

AMENDMENT NO. 2

This Amendment modifies Contract No. 2211-04252, for Rental of Truck Mounted Mechanical Street Sweeping Equipment by and between the County of Cook, Illinois, herein referred to as "County" and Standard Equipment Company authorized to do business in the State of Illinois hereinafter referred to as "Contractor":

RECITALS

Whereas, the County and Contractor have entered into a Contract approved by the County Board on September 22, 2022, (hereinafter referred to as the "Contract"), wherein the Contractor is to provide Rental of Truck Mounted Mechanical Street Sweeping Equipment (hereinafter referred to as the "Services") from October 1, 2022 through September 30, 2025, in an amount not to exceed \$1,236,400.00, with two, one-year renewal options; and

Whereas, Amendment No. 1 was authorized by the Chief Procurement Officer on February 13, 2024, in the amount of \$22,968.00 and the Total Contract Amount was revised to \$1,259,368.00; and

Whereas, the Contract will expire September 30, 2025, and the agreed upon Supplies are still required; and

Whereas, an increase of the Contract amount is required for the continuation of Supplies; and pursuant to Section GC-10 of the Contract, the County and Contractor desire to increase the Contract in the amount of \$875,000.00.

Whereas, pursuant to Section GC-10 of the Contract, the County and Contractor desire to renew the Contract for one year beginning on October 1, 2025, through September 30, 2026.

Whereas, Standard Equipment Company has been acquired by Joe Johnson Equipment LLC d/b/a Standard Equipment, a wholly owned subsidiary of Federal Signal Corporation; and

Whereas, pursuant to Section GC-01 of the Contract, effective February 14, 2025, Standard Equipment Company became Joe Johnson Equipment LLC d/b/a Standard Equipment and requests to assign the contract to Joe Johnson Equipment LLC d/b/a Standard Equipment; and

Now therefore, in consideration of mutual covenants contained herein, it is agreed by and between the parties to amend the Contract as follows:

1. The Contract is renewed through September 30, 2026.
2. The Contract is increased by \$875,000.00 and the Total Contract Amount is revised to \$2,134,368.00.
3. As per Article 3(l), Subcontracting or Assignment of Contract or Contract Funds, the assignment of this Contract from Standard Equipment Company to Joe Johnson Equipment LLC d/b/a Standard Equipment as applicable, is hereby agreed to by the Parties and approved in all respects effective as of February 14, 2025. Any reference to Standard Equipment Company shall be changed to Joe Johnson Equipment LLC d/b/a Standard Equipment who shall be the "Contractor".
4. The Contract is hereby amended to incorporate Attachment and made part of the Contract. A
5. The attached updated Identification of Sub-Contractors/Suppliers/Sub-Consultants Form, MBE/WBE Utilization Plan Forms, Certificate of Insurance, and Economic Disclosures Statement under Attachment B are incorporated and made a part of this Contract.
6. All other terms and conditions remain as stated in the Contract.

In witness whereof and pursuant to County Board approval on July 24, 2025 the County and Contractor have caused this Amendment No. 2 to be executed on the date and year last written below.

County of Cook, Illinois

Joe Johnson Equipment LLC d/b/a Standard Equipment

By: Raffi Sarrafian
Chief Procurement Officer

Digitally signed by Raffi Sarrafian
Date: 2025.08.12 13:50:41 -05'00'


Signed _____

MICHAEL RUGERONI
Type or print name

Date: _____

By: James Beligratis
State's Attorney

James Beligratis
Type or print name

President
Title

Date: August 4, 2025

Date: 4/16/2025

ATTACHMENT A



**Board of Commissioners of Cook
County
Master**

118 North Clark Street
Chicago, IL

File Number: 25-1624

File ID: 25-1624

Type: Contract Amendment
(Highway)

Status: Approved

Version: 1

Presenters
:

Agency: Board of
Commissioners

File Created: 02/27/2025

File Name: Contract Amendment 2 for Rental of Truck Mounted
Mechanical Street Sweeping Equipment co. no.
2211-04252

Final Action: 07/24/2025

Agenda Item: **PROPOSED CONTRACT AMENDMENT (TRANSPORTATION AND HIGHWAYS)**

Department(s): Transportation and Highways

Vendor: Joe Johnson Equipment LLC, d/b/a Standard Equipment Company, Elmhurst, Illinois

Request: Authorization for the Chief Procurement Officer to renew and increase contract

Good(s) or Service(s): Rental of Truck Mounted Mechanical Street Sweeping Equipment

Location: Countywide

County Board District(s): Countywide

Original Contract Period: 10/1/2022 - 9/30/2025 with two (2), one (1) year renewal options

Section: N/A

Proposed Contract Period Extension: 10/1/2025 - 9/30/2026

Section: N/A

Total Current Contract Amount Authority: \$1,259,368.00

Original Board Approval: 9/22/2022 - \$1,236,400.00

Previous Board Increase(s) or Extension(s): N/A

Previous Chief Procurement Officer Increase(s) or Extension(s): 2/13/2024
\$22,968.00

Contract Utilization: The vendor has met the Minority- and Women-owned Business Enterprise Ordinance via: Direct participation and partial MWBE waiver.

This Increase Requested: \$875,000.00

Potential Fiscal Impact: FY 2025 \$437,500.00, FY 2026 \$437,500.00

Accounts: Motor Fuel Tax: 11856.1500.15675.550010

Contract Number(s): 2211-04252

IDOT Contract Number(s): N/A

Federal Project Number(s): N/A

Federal Job Number(s): N/A

Summary: This increase and renewal option will allow the Department of Transportation and Highways to continue to receive Rental of Truck Mounted Mechanical Street Sweeping Equipment.

This contract will provide street sweepers which will be used to sweep dirt and debris from Cook County roadways. Street sweeping is required to keep dirt and debris out of storm water drainage structures. Street sweeping is also required to preserve Cook County roadways and infrastructure. Street sweeping Cook County roads will assist with keeping the roadways safe for the motoring public.

This contract was awarded through a publicly advertised competitive bidding process in accordance with the Cook County Procurement Code. Joe Johnson Equipment LLC, d/b/a Standard Equipment Company was the lowest, responsive and responsible bidder.

Notes:

Sponsors:

Enactment Date:

Attachments: 2211-04252 - Contract for Street Sweepers, 2211-04252 A1.2.8.24, 25-1624 Board Letter - Rental of Street Sweepers.signed.pdf

Enactment Number:

Contact:

Hearing Date:

Drafter: Darlene.Hickman@cookcountyil.gov

Effective Date:

History of Legislative File

Ver- sion:	Acting Body:	Date:	Action:	Sent To:	Due Date:	Return Date:	Result:
1	Board of Commissioners	07/24/2025	approve				Pass

Text of Legislative File 25-1624



Federal Signal Corporation
1333 Butterfield Road, Suite 500
Downers Grove, Illinois 60515

February 14, 2025

Office of Chief Procurement Officer
Cook County
161 N. Clark Street, Suite 2300
Chicago, Illinois 60602

Subject: Notification of Sale of Standard Equipment Company and Request for Transfer of Contracts to Federal Signal Corporation

To Whom It May Concern:

This letter shall serve as formal notification that Standard Equipment Company has been acquired by Joe Johnson Equipment LLC a wholly owned subsidiary of Federal Signal Corporation (NYSE: FSS). It is the intent of this correspondence to request that all existing active contracts between Standard Equipment Company and Cook County (contract numbers 2211-0425 and 2445-05210) be assigned and transferred to Joe Johnson Equipment LLC d/b/a Standard Equipment. This transfer will ensure the continued fulfillment of all contractual obligations without disruption.

The sale included the transfer of Standard Equipment's assets, operations, and contractual agreements to Joe Johnson Equipment LLC d/b/a Standard Equipment. Standard Equipment's key staff members responsible for the delivery and support of the products and services provided to Cook County have been retained by Standard Equipment. Our commitment to providing the best products and services remains our top priority. This transition will not affect the quality and service level that you have come to expect from us.

Please advise on the specific procedures that must be followed, forms that must be completed, and/or documentation that must be provided to facilitate the assignment of the contracts referenced above. You may contact me directly at the phone number or email address below.

Thank you for your attention to this matter. We value our partnership with Cook County and look forward to continuing this relationship under the new ownership.

A handwritten signature in black ink, appearing to read 'R. Bakken'.

Richard Bakken
Director of Major Accounts - Standard Equipment
Federal Signal Corporation DBA Standard Equipment
(312) 282-1334
rbakken@standardequipment.com

STANDARD EQUIPMENT

Subsidiary of Federal Signal Corporation

625 S IL Route 83
Elmhurst, IL 60126

February 14, 2025

Office of Chief Procurement Officer
Cook County
161 N. Clark Street, Suite 2300
Chicago, Illinois 60602

Subject: Notification of Sale of Standard Equipment Company and Request for Transfer of Contracts to Federal Signal Corporation

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This letter shall serve as formal notification that Standard Equipment Company has been acquired by Joe Johnson Equipment LLC d/b/a Standard Equipment, a wholly owned subsidiary of Federal Signal Corporation (NYSE: FSS). It is the intent of this correspondence to request that all existing active contracts between Standard Equipment Company and Cook County (contract numbers 2211-0425 and 2445-05210) be assigned and transferred to Joe Johnson Equipment LLC d/b/a Standard Equipment. This transfer will ensure the continued fulfillment of all contractual obligations without disruption.

The sale included the transfer of Standard Equipment's assets, operations, and contractual agreements to Joe Johnson Equipment LLC. Joe Johnson Equipment LLC will continue doing business as (DBA) Standard Equipment. Standard Equipment's key staff members responsible for the delivery and support of the products and services provided to Cook County have been retained by Standard Equipment. Our commitment to providing the best products and services remains our top priority. This transition will not affect the quality and service level that you have come to expect from us.

Please advise on the specific procedures that must be followed, forms that must be completed, and/or documentation that must be provided to facilitate the assignment of the contracts referenced above. You may contact me directly at the phone number or email address below.

Thank you for your attention to this matter. We value our partnership with Cook County and look forward to continuing this relationship under the new ownership.

Sincerely,



Richard Bakken
Director of Major Accounts
Standard Equipment
(312) 282-1334
rbakken@standardequipment.com

ATTACHMENT B

**Cook County
Office of the Chief Procurement Officer
Identification of Subcontractor/Supplier/Subconsultant Form**

OCPO ONLY:	
<input type="checkbox"/>	Disqualification
<input checked="" type="checkbox"/>	Check Complete

The Bidder/Proposer/Respondent ("the Contractor") will fully complete and execute and submit an Identification of Subcontractor/Supplier/Subconsultant Form ("ISF") with each Bid, Request for Proposal, and Request for Qualification. **The Contractor must complete the ISF for each Subcontractor, Supplier or Subconsultant which shall be used on the Contract.** In the event that there are any changes in the utilization of Subcontractors, Suppliers or Subconsultants, the Contractor must file an updated ISF.

