



DEPARTMENT OF PROCUREMENT SERVICES NON-COMPETITIVE REVIEW BOARD (NCRB) APPLICATION

Complete this cover form and the **Non-Competitive Procurement Application Worksheet** in detail. Refer to the page entitled **"Instructions for Non-Competitive Procurement Application"** for completing this application in accordance with its policy regarding NCRB. Complete "other" subject area if additional information is needed. Subject areas must be fully completed and responses merely referencing attachments will not be accepted and will be immediately rejected.

Department	Originator Name	Telephone	Date	Signature of Application Author
Mayor's Office	Victoria Watkins	4-5323	11/3/14	
Contract Liaison	Email Contract Liaison	Telephone		
Yasmin Rivera	yasmin.rivera@cityofchicago.org	4-9991		

List Name of NCRB Attendees/Department	
Victoria Watkins Michael Rendina Yasmin Rivera	Office of the Mayor

Request NCRB review be conducted for the product(s) and/or service(s) described herein.

Company: **Blaida and Associates**

Contact Person:	Phone:	Email:
Derek Blaida	312.714.5172	derekblaida@gmail.com

Project Description: **Legislative Consulting Services**

This is a request for: <input checked="" type="checkbox"/> New Contract <input type="checkbox"/> Amendment / Modification	
Contract Type <input type="checkbox"/> Blanket Agreement Term: <u>24</u> yr (# of mo) <input type="checkbox"/> Standard Agreement	Type of Modification <input type="checkbox"/> Time Extension <input type="checkbox"/> Vendor Limit Increase <input type="checkbox"/> Scope Change Contract Number: _____ Specification Number: _____ Modification Number: _____

Department Request Approval DEPARTMENT HEAD OR DESIGNEE <u>Michael Rendina</u> PRINT NAME	Recommended Approval BOARD CHAIRPERSON <u>Rich Butler</u> PRINT NAME
<u>11/8/14</u> DATE	<u>2-19-15</u> DATE

(FOR NCRB USE ONLY)	
Recommend Approval/Date:	<u>2/19/15</u>
Return to Department/Date:	_____
Rejected/Date:	_____

Approved Rejected

CHIEF PROCUREMENT OFFICER

2/19/15
 DATE



**DEPARTMENT OF PROCUREMENT SERVICES
NON-COMPETITIVE REVIEW BOARD (NCRB) APPLICATION
JUSTIFICATION FOR NON-COMPETITIVE PROCUREMENT WORKSHEET**

All applicable information on this worksheet must be addressed using each question found on the "Instructions for Non-Competitive Procurement Application" in this application.

Justification for Non-Competitive Procurement Worksheet

PROCUREMENT HISTORY

This contractor is part of a new entity, but has over 10 years of experience in government consulting, including in-house lobbying, on Springfield/state issues. Although his company is new, his background, knowledge of the field, legislative process, and institutional knowledge are unmatched.

Because of this contractor's skills as listed below, he quickly became the number one option when his entity was formed. Other options were considered, but conflicts of interest stood in the way. This contractor will be an exclusive City consultant. This will not be short-term consulting.

ESTIMATED COST

We estimate the cost of this contract to be \$8500/month on a year round basis, making the estimated cost per fiscal year \$102,000.

The basis for this cost is the contractor's 10+ years of experience in state legislative affairs, experience working for the City internally in the past, and comparative consultants doing the same or similar work. This cost is reasonable because in order to effectively do this job, Mr. Blaida must travel to and from Springfield, IL, be present in the Capitol on every legislative session day, work closely with the internal City team on the agenda, strategies and tasks, attend conferences and meetings on behalf of the City, often serve as a proxy when an internal City employee is not available, and consistently have the resources and tools for research and project completion for the City's interests.

SCHEDULE REQUIREMENTS

Mr. Blaida will be available to us during the entire year, but especially during the legislative session, when he will have to spend weeks in Springfield consulting and strategizing on the City's state legislative agenda. Mr. Blaida will be regularly and readily available to us as needed, which based on the various major needs of the City, will usually amount to a daily basis. Planning and preparation will largely occur during the late summer and fall months. Execution of the agenda will occur during the winter and spring months, mostly in Springfield, while late spring and summer will entail review of the prior legislative session. Mr. Blaida will also assist in regulatory matters, which occur all year.

