



Village of Hinsdale  
19 E. Chicago Avenue  
Hinsdale, IL 60521-3489  
(630)789-7000

Village Website: [www.villageofhinsdale.org](http://www.villageofhinsdale.org)

**PUBLIC SERVICES UTILITY PERMIT APPLICATION - Permit Fee of ~~\$100.00~~**

Date of Application: 04/14/21 Permit No: ATT - 0012 Permit Expiration Date: 06/30/21

**Utility Company Information:**

Company Name: AT&T  
Address: 1000 COMMERCE DR  
City, State, Zip: OAK BROOK, ILLINOIS 60523  
Contact Person: BOB GILBERT  
Phone Number: 630-573-5687  
Email Address: RG2721@ATT.COM  
Cell Number: 630-639-8373  
Project/Work Order Number: A021W5V

**Contractor Information:**

Company Name: JOSCO CONSTRUCTION  
Address: 2551 W DIVISION ST  
City, State, Zip: JOLIET, ILLINOIS  
Contact Person: JOE WIRTZ  
Phone Number: 815-725-1975  
Email Address: JOE.W@JOSCO.COM  
Cell Number: 815-725-1975

**PROJECT LOCATION:** PUBLIC ALLEY BEHIND 111 S LINCOLN ST AND ROW OF W 2ND ST BETWEEN S LINCOLN ST AND S WASHINGTON ST

Description of work covered under this permit: 2 LOCATIONS. PLEASE SEE SKETCH FOR DETAILS

**Start Date:** 05/01/2021 **Completion Date:** 06/01/2021

Site Plan/Details/Specifications (3 sets) included with application? ☒ YES ☐ NO  
Currently registered as a Utility Contractor with the Village of Hinsdale? ☒ YES ☐ NO  
Engineer Estimate of Cost included with application? ☒ YES ☐ NO

**Type of Utility:** ☐ ComEd ☐ Nicor ☐ Comcast ☐ Water ☐ Sewer  
☒ Communications: ☒ Fiber Optic ☐ Wireless ☐ Other:

**Applicant Information:**

Print Name: Bob Gilbert Phone Number: 630-573-5687  
Company: AT&T Email Address: RG2721@ATT.COM  
Signature: Bob Gilbert Digitally signed by Bob Gilbert  
Date: 2021.04.14 06:56:29 -05'00' Date: 04/14/2021

ALL CONSTRUCTION SHALL BE DONE IN ACCORDANCE WITH THE LATEST EDITION IN EFFECT ON THE DATE OF PERMIT APPLICATION OF THE FOLLOWING: STANDARD SPECIFICATIONS FOR ROAD AND BRIDGE CONSTRUCTION & SUPPLEMENTAL SPECIFICATIONS AND RECURRING SPECIAL PROVISIONS BY THE ILLINOIS DEPARTMENT OF TRANSPORTATION, ILLINOIS MANUAL ON UNIFORM TRAFFIC CONTROL DEVICES FOR STREETS AND HIGHWAYS, STANDARD SPECIFICATIONS FOR WATER AND SEWER MAIN CONSTRUCTION IN ILLINOIS, AND THE VILLAGE OF HINSDALE SUBDIVISION ORDINANCES (Ord. 02007-73, 11-6-2007) AND ENGINEERING STANDARDS.

**Village Use Only**

Permit Approved: ☒ YES ☐ NO

Conditions for Approval/Reasons for Denial: PROVIDE 48 HOUR NOTICE TO VILLAGE  
PRIOR TO START. ALL DISTURBED AREAS TO BE RESTORED  
WITH IN 14 DAYS OF COMPLETION.

Approved By: [Signature] A. Diaz Date: 04/14/2021





## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/14/2021

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).

<b>PRODUCER</b> Hometowne Insurance Services, Inc. 155 Chicago Rd.  Oswego		<b>CONTACT NAME:</b> Tim Leverich <b>PHONE (A/C, No, Ext):</b> 630-554-4040 <b>FAX (A/C, No):</b> 630-554-4646 <b>E-MAIL ADDRESS:</b> tim@hometowneinsurance.com																					
<b>INSURED</b> Josco Construction Services Inc. 2551 Division St Ste 102 Joliet IL 60435-9041		<table><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A:</td><td>West Bend Mutual</td><td>15350</td></tr><tr><td>INSURER B:</td><td>Westchester Surplus</td><td>10172</td></tr><tr><td>INSURER C:</td><td></td><td></td></tr><tr><td>INSURER D:</td><td></td><td></td></tr><tr><td>INSURER E:</td><td></td><td></td></tr><tr><td>INSURER F:</td><td></td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	West Bend Mutual	15350	INSURER B:	Westchester Surplus	10172	INSURER C:			INSURER D:			INSURER E:			INSURER F:		
INSURER(S) AFFORDING COVERAGE		NAIC #																					
INSURER A:	West Bend Mutual	15350																					
INSURER B:	Westchester Surplus	10172																					
INSURER C:																							
INSURER D:																							
INSURER E:																							
INSURER F:																							