Bid/RFP/RFQ No.: 2211-04252 A2	Date: 4/16/2025
Total Bid or Proposal Amount: \$2,134,368.00	Contract Title: RENTAL OF TRUCK MOUNTED MECHANICAL STREET SWEEPING EQUIPMENT
Contractor: Joe Johnson Equipment LLC	Subcontractor/Supplier/ Subconsultant to be added or substitute: QUIMEX, INC.
Authorized Contact for Contractor: RICHARD BAKKEN	Authorized Contact for Subcontractor/Supplier/ Subconsultant: BRANDON ESTRADA
Email Address (Contractor): rbakken@standardequipment.com	Email Address (Subcontractor): BESTRADA@QUIMEXINC.COM
Company Address (Contractor): 625 S IL ROUTE 83	Company Address (Subcontractor): 14702 HAMLIN AVE
City, State and Zip (Contractor): ELMHURST, IL 60126	City, State and Zip (Subcontractor): MIDLOTHIAN, IL 60445
Telephone and Fax (Contractor): (312) 829-1919	Telephone and Fax (Subcontractor): (708) 597-6201
Estimated Start and Completion Dates (Contractor): AS REQUESTED / UPON AWARD	Estimated Start and Completion Dates (Subcontractor): AS REQUESTED / UPON AWARD

Note: Upon request, a copy of all written subcontractor agreements must be provided to the OCPO.

<u>Description of Services or Supplies</u>	<u>Total Price of Subcontract for Services or Supplies</u>
OILS & FLUIDS	AS NEEDED / 2%

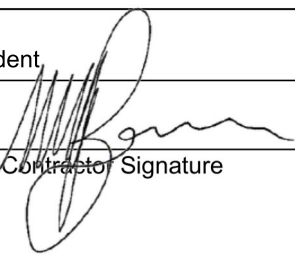
The subcontract documents will incorporate all requirements of the Contract awarded to the Contractor as applicable. The subcontract will in no way hinder the Subcontractor/Supplier/Subconsultant from maintaining its progress on any other contract on which it is either a Subcontractor/Supplier/Subconsultant or principal contractor. This disclosure is made with the understanding that the Contractor is not under any circumstances relieved of its abilities and obligations, and is responsible for the organization, performance, and quality of work. **This form does not approve any proposed changes, revisions or modifications to the contract approved MBE/WBE Utilization Plan. Any changes to the contract's approved MBE/WBE/Utilization Plan must be submitted to the Office of the Contract Compliance.**

Joe Johnson Equipment LLC

Contractor
MICHAEL RUGERONI

Name
President

Title

Prime Contractor Signature  Date 4/16/2025

**Cook County
Office of the Chief Procurement Officer
Identification of Subcontractor/Supplier/Subconsultant Form**

OCPO ONLY:	
<input type="checkbox"/>	Disqualification
<input checked="" type="checkbox"/>	Check Complete

The Bidder/Proposer/Respondent ("the Contractor") will fully complete and execute and submit an Identification of Subcontractor/Supplier/Subconsultant Form ("ISF") with each Bid, Request for Proposal, and Request for Qualification. **The Contractor must complete the ISF for each Subcontractor, Supplier or Subconsultant which shall be used on the Contract.** In the event that there are any changes in the utilization of Subcontractors, Suppliers or Subconsultants, the Contractor must file an updated ISF.

Bid/RFP/RFQ No.: 2211-04252 A2	Date: 4/9/2025
Total Bid or Proposal Amount: \$2,134,368.00	Contract Title: RENTAL OF TRUCK MOUNTED MECHANICAL STREET SWEEPING EQUIPMENT
Contractor: Joe Johnson Equipment LLC	Subcontractor/Supplier/ Subconsultant to be added or substitute: TRUCK TIRE SALES, INC.
Authorized Contact for Contractor: RICHARD BAKKEN	Authorized Contact for Subcontractor/Supplier/ Subconsultant: CHRISTOPHER GOMEZ
Email Address (Contractor): rbakken@standardequipment.com	Email Address (Subcontractor): TRUCKTIRE426@GMAIL.COM
Company Address (Contractor): 625 S IL ROUTE 83	Company Address (Subcontractor): 426 W. PERSHING ROAD
City, State and Zip (Contractor): ELMHURST, IL 60126	City, State and Zip (Subcontractor): CHICAGO, IL 60609
Telephone and Fax (Contractor): (312) 829-1919	Telephone and Fax (Subcontractor): (773) 285-3000 / (773) 285-7094
Estimated Start and Completion Dates (Contractor): AS REQUESTED / UPON AWARD	Estimated Start and Completion Dates (Subcontractor): AS REQUESTED / UPON AWARD

Note: Upon request, a copy of all written subcontractor agreements must be provided to the OCPO.

<u>Description of Services or Supplies</u>	<u>Total Price of Subcontract for Services or Supplies</u>
TIRES & TIRE REPAIR	AS NEEDED / 0.5%

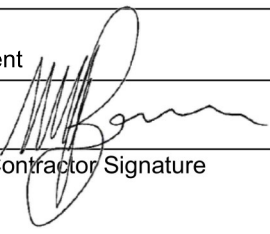
The subcontract documents will incorporate all requirements of the Contract awarded to the Contractor as applicable. The subcontract will in no way hinder the Subcontractor/Supplier/Subconsultant from maintaining its progress on any other contract on which it is either a Subcontractor/Supplier/Subconsultant or principal contractor. This disclosure is made with the understanding that the Contractor is not under any circumstances relieved of its abilities and obligations, and is responsible for the organization, performance, and quality of work. **This form does not approve any proposed changes, revisions or modifications to the contract approved MBE/WBE Utilization Plan. Any changes to the contract's approved MBE/WBE/Utilization Plan must be submitted to the Office of the Contract Compliance.**

Joe Johnson Equipment LLC

Contractor
MICHAEL RUGERONI

Name
President

Title

Prime Contractor Signature  Date 4/16/2025



Date: June 18, 2025

TO: Raffi Sarrafian, Chief Procurement Officer
 Office of the Chief Procurement Officer

FROM: JEANETTA CARDINE
 Jeanetta Cardine, Deputy Director
 Compliance Center of Excellence
 Center of Business Enterprise Development

RE: Contract No: 2211-04252 Amendment 2
 Rental of Truck mounted Mechanical Street Sweeping Equipment
 Department of Transportation and Highways (DOTH)
 Contractor: Joe Johnson Equipment LLC d/b/a Standard Equipment
 Original Contract Value: \$1,236,400.00
 Original Contract Term: 10/1/2022 – 9/30/2025
 Amendment 1 increased contract value \$22,968 with no change in contract duration.
 Revised contract Value: \$1,259,368.00
 Amendment 2 assigns the contract to Joe Johnson Equipment LLC d/b/a Standard Equipment from Standard Equipment Company, renews the contract for one year through 09/30/2026, and increases the contract value by \$875,000.00 from \$1,259,368.00 to \$2,134,368.00
 Revised Contract Value: \$2,134,368.00
 Revised Contract Term: October 1,2022 – September 30, 2026
 Competitive Bid – Goods and Services
 Contract Goal: 12% MBE

The Center of Business Enterprise Development is in receipt of the above-referenced contract amendment and has reviewed this contract for compliance with the Minority and Women owned Business Enterprises (MBE/WBE) Ordinance. After careful review of our records as reported by the vendor, it has been determined the vendor is in compliance with the MBE/WBE Ordinance.

Original Contract Utilization Plan (\$1,236,400.00 Value)

MBE	Status	Certifying Agency	Commitment (Direct)
Quimex, Inc	MBE-HA M	City of Chicago	2.0%
Truck Tire Sales, Inc	MBE -HA M	City of Chicago	0.5%
Total			2.5%*

*A partial 9.5 % MBE Waiver was requested and granted at time of contract award



Original Contract plus Amendment 1 Overall Utilization Plan (\$1,259,368.00 Value)

MBE/WBE	Status	Certifying Agency	Commitment (Direct)
Quimex, Inc	MBE-HA M	City of Chicago	2.0%
Truck Tire Sales, Inc	MBE -HA M	City of Chicago	0.5%
Total			2.5%*

*A partial 9.5 % MBE Waiver was requested and granted for Amendment 1

Original Contract plus Amendment 2 Overall Utilization Plan (\$2,134,368 Value)

MBE/WBE	Status	Certifying Agency	Commitment (Direct)
Quimex, Inc	MBE-HA M	City of Chicago	2.0%
Truck Tire Sales, Inc	MBBE -HA M	City of Chicago	0.5%
Total			2.5%*

*A partial 9.5 % MBE Waiver was requested and granted for Amendment 2

Amendment 2 renews the contract for one year through 09/30/2026 and increases the contract value by \$875,000 from \$1,259,368 to \$2,134,368. Revised MBE/WBE forms were used in the determination of the responsiveness of this amendment.

Partial 9.5% MBE Waiver Granted: The specifications and necessary requirements for performing the contract make it impossible or economically infeasible to divide the contract to enable the contractor to utilize MBEs and/or WBEs in accordance with the applicable participation and there are other relevant factors making it impossible or economically infeasible to utilize MBE and/or WBE firms .

JC/mk

CC: Angela Sanchez, OCPO
 Randy Piscitelli, DOTH



MBE/WBE UTILIZATION PLAN - FORM 1

BIDDER/PROPOSER HEREBY STATES that all MBE/WBE firms included in this Plan are certified MBEs/WBEs by at least one of the entities listed in the General Conditions – Section 19.

I. BIDDER/PROPOSER MBE/WBE STATUS: (check the appropriate line)

Bidder/Proposer is a certified MBE or WBE firm. (If so, attach copy of current Letter of Certification)

Bidder/Proposer is a Joint Venture and one or more Joint Venture partners are certified MBEs or WBEs. (If so, attach copies of Letter(s) of Certification, a copy of Joint Venture Agreement clearly describing the role of the MBE/WBE firm(s) and its ownership interest in the Joint Venture and a completed Joint Venture Affidavit.

Bidder/Proposer is not a certified MBE or WBE firm, nor a Joint Venture with MBE/WBE partners, but will utilize MBE and WBE firms either directly or indirectly in the performance of the Contract. (If so, complete Sections II below and the Letter(s) of Intent – Form 2).