EXCLUSIVE OR UNIQUE CAPABILITY

Mr. Blaida is unique because he once worked for the City's state legislative team, as well as the legislative team for the Chicago Public Schools. He not only understands the state legislature, its process, and people, but the ins and outs of the City as a corporation. His years working for the City internally make him perfect for consulting us as a contractor because he knows how our departments work, and has relationships to help him execute his duties effectively. We find this invaluable.

Mr. Blaida has great relationships and a strong network within the government affairs field and the ability to work independently as well as part of a team.

OTHER

Project Checklist

Attach required forms for each procurement type and detailed scope of services and/or specifications and forward original documents to the Chief Procurement Officer; City Hall, Room 806.

Date:
2/10/2015

Department Name:
Office of the Mayor

Requisition No: 94884 **Specification No:** 128416

PO No: **Modification No:**

Contract Liaison:
Yasmin Rivera

Telephone:
312-744-9991

Email:
yasmin.rivera@cityofchicago.org

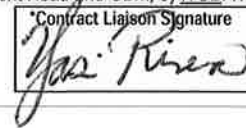
Project / Program Manager:
Victoria Watkins

Telephone:
312-744-5323

Email:
victoria.watkins@cityofchicago.org

For blanket agreements, original or lead department must consult with other potential departments who may want to participate on the blanket agreement. If grant funded, attach copy of the approved grant application and other terms and conditions of the funding source. Note: 1) Funding: Attach information if multiple funding lines; 2) Individual Contract Services: Include approval form signed by Department Head and OBM; 3) ITGB: IT project valued at \$100,000.00 or more, attach approval transmittal sheet.

**By signing this form, I attest that all information provided is true and accurate.*

Contract Liaison Signature


Project Title:
Legislative Consulting Services

Project Description:

Funding:

<input checked="" type="checkbox"/> Corporate	<input type="checkbox"/> Bond	<input type="checkbox"/> Enterprise	<input type="checkbox"/> Grant	<input type="checkbox"/> Other:
<input type="checkbox"/> IDOT/Transit	<input type="checkbox"/> IDOT/Highway	<input type="checkbox"/> FHWA	<input type="checkbox"/> FTA	<input type="checkbox"/> FAA

LINE	FY	FUND	DEPT	ORGN	APPR	ACTV	PROJECT	RPTG	ESTDOLLAR AMOUNT
	015	0100	99	4401	9121				204,000

Check One:
 New Contract Request

**By signing below, I attest the estimates provided for this contract are true and accurate.*

Project / Program Manager Signature


Commissioner/Authorized Designee Signature


Purchase Order Information:

Contract Term (No. of Months): 24

Extension Options (Rate of Recurrence): 2 - one year extensions

Estimated Spend/Value: \$ 204,000.00

Grant Commitment / Expiration Date:

Pre-Bid/Submittal Conference: Yes No

Mandatory Site Visit

Purchase Order Type:

Blanket/Purchase Order (DUR)

Master Consultant Agreement (Task Order)

Standard/One-Time Purchase

Procurement Method:

Bid RFP RFQ RFI

Small Order

Special Approvals Required:

Emergency

Non-Competitive Review Board (NCRB)

Request for Individual Contract Services

Information Technology Governance Board (ITGB)

Contract Type:

<input type="checkbox"/> Architect Engineering	<input type="checkbox"/> Commodity	<input type="checkbox"/> Construction	<input type="checkbox"/> JOC	<input type="checkbox"/> SBI
<input checked="" type="checkbox"/> Professional Services	<input type="checkbox"/> Revenue Generating	<input type="checkbox"/> Vehicle & Heavy Equipment		
<input type="checkbox"/> Work Service	<input type="checkbox"/> Joint Procurement	<input type="checkbox"/> Reference Contract		

Modification or Amendment

Modification Information:

PO Start Date: _____

PO End Date: _____

Amount (Increase/Reduction): _____

MBE/WBE/DBE Analysis: (Attach MBE/WBE/DBE Goal Setting Memo)

Full Compliance Contract Specific Goals

No Stated Goals Waiver Request

Modification/Amendment Type:

Time Extension Scope Change/Price Increase /Additional Line Item(s)

Vendor Limit Increase Requisition Encumbrance Adjustment

Other (specify): _____

Risk Management / EDS

Insurance Requirements (included) Yes No

EDS Certification of Filing (included) Yes No

Vendor Info:

Name: Blaida and Associates, LLC

Contact: Derek Blaida

Address: 3732 South Honore Street

E-mail: derekblaida@gmail.com

Phone: 312-714-5172



OFFICE OF MAYOR RAHM EMANUEL
CITY OF CHICAGO

To: Jamie Rhee
Chief Procurement Officer
Department of Procurement Services

From: Michael Rendina
Director
Mayor's Office of Legislative Counsel and Government Affairs

Date: December 5, 2014

Re: Blaida and Associates

I concur with the consultant, Blaida and Associates, waiver for MBE/WBE participation resulting from the contract.

