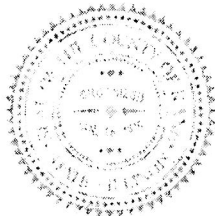


COUNTY OF KANE

Christopher J. Lauzen
Kane County Board Chairman



Kane County Government Center
719 South Batavia Avenue
Geneva, IL 60134
P: (630) 232-5930
F: (630) 232-9188
clauzen@kanecoboard.org
www.countyofkane.org

DOCUMENT VET SHEET

for
Christopher J. Lauzen
Chairman, Kane County Board

Name of Document: Fiber Optic Support Services

Resolution No.: 19-225

Submitted by: Theresa Dobersztyn *TD*

Dept. Head Signature & Date: *Roger Felmerick* 7-24-19
(Subject Matter Sign-off)

Date Submitted: 7/24/19

Legal Review of Contract
Terms (Atty. Sign-off): *Joseph Lulves*

Approved by:
(Legality)

Joseph F. Lulves
(Print name)

Joseph Lulves
(Signature)

July 29, 2019
(Date)

Post on the Web: YES X NO Atty. Initials jfl

Comments:

The Kane County Information Technologies Department requires this Agreement between Adesta LLC and Kane County and Nat Tech LLC and Kane County for Fiber Optic Support Services per BID 23-018. This is a one-year renewal of both contracts. The Kane County Board authorized the Chairman to enter into these contracts, per Resolution 18-172 on June 12, 2018. The Kane County Board authorized the Chairman to enter into these renewal contracts, per Resolution 19-225 on July 9, 2019.

Please notify the Purchasing Office when contract is ready to be picked up or requires additional information.

Attachments: Resolution 19-22, Resolution 18-172, Copy of Bid 23-018, Riders from both vendors. Responses from both vendors, COIs and Disclosures.

Chairman signed: YES ✓ NO 7/31/19
(Date)

Document returned to: *Theresa Dobersztyn*
(Name/Department)

STATE OF ILLINOIS

COUNTY OF KANE

RESOLUTION: NO. 19 - 225

AUTHORIZING EXTENSION OF FIBER OPTIC SUPPORT SERVICES AGREEMENTS

WHEREAS, the Kane County Board approved Resolution 18-172 authorizing the Information Technologies Department to retain the services of a contractor for the purpose of performing fiber optic cable installation, troubleshooting and repair services at various locations throughout Kane County; and

WHEREAS, the two lowest bidders under Bid 23-018 for said services were Adesta LLC and Nat Tech LLC under a one-year contract with the option to renew for three additional one-year periods at a cost not to exceed \$500,000 per year; and

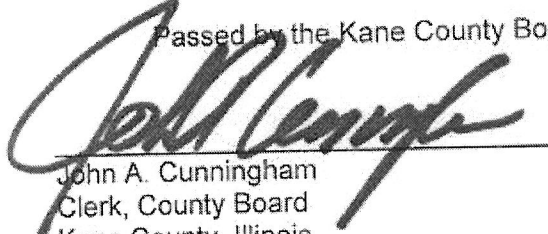
WHEREAS, the Information Technologies Department desires to continue to utilize the services of both Adesta LLC and Nat Tech LLC for the three additional years at a cost not to exceed \$500,000 per year; and


WHEREAS, the contracts call for the use of funds beyond the present budget year and the County of Kane acknowledges the necessity of the appropriation of such funds.; and

NOW, THEREFORE, BE IT RESOLVED by the Kane County Board that the contract with Adesta LLC and Nat Tech LLC be extended for three years ending November 2022 at a cost not to exceed Five Hundred Thousand Dollars (\$500,000) per year.

Line Item	Line Item Description	Was Personnel/Item/Service approved in original budget or a subsequent budget revision?	Are funds currently available for this Personnel/Item/Service in the specific line item?	If funds are not currently available in the specified line item, where are the funds available?
125 800.810.70060	Communications Equipment	Yes	Yes	N/A

Passed by the Kane County Board on July 9, 2019.