II.

Direct Participation of MBE/WBE Firms

Indirect Participation of MBE/WBE Firms

NOTE: Where goals have not been achieved through direct participation, Bidder/Proposer shall include documentation outlining efforts to achieve Direct Participation at the time of Bid/Proposal submission. Indirect Participation will only be considered after all efforts to achieve Direct Participation have been exhausted. Only after written documentation of Good Faith Efforts is received will Indirect Participation be considered.

MBEs/WBEs that will perform as subcontractors/suppliers/consultants include the following:

MBE/WBE Firm: QUIMEX. INC.

Address: 14702 HAMLIN AVE, MIDLOTHIAN, IL 60445

E-mail: BESTRADA@QUIMEXINC.COM

Contact Person: BRANDON ESTRADA Phone: 708-597-6201

Dollar Amount Participation: \$ DUR

Percent Amount of Participation: 2% %

*Letter of Intent attached? Yes No
*Current Letter of Certification attached? Yes No

MBE/WBE Firm: TRUCK TIRE SALES, INC.

Address: 426 W. PERSHING RD, CHICAGO, IL 60609

E-mail: TRUCKTIRE426@GMAIL.COM

Contact Person: CHRISTOPHER GOMEZ Phone: 773-285-3000

Dollar Amount Participation: \$ DUR

Percent Amount of Participation: 0.5% %

*Letter of Intent attached? Yes No
*Current Letter of Certification attached? Yes No

Attach additional sheets as needed.

*** Letter(s) of Intent and current Letters of Certification must be submitted at the time of bid.**



MBE/WBE LETTER OF INTENT - FORM 2

M/WBE Firm: QUIMEX, INC.
BRANDON ESTRADA
 Contact Person: _____
 Address: 14702 HAMLIN AVE
 City/State: MIDLOTHIAN, IL Zip: 60445
 Phone: 773-285-3000 Fax: _____
 Email: BESTRADA@QUIMEXINC.COM

Certifying Agency: CITY OF CHICAGO
 Certification Expiration Date: 4/15/2030
 Ethnicity: HISPANIC
 Bid/Proposal/Contract #: 2211-04252 A2
 FEIN #: 36-2840599

Participation: Direct Indirect

Will the M/WBE firm be subcontracting any of the goods or services of this contract to another firm?

No Yes – Please attach explanation. Proposed Subcontractor(s): _____

The undersigned M/WBE is prepared to provide the following Commodities/Services for the above named Project/ Contract: *(If more space is needed to fully describe M/WBE Firm's proposed scope of work and/or payment schedule, attach additional sheets)*

OIL & FLUIDS

Indicate the **Dollar Amount, Percentage**, and the **Terms of Payment** for the above-described Commodities/ Services:
AS NEEDED, 2%, NET 30

THE UNDERSIGNED PARTIES AGREE that this Letter of Intent will become a binding Subcontract Agreement for the above work, conditioned upon (1) the Bidder/Proposer's receipt of a signed contract from the County of Cook; (2) Undersigned Subcontractor remaining compliant with all relevant credentials, codes, ordinances and statutes required by Contractor, Cook County, and the State to participate as a MBE/WBE firm for the above work. The Undersigned Parties do also certify that they did not affix their signatures to this document until all areas under Description of Service/ Supply and Fee/Cost were completed.

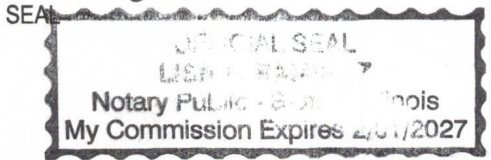
Brandon Estrada
 Signature (M/WBE)
Jennifer Estrada-Griffith
 Print Name
Quimex, Inc.
 Firm Name
4/9/2025
 Date

 Signature (Prime Bidder/Proposer)
MICHAEL RUGERONI
 Print Name
FEDERAL SIGNAL CORPORATION
 Firm Name

 Date

Subscribed and sworn before me
 this 9 day of APRIL, 2025
 Notary Public Jana F. Ramsey

Subscribed and sworn before me
 this ___ day of _____, 20____.
 Notary Public _____





CITY OF CHICAGO

DEPARTMENT OF PROCUREMENT SERVICES

JUN - 6 2024

Brandon Estrada
Quimex, Inc.
14702 S. Hamlin
Midlothian, Illinois 60445

RE: CONTINUATION OF CERTIFICATION

Dear Mr. Estrada:

We are pleased to inform you that **Quimex** continues to be certified as a **Minority-Owned Business Enterprise ("MBE")** by the City of Chicago ("City"). This **MBE** recertification is a continuation of your previous certification which expired **April 15, 2024** and will remain effective for as long as your firm continues to meet all certification eligibility requirements and is contingent upon the firm affirming its eligibility by filing an **annual No-Change Affidavit** each year. In the past the City has provided you with an annual letter confirming your certification; such letters will no longer be issued. Therefore, we require you to be even more diligent in filing your **annual No-Change Affidavit 60 calendar days before your annual anniversary date of April 15th**.

It is now your responsibility to check the City's certification directory and verify your certification status. As a condition of continued certification, you must **file an annual No-Change Affidavit by your anniversary date of April 15th**. Please remember, you have an affirmative duty to file your No-Change Affidavit 60 days prior to the anniversary date for timely processing. Failure to file your annual No-Change Affidavit may result in the suspension or rescission of your certification.

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

Please note -- you shall be deemed to have had your certification lapse and will be ineligible to participate as a **MBE** if you fail to:

- File your annual No-Change Affidavit within the required time period;

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

- Provide financial or other records requested pursuant to an audit within the required time period;
- Notify the City of any changes affecting your firm's certification **within 10 days** of such change.

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

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

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

NAICS Code(s):

424690 - Other Chemical and Allied Products Merchant Wholesalers

424720 - Petroleum and Petroleum Products Merchant Wholesalers

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

Thank you for your interest in the City's Minority, Women-Owned Business Enterprise, Veteran-Owned Business Enterprise and Business Enterprise Owned or Operated by People with Disabilities (MBE/WBE/VBE/BEPD) Program.

Sincerely,



Tammi Morgan
Contracting Equity Officer

TM/cm





MBE/WBE LETTER OF INTENT - FORM 2

M/WBE Firm: TRUCK TIRE SALES, INC.
 Contact Person: CHRISTOPHER GOMEZ
 Address: 426 W. PERSHING RD
 City/State: CHICAGO, IL Zip: 60609
 Phone: 773-285-3000 Fax: _____
 Email: TRUCKTIRE426@GMAIL.COM

Certifying Agency: CITY OF CHICAGO
 Certification Expiration Date: _____
 Ethnicity: HISPANIC
 Bid/Proposal/Contract #: 2211-04252 A2
 FEIN #: 36-3415573

Participation: Direct Indirect

Will the M/WBE firm be subcontracting any of the goods or services of this contract to another firm?

No Yes – Please attach explanation. Proposed Subcontractor(s): _____

The undersigned M/WBE is prepared to provide the following Commodities/Services for the above named Project/ Contract: *(If more space is needed to fully describe M/WBE Firm's proposed scope of work and/or payment schedule, attach additional sheets)*

TIRES & TIRE REPAIR

Indicate the **Dollar Amount, Percentage**, and the **Terms of Payment** for the above-described Commodities/ Services:
AS NEEDED, 0.5%, NET 30

THE UNDERSIGNED PARTIES AGREE that this Letter of Intent will become a binding Subcontract Agreement for the above work, conditioned upon (1) the Bidder/Proposer's receipt of a signed contract from the County of Cook; (2) Undersigned Subcontractor remaining compliant with all relevant credentials, codes, ordinances and statutes required by Contractor, Cook County, and the State to participate as a MBE/WBE firm for the above work. The Undersigned Parties do also certify that they did not affix their signatures to this document until all areas under Description of Service/ Supply and Fee/Cost were completed.

[Signature]
 Signature (M/WBE)
EDUARDO COOME
 Print Name
TRUCK TIRE SALES
 Firm Name
4-10-25
 Date

 Signature (Prime Bidder/Proposer)
MICHAEL RUGERONI
 Print Name
FEDERAL SIGNAL CORPORATION
 Firm Name

 Date

Subscribed and sworn before me

this 10 day of April, 2025

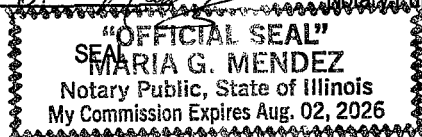
Notary Public

[Signature]

Subscribed and sworn before me

this ___ day of _____, 20__.

Notary Public



SEAL

CEI BEP: BE BEP Certification Award Notice

1 message

State of Illinois Commission on Equity and Inclusion <ceibep@diversitysoftware.com>
Reply-To: State of Illinois Commission on Equity and Inclusion <ceibep@diversitysoftware.com>
To: trucktire426@gmail.com

Wed, Nov 29, 2023 at 12:57 PM

B2G NOW



State of Illinois Commission on Equity and Inclusion
Business Enterprise Program
100 W. Randolph St., Suite 4-100, Chicago, IL 60601
www.cei.illinois.gov

November 29, 2023

Mr. Christopher Gomez
Truck Tire Sales, Inc.
P.O. Box 09123
Chicago, IL 60609

Re: BE Enrolled Business Enterprise Program (BE BEP)

Dear Mr. Christopher Gomez:

Congratulations, as Chairperson of the Illinois Commission on Equity and Inclusion (CEI), I would like to advise you that your business qualifies for enrollment in the new Be Enrolled Business Enterprise Certification Program (BE BEP). In January 2022, the Commission on Equity and Inclusion (CEI) was created to modernize the state's practices and protocols related to equity and inclusion in contracting and hiring. The BEP Program was removed from CMS and placed in CEI, whose mission is directly aligned with the mission of BEP. As we establish our new agency, CEI has been carefully reviewing all aspects of the BEP program and council. The BE BEP Certification Program was established to allow for the seamless activation state M/W/PBE certification and reduces duplicative red tape. CEI enrolled your business in the BE BEP Program based on the diversity certification issued by the City of Chicago's and/or Cook County's MWBE Vendor directory OR certified within the IL UCP program by CTA, Pace, Metra, IDOT, or the City of Chicago.