**COVERAGES****CERTIFICATE NUMBER:** 20210414095825677**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		
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input checked="" type="checkbox"/> PRO JEOT <input type="checkbox"/> LOC OTHER:	Y	N	A226293	07/13/2020	07/13/2021	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 200,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000 \$	
A	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY	Y	N	A 226293	07/13/2020	07/13/2021	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"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> <b>EXCESS LIAB</b> DED RETENTION \$	N	N	A22629 3	07/13/2020	07/13/2021	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 Personal and Advertisi \$ 10,000,000	
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> Y	N/A	N	A226299	07/13/2020	07/13/2021	<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
B	Contractors Poll Liab Occ	N	N	G71110059001	03/23/2021	03/23/2022	General Aggregate \$10,000,000 Pollution Liability \$5,000,000	

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

Village of Hinsdale and its elected and appointed officers, officials, agents, and employees are listed as additional insured on the General Liability and Automobile Liability when required by written contract. 30 Day Written Notice

**CERTIFICATE HOLDER****CANCELLATION**

Village of Hinsdale 19 E. Chicago Ave Hinsdale IL 60521	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 
---	---

© 1988-2015 ACORD CORPORATION. All rights reserved.

AGENCY CUSTOMER ID: CN103150778

LOC #: St. Louis



## ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

<b>AGENCY</b> Marsh USA Inc.		<b>NAMED INSURED</b> Illinois Bell Telephone Company, LLC One AT&T Plaza 208 South Akard Room 1820 Dallas, TX 75202	
<b>POLICY NUMBER</b>		<b>EFFECTIVE DATE:</b>	
<b>CARRIER</b>	<b>NAIC CODE</b>		

### ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

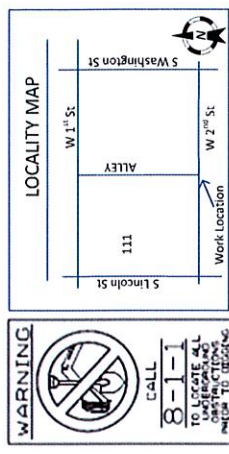
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Excess Workers' Compensation - MWXS 31363920 (OH-WA)  
 Self Insured Retentions  
 OH & WA - \$500,000,000 (except Terrorism)  
 OH & WA - \$600,000,000 Terrorism

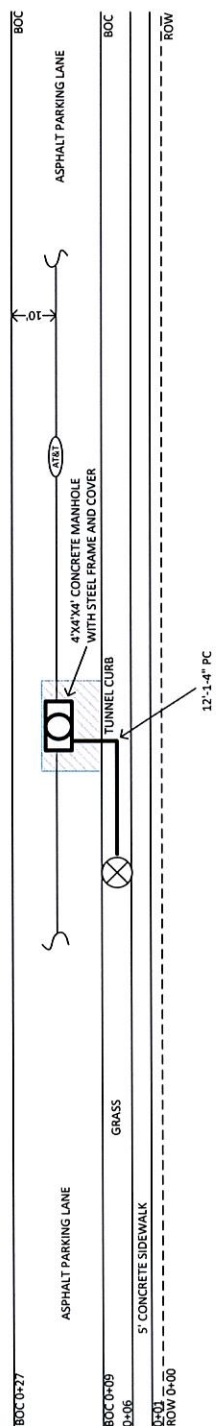
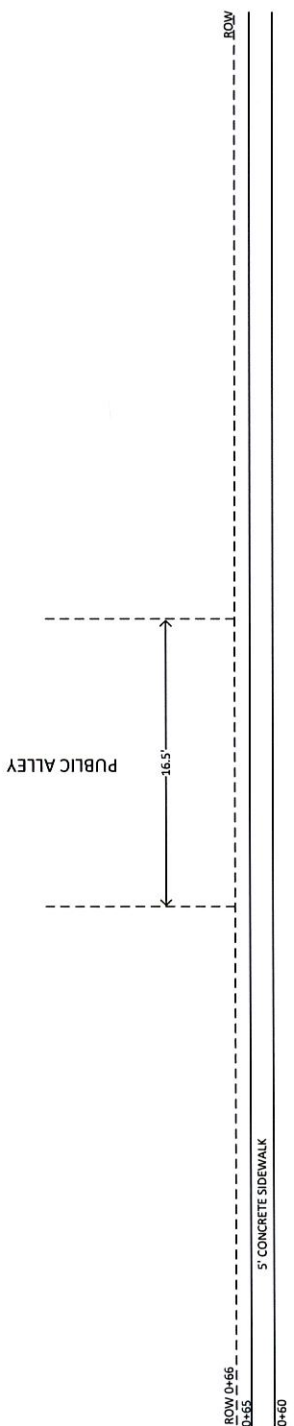
\*\*\*\*\*