John A. Cunningham
Clerk, County Board
Kane County, Illinois


Christopher J. Lauzen
Chairman, County Board
Kane County, Illinois

Vote:
[Unanimous]

19-07 Fiber Cont Ext

STATE OF ILLINOIS

COUNTY OF KANE

RESOLUTION NO. 18-172

AUTHORIZING FIBER OPTIC SUPPORT SERVICES CONTRACTORS

WHEREAS, the Kane County Information Technologies Department is responsible for fiber infrastructure within Kane County that provides connectivity to several government offices, educational institutions and Public Safety Answering Points (PSAPs); and

WHEREAS, the Information Technologies Department issued Bid 23-018 for fiber optic support services to retain the services of a certified and qualified contractor for the purpose of performing fiber optic cable installation, troubleshooting and repair services at various locations throughout Kane County; and

WHEREAS, the Information Technologies Department considers it in the best interest of the County to enter into a service contract for work on an "as needed" basis for one year with an extension for three one-year renewal periods for a total of four years; and

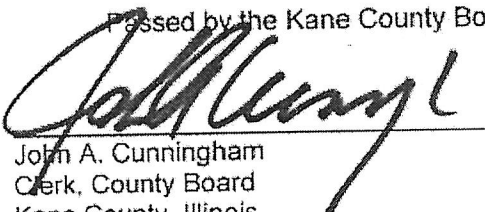
WHEREAS, the Information Technologies Department has determined that it is in the best interest of the County to utilize the services of the two lowest bidders in order that the County may choose a vendor for a specific type of work based on the lowest cost for the work approach; and

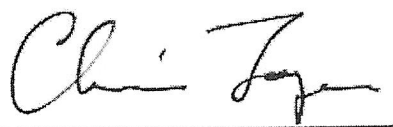
WHEREAS, the contracts call for the use of funds beyond the present budget year and the County of Kane acknowledges the necessity of the appropriation of such funds.

NOW, THEREFORE, BE IT RESOLVED by the Kane County Board that the Kane County Board Chairman is authorized to enter into a contract with Adesta LLC and Nat Tech LLC for the construction, maintenance and repair of the County's fiber optic infrastructure at a cost not to exceed Five Hundred Thousand Dollars (\$500,000) per year for a one-year term and includes three option years.

Line Item	Line Item Description	Was Personnel/Item/Service approved in original budget or a subsequent budget revision?	Are funds currently available for this Personnel/Item/Service in the specific line item?	If funds are not currently available in the specified line item, where are the funds available?
125.850.810 70363	Communications Equipment	Yes	Yes	NA

Passed by the Kane County Board on June 12, 2018.


John A. Cunningham
Clerk, County Board
Kane County, Illinois


Christopher J. Lauzen
Chairman, County Board
Kane County, Illinois

Vote:
[Unanimous]

18-06 Fiber Support

County of Kane
KANE COUNTY GOVERNMENT CENTER



May 22, 2019

RIDER

Extension of Contract for Fiber Optic Support Services

This RIDER made this _____ day of _____, 2019 is part of and is to be attached to the Offer to Contract for (BID 23-018 Fiber Optic Support Services) made on June 12, 2018, by and between County of Kane and Adesta LLC to provide fiber optic support services at various locations

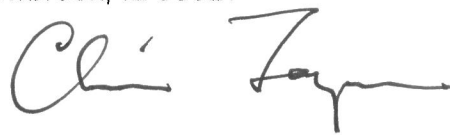
The County hereby requests and Adesta LLC agrees to the extension of contract for an additional three (3) years of service at the same terms, pricing and conditions as the original agreement with adjustment for any yearly IDOL prevailing wage increases.

The parties hereto mutually agree that the aforesaid Contract, of which this RIDER is made part of, is and shall be and remain in full force and effect in accordance with all the terms and conditions thereof, modified only as in this RIDER specifically provided.



Chris Roberts
Adesta LLC
565 Willowbrook Centre Pkwy
Willowbrook, IL 60527

6/14/19
Date



Christopher J. Lauzen
Chairman, Kane County Board
Kane County
719 S. Batavia Ave
Geneva, IL 60134

Date



Adesta
1200 Landmark Center
Suite 1300
Omaha, NE 68102

Telephone: 855-447-8721
Fax: 402-233-7650
Info@adestagroup.com
www.g4s.us/adesta

CONTRACTOR DISCLOSURE

Adesta LLC has withheld no disclosures as to economic interests in the undertaking nor reserved any information, data or plan as to the intended use or purpose for which it seeks County Board or other county agency action.