Host Agency: City of Chicago

Renewal Date: January 1, 2025

Certification Expiration Date: January 1, 2025

Certification Type: Minority Business Enterprise (MBE)

Your new BE BEP Certification is based on your business maintaining its certification with its initial host agency. The newly activated BE BEP Certification duration and commodity codes will match the existing certification held with the City of Chicago and/or Cook County. If the vendor's certification with the host agency expires or its bidding privileges are suspended, then your BE BEP Certification will also be suspended. You may however apply for full State of Illinois BEP Certification at cei.illinois.gov/bepvendor.

You will be notified by BEP through email to update your BE BEP Certification 60 days prior to the expiration of your host agency's certification and your BE BEP Certification.

Additionally, you must notify BEP within two weeks if any of the following changes occur:

- Changes in ownership
- Changes in who controls the business; or
- Changes in the business' certification status with the host organization.

Failure to notify BEP of these changes may result in the termination of the business' BE BEP Certification.

Activation of your BE BEP Certification has several benefits. Your business's name will be listed in the state's BEP Certified Vendor Directory, used by prime vendors to identify certified M/W/PBEs who can fulfill the state's minority contracting goals. Your business name will appear in the BEP Certified Vendor Directory as a Minority Business Enterprise (MBE). The State of Illinois uses National Institute of Government Purchasing (NIGP) commodity codes that have been translated from your NAICS codes to NIGP codes as listed below. The translation table may be accessed: <https://cei.illinois.gov/content/dam/soi/en/web/cei/documents/CEI%20BEP%20CROSSWALK.xls>.

NIGP 40502: ALTERNATIVE FUELS (NOT OTHERWISE CLASSIFIED)

NIGP 86305: TIRES AND TUBES, PASSENGER VEHICLES

NIGP 96102: ADMINISTRATIVE SERVICES, ALL KINDS

NIGP 98852: LANDSCAPING, INCLUDING DESIGN, FERTILIZING, PLANTING, ETC., NOT GROUNDS MAINTENANCE OR TREE TRIMMING SERVICES

Please note that there are four (4) Chief Procurement Officers (CPO) who exercise the state's procurement authority. Each of the four CPOs have a separate bulletin that publishes the state's solicitations and opportunities to bid for each of their respective portfolios. BEP strongly recommends **all** certified vendors register with **each** of the four State of Illinois Procurement Bulletins to ensure you receive notification of all prime and subcontractor bidding opportunities that match the goods and services your company provides.

State Procurement Sites:

Chief Procurement Officer of General Services has oversight of 65 state agencies:

- <https://www2.illinois.gov/cpo/pathwaytoprocurement/pages/bidbuy.aspx>
- www.illinoistollway.com

Chief Procurement Officer of Higher Education has oversight of 17 state universities:

- www.procure.stateuniv.state.il.us

Chief Procurement Officer of Capital Development Board (CDB) has oversight of CDB:

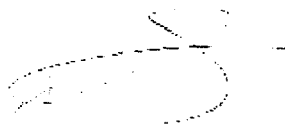
- www.illinois.gov/cdb

Illinois Department of Transportation:

- www.idot.illinois.gov

The Commission on Equity and Inclusion and BEP Council welcome your participation in the Business Enterprise Program and wish you continued success. If you have any comments, feel free to contact us via cei.bep.compliance@illinois.gov or call the BEP at 312-814-4190.

Sincerely,



Carlos Gutiérrez
Certification Manager

PETITION FOR PARTIAL OR FULL WAIVER – FORM 3

Bidder/Proposer: Joe Johnson Equipment LLC d/b/a Standard Equipment

Contract No./Title: 2211-04252 A2

A. BIDDER/PROPOSER HEREBY REQUESTS:

<input type="checkbox"/> FULL MBE WAIVER	<input checked="" type="checkbox"/> PARTIAL MBE WAIVER
<input type="checkbox"/> FULL WBE WAIVER	<input type="checkbox"/> PARTIAL WBE WAIVER
<input type="checkbox"/> FULL DBE WAIVER	<input type="checkbox"/> PARTIAL DBE WAIVER

B. REASON FOR PARTIAL/FULL WAIVER REQUEST:

Bidder/Proposer shall check each item applicable to its overall reason for a waiver request. Additionally, supporting documentation shall be submitted with this request.

- (1) Lack of sufficient qualified MBEs and/or WBEs capable of providing the goods or services required by the contract.
- (2) The specifications and necessary requirements for performing the contract make it impossible or economically infeasible to divide the contract to enable the contractor to utilize MBEs and/or WBEs in accordance with the applicable participation.
- (3) Price(s) quoted by potential MBEs and/or WBEs are above competitive levels and increase cost of doing business and would make acceptance of such MBE and/or WBE bid economically impracticable, taking into consideration the percentage of total contract price represented by such MBE and/or WBE bid.
- (4) There are other relevant factors making it impossible or economically infeasible to utilize MBE and/or WBE firms.

GOOD FAITH EFFORT TRANSPARENCY REPORT

C. GOOD FAITH EFFORTS TO OBTAIN PARTICIPATION (attach sheets as necessary as Schedule 1)

Bidder/Proposer shall explain and detail the following Good Faith Efforts undertaken to meet Cook County's contract specific goals.

1. Please attach to this form a detailed list of any and all PCEs, stating the PCE certification (MBE and/or WBE as defined by the Cook County Municipal Code) and with whom from the contacted PCEs the Bidder/Proposer engaged, contacted, and/or communicated with in the County's Market Place;
Timelines:
 - a. When the Bidder/Proposer knew of the bid;
 - b. When the Bidder/Proposer contacted the PCE(s);
 - c. When the Bidder/Proposer formulated its bid and utilization plan;
and
 - d. When was the bid request due date.

2. The number of timely attempts to contact PCEs providing the type of supplies, equipment, goods, and/or services required for the Procurement, including but not limited to;
 - a. Dates of each contact attempt for each contacted PCE;
 - b. Whom, if anyone, the Bidder/Proposer communicated and/or corresponded (including written, virtual, digital, electronic, and other feasible methods of communication);
 - c. The number of unsuccessful attempts to communicate or correspond with PCEs; and
 - d. Attach copies of all solicitations to contacted PCEs.

3. How the Bidder/Proposer proposed to divide the procurement requirements into small tasks and/or quantities into economically feasible units to promote PCE participation.

4. Whether and to what degree the requesting party will endeavor to maximize indirect participation.

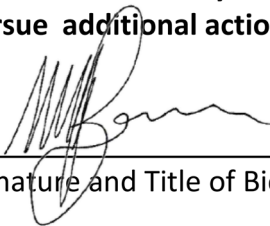
5. Detailed explanation of use, if any, of the Center of Business Enterprise Development Compliance services and staff.

6. Detailed explanation of timely notification and usage of services and assistance provided by community, minority, and/or women business organizations.

7. Attach any other documentation relative to Good Faith Efforts in complying with MBE and WBE participation.

GOOD FAITH EFFORT TRANSPARENCY REPORT

By signing below, I affirm under penalty of perjury the information provided in the Petition for Full or Partial Waiver/Good Faith Effort Transparency Report is truthful, accurate, and complete, to the best of my knowledge and capacity. I agree any finding of false, fraudulent, and/or otherwise misleading information will automatically disqualify the request for a waiver and County's Center of Business Enterprise Development reserves the right to pursue additional actions and/or remedies against the requesting Bidder/Proposer.

	President	4/16/2025
Signature and Title of Bidder/Proposer	Title	Date

Cook County MBE/WBE Non-Construction Certification Reciprocal Affidavit

Firm Name _____

Address _____ City _____

County _____ State _____ Zip _____

Phone (____) _____ Email _____

I _____,
(Authorized Representative) (Print Title)

of _____ do hereby affirm:
(Name of Firm)

- 1) _____ is a Minority and/or Women Business Enterprise currently
(Name of Firm)
 certified by the City of Chicago as: [] Black- [] Hispanic- [] Asian- [] Woman-owned business.

- 2) With respect to _____, the personal net worth of the qualifying
(Name of Firm)
 (51%) individual(s) does not exceed \$2,767,082.23, excluding the individual's ownership interest in the M/WBE firm and the equity of the owner's primary residence, and otherwise meets the requirements of Chapter 34, Article IV of the Cook County Procurement Code. (As per Section 34-263 of the Cook County Procurement Code, an individual's personal net worth includes only his or her own Share of assets held jointly or as community/marital property with the individual's spouse.)

- 3) The average annual gross receipts of _____,
(Name of Firm)
 as derived from tax filings over the five most recent years, does not exceed the Small Business Size Standards published by the U.S. Small Business Administration found in Title 13, Code of Federal Regulations, Part 121. (<http://www.sba.gov/content/small-business-size-standards>)

Upon penalty of perjury, I _____ affirm that, to the best of my knowledge
(Authorized Representative)
 and belief, the information herein is true and accurate.

Signature _____ Title _____ Date _____

Subscribed and sworn to before me this _____ day of _____ / _____
(Month) (Year)

(Notary's Signature) Notary's Seal

My Commission Expires _____

**COOK COUNTY
ECONOMIC DISCLOSURE STATEMENT
AND EXECUTION DOCUMENT
INDEX**

Section	Description	Pages
1	Instructions for Completion of EDS	EDS i - ii
2	Certifications	EDS 1- 2
3	Economic and Other Disclosures, Affidavit of Child Support Obligations, Disclosure of Ownership Interest and Familial Relationship Disclosure Form	EDS 3 – 12
4	Cook County Affidavit for Wage Theft Ordinance	EDS 13-14
5	Contract and EDS Execution Page	EDS 15
6	Cook County Signature Page	EDS 16

SECTION 1
INSTRUCTIONS FOR COMPLETION OF
ECONOMIC DISCLOSURE STATEMENT AND EXECUTION DOCUMENT

This Economic Disclosure Statement and Execution Document (“EDS”) is to be completed and executed by every Bidder on a County contract, every Proposer responding to a Request for Proposals, and every Respondent responding to a Request for Qualifications, and others as required by the Chief Procurement Officer. The execution of the EDS shall serve as the execution of a contract awarded by the County. The Chief Procurement Officer reserves the right to request that the Bidder or Proposer, or Respondent provide an updated EDS on an annual basis.

Definitions. Terms used in this EDS and not otherwise defined herein shall have the meanings given to such terms in the Instructions to Bidders, General Conditions, Request for Proposals, Request for Qualifications, as applicable.

Affiliate means a person that directly or indirectly through one or more intermediaries, Controls is Controlled by, or is under common Control with the Person specified.

Applicant means a person who executes this EDS.

Bidder means any person who submits a Bid.

Code means the Code of Ordinances, Cook County, Illinois available on municode.com.