Excess Automobile Liability - MWZX 31363720 (MI)  
 Combined Single Limit - \$1,000,000  
 Self Insured Retention - \$1,000,000

HINSDALE PERMIT



1. Locate all underground obstructions prior to digging. Contact J.U.L.I.E at 811 48 hrs. in advance of digging
2. Restore all disturbed grounds to original or better condition
3. AT&T contractor to place conduit between 24"-36" deep
4. AT&T contractor to provide all barricades and work area protection



AT&T contractor to saw-cut, remove and replace 10'x10' asphalt roadway. Dig pit and expose existing 9-duct conduit structure. Center of excavation approximately 6' north and 10' east of existing utility pole. Place one 4'x4' concrete manhole with steel frame and cover over conduit structure. Trench and place 12' 4" plastic conduit from new manhole to existing pole. Tunnel curb. Sweep up conduit to pole. Repaint any disturbed parking spot striping to village specifications. Backfill with road grade gravel.

Area to be restored to original condition.

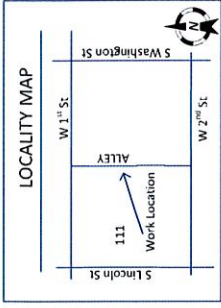
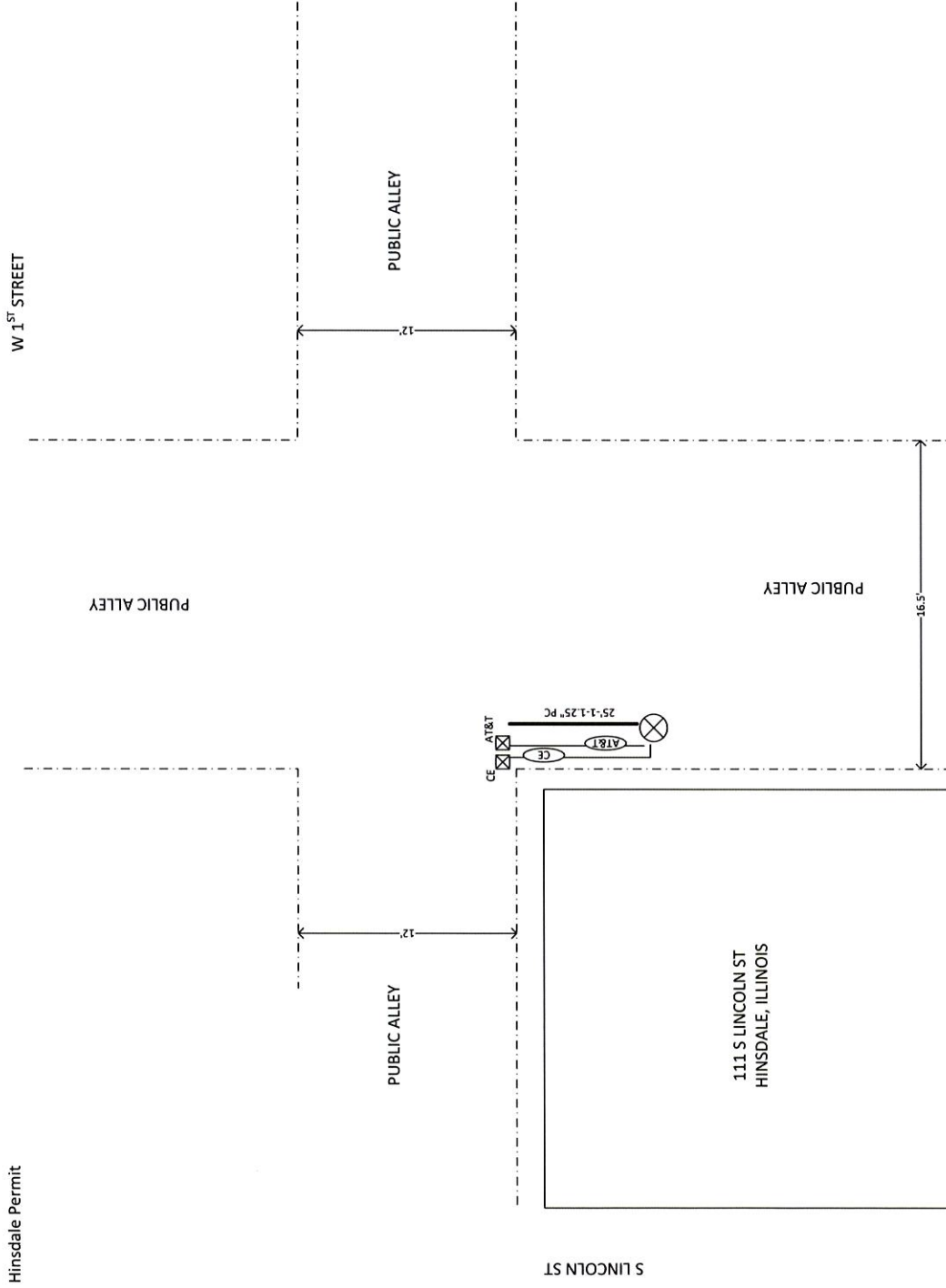
1000 Commerce DR, Flr 2  
Oak, Brook, IL 60523