Below is a list of shareholders or owners with at least 5% holdings in Adesta LLC:

The sole member of Adesta LLC is:
G4S Secure Integration LLC 100%
1200 Landmark Center, Suite 1300
Omaha, NE 68102

Below is a list of shareholders or owners with at least 5% holdings in G4S Secure Integration LLC:

The sole member of G4S Secure Integration LLC is:
G4S Technology Holdings (USA) Inc. 100%
21 North Avenue
Burlington, MA 01803-3305

Below is the contact information for the individuals who will be having contact with County employees or officials in relation to the contract or bid:

Chris Roberts
Regional Manager
Adesta LLC
565 Willowbrook Centre Parkway
Willowbrook, IL 60527
Ph: (630) 343-2803

Al Herrera
Project Manger
Adesta LLC
565 Willowbrook Centre Parkway
Willowbrook, IL 60527
Ph: (815) 482-7566

Jeff Dechant
Contracts Manager
G4S Secure Integration LLC
1200 Landmark Center, Suite 1300
Omaha, NE 68102
Ph: (402) 233-7654



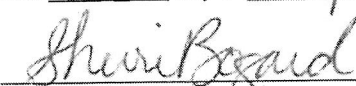
Jeff Dechant
Contracts Manager

5/23/19

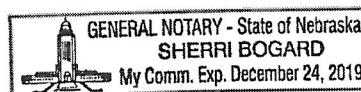
Date

SUBSCRIBED and SWORN TO before me

This 23rd day of May, 2019



Notary Public





CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
09/26/2018

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, Inc of Florida
1001 Brickell Bay Drive
Suite 1100
Miami FL 33131 USA

CONTACT
NAME:
PHONE
(A/C. No. Ext): (866) 283-7122 FAX (A/C. No.): (800) 363-0105
E-MAIL
ADDRESS:

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURED
Adesta LLC
1200 Landmark Center, Suite 1300
Omaha NE 68102-1854 USA

INSURER A:	National Union Fire Ins Co of Pittsburgh	19445
INSURER B:	American Home Assurance Co.	19380
INSURER C:	Illinois National Insurance Co	23817
INSURER D:	New Hampshire Insurance Company	23841
INSURER E:	AIG Europe Limited	AA1120841
INSURER F:	Lexington Insurance Company	19437

COVERAGES

CERTIFICATE NUMBER: 570073229845

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.

Limits shown are as requested

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:			GL5425737	10/01/2018	10/01/2019	EACH OCCURRENCE \$5,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$5,000,000 MED EXP (Any one person) Excluded PERSONAL & ADV INJURY \$5,000,000 GENERAL AGGREGATE \$5,000,000 PRODUCTS - COMP/OP AGG \$5,000,000
A	AUTOMOBILE LIABILITY			CA 958-13-41 AOS	10/01/2018	10/01/2019	COMBINED SINGLE LIMIT (Ea accident) \$5,000,000
A	<input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY			CA 958-13-42 VA	10/01/2018	10/01/2019	BODILY INJURY (Per person)
A	<input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			CA 958-13-44 MA	10/01/2018	10/01/2019	BODILY INJURY (Per accident)
E	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION			23003214	10/01/2018	09/30/2019	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WC031467873 AOS	10/01/2018	10/01/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER
B	ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	WC031467871 CA	10/01/2018	10/01/2019	E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE-EA EMPLOYEE \$1,000,000 E.L. DISEASE-POLICY LIMIT \$1,000,000
G	E&O-PL-Primary			GL3333298	10/01/2018	10/01/2019	Limit Each Claim \$4,000,000 Aggregate Ea Claim \$7,000,000

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

RE: Bid Number 23-018 Fiber Optic Support Services. County of Kane is included as Additional Insured in accordance with the policy provisions of the General Liability, Automobile Liability and Umbrella Liability policies. General Liability evidenced herein are Primary and Non-Contributory to other insurance available to an Additional Insured, but only in accordance with the policy's provisions. A waiver of Subrogation is granted in favor of Certificate Holder in accordance with the policy provisions of the General Liability, Automobile Liability and Workers Compensation policies. Professional Liability and Excess Professional Liability policies are claims-made. As respects to the Umbrella policy, Aon Risk Solutions (US) is generating and distributing this certificate in an administrative capacity. Aon Risk Solutions UK is the broker for the defined policy.