Contract shall include any written document to make Procurements by or on behalf of Cook County.

Contractor or *Contracting Party* means a person that enters into a Contract with the County.

Control means the unfettered authority to directly or indirectly manage governance, administration, work, and all other aspects of a business.

EDS means this complete Economic Disclosure Statement and Execution Document, including all sections listed in the Index and any attachments.

Joint Venture means an association of two or more Persons proposing to perform a for-profit business enterprise. Joint Ventures must have an agreement in writing specifying the terms and conditions of the relationship between the partners and their relationship and respective responsibility for the Contract

Lobby or *lobbying* means to, for compensation, attempt to influence a County official or County employee with respect to any County matter.

Lobbyist means any person who lobbies.

Person or *Persons* means any individual, corporation, partnership, Joint Venture, trust, association, Limited Liability Company, sole proprietorship or other legal entity.

Prohibited Acts means any of the actions or occurrences which form the basis for disqualification under the Code, or under the Certifications hereinafter set forth.

Proposal means a response to an RFP.

Proposer means a person submitting a Proposal.

Response means response to an RFQ.

Respondent means a person responding to an RFQ.

RFP means a Request for Proposals issued pursuant to this Procurement Code.

RFQ means a Request for Qualifications issued to obtain the qualifications of interested parties.

**INSTRUCTIONS FOR COMPLETION OF
ECONOMIC DISCLOSURE STATEMENT AND EXECUTION DOCUMENT**

Section 1: Instructions. Section 1 sets forth the instructions for completing and executing this EDS.

Section 2: Certifications. Section 2 sets forth certifications that are required for contracting parties under the Code and other applicable laws. Execution of this EDS constitutes a warranty that all the statements and certifications contained, and all the facts stated, in the Certifications are true, correct and complete as of the date of execution.

Section 3: Economic and Other Disclosures Statement. Section 3 is the County's required Economic and Other Disclosures Statement form. Execution of this EDS constitutes a warranty that all the information provided in the EDS is true, correct and complete as of the date of execution, and binds the Applicant to the warranties, representations, agreements and acknowledgements contained therein.

Required Updates. The Applicant is required to keep all information provided in this EDS current and accurate. In the event of any change in the information provided, including but not limited to any change which would render inaccurate or incomplete any certification or statement made in this EDS, the Applicant shall supplement this EDS up to the time the County takes action, by filing an amended EDS or such other documentation as is required.

Additional Information. The County's Governmental Ethics and Campaign Financing Ordinances impose certain duties and obligations on persons or entities seeking County contracts, work, business, or transactions, and the Applicant is expected to comply fully with these ordinances. For further information please contact the Director of Ethics at (312) 603-4304 (69 W. Washington St. Suite 3040, Chicago, IL 60602) or visit the web-site at cookcountyil.gov/ethics-board-of.

Authorized Signers of Contract and EDS Execution Page. If the Applicant is a corporation, the President and Secretary must execute the EDS. In the event that this EDS is executed by someone other than the President, attach hereto a certified copy of that section of the Corporate By-Laws or other authorization by the Corporation, satisfactory to the County that permits the person to execute EDS for said corporation. If the corporation is not registered in the State of Illinois, a copy of the Certificate of Good Standing from the state of incorporation must be submitted with this Signature Page.

If the Applicant is a partnership or joint venture, all partners or joint venturers must execute the EDS, unless one partner or joint venture has been authorized to sign for the partnership or joint venture, in which case, the partnership agreement, resolution or evidence of such authority satisfactory to the Office of the Chief Procurement Officer must be submitted with this Signature Page.

If the Applicant is a member-managed LLC all members must execute the EDS, unless otherwise provided in the operating agreement, resolution or other corporate documents. If the Applicant is a manager-managed LLC, the manager(s) must execute the EDS. The Applicant must attach either a certified copy of the operating agreement, resolution or other authorization, satisfactory to the County, demonstrating such person has the authority to execute the EDS on behalf of the LLC. If the LLC is not registered in the State of Illinois, a copy of a current Certificate of Good Standing from the state of incorporation must be submitted with this Signature Page.

If the Applicant is a Sole Proprietorship, the sole proprietor must execute the EDS.

A "Partnership" "Joint Venture" or "Sole Proprietorship" operating under an Assumed Name must be registered with the Illinois county in which it is located, as provided in 805 ILCS 405 (2012), and documentation evidencing registration must be submitted with the EDS.

Effective October 1, 2016 all foreign corporations and LLCs must be registered with the Illinois Secretary of State's Office unless a statutory exemption applies to the applicant. Applicants who are exempt from registering must provide a written statement explaining why they are exempt from registering as a foreign entity with the Illinois Secretary of State's Office.

SECTION 2**CERTIFICATIONS**

THE FOLLOWING CERTIFICATIONS ARE MADE PURSUANT TO STATE LAW AND THE CODE. THE APPLICANT IS CAUTIONED TO CAREFULLY READ THESE CERTIFICATIONS PRIOR TO SIGNING THE SIGNATURE PAGE. SIGNING THE SIGNATURE PAGE SHALL CONSTITUTE A WARRANTY BY THE APPLICANT THAT ALL THE STATEMENTS, CERTIFICATIONS AND INFORMATION SET FORTH WITHIN THESE CERTIFICATIONS ARE TRUE, COMPLETE AND CORRECT AS OF THE DATE THE SIGNATURE PAGE IS SIGNED. THE APPLICANT IS NOTIFIED THAT IF THE COUNTY LEARNS THAT ANY OF THE FOLLOWING CERTIFICATIONS WERE FALSELY MADE, THAT ANY CONTRACT ENTERED INTO WITH THE APPLICANT SHALL BE SUBJECT TO TERMINATION.

A. PERSONS AND ENTITIES SUBJECT TO DISQUALIFICATION

No person or business entity shall be awarded a contract or sub-contract, for a period of five (5) years from the date of conviction or entry of a plea or admission of guilt, civil or criminal, if that person or business entity:

- 1) Has been convicted of an act committed, within the State of Illinois, of bribery or attempting to bribe an officer or employee of a unit of state, federal or local government or school district in the State of Illinois in that officer's or employee's official capacity;
- 2) Has been convicted by federal, state or local government of an act of bid-rigging or attempting to rig bids as defined in the Sherman Anti-Trust Act and Clayton Act. Act. 15 U.S.C. Section 1 *et seq.*;
- 3) Has been convicted of bid-rigging or attempting to rig bids under the laws of federal, state or local government;
- 4) Has been convicted of an act committed, within the State, of price-fixing or attempting to fix prices as defined by the Sherman Anti-Trust Act and the Clayton Act. 15 U.S.C. Section 1, *et seq.*;
- 5) Has been convicted of price-fixing or attempting to fix prices under the laws the State;
- 6) Has been convicted of defrauding or attempting to defraud any unit of state or local government or school district within the State of Illinois;
- 7) Has made an admission of guilt of such conduct as set forth in subsections (1) through (6) above which admission is a matter of record, whether or not such person or business entity was subject to prosecution for the offense or offenses admitted to; or
- 8) Has entered a plea of *nolo contendere* to charge of bribery, price-fixing, bid-rigging, or fraud, as set forth in subparagraphs (1) through (6) above.

In the case of bribery or attempting to bribe, a business entity may not be awarded a contract if an official, agent or employee of such business entity committed the Prohibited Act on behalf of the business entity and pursuant to the direction or authorization of an officer, director or other responsible official of the business entity, and such Prohibited Act occurred within three years prior to the award of the contract. In addition, a business entity shall be disqualified if an owner, partner or shareholder controlling, directly or indirectly, 20% or more of the business entity, or an officer of the business entity has performed any Prohibited Act within five years prior to the award of the Contract.

THE APPLICANT HEREBY CERTIFIES THAT: The Applicant has read the provisions of Section A, Persons and Entities Subject to Disqualification, that the Applicant has not committed any Prohibited Act set forth in Section A, and that award of the Contract to the Applicant would not violate the provisions of such Section or of the Code.

B. BID-RIGGING OR BID ROTATING

THE APPLICANT HEREBY CERTIFIES THAT: *In accordance with 720 ILCS 5/33 E-11, neither the Applicant nor any Affiliated Entity is barred from award of this Contract as a result of a conviction for the violation of State laws prohibiting bid-rigging or bid rotating.*

C. DRUG FREE WORKPLACE ACT

THE APPLICANT HEREBY CERTIFIES THAT: The Applicant will provide a drug free workplace, as required by (30 ILCS 580/3).

D. DELINQUENCY IN PAYMENT OF TAXES

THE APPLICANT HEREBY CERTIFIES THAT: *The Applicant is not an owner or a party responsible for the payment of any tax or fee administered by Cook County, such as bar award of a contract or subcontract pursuant to the Code, Chapter 34, Section 34-171.*

E. HUMAN RIGHTS ORDINANCE

No person who is a party to a contract with Cook County ("County") shall engage in unlawful discrimination or sexual harassment against any individual in the terms or conditions of employment, credit, public accommodations, housing, or provision of County facilities, services or programs (Code Chapter 42, Section 42-30 *et seq.*).

F. ILLINOIS HUMAN RIGHTS ACT

THE APPLICANT HEREBY CERTIFIES THAT: *It is in compliance with the Illinois Human Rights Act (775 ILCS 5/2-105), and agrees to abide by the requirements of the Act as part of its contractual obligations.*

G. INSPECTOR GENERAL (COOK COUNTY CODE, CHAPTER 34, SECTION 34-174 and Section 34-250)

The Applicant has not willfully failed to cooperate in an investigation by the Cook County Independent Inspector General or to report to the Independent Inspector General any and all information concerning conduct which they know to involve corruption, or other criminal activity, by another county employee or official, which concerns his or her office of employment or County related transaction.

The Applicant has reported directly and without any undue delay any suspected or known fraudulent activity in the County's Procurement process to the Office of the Cook County Inspector General.

H. CAMPAIGN CONTRIBUTIONS (COOK COUNTY CODE, CHAPTER 2, SECTION 2-585)

THE APPLICANT CERTIFIES THAT: It has read and shall comply with the Cook County's Ordinance concerning campaign contributions, which is codified at Chapter 2, Division 2, Subdivision II, Section 585, and can be read in its entirety at www.municode.com.

I. GIFT BAN, (COOK COUNTY CODE, CHAPTER 2, SECTION 2-574)

THE APPLICANT CERTIFIES THAT: It has read and shall comply with the Cook County's Ordinance concerning receiving and soliciting gifts and favors, which is codified at Chapter 2, Division 2, Subdivision II, Section 574, and can be read in its entirety at www.municode.com.