Thank you in advance for your consideration and please contact me if you need any additional information.



OFFICE OF MAYOR RAHM EMANUEL
CITY OF CHICAGO

Commissioner Rhee:

This letter is to inform you of the necessary services we are requesting of Blaida and Associates.

Blaida and Associates will perform state legislative consulting services on a year-round basis for the City of Chicago. Services will include travel to Springfield for all legislative session days, monitoring of the legislative rulemaking committee (JCAR), and attendance at conferences as needed. Mr. Blaida will track state legislation and help spot issues of concern for the City. He will assist in advancing the City's agenda at the state level, while also working closely with legislators to protect the interest of the City on legislation filed potentially hurting the corporation.

Mr. Blaida will work directly with the City's Springfield team on bill negotiations in both chambers of the General Assembly. He will attend legislative committee hearings, help draft legislation, and do research to ensure the most optimal outcomes. Mr. Blaida's long time of experience in this field, and past work as an internal City employee, doing similar work on state legislation, solidify his understanding and commitment to the City of Chicago. His wealth of experience, relationships, and experience make his necessary to the success of the City's interests in Springfield.

For these services, including round-the-clock, on-call access, he should be paid a flat rate of \$8500 monthly for 2 years, including all services and costs. It is imperative we have him on board as soon as possible for legislative session in Springfield, IL.

Please let me know if you have any questions.

Thank you,

Michael Rendina
Director
Office of the Mayor
Legislative Counsel & Government Affairs

Blaida and Associates
Scope of Services

Blaida and Associates will perform legislative consulting services on a year-round basis for the City of Chicago. Services will include:

1. Travel to Springfield for all legislative session days (generally January through the end of May, fall Veto session, and any special session days announced)
2. Monitoring of the legislative rulemaking committee
3. Attendance at conferences as needed.
4. On a daily basis, Mr. Blaida will track state legislation and help spot issues of concern for the City.
5. Assist in advancing the City's agenda at the state level, while also working closely with legislators to protect the interest of the City on legislation filed potentially hurting the corporation.
6. Relationship building will be a critical to his function, as planning and attending legislative events and meetings will be a large part of his role.
7. Mr. Blaida will work directly with the City's Springfield team on bill negotiations in both chambers of the General Assembly.
8. Attend legislative committee hearings in Springfield and Chicago
9. Help draft legislation for the City as well as amendments for legislation offending the City
10. Do research to ensure the most optimal outcomes of the legislation proposed by City departments as well as other entities.
11. Consult with other policymaking entities on legislative strategy
12. Assist in the passage of legislation needed by the City's departments and the Mayor's Office
13. Provide intel to the City from other entities and lobbyist about state government.
14. Maintain open lines of communication with the City and its legislative team at all times

15. Assist in any state government or legislative affairs related tasks, programs, events, and projects as needed.

A handwritten signature in black ink, appearing to read "Nelson", with a long horizontal flourish extending to the right.

Blaida and Associates, LLC

3732 South Honore Street
Chicago, Illinois 60609
312.714.5172

October 22, 2014

Ms. Yasmin Rivera
121 North LaSalle Street
Room 406
Chicago, Illinois 60602

Dear Ms. Rivera:

For 13 years, I have represented units of local government before the Illinois General Assembly. During my tenure in Springfield, I have had the opportunity to work and collaborate on issues of importance to the city of Chicago.

I have participated in the state budget process, diligently working on behalf of those who I have represented to maximize their potential to receive state appropriations. I have advocated for revenue and policy initiatives which have expanded the ability to offer government services, and have assisted in amending state law to expand the authority of home rule units of local government. Throughout my career, I have worked on public pension and labor issues on behalf of my employer.

