scope of work and/or payment schedule, attach additional sheets.

The undersigned will enter into a written agreement for the above work with you as prime contractor, conditioned upon your execution of a contract with the Chicago Park District, and will do so within (3) three working days of receipt of a signed contract from the Chicago Park District.

Signature:  Date: November 5, 2018
(Signature of Owner or Authorized Agent of MBE/WBE)

Name/Title: Timothy S. Watson, Partner
(Print or Type Name and Title)

Address: 8334 South Stony Island Avenue, Chicago, IL 60617

Telephone: (773) 731-1300 Fax: (773) 731-1301

End of Schedule B



DEPARTMENT OF PROCUREMENT SERVICES

CITY OF CHICAGO

NOV 28 2016

Kimi Ellen
Benford, Brown & Associates, LLC
8334 S. Stony Island
Chicago, Illinois 60617

Dear Kimi Ellen:

We are pleased to inform you that **Benford, Brown & Associates, LLC** has been recertified as a **Minority-Owned Business Enterprise (MBE)** and **Women-Owned Business Enterprise (WBE)** by the City of Chicago ("City"). This WBE certification is valid until **11/15/2021**; however your firm's certification must be revalidated annually. In the past the City has provided you with an annual letter confirming your certification; such letters will no longer be issued. As a consequence, we require you be even more diligent in filing your annual No-Change Affidavit 60 days before your annual anniversary date.

It is now your responsibility to check the City's certification directory and verify your certification status. As a condition of continued certification during the five year period stated above, you must file an annual No-Change Affidavit. Your firms' **annual No Change Affidavit** is due by **11/15/2017, 11/15/2018, 11/15/2019, and 11/15/2020**. Please remember, you have an affirmative duty to file your **No Change Affidavit 60 days prior** to the date of expiration. Failure to file your annual No Change Affidavit may result in the suspension or rescission of you certification.

Your firm's five year certification will expire on **11/15/2021**. You have an affirmative duty to file for recertification 60 days prior to the date of the five year anniversary date. Therefore, you must file for recertification by **9/15/2021**.

It is important to note that your also have an ongoing affirmative duty to notify the City of any changes in ownership or control of your firm, or any other fact affecting your firm's eligibility for certification **within 10 days** of such change. These changes may include but are not limited to a change of address, change of business structure, change in ownership or ownership structure, change of business operations, gross receipts and or personal net worth that exceed the program threshold. Failure to provide the City with timely notice of such changes may result in the suspension or rescission of your certification. In addition, you may be liable for civil penalties under Chapter 1-22, "False Claims," of the Municipal Code of Chicago. Please note – you shall be deemed to have had your certification lapse and will be ineligible to participate as a **MBE/WBE** if you fail to:

121 NORTH LASALLE STREET, ROOM 806, CHICAGO, ILLINOIS 60602

- File your annual No-Change Affidavit within the required time period;
- Provide financial or other records requested pursuant to an audit within the required time period;
- Notify the City of any changes affecting your firm's certification **within 10 days** of such change; or
- File your recertification within the required time period.

Please be reminded of your contractual obligation to cooperate with the City with respect to any reviews, audits or investigation of its contracts and affirmative action programs. We strongly encourage you to assist us in maintaining the integrity of our programs by reporting instances or suspicions of fraud or abuse to the **City's Inspector General at chicagoinspectorgeneral.org, or 866-IG-TIPLINE (866-448-4754).**

Be advised that if you or your firm is found to be involved in certification, bidding and/or contractual fraud or abuse, the City will pursue decertification and debarment. In addition to any other penalty imposed by law, any person who knowingly obtains, or knowingly assists another in obtaining a contract with the City by falsely representing the individual or entity, or the individual or entity assisted is guilty of a misdemeanor, punishable by incarceration in the county jail for a period not to exceed six months, or a fine of not less than \$5,000 and not more than \$10,000 or both.