J. LIVING WAGE ORDINANCE PREFERENCE (COOK COUNTY CODE, CHAPTER 34, SECTION 34-160;

Unless expressly waived by the Cook County Board of Commissioners, the Code requires that a living wage must be paid to individuals employed by a Contractor which has a County Contract and by all subcontractors of such Contractor under a County Contract, throughout the duration of such County Contract. The amount of such living wage is annually by the Chief Financial Officer of the County, and shall be posted on the Chief Procurement Officer's website.

The term "Contract" as used in Section 4, I, of this EDS, specifically excludes contracts with the following:

- 1) Not-For Profit Organizations (defined as a corporation having tax exempt status under Section 501(C)(3) of the United State Internal Revenue Code and recognized under the Illinois State not-for -profit law);
- 2) Community Development Block Grants;
- 3) Cook County Works Department;
- 4) Sheriff's Work Alternative Program; and
- 5) Department of Correction inmates.

SECTION 3

REQUIRED DISCLOSURES

1. DISCLOSURE OF LOBBYIST CONTACTS

List all persons that have made lobbying contacts on your behalf with respect to this contract:

Name	Address
N/A	

2. LOCAL BUSINESS PREFERENCE STATEMENT (CODE, CHAPTER 34, SECTION 34-230)

Local business means a Person, including a foreign corporation authorized to transact business in Illinois, having a bona fide establishment located within the County at which it is transacting business on the date when a Bid is submitted to the County, and which employs the majority of its regular, full-time work force within the County. A Joint Venture shall constitute a Local Business if one or more Persons that qualify as a "Local Business" hold interests totaling over 50 percent in the Joint Venture, even if the Joint Venture does not, at the time of the Bid submittal, have such a bona fide establishment within the County.

a) Is Applicant a "Local Business" as defined above?
Yes: No:

b) If yes, list business addresses within Cook County:

c) Does Applicant employ the majority of its regular full-time workforce within Cook County?
Yes: No:

3. THE CHILD SUPPORT ENFORCEMENT ORDINANCE (CODE, CHAPTER 34, SECTION 34-172)

Every Applicant for a County Privilege shall be in full compliance with any child support order before such Applicant is entitled to receive or renew a County Privilege. When delinquent child support exists, the County shall not issue or renew any County Privilege, and may revoke any County Privilege.

All Applicants are required to review the Cook County Affidavit of Child Support Obligations attached to this EDS (EDS-5) and complete the Affidavit, based on the instructions in the Affidavit.

4. REAL ESTATE OWNERSHIP DISCLOSURES.

The Applicant must indicate by checking the appropriate provision below and providing all required information that either:

- a) The following is a complete list of all real estate owned by the Applicant in Cook County:

PERMANENT INDEX NUMBER(S): 06-32-101-004-0000

(ATTACH SHEET IF NECESSARY TO LIST ADDITIONAL INDEX NUMBERS)

OR:

- b) The Applicant owns no real estate in Cook County.

5. EXCEPTIONS TO CERTIFICATIONS OR DISCLOSURES.

If the Applicant is unable to certify to any of the Certifications or any other statements contained in this EDS and not explained elsewhere in this EDS, the Applicant must explain below:

N/A. No Exceptions.

If the letters, "NA", the word "None" or "No Response" appears above, or if the space is left blank, it will be conclusively presumed that the Applicant certified to all Certifications and other statements contained in this EDS.

COOK COUNTY DISCLOSURE OF OWNERSHIP INTEREST STATEMENT

The Cook County Code of Ordinances (§2-610 *et seq.*) requires that any Applicant for any County Action must disclose information concerning ownership interests in the Applicant. This Disclosure of Ownership Interest Statement must be completed with all information current as of the date this Statement is signed. Furthermore, this Statement must be kept current, by filing an amended Statement, until such time as the County Board or County Agency shall take action on the application. The information contained in this Statement will be maintained in a database and made available for public viewing. **County reserves the right to request additional information to verify veracity of information contained in this statement.**

If you are asked to list names, but there are no applicable names to list, you must state NONE. An incomplete Statement will be returned and any action regarding this contract will be delayed. A failure to fully comply with the ordinance may result in the action taken by the County Board or County Agency being voided.

"Applicant" means any Entity or person making an application to the County for any County Action.

"County Action" means any action by a County Agency, a County Department, or the County Board regarding an ordinance or ordinance amendment, a County Board approval, or other County agency approval, with respect to contracts, leases, or sale or purchase of real estate.

"Person" "Entity" or "Legal Entity" means a sole proprietorship, corporation, partnership, association, business trust, estate, two or more persons having a joint or common interest, trustee of a land trust, other commercial or legal entity or any beneficiary or beneficiaries thereof.

This Disclosure of Ownership Interest Statement must be submitted by :

- 1. An Applicant for County Action and
- 2. A Person that holds stock or a beneficial interest in the Applicant and is listed on the Applicant's Statement (a "Holder") must file a Statement and complete #1 only under **Ownership Interest Declaration.**

Please print or type responses clearly and legibly. Add additional pages if needed, being careful to identify each portion of the form to which each additional page refers.

This Statement is being made by the Applicant or Stock/Beneficial Interest Holder

This Statement is an: Original Statement or Amended Statement

Identifying Information:

Name Joe Johnson Equipment LLC

D/B/A: STANDARD EQUIPMENT FEIN # Only: 36-1063330

Street Address: 625 S IL ROUTE 83

City: ELMHURST State: IL Zip Code: 60126

Phone No.: (312) 829-1919 Fax Number: _____ Email: rbakken@standardequipment.com

Cook County Business Registration Number: _____
(Sole Proprietor, Joint Venture Partnership)

Corporate File Number (if applicable): _____

Form of Legal Entity:

- Sole Proprietor Partnership Corporation Trustee of Land Trust
- Business Trust Estate Association Joint Venture
- Other (describe) _____

Ownership Interest Declaration:

1. List the name(s), address, and percent ownership of each Person having a legal or beneficial interest (including ownership) of more than five percent (5%) in the Applicant/Holder.

Name	Address	Percentage Interest in Applicant/Holder
Federal Signal Corporation is publicly traded (NYSE: FSS).		
Joe Johnson Equipment LLC d/b/a Standard Equipment is a wholly owned subsidiary of Federal Signal Corporation		

2. If the interest of any Person listed in (1) above is held as an agent or agents, or a nominee or nominees, list the name and address of the principal on whose behalf the interest is held.

Name of Agent/Nominee	Name of Principal	Principal's Address
N/A		

3. Is the Applicant constructively controlled by another person or Legal Entity? [] Yes [] No
If yes, state the name, address and percentage of beneficial interest of such person, and the relationship under which such control is being or may be exercised.

Name	Address	Percentage of Beneficial Interest	Relationship
N/A			

Corporate Officers, Members and Partners Information:

For all corporations, list the names, addresses, and terms for all corporate officers. For all limited liability companies, list the names, addresses for all members. For all partnerships and joint ventures, list the names, addresses, for each partner or joint venture.

Name	Address	Title (specify title of Office, or whether manager or partner/joint venture)	Term of Office
Michael Rugeroni,	2521 Bowman Street,	Innisfil, Ontario L9S 3V6,	President
Diane Bonina,	1333 Butterfield Rd, Suite 500,	Downers Grove, IL 60515,	Vice-President and Secretary
Christopher Lau,	1333 Butterfield Rd, Suite 500,	Downers Grove, IL 60515,	Vice-President
Ivo Boev,	1333 Butterfield Rd., Suite 500,	Downers Grove, IL 60515,	Treasurer

Declaration (check the applicable box):

- I state under oath that the Applicant has withheld no disclosure as to ownership interest in the Applicant nor reserved any information, data or plan as to the intended use or purpose for which the Applicant seeks County Board or other County Agency action.
- I state under oath that the Holder has withheld no disclosure as to ownership interest nor reserved any information required to be disclosed.

COOK COUNTY DISCLOSURE OF OWNERSHIP INTEREST STATEMENT SIGNATURE PAGE

MICHAEL RUGERONI

Name of Authorized Applicant/Holder Representative (please print or type)

President

Title

4/16/2025

Date

249-388-2565

Phone Number

Signature

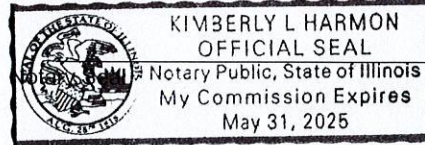
mrugeroni@federalsignal.com

E-mail address

Subscribed to and sworn before me
this 16th day of April, 2025.

My commission expires: *May 31, 2025*

X *Kimberly L. Harmon*
Notary Public Signature





COOK COUNTY BOARD OF ETHICS
 69 W. WASHINGTON STREET, SUITE 3040
 CHICAGO, ILLINOIS 60602
 312/603-4304 Office 312/603-9988 Fax

FAMILIAL RELATIONSHIP DISCLOSURE PROVISION

Nepotism Disclosure Requirement:

Doing a significant amount of business with the County requires that you disclose to the Board of Ethics the existence of any familial relationships with any County employee or any person holding elective office in the State of Illinois, the County, or in any municipality within the County. The Ethics Ordinance defines a significant amount of business for the purpose of this disclosure requirement as more than \$25,000 in aggregate County leases, contracts, purchases or sales in any calendar year.

If you are unsure of whether the business you do with the County or a County agency will cross this threshold, err on the side of caution by completing the attached familial disclosure form because, among other potential penalties, any person found guilty of failing to make a required disclosure or knowingly filing a false, misleading, or incomplete disclosure will be prohibited from doing any business with the County for a period of three years. The required disclosure should be filed with the Board of Ethics by January 1 of each calendar year in which you are doing business with the County and again with each bid/proposal/quotation to do business with Cook County. The Board of Ethics may assess a late filing fee of \$100 per day after an initial 30-day grace period.

The person that is doing business with the County must disclose his or her familial relationships. If the person on the County lease or contract or purchasing from or selling to the County is a business entity, then the business entity must disclose the familial relationships of the individuals who are and, during the year prior to doing business with the County, were:

- its board of directors,
- its officers,
- its employees or independent contractors responsible for the general administration of the entity,
- its agents authorized to execute documents on behalf of the entity, and
- its employees who directly engage or engaged in doing work with the County on behalf of the entity.

Do not hesitate to contact the Board of Ethics at (312) 603-4304 for assistance in determining the scope of any required familial relationship disclosure.