I have successfully developed and executed proactive and reactive strategies and tailored them to securing the best possible result on the passage or defeat of pending legislation. I have fashioned partnerships with policy and advocacy groups, units of local government, and other organizations to strengthen and enhance my client's ability for success. This work has allowed me to develop relationships with the executive branch, legislative leaders and members in both chambers of the state legislature.

I believe my unique experience and demonstrated success would benefit the city of Chicago in Springfield. Please do not hesitate to contact me if I can answer any questions or provide additional information to you.

Sincerely,



Derek Blaida

Blaida and Associates, LLC

3732 South Honore Street
Chicago, Illinois 60609
312/714.5172

October 5, 2014

Ms. Jamie Rhee
Chief Procurement Officer
121 North LaSalle Street
Room 403
Chicago, Illinois 60602

Dear Ms. Rhee:

Blaida and Associates, LLC is a small business which does not anticipate retaining independent contractors or subcontractors for this assignment. Based upon the uniqueness of this contract, I respectfully request a MBE/WBE waiver.

Sincerely,



Derek Blaida



CERTIFICATE OF FILING FOR
CITY OF CHICAGO ECONOMIC DISCLOSURE STATEMENT

EDS Number: 60685

Date of This Filing:10/07/2014 09:26 PM

Certificate Printed on: 10/07/2014

Original Filing Date:10/07/2014 09:26 PM

Disclosing Party: Blaida and Associates LLC Title:President
Filed by: Derek Blaida

Matter: Lobbying

Applicant: Blaida and Associates LLC

Specification #:

Contract #:

The Economic Disclosure Statement referenced above has been electronically filed with the City. Please provide a copy of this Certificate of Filing to your city contact with other required documents pertaining to the Matter. For additional guidance as to when to provide this Certificate and other required documents, please follow instructions provided to you about the Matter or consult with your City contact.

A copy of the EDS may be viewed and printed by visiting <https://webapps1.cityofchicago.org/EDSWeb> and entering the EDS number into the EDS Search. Prior to contract award, the filing is accessible online only to the disclosing party and the City, but is still subject to the Illinois Freedom of Information Act. The filing is visible online to the public after contract award.

PROFESSIONAL SERVICES INSURANCE REQUIREMENT

City of Chicago – Office of the Mayor
Legislative Consultant Agreement
Blaida & Associates

Consultant must provide and maintain at Consultant's own expense, during the term of the Agreement and any time period following expiration if Consultant is required to return and perform any of the Services or Additional Services under this Agreement, the insurance coverage and requirements specified below, insuring all operations related to the Agreement.

A. INSURANCE TO BE PROVIDED

1) Workers Compensation and Employers Liability

Workers Compensation Insurance, as prescribed by applicable law, covering all employees who are to provide a service under this Agreement and Employers Liability coverage with limits of not less than \$100,000 each accident, illness or disease.

2) Commercial General Liability (Primary and Umbrella)

Commercial General Liability Insurance or equivalent with limits of not less than \$1,000,000 per occurrence for bodily injury, personal injury and property damage liability. Coverages must include the following: All premises and operations, products/completed operations, separation of insureds, defense and contractual liability (not to include Endorsement CG 21 39 or equivalent). The City of Chicago is to be named as an additional insured on a primary, non-contributory basis for any liability arising directly or indirectly from the work or Services.

3) Automobile Liability (Primary and Umbrella)

When any motor vehicles (owned, non-owned and hired) are used in connection with Services to be performed, Consultant must provide Automobile Liability Insurance with limits of not less than \$500,000 per occurrence for bodily injury and property damage. The City of Chicago is to be named as an additional insured on a primary, non-contributory basis.

4) Professional Liability

When any professional consultants perform Services in connection with this Agreement, Professional Liability Insurance covering acts, errors or omissions must be maintained with limits of not less than \$500,000. When policies are renewed or replaced, the policy retroactive date must coincide with, or precede, start of Services on the Agreement. A claims-made policy which is not renewed or replaced must have an extended reporting period of 2 years.

5) Valuable Papers

When any media, data, plans, surveys, records, reports and other documents are produced or used under this Agreement, Valuable Papers Insurance must be maintained in an amount to insure against any loss whatsoever, and must have limits sufficient to pay for the re-creation and reconstruction of such records.

6) Property

Consultant is responsible for all loss or damage to personal property (including materials, equipment, tools and supplies) owned, rented or used by Consultant.

