

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/20/2024

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).

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PRODUCER	CONTACT NAME: Judith Boich			
Brown & Brown RS Insurance Services, LLC	PHONE FAX (A/C, No, Ext): (A/C, No):			
6 Concourse Pkwy, Ste 2300	E-MAIL ADDRESS: Judith.Boich@bbrown.com			
Atlanta, GA 30328	INSURER(S) AFFORDING COVERAGE	NAIC#		
www.bbinsurance.com	INSURER A: Federal Insurance Company	20281		
INSURED	INSURER B: Continental Casualty Company	20443		
Computer Aid Inc. 1390 Ridgeview Drive	INSURER C: ACE American Insurance Company	22667		
Allentown PA 18104	INSURER D:			
	INSURER E :			
	INSURER F:			

COVERAGES CERTIFICATE NUMBER: 82797581 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.

	EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.						
INSR LTR	TYPE OF INSURANCE ADDL S INSD	UBR NVD POLICY NUMBER	POLICY EFF POLICY EXP (MM/DD/YYYY) (MM/DD/YYYY				
Α	CLAIMS-MADE COCUR	35947482	12/1/2024 12/1/2025	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			
	GEN'L AGGREGATE LIMIT APPLIES PER:			GENERAL AGGREGATE \$2,000,000			
	POLICY PRO- LOC			PRODUCTS - COMP/OP AGG \$2,000,000			
	OTHER:			\$			
Α	AUTOMOBILE LIABILITY	73594134	12/1/2024 12/1/2025	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000			
	ANY AUTO			BODILY INJURY (Per person) \$			
	OWNED SCHEDULED AUTOS ONLY			BODILY INJURY (Per accident) \$			
	HIRED NON-OWNED AUTOS ONLY			PROPERTY DAMAGE (Per accident) \$			
				\$			
Α	✓ UMBRELLA LIAB ✓ OCCUR	79857871	12/1/2024 12/1/2025	EACH OCCURRENCE \$20,000,000			
	EXCESS LIAB CLAIMS-MADE			AGGREGATE \$20,000,000			
	DED RETENTION \$			\$			
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	(25)71739531	12/1/2024 12/1/2025	✓ PER OTH- STATUTE ER			
	ANYPROPRIETOR/PARTNER/EXECUTIVE N N/A			E.L. EACH ACCIDENT \$1,000,000			
	(Mandatory in NH)			E.L. DISEASE - EA EMPLOYEE \$ 1,000,000			
	If yes, describe under DESCRIPTION OF OPERATIONS below			E.L. DISEASE - POLICY LIMIT \$1,000,000			
В	Professional Liability/ Cyber Liab.	652289143	12/1/2024 12/1/2025	Limit/Aggregate \$10,000,000			
	Retro date 7/11/2001			Retention \$1,000,000			
Α	Crime	J06399137	12/1/2024 12/1/2025	Limit \$5,000,000			
1				Retention \$150.000			

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

The Village of Orland Park, and their respective officers, trustees, directors, officials, and volunteers and agents as Additional Insured on a primary/ non-contributory basis with respect to all claims arising out of operations by or on behalf of the named insured. Waiver of Subrogation applies to General Liability and Workers Compensation.

CERTIFICATE HOLDER	CANCELLATION		
Village of Orland Park 14700 S. Ravina Ave. Orland Park IL 60462	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 Brown & Brown RS Insurance Services, LLC		
	Brown & Brown RS Insurance Services, LLC		
	DIOWIT & DIOWIT NO INSUITANCE SETVICES, LLC		

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Liability Endorsement

(continued)

Under Conditions, the following provision is added to the condition titled Other Insurance.

Conditions

Other Insurance – Primary, Noncontributory Insurance – Scheduled Person Or Organization If you are obligated, pursuant to a contract or agreement, to provide the person or organization shown in the Schedule with primary insurance such as is afforded by this policy, then in such case this insurance is primary and we will not seek contribution from insurance available to such person or organization.

Schedule

VILLAGE OF ORLAND PARK AND ITS OFFICIALS, EMPLOYEES, AND AGENTS
14700 S. RAVINIA AVENUE, ORLAND PARK, IL 60462

All other terms and conditions remain unchanged.