Your firm's name will be listed in the City's Directory of Minority and Women-Owned Business Enterprises in the specialty area(s) of:

NAICS Code(s):

541211 – Certified Public Accounting Services

541211 – Auditing Services

541213 – Income Tax Return Preparation Services

541219 – Other Accounting Services

Your firm's participation on City contracts will be credited only toward **Minority-Owned Business Enterprise and Women-Owned Business Enterprise** goals in your area(s) specialty. While your participation on City contracts is not limited to your area of specialty, credit toward goals will be given only for work that is self-performed and providing a commercially useful function that is done in the approved specialty category.

Thank you for your interest in the City's Minority and Women-Owned Business Enterprise (MBE/WBE) Program.

Sincerely,



Richard Butler
First Deputy Procurement Officer
RB/vlw

CERTIFICATIONS AND LICENSES

Insurance certificates



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/24/2018

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 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 Aon Risk Services Northeast, Inc. 199 Water Street, 9th Floor New York, N.Y. 10038	CONTACT NAME: PHONE (A/C, No, Ext): 312-381-4309 FAX (A/C, No): 312-381-7007 E-MAIL: ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A: North American Capacity Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
INSURED RSM US LLP 331 West Third Street Suite 200 Davenport, IA 52801	NAIC #

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
	COMMERCIAL GENERAL LIABILITY <input 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 <input type="checkbox"/> OTHER					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMPOD AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE					EACH OCCURRENCE \$ AGGREGATE \$ \$
	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 <input type="checkbox"/> N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Miscellaneous Professional Liability Insurance		FIP0008227 04	01-Jul-17	01-Jul-18	Not less than US \$1,000,000 any one claim and in the aggregate.
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)						

CERTIFICATE HOLDER Chicago Park District 541 North Fairbanks Chicago, IL 60611	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 <i>Aon Risk Services Northeast, Inc.</i>
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ACORD 25 (2016/03)

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/24/2018

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 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 Marsh USA Inc. 2405 Grand Boulevard, #900 Kansas City, MO 64108 Attn: KansasCity.CertRequest@marsh.com Fax: 212-948-0015 112418 Jarock	CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL: ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A: Sentry Insurance A Mutual Company 24988 INSURER B: Sentry Casualty Company 28480 INSURER C: Federal Insurance Company 20281 INSURER D: INSURER E: INSURER F:
INSURED RSM US LLP One South Wacker Drive, Suite 800 Chicago, IL 60606	NAIC #

COVERAGES

CERTIFICATE NUMBER:

CHI-008892613-01

REVISION NUMBER: 11

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 type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			90-18524-04	11/30/2017	11/30/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPOP AGG \$ 2,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			90-18524-05 (AOS)	11/30/2017	11/30/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			9364-18-93	11/30/2017	11/30/2018	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS	Y/N N	N/A	90-18524-01 (AOS) 90-18524-02 (WH)	11/30/2017 11/30/2017	11/30/2018 11/30/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> 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

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

Chicago Park Distric is/are included is/are included as additional insured (except workers' compensation) where required by written contract. Coverage shown is primary and non-contributory if required to be so by written contract. Waiver of Subrogation is granted if required by written contract.

CERTIFICATE HOLDERChicago Park District
541 N. Fairbanks
Chicago, IL 60611**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
of Marsh USA Inc.

Keith A. Stiles

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ACORD 25 (2016/03)

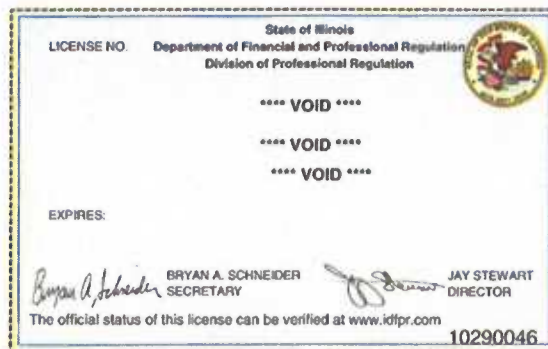
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Firm's license



Cut on Dotted Line ✂

For further reference, the Department is now providing a personal customer identification "Contact Number" which you may use in lieu of your social security number or FEIN number when contacting the Department. Your number is: 213999



Cut on Dotted Line ✂

20160115-1/00251