CERTIFICATE HOLDER

CANCELLATION

County of Kane
719 Batavia Avenue, Building A
Geneva IL 60134 USA

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

Aon Risk Services Inc. of Florida

Holder Identifier :

Certificate No : 570073229845



ADDITIONAL REMARKS SCHEDULE

Page _ of _

AGENCY Aon Risk Services, Inc of Florida		NAMED INSURED Adesta LLC	
POLICY NUMBER See Certificate Number: 570073229845			
CARRIER See Certificate Number: 570073229845	NAIC CODE	EFFECTIVE DATE:	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER G :AIG Specialty Insurance Company	26883
INSURER	
INSURER	
INSURER	

ADDITIONAL POLICIES

If a policy below does not include limit information, refer to the corresponding policy on the ACORD certificate form for policy limits.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
	WORKERS COMPENSATION							
C		N/A		WC031467872 FL	10/01/2018	10/01/2019		
D		N/A		WC031467867 AZ, IL, KY, NC, NH, UT, VA, VT	10/01/2018	10/01/2019		
D		N/A		WC031467868 MA, WI - Incl. Stop Gap	10/01/2018	10/01/2019		
D		N/A		WC031467874 ME	10/01/2018	10/01/2019		
D		N/A		WC031467869 NJ PA	10/01/2018	10/01/2019		
	OTHER							
F	E&O-PL-XS			019607601 Ex Professional Liab	10/01/2018	10/01/2019	Each claim	\$1,000,000
D	Excess WC			XWC4595621 OH-Statutory WC SIR applies per policy terms & conditions	10/01/2018	10/01/2019	EL Each Accident	\$1,000,000
							EL Disease - Policy	\$1,000,000
							EL Disease - Ea Empl	\$1,000,000

**ADDITIONAL REMARKS SCHEDULE**

Page _ of _

AGENCY Aon Risk Services, Inc of Florida		NAMED INSURED Adesta LLC	
POLICY NUMBER See Certificate Number: 570073229839			
CARRIER See Certificate Number: 570073229839	NAIC CODE	EFFECTIVE DATE:	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Additional Description of Operations / Locations / Vehicles:

Aon Risk Solutions UK is the broker for the defined policy.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – COMPLETED OPERATIONS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)	Location And Description Of Completed Operations
ANY PERSON OR ORGANIZATION WHOM YOU BECOME OBLIGATED TO INCLUDE AS AN ADDITIONAL INSURED AS A RESULT OF ANY CONTRACT OR AGREEMENT YOU HAVE ENTERED INTO	PER THE CONTRACT OR AGREEMENT
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury" or "property damage" caused, in whole or in part, by "your work" at the location designated and described in the Schedule of this endorsement performed for that additional insured and included in the "products-completed operations hazard".

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – OWNERS, LESSEES OR
CONTRACTORS – SCHEDULED PERSON OR
ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)	Location(s) Of Covered Operations
ANY PERSON OR ORGANIZATION WHOM YOU BECOME OBLIGATED TO INCLUDE AS AN ADDITIONAL INSURED AS A RESULT OF ANY CONTRACT OR AGREEMENT YOU HAVE ENTERED INTO	PER THE CONTRACT OR AGREEMENT
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

SCHEDULE

Name Of Person Or Organization:

PURSUANT TO APPLICABLE WRITTEN CONTRACT OR AGREEMENT YOU ENTER INTO

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The following is added to Paragraph 8. **Transfer Of Rights Of Recovery Against Others To Us** of Section IV – Conditions:

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "products-completed operations hazard". This waiver applies only to the person or organization shown in the Schedule above.

WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

This endorsement changes the policy to which it is attached effective on inception date of the policy unless a different date is indicated below.

This endorsement, effective 12:01 AM 10/01/2018

forms a part of Policy No. WC 031-46-7867

Issued to G4S Holding One, Inc.

By New Hampshire Insurance Company

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

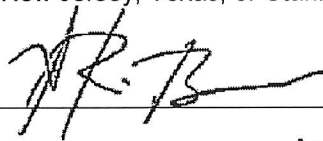
Any person or organization for whom the Named Insured has agreed by written contract to furnish this waiver.

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 form is not applicable in California, Kentucky, New Hampshire, New Jersey, Texas, or Utah.