Authorized Representative





Liability Insurance

Endorsement

Policy Period DECEMBER 1, 2024 TO DECEMBER 1, 2025

Effective Date DECEMBER 1, 2024

Policy Number 3594-74-82 TPA

Insured COMPUTER AID, INC.

Name of Company FEDERAL INSURANCE COMPANY

Date Issued NOVEMBER 21, 2024

This Endorsement applies to the following forms:

GENERAL LIABILITY

Under Conditions, Transfer Or Waiver Of Rights Of Recovery Against Others, the following provision is added:

Conditions

Transfer Or Waiver Of Rights Of Recovery Against Others However, we waive any right of recovery we may have against the designated person or organization shown below because of payments we make for injury or damage arising out of your ongoing operations or done under a contract with that person or organization and included in the **products-completed operations hazard**. This waiver applies to the designated person or organization.

Designated Person Or Organization

PACE, THE SUBURBAN BUS DIVISION OF THE REGIONAL TRANSPORTATION AUTHORITY 550 W. ALGONQUIN ROAD ARLINGTON HEIGHTS, IL 60005-4412

COUNTY OF ORANGE ITS ELECTED AND APPOINTED OFFICIALS, OFFICERS, AGENTS AND EMPLOYEES 1005 N. MAIN STREET, 6TH FLOOR SANTA ANA, CA 92701

VILLAGE OF ORLAND PARK AND ITS OFFICIALS, EMPLOYEES, AND AGENTS 14700 S. RAVINIA AVENUE, ORLAND PARK, IL 60462

Liability Insurance

Condition - Waiver Of Transfer Of Rights Of Recovery

continued

Liability Endorsement (continued)

All other terms and conditions remain unchanged.

Authorized Representative

Workers' Compensation and Employers' Liability Policy

Named Insured	Endorsement Number			
	Endorsement Number			
COMPUTER AID, INC.				
1390 RIDGEVIEW DR	Policy Number			
ALLENTOWN PA 18104	Symbol: RWC Number: (25)7173-95-31			
Policy Period	Effective Date of Endorsement			
12-01-2024 TO 12-01-2025	12-01-2024			
Issued By (Name of Insurance Company)	<u> </u>			
ACE AMERICAN INSURANCE COMPANY				
Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy.				
This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.				

WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.

This agreement shall not operate directly or indirectly to benefit any one not named in the Schedule.

Schedule

ANY PERSON OR ORGANIZATION AGAINST WHOM YOU HAVE AGREED TO WAIVE YOUR RIGHT OF RECOVERY IN A WRITTEN CONTRACT, PROVIDED SUCH CONTRACT WAS EXECUTED PRIOR TO THE DATE OF LOSS.

For the states of CA, UT, TX, refer to state specific endorsements.

This endorsement is not applicable in KY, NH, and NJ.

The endorsement does not apply to policies in Missouri where the employer is in the construction group of code classifications. According to Section 287.150(6) of the Missouri statutes, a contractual provision purporting to waive subrogation rights against public policy and void where one party to the contract is an employer in the construction group of code classifications.

For Kansas, use of this endorsement is limited by the Kansas Fairness in Private Construction Contract Act(K.S.A.. 16-1801 through 16-1807 and any amendments thereto) and the Kansas Fairness in Public Construction Contract Act(K.S.A 16-1901 through 16-1908 and any amendments thereto). According to the Acts a provision in a contract for private or public construction purporting to waive subrogation rights for losses or claims covered or paid by liability or workers compensation insurance shall be against public policy and shall be void and unenforceable except that, subject to the Acts, a contract may require waiver of subrogation for losses or claims paid by a consolidated or wrap-up insurance program.

(Ed. 4-84)

WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

This agreement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

Schedule

Village of Orland Park 14700 S. Ravinia Avenue Orland Park, IL 60462

For policies or exposure in Missouri:

Any person or organization for which the employer has agreed by written contract, executed prior to loss, may execute a waiver of subrogation. However, for purposes of work performed by the employer in Missouri, this waiver of subrogation does not apply to any construction group of classifications as designated by the waiver of right to recover from others (subrogation) rule in our manual.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated. (The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective 12-01-22

Policy No. 71739531

Endorsement No. 001

Premium \$ Incl.

Insured COMPUTER AID, INC.

Insurance Company Federal Insurance Company

Signed by:

Countersigned By

ED200458D66B44E