Additional Definitions:

“*Familial relationship*” means a person who is a spouse, domestic partner or civil union partner of a County employee or State, County or municipal official, or any person who is related to such an employee or official, whether by blood, marriage or adoption, as a:

- | | | |
|----------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Parent | <input type="checkbox"/> Grandparent | <input type="checkbox"/> Stepfather |
| <input type="checkbox"/> Child | <input type="checkbox"/> Grandchild | <input type="checkbox"/> Stepmother |
| <input type="checkbox"/> Brother | <input type="checkbox"/> Father-in-law | <input type="checkbox"/> Stepson |
| <input type="checkbox"/> Sister | <input type="checkbox"/> Mother-in-law | <input type="checkbox"/> Stepdaughter |
| <input type="checkbox"/> Aunt | <input type="checkbox"/> Son-in-law | <input type="checkbox"/> Stepbrother |
| <input type="checkbox"/> Uncle | <input type="checkbox"/> Daughter-in-law | <input type="checkbox"/> Stepsister |
| <input type="checkbox"/> Niece | <input type="checkbox"/> Brother-in-law | <input type="checkbox"/> Halfbrother |
| <input type="checkbox"/> Nephew | <input type="checkbox"/> Sister-in-law | <input type="checkbox"/> Halfsister |

**COOK COUNTY BOARD OF ETHICS
FAMILIAL RELATIONSHIP DISCLOSURE FORM**

A. PERSON DOING OR SEEKING TO DO BUSINESS WITH THE COUNTY

Name of Person Doing Business with the County: Joe Johnson Equipment LLC d/b/a Standard Equipment

Address of Person Doing Business with the County: 625 S IL ROUTE 83, ELMHURST, IL 60126

Phone number of Person Doing Business with the County: (312) 829-1919

Email address of Person Doing Business with the County: rbakken@standardequipment.com

If Person Doing Business with the County is a Business Entity, provide the name, title and contact information for the individual completing this disclosure on behalf of the Person Doing Business with the County:
Michael Rugeroni, President 625 S IL Route 83 , Elmhurst, IL 60126

B. DESCRIPTION OF BUSINESS WITH THE COUNTY

Append additional pages as needed and for each County lease, contract, purchase or sale sought and/or obtained during the calendar year of this disclosure (or the proceeding calendar year if disclosure is made on January 1), identify:

The lease number, contract number, purchase order number, request for proposal number and/or request for qualification number associated with the business you are doing or seeking to do with the County: _____

2211-04252 A-2

The aggregate dollar value of the business you are doing or seeking to do with the County: \$ 2,134,368.00

The name, title and contact information for the County official(s) or employee(s) involved in negotiating the business you are doing or seeking to do with the County: Angela Sanchez, Procurement Analyst angela.sanchez@cookcountyil.gov (312) 603-2691

The name, title and contact information for the County official(s) or employee(s) involved in managing the business you are doing or seeking to do with the County: Randy Piscitelli, Equipment Supervisor, Highway

C. DISCLOSURE OF FAMILIAL RELATIONSHIPS WITH COUNTY EMPLOYEES OR STATE, COUNTY OR MUNICIPAL ELECTED OFFICIALS

Check the box that applies and provide related information where needed

The Person Doing Business with the County **is an individual** and there is **no familial relationship** between this individual and any Cook County employee or any person holding elective office in the State of Illinois, Cook County, or any municipality within Cook County.

The Person Doing Business with the County **is a business entity** and there is **no familial relationship** between any member of this business entity’s board of directors, officers, persons responsible for general administration of the business entity, agents authorized to execute documents on behalf of the business entity or employees directly engaged in contractual work with the County on behalf of the business entity, and any Cook County employee or any person holding elective office in the State of Illinois, Cook County, or any municipality within Cook County.

**COOK COUNTY BOARD OF ETHICS
FAMILIAL RELATIONSHIP DISCLOSURE FORM**

The Person Doing Business with the County **is an individual** and **there is a familial relationship** between this individual and at least one Cook County employee and/or a person or persons holding elective office in the State of Illinois, Cook County, and/or any municipality within Cook County. **The familial relationships are as follows:**

Name of Individual Doing Business with the County	Name of Related County Employee or State, County or Municipal Elected Official	Title and Position of Related County Employee or State, County or Municipal Elected Official	Nature of Familial Relationship*
N/A			

If more space is needed, attach an additional sheet following the above format.

The Person Doing Business with the County **is a business entity** and **there is a familial relationship** between at least one member of this business entity’s board of directors, officers, persons responsible for general administration of the business entity, agents authorized to execute documents on behalf of the business entity and/or employees directly engaged in contractual work with the County on behalf of the business entity, on the one hand, and at least one Cook County employee and/or a person holding elective office in the State of Illinois, Cook County, and/or any municipality within Cook County, on the other. **The familial relationships are as follows:**

Name of Member of Board of Director for Business Entity Doing Business with the County	Name of Related County Employee or State, County or Municipal Elected Official	Title and Position of Related County Employee or State, County or Municipal Elected Official	Nature of Familial Relationship*
N/A			

Name of Officer for Business Entity Doing Business with the County	Name of Related County Employee or State, County or Municipal Elected Official	Title and Position of Related County Employee or State, County or Municipal Elected Official	Nature of Familial Relationship*
N/A			

Name of Person Responsible for the General Administration of the Business Entity Doing Business with the County	Name of Related County Employee or State, County or Municipal Elected Official	Title and Position of Related County Employee or State, County or Municipal Elected Official	Nature of Familial Relationship*
---	--	--	----------------------------------

N/A

Name of Agent Authorized to Execute Documents for Business Entity Doing Business with the County	Name of Related County Employee or State, County or Municipal Elected Official	Title and Position of Related County Employee or State, County or Municipal Elected Official	Nature of Familial Relationship*
--	--	--	----------------------------------

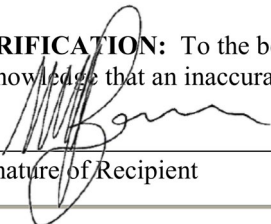
N/A

Name of Employee of Business Entity Directly Engaged in Doing Business with the County	Name of Related County Employee or State, County or Municipal Elected Official	Title and Position of Related County Employee or State, County or Municipal Elected Official	Nature of Familial Relationship*
--	--	--	----------------------------------

N/A

If more space is needed, attach an additional sheet following the above format.

VERIFICATION: To the best of my knowledge, the information I have provided on this disclosure form is accurate and complete. I acknowledge that an inaccurate or incomplete disclosure is punishable by law, including but not limited to fines and debarment.



Signature of Recipient

4/16/2025

Date

SUBMIT COMPLETED FORM TO: Cook County Board of Ethics
 69 West Washington Street, Suite 3040, Chicago, Illinois 60602
 Office (312) 603-4304 – Fax (312) 603-9988
 CookCounty.Ethics@cookcountyil.gov

* Spouse, domestic partner, civil union partner or parent, child, sibling, aunt, uncle, niece, nephew, grandparent or grandchild by blood, marriage (i.e. in laws and step relations) or adoption.

SECTION 4

COOK COUNTY AFFIDAVIT FOR WAGE THEFT ORDINANCE

Effective May 1, 2015, every Person, **including Substantial Owners**, seeking a Contract with Cook County must comply with the Cook County Wage Theft Ordinance set forth in Chapter 34, Article IV, Section 179. Any Person/Substantial Owner, who fails to comply with Cook County Wage Theft Ordinance, may request that the Chief Procurement Officer grant a reduction or waiver in accordance with Section 34-179(d).

"Contract" means any written document to make Procurements by or on behalf of Cook County.

"Person" means any individual, corporation, partnership, Joint Venture, trust, association, limited liability company, sole proprietorship or other legal entity.

"Procurement" means obtaining supplies, equipment, goods, or services of any kind.

"Substantial Owner" means any person or persons who own or hold a twenty-five percent (25%) or more percentage of interest in any business entity seeking a County Privilege, including those shareholders, general or limited partners, beneficiaries and principals; except where a business entity is an individual or sole proprietorship, Substantial Owner means that individual or sole proprietor.


All Persons/Substantial Owners are required to complete this affidavit and comply with the Cook County Wage Theft Ordinance before any Contract is awarded. Signature of this form constitutes a certification the information provided below is correct and complete, and that the individual(s) signing this form has/have personal knowledge of such information. **County reserves the right to request additional information to verify veracity of information contained in this Affidavit.**

I. Contract Information:

Contract Number: 2211-04252 A-2
County Using Agency (requesting Procurement): COOK COUNTY DEPARTMENT OF TRANSPORTATION AND HIGHWAYS

II. Person/Substantial Owner Information:

Person (Corporate Entity Name): Joe Johnson Equipment LLC d/b/a Standard Equipment
Substantial Owner Complete Name: Federal Signal Corporation (NYSE: FSS)
FEIN# 36-1063330

 E-mail address: rbakken@standardequipment.com

Street Address: 625 S IL ROUTE 83
City: ELMHURST State: IL Zip: 60126



III. Compliance with Wage Laws:

Within the past five years has the Person/Substantial Owner, in any judicial or administrative proceeding, been convicted of, entered a plea, made an admission of guilt or liability, or had an administrative finding made for committing a repeated or willful violation of any of the following laws:

- No *Illinois Wage Payment and Collection Act, 820 ILCS 115/1 et seq., YES or NO*
- No *Illinois Minimum Wage Act, 820 ILCS 105/1 et seq., YES or NO*
- No *Illinois Worker Adjustment and Retraining Notification Act, 820 ILCS 65/1 et seq., YES or NO*
- No *Employee Classification Act, 820 ILCS 185/1 et seq., YES or NO*
- No *Fair Labor Standards Act of 1938, 29 U.S.C. 201, et seq., YES or NO*
- No *Any comparable state statute or regulation of any state, which governs the payment of wages YES or NO*

If the Person/Substantial Owner answered "Yes" to any of the questions above, it is ineligible to enter into a Contract with Cook County, but can request a reduction or waiver under **Section IV**.

IV. Request for Waiver or Reduction

If Person/Substantial Owner answered "Yes" to any of the questions above, it may request a reduction or waiver in accordance with Section 34-179(d), provided that the request for reduction or waiver is made on the basis of one or more of the following actions that have taken place:

- No There has been a bona fide change in ownership or Control of the ineligible Person or Substantial Owner. YES or NO
- No Disciplinary action has been taken against the individual(s) responsible for the acts giving rise to the violation. YES or NO
- No Remedial action has been taken to prevent a recurrence of the acts giving rise to the disqualification or default. YES or NO
- No Other factors that the Person or Substantial Owner believe are relevant. YES or NO

The Person/Substantial Owner must submit documentation to support the basis of its request for a reduction or waiver. The Chief Procurement Officer reserves the right to make additional inquiries and request additional documentation.