WC 00 03 13
(Ed. 04/84)

Countersigned by



Authorized Representative

C. With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or

2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

County of Kane
KANE COUNTY GOVERNMENT CENTER



May 22, 2019

RIDER

Extension of Contract for Fiber Optic Support Services

This RIDER made this 22nd day of May, 2019 is part of and is to be attached to the Offer to Contract for (BID 23-018 Fiber Optic Support Services) made on June 12, 2018, by and between County of Kane and Nat Tech LLC to provide fiber optic support services at various locations

The County hereby requests and Nat Tech LLC agrees to the extension of contract for an additional three (3) years of service at the same terms, pricing and conditions as the original agreement with adjustment for any yearly IDOL prevailing wages increases.

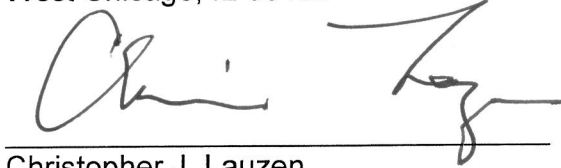
The parties hereto mutually agree that the aforesaid Contract, of which this RIDER is made part of, is and shall be and remain in full force and effect in accordance with all the terms and conditions thereof, modified only as in this RIDER specifically provided.



Rick Danca
Nat Tech LLC
1350 W. Washington Street
West Chicago, IL 60185

Date

5/22/19



Christopher J. Lauzen
Chairman, Kane County Board
Kane County
719 S. Batavia Ave
Geneva, IL 60134


Date

CONTRACTOR DISLCOSURE

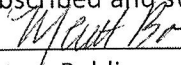
As of May 22, 2019 Nat Tech, LLC to the best of our knowledge the Owners, Officers, or Executives have not made any political campaign contributions to any Kane County Elected Official countywide in the last 12 month period

Below is a list of shareholders or owners with at least 5% holdings in Nat Tech, LLC:

Mr. Brian James CEO 60%
328 Clearwater Dr.
Ponte Verde Beach, FL 32082



Officer Date 5/22/19
Title CEO

Subscribed and sworn this 22 day of May, 2018 9


Notary Public





NTICONN-01

TROBINSON

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/22/2019

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).

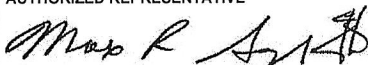
PRODUCER Associated Agencies, Inc 1701 Golf Road #3-700 Rolling Meadows, IL 60008	CONTACT NAME:		
	PHONE (A/C, No, Ext): (847) 427-8400	FAX (A/C, No): (847) 427-3430	
	E-MAIL ADDRESS: assocagencies@associated.cc		
INSURED Nat Tech LLC dba National Technologies NTI 1350 West Washington Street West Chicago, IL 60185	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : Hartford Fire Insurance Co		19682
	INSURER B : Hartford Insurance Group - DBC		00914
	INSURER C :		
	INSURER D :		
	INSURER E :		
	INSURER F :		

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 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 type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X	X	83UUNZV4082	10/15/2018	10/15/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY Comp: \$1,000 <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY Coll: \$1,000		X	83UENZV4217	10/15/2018	10/15/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			83RHUVZV3862	10/15/2018	10/15/2019	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N <input checked="" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below		X	83WEAA0UER	10/15/2018	10/15/2019	<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)
County of Kane is included as additional insured on a primary/non-contributory basis for Commercial General Liability as required by written contract (Per CG 2010 & CG2037 or equivalent).
Waiver of Subrogation on General Liability, Auto, & W.C in favor of the additional insureds as required by written contract.

CERTIFICATE HOLDER	CANCELLATION
County of Kane 719 Batavia Ave., Bldg A Geneva, IL 60134	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 

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED - OWNERS, LESSEES OR
CONTRACTORS - SCHEDULED PERSON OR
ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)	Location(s) Of Covered Operations
Customers of CCSI Networks LLC, NAT Tech LLC and Fairhaven	See Policy
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

C. With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or

2. Available under the applicable Limits of Insurance shown in the Declarations;
whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - OWNERS, LESSEES OR CONTRACTORS - COMPLETED OPERATIONS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)	Location And Description Of Completed Operations
Customers of CCSI Networks LLC, NAT Tech LLC and Fairhaven	See Policy
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. **Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury" or "property damage" caused, in whole or in part, by "your work" at the location designated and described in the Schedule of this endorsement performed for that additional insured and included in the "products-completed operations hazard".