B. ADDITIONAL REQUIREMENTS

Consultant must furnish the City of Chicago, Department of Procurement Services, City Hall, Room 806, 121 North LaSalle Street, Chicago IL. 60602 and Office of the Mayor, City Hall, Room 406, 121 North LaSalle, Chicago, IL 60602 original Certificates of Insurance, or such similar evidence, to be in force on the date of this Agreement, and Renewal Certificates of Insurance, or such similar evidence, if the coverages have an expiration or renewal date occurring during the term of this Agreement. Consultant must submit evidence of insurance on the City of Chicago Insurance Certificate Form (copy attached as Exhibit-) or equivalent prior to execution of Agreement. The receipt of any certificate does not constitute agreement by the City that the insurance requirements in the Agreement have been fully met or that the insurance policies indicated on the certificate are in compliance with all requirements of Agreement. The failure of the City to obtain certificates or other insurance evidence from Consultant is not a waiver by the City of any requirements for the Consultant to obtain and maintain the specified coverages. Consultant must advise all insurers of the Agreement provisions regarding insurance. Non-conforming insurance does not relieve Consultant of the obligation to provide insurance as specified in this Agreement. Nonfulfillment of the insurance conditions may constitute a violation of the Agreement, and the City retains the right to suspend this Agreement until proper evidence of insurance is provided, or the Agreement may be terminated.

All Insurance Certificate of Coverage must be signed, dated, and reference the City contract number.

The Consultant must provide for 60 days prior written notice to be given to the City in the event coverage is substantially changed, canceled or non-renewed.

Any deductibles or self-insured retentions on referenced insurance coverages must be borne by Consultant.

Consultant hereby waives and agrees to require their insurers to waive their rights of subrogation against the City of Chicago, its employees, elected officials, agents or representatives.

The coverages and limits furnished by Consultant in no way limit the Consultant's liabilities and responsibilities specified within the Agreement or by law.

Any insurance or self-insurance programs maintained by the City of Chicago do not contribute with insurance provided by Consultant under this Agreement.

The required insurance to be carried is not limited by any limitations expressed in the indemnification language in this Agreement or any limitation placed on the indemnity in this Agreement given as a matter of law.

If Consultant is a joint venture or limited liability company, the insurance policies must name the joint venture or limited liability company as a named insured.

Consultant must require all Subcontractors to provide the insurance required herein, or Consultant may provide the coverages for Subcontractors. All Subcontractors are subject to the same insurance requirements of Consultant unless otherwise specified in this Agreement.

If Consultant or Subcontractor desire additional coverages, the party desiring the additional coverages is responsible for the acquisition and cost.

Notwithstanding any provisions in the Agreement to the contrary, the City of Chicago Risk Management Department maintains the right to modify, delete, alter or change these requirements.

Blaida and Associates, LLC

3732 South Honore Street
Chicago, Illinois 60609
312.714.5172

December 9, 2014

Ms. Yasmin Rivera
121 North LaSalle Street
Room 406
Chicago, Illinois 60602

Dear Ms. Rivera:

Please accept this letter as confirmation of my monthly rate of \$8,500 per month for the duration of the contractual agreement.

Sincerely,



Derek Blaida

II. COVERED LOCATION(S) AND CORRESPONDING CLASSIFICATIONS

Location #1 - Chicago, IL 60609

Construction: Frame / Protection Class: 1

Property Coverage

Perils: Special Excluding Theft

Coverage	Limit	Deductible	Valuation
Business Personal Property	\$35,000	\$1,000	Replacement Cost
Business Income and Extra Expense	\$50,000	N/A	Not Applicable
Outdoor Sign	\$2,500	\$500	Replacement Cost
Money & Securities - Inside	\$1,000	\$500	Replacement Cost

DB include

Coverages automatically provided by Businessowners coverage form

Business Personal Property - automatic Increase	25% during peak season	Business Personal Property at newly acquired locations	\$100,000
Business Personal Property not at premises	\$5,000	Outdoor Property (including trees, shrubs, and plants)	\$500 per tree/shrub/plant - \$2,500 total limit
Exterior Building Glass	Up to Business Personal Property	Signs attached to the Building	\$1,000
Increased Cost of Construction	\$10,000 - Only when Building coverage with Replacement Cost is provided	Valuable Papers & Records	\$10,000 (\$5,000 not at premises)
Accounts Receivable	\$10,000 (\$5,000 not at premises)	Personal Effects	\$2,500
Forgery and Alteration	\$2,500	Money Orders and Counterfeit Paper Currency	\$1,000
Fire Department Service Charge Liability Coverage	\$1,000		