UT# A021WSV  
Engineer: Bob Gilbert  
Tel No 630-573-5687  
Quarter: NW Sec 12

Township: Downers Grove  
Municipality: Hinsdale  
County: Dupage  
Wire Center: Hinsdale  
Sheet 1 of 2







1. Locate all underground obstructions prior to digging. Contact J.U.L.I.E at 811 48 hrs. in advance of digging
2. Restore all disturbed grounds to original or better condition
3. AT&T contractor to place conduit no less than 24" deep
4. AT&T contractor to provide all barricades and work area protection

1000 Commerce DR, Flr 2  
Oak, Brook, IL 60523

UT# A021WSV  
Engineer: Bob Gilbert  
Tel No 630-573-5687  
Quarter: NW Sec 12  
Township: Downers Grove  
Municipality: Hinsdale  
County: Dupage  
Wire Center: Hinsdale  
Sheet 2 of 2



AT&T contractor to hand dig trench from existing utility pole at station 0+00 to existing pedestals at 0+25 and install one 1.25" plastic conduit. Saw-cut, remove and replace 75 square feet asphalt alley. Work required to bring fiber optic cable into 111 S Lincoln St.  
Area to be restored to original condition.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
04/14/2021

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).

<b>PRODUCER</b> Marsh USA Inc. 701 Market Street, Suite 1100 St. Louis, MO 63101	<b>CONTACT NAME:</b> Marsh   U.S. Operations <b>PHONE (A/C, No, Ext):</b> 866-966-4664 <b>E-MAIL ADDRESS:</b> Att.CertRequest@marsh.com <b>FAX (A/C, No):</b>
CN103150778-GAW-CRT-20-21      N      N      RG2721      N	<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Old Republic Insurance Company <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>
<b>INSURED</b> Illinois Bell Telephone Company, LLC One AT&T Plaza 208 South Akard Room 1820 Dallas, TX 75202	<b>NAIC #</b> 24147

**COVERAGES**      **CERTIFICATE NUMBER:** CHI-009829421-01      **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
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <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:		MWZY 31363620	06/01/2020	06/01/2021	EACH OCCURRENCE \$ 5,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ N/A PERSONAL & ADV INJURY \$ 5,000,000 GENERAL AGGREGATE \$ 10,000,000 PRODUCTS - COMP/OP AGG \$ 5,000,000
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		MWTB 313635 20 MWZX 31363720 (MI)	06/01/2020 06/01/2020	06/01/2021 06/01/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE <b>DED</b> <input type="checkbox"/> <b>RETENTION \$</b>					EACH OCCURRENCE \$ AGGREGATE \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A	MWC 31363820 (AOS)	06/01/2020	06/01/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 5,000,000 E.L. DISEASE - EA EMPLOYEE \$ 5,000,000 E.L. DISEASE - POLICY LIMIT \$ 5,000,000
A	Excess Workers' Compensation / Employers' Liability		MWXS 31363920 (OH,WA) See Second Page	06/01/2020	06/01/2021	EL Each Accident / EL Disease 1,000,000 EL Disease-Policy Limit 1,000,000

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**  
RE: WEST 2ND STREET AND ALLEY BETWEEN S LINCOLN ST AND S WASHINGTON ST

The Village Of Hinsdale, Elected and Appointed Officers, Officials, Agents and Village Employees is/are included as Additional Insured under the General Liability and Automobile Liability policies but only with respect to the requirements of the contract between the Certificate Holder and the Insured. This insurance is primary with respect to the interest of the Additional Insured and any other insurance maintained by Additional Insured is excess and non-contributory with this insurance.

<b>CERTIFICATE HOLDER</b> Village Of Hinsdale Attn: Al Diaz 19 E Chicago Av Hinsdale, IL 60521	<b>CANCELLATION</b> <b>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</b>  <b>AUTHORIZED REPRESENTATIVE</b> of Marsh USA Inc.  <i>Marashi Mukherjee</i>
--	---

© 1988-2016 ACORD CORPORATION. All rights reserved.