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance**:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

POLICY CHANGES

This endorsement forms a part of the Policy numbered below:

POLICY NUMBER: 83 UUN ZV4082 K3

CHANGE NUMBER: 001

Policy Change Effective Date: 10/15/17

Named Insured: NTI HOLDING LLC

SEE IH1204

Producer's Name: ASSOCIATED AGENCIES INC

Pro Rata Factor: 1.000

Description of Change(s):

ANY CHANGES IN YOUR PREMIUM WILL BE REFLECTED IN YOUR NEXT BILLING STATEMENT. IF YOU ARE ENROLLED IN REPETITIVE EFT DRAWS FROM YOUR BANK ACCOUNT, CHANGES IN PREMIUM WILL CHANGE FUTURE DRAW AMOUNTS.
THIS IS NOT A BILL.

NO PREMIUM DUE AT POLICY CHANGE EFFECTIVE DATE.

GENERAL LIABILITY

HARTFORD ACCIDENT AND INDEMNITY COMPANY

FORM NUMBERS OF COVERAGE PARTS AND ENDORSEMENTS ADDED TO THIS POLICY
AT ENDORSEMENT ISSUE: SEE ABOVE FOR COMPANY NAME

GENERAL LIABILITY: CG20100413(01) (APPLIES TO HC0010)

HC12111185 (APPLIES TO HM0010)

IH12011185 ADDITIONAL INSURED-OWNERS, LESSEES OR CONTRACTORS-
COMPLETED OPERATIONS

IH12011185 ADDITIONAL INSURED-OWNERS, LESSEES OR CONTRACTORS-
SCHEDULED PERSON OR ORGANIZATION

FORM NUMBERS OF COVERAGE PARTS AND ENDORSEMENTS DELETED FROM THIS POLICY
AT ENDORSEMENT ISSUE: SEE ABOVE FOR COMPANY NAME

ENTIRE CONTRACT: IH99461111

Countersigned by
(Where required by law)

Suean S. Castaneda
Authorized Representative

11/22/17
Date



POLICY NUMBER: 83 UUN ZV4082

CHANGE NUMBER: 001



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

ADDITIONAL INSURED-OWNERS, LESSEES OR CONTRACTORS-
COMPLETED OPERATIONS

COMMERCIAL GENERAL LIABILITY COVERAGE PART

IT IS HEREBY AGREED AND UNDERSTOOD FORM CG 20 37 04 13 HAS BEEN
ADDED TO THE POLICY PER ATTACHED.

POLICY NUMBER: 83 UUN ZV4082

CHANGE NUMBER: 001



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

ADDITIONAL INSURED-OWNERS, LESSEES OR CONTRACTORS-
SCHEDULED PERSON OR ORGANIZATION

COMMERCIAL GENERAL LIABILITY COVERAGE PART

IT IS HEREBY AGREED AND UNDERSTOOD FORM CG 20 10 04 13 HAS BEEN
ADDED TO THE POLICY PER ATTACHED.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

SCHEDULE CHANGES



POLICY NUMBER: 83 UUN ZV4082

CHANGE NUMBER: 001

It is agreed that the Schedule (Form HC 12 10) is changed as follows:

THE FOLLOWING IS ADDED:

DESCRIPTION OF HAZARDS: ADDITIONAL INSURED CG2010

REFER TO: COMMERCIAL GENERAL LIABILITY
 COVERAGE PART (FORM HC 00 10)

ANNUAL PREMIUM: 0.00 FOR PREMISE 001

PREMIUM CHANGE: 0.00

TOTAL PREMIUM CHANGE
FOR THIS POLICY CHANGE: 0.00



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**WAIVER OF OUR RIGHT TO RECOVER
FROM OTHERS ENDORSEMENT**

Policy Number: 83 WE AA0UER

Endorsement Number:

Effective Date: 10/15/17

Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address: NTI HOLDING LLC CCSI NETWORKS LLC NTI CONNECT, LLC FAIRHAVEN
PARTNERS LLC
1350 W WASHINGTON ST
WEST CHICAGO IL 60185

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

SCHEDULE

Any person or organization from whom you are required by contract or agreement to obtain this waiver from us. Endorsement is not applicable in KY, NH, NJ or for any MO construction risk

Countersigned by _____
Authorized Representative