Businessowners General Liability

Liability and Medical Expense	\$1,000,000
Medical Expense (Any One Person)	\$5,000
Damage to Premises Rented to You	\$50,000
General Aggregate	\$2,000,000
General Liability Deductible	\$0

Total for Business Owners Package: \$525

ADDITIONAL COSTS (IF PACKAGE IS PURCHASED)

Illinois Surplus Lines Tax	3.50%
Illinois Stamping Fee	0.10%
Illinois Fire Marshal Tax	0.50%

Please contact us with any questions regarding the terminology used or the coverages provided.

****Read the quote carefully. It may not match the coverages requested****



BLAID-1 OP ID: NH

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/10/2014

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 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 Forsyth Insurance Group, Inc. 430 E Vine Springfield, IL 62703 Robert Valenti	CONTACT NAME: Robert Valenti PHONE (A/C, No, Ext): 217-625-9500 E-MAIL ADDRESS: bvalenti@forsyth-ins.com	FAX (A/C, No): 217-528-1526
	INSURER(S) AFFORDING COVERAGE	
INSURED Blaida and Associates LLC 3732 South Honore St Chicago, IL 60609	INSURER A: Travelers CL	NAIC # 40282
	INSURER B: 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 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 OTHER:					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/PROP 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 <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED: RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$																
A	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 checked="" type="checkbox"/> N <input type="checkbox"/> N/A	APPLIED	10/04/2015	10/04/2016	<table border="1"> <tr> <td></td> <td>PER STATUTE</td> <td>OTH-ER</td> <td></td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$</td> <td></td> <td>100,000</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$</td> <td></td> <td>100,000</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td>\$</td> <td></td> <td>500,000</td> </tr> </table>		PER STATUTE	OTH-ER		E.L. EACH ACCIDENT	\$		100,000	E.L. DISEASE - EA EMPLOYEE	\$		100,000	E.L. DISEASE - POLICY LIMIT	\$		500,000
	PER STATUTE	OTH-ER																				
E.L. EACH ACCIDENT	\$		100,000																			
E.L. DISEASE - EA EMPLOYEE	\$		100,000																			
E.L. DISEASE - POLICY LIMIT	\$		500,000																			

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

CERTIFICATE HOLDER**CANCELLATION**

CITYO-9 City of Chicago 120 N. LaSalle Street Chicago, IL 60602	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 
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© 1988-2014 ACORD CORPORATION. All rights reserved.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/07/2014

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 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 FORSYTH INSURANCE GROUP P.O. BOX 2229 430 E Vine Springfield IL 62705	CONTACT NAME:	
	PHONE (A/C No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED Blaida and Associates, LLC 3732 South Honore Street Chicago IL 60609	INSURER A:	MOUNT VERNON FIRE INSURANCE COM
	INSURER B:	MOUNT VERNON FIRE INSURANCE COM
	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 INSR	SUBR WVR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			CX2550576	10/06/2014	10/06/2016	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000
	GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PERSONAL & ADV INJURY \$
	AUTOMOBILE LIABILITY						GENERAL AGGREGATE \$ 2,000,000
	ANY AUTO						PRODUCTS - COM/PROP AGG \$
	ALL OWNED AUTOS	SCHEDULED AUTOS					\$
	HIRED AUTOS	NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$
	UMBRELLA LIAB	OCCUR					BODILY INJURY (Per person) \$
	EXCESS LIAB	CLAIMS-MADE					BODILY INJURY (Per accident) \$
	DED RETENTION \$						PROPERTY DAMAGE (Per accident) \$
	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	N/A				WC STATUTORY LIMITS \$
							OTHER \$
B	Professions Professional Liability			CX2550576	10/08/2014	10/08/2016	E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
							Each Claim Limit \$2,000,000
							Annual Aggregate Limit \$2,000,000
							Deductible - \$2,500

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
The Certificate Holder shown is an additional insured.

CITY OF CHICAGO 121 N LaSalle Chicago IL 60602	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>Michael L Ehrhardt</i>

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