V. Affirmation

The Person/Substantial Owner affirms that all statements contained in the Affidavit are true, accurate and complete.

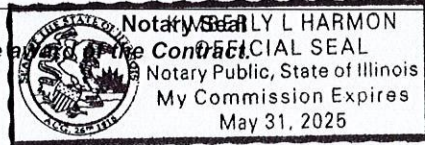
Signature: [Handwritten Signature] Date: 4/16/2025

Name of Person signing (Print): MICHAEL RUGERONI Title: VP, FEDERAL SIGNAL AFTERMARKET

Subscribed and sworn to before me this 16th day of April, 2025

X [Handwritten Signature]
Notary Public Signature

Note: The above information is subject to verification prior to the award of the Contract.



SECTION 5

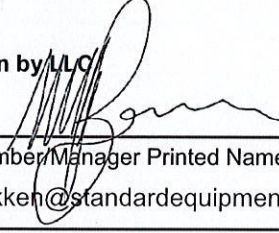
CONTRACT AND EDS EXECUTION PAGE

The Applicant hereby certifies and warrants that all of the statements, certifications and representations set forth in this EDS are true, complete and correct; that the Applicant is in full compliance and will continue to be in compliance throughout the term of the Contract or County Privilege issued to the Applicant with all the policies and requirements set forth in this EDS; and that all facts and information provided by the Applicant in this EDS are true, complete and correct. The Applicant agrees to inform the Chief Procurement Officer in writing if any of such statements, certifications, representations, facts or information becomes or is found to be untrue, incomplete or incorrect during the term of the Contract or County Privilege.

Execution by Corporation

_____ Corporation's Name	_____ President's Printed Name and Signature
_____ Telephone	_____ Email
_____ Secretary Signature	_____ Date

Execution by LLC

_____ Joe Johnson Equipment LLC d/b/a Standard Equipment	 _____ Michael Rugeroni
_____ LLC Name	_____ *Member/Manager Printed Name and Signature
_____ 4/16/2025	_____ rbakken@standardequipment.com (312) 829-1919
_____ Date	_____ Telephone and Email

Execution by Partnership/Joint Venture

_____ Partnership/Joint Venture Name	_____ *Partner/Joint Venturer Printed Name and Signature
_____ Date	_____ Telephone and Email

Execution by Sole Proprietorship

_____ Printed Name Signature	_____ Assumed Name (if applicable)
_____ Date	_____ Telephone and Email

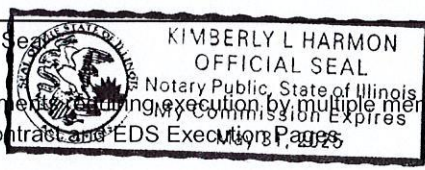
Subscribed and sworn to before me this 16th day of April, 2025.



Notary Public Signature

My commission expires: May 31, 2025

Notary Seal



*If the operating agreement, partnership agreement or governing document providing for execution by multiple members, managers, partners, or joint venturers, please complete and execute additional Contract and EDS Execution Pages.



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
04/10/2025

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 Central, Inc. Chicago IL Office 200 East Randolph Chicago IL 60601 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 Standard Equipment Co. o/a Joe Johnson Equipment LLC 625 S. IL Route 83 Elmhurst IL 60126 USA	INSURER A: Zurich American Ins Co	16535
	INSURER B: American Zurich Ins Co	40142
	INSURER C: RSUI Indemnity Company	22314
	INSURER D: Berkley National Insurance Company	38911
	INSURER E: Lloyd's Syndicate No. 3623	AA1120055
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 570112089682 **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	ADBL 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			GLO007560503 GL Premise GLO007560603 GL Products	11/01/2024	11/01/2025	EACH OCCURRENCE	\$2,000,000
A	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: _____				11/01/2024	11/01/2025	DAMAGED TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG Prod-Comp/Ops - Ea Occur	\$2,000,000 \$10,000 \$2,000,000 \$4,000,000 \$6,000,000 \$3,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <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			BAP 0075607 03 AOS	11/01/2024	11/01/2025	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$2,000,000
C	<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			NHN603506	11/01/2024	11/01/2025	EACH OCCURRENCE AGGREGATE	\$2,000,000 \$2,000,000
B	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WC007560303 AOS WC007560403 Retro	11/01/2024	11/01/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT E.L. DISEASE-EA EMPLOYEE E.L. DISEASE-POLICY LIMIT	\$1,000,000 \$1,000,000 \$1,000,000
E	E&O - Miscellaneous Professional-Primary			W1314D251301 E&O Technology Liability SIR applies per policy terms & conditions	02/01/2025	02/01/2026	Each Claim Policy Aggregate	\$5,000,000 \$5,000,000

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

RE: Contract: 2211-04252 Amendment #2.

CERTIFICATE HOLDER**CANCELLATION**

Cook County Office of the Chief Procurement Officer 69 W. Washington St., Floor 30 Chicago IL 60602 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

Holder Identifier :

570112089682

Certificate No :





ADDITIONAL REMARKS SCHEDULE

AGENCY Aon Risk Services Central, Inc.		NAMED INSURED Standard Equipment Co.	
POLICY NUMBER See Certificate Number: 570112089682		EFFECTIVE DATE:	
CARRIER See Certificate Number: 570112089682	NAIC CODE		

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	
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	
	EXCESS LIABILITY							
D				CEX0960001712 Excess of \$2mm	11/01/2024	11/01/2025	Aggregate	\$8,000,000
							Each Occurrence	\$8,000,000
	WORKERS COMPENSATION							
A		N/A		EWS007560803 XS WC OH SIR applies per policy terms & conditions	11/01/2024	11/01/2025		



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
06/12/2025

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 Central, Inc. Chicago IL Office 200 East Randolph Chicago IL 60601 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 Standard Equipment Co. o/a Joe Johnson Equipment LLC 625 S. IL Route 83 Elmhurst IL 60126 USA	INSURER A: Zurich American Ins Co	16535
	INSURER B: American Zurich Ins Co	40142
	INSURER C: RSUI Indemnity Company	22314
	INSURER D: Berkley National Insurance Company	38911
	INSURER E: Lloyd's Syndicate No. 3623	AA1120055
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 570113153730 **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: _____			GLO007560503 GL Premise GLO007560603 GL Products	11/01/2024	11/01/2025	EACH OCCURRENCE	\$2,000,000
A					11/01/2024	11/01/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$2,000,000
							MED EXP (Any one person)	\$10,000
							PERSONAL & ADV INJURY	\$2,000,000
							GENERAL AGGREGATE	\$4,000,000
							PRODUCTS - COMP/OP AGG	\$6,000,000
							Prod-Comp/Ops - Ea Occur	\$3,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <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			BAP 0075607 03 AOS	11/01/2024	11/01/2025	COMBINED SINGLE LIMIT (Ea accident)	\$2,000,000
							BODILY INJURY (Per person)	
							BODILY INJURY (Per accident)	
							PROPERTY DAMAGE (Per accident)	
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$10,000			NHN603506	11/01/2024	11/01/2025	EACH OCCURRENCE	\$2,000,000
							AGGREGATE	\$2,000,000
B	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> N	N/A	WC007560303 AOS WC007560403 Retro	11/01/2024	11/01/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER	
A					11/01/2024	11/01/2025	E.L. EACH ACCIDENT	\$1,000,000
							E.L. DISEASE-EA EMPLOYEE	\$1,000,000
							E.L. DISEASE-POLICY LIMIT	\$1,000,000
E	<input checked="" type="checkbox"/> E&O - Miscellaneous <input type="checkbox"/> Professional-Primary			W1314D251301 E&O Technology Liability SIR applies per policy terms & conditions	02/01/2025	02/01/2026	Each Claim	\$5,000,000
							Policy Aggregate	\$5,000,000

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

RE: Contract: 2211-04252 Amendment #2. Cook County is included as Additional Insured in accordance with the policy provisions of the General Liability and Automobile Liability policies. General Liability and Automobile Liability policies evidenced herein are Primary and Non-Contributory to other insurance available to Additional Insured, but only in accordance with the policy's provisions. A Waiver of Subrogation is granted in favor of Cook County in accordance with the policy provisions of the General Liability, Automobile Liability, Umbrella Liability and Workers' Compensation policies.

CERTIFICATE HOLDER

Cook County
Office of the Chief Procurement Officer
69 W. Washington St., Floor 30
Chicago IL 60602 USA

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

Aon Risk Services Central, Inc.

Holder Identifier :

570113153730

Certificate No :





ADDITIONAL REMARKS SCHEDULE

AGENCY Aon Risk Services Central, Inc.		NAMED INSURED Standard Equipment Co.	
POLICY NUMBER See Certificate Number: 570113153730			
CARRIER See Certificate Number: 570113153730	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	
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	
	EXCESS LIABILITY							
D				CEX0960001712 Excess of \$2mm	11/01/2024	11/01/2025	Aggregate	\$8,000,000
							Each Occurrence	\$8,000,000
	WORKERS COMPENSATION							
A		N/A		EWS007560803 XS WC OH SIR applies per policy terms & conditions	11/01/2024	11/01/2025		

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED 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):

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.

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 your acts or omissions or the acts or omissions of those acting on your behalf:

1. In the performance of your ongoing operations; or
2. In connection with your premises owned by or rented to you.

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;
- whichever is less.

This endorsement shall not increase the applicable limits of insurance.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – AUTOMATIC STATUS WHEN REQUIRED IN WRITTEN CONTRACT OR AGREEMENT

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

- A. Section II – Who Is An Insured** is amended to include as an additional insured any person(s) or organization(s) for whom you have agreed in writing in a contract or agreement that such person(s) or organization(s) be added as an additional insured on your policy. Such person(s) or organization(s) is an additional insured only with respect to liability for:
1. "Bodily injury" or "property damage" not included in the "products-completed operations hazard"; or
 2. "Personal and advertising injury";
caused by, in whole or in part, your acts or omissions or the acts or omissions of those acting on your behalf in the performance of your operations.
- B.** The insurance afforded to such additional insured described in Paragraph **A.** of this endorsement:
1. Only applies to the extent permitted by law; and
 2. Will not be broader than that which you are required by the contract or agreement to provide for such additional insured.
- C.** With respect to insurance afforded to these additional insureds, the following additional exclusion applies:
- This insurance does not apply to "bodily injury", "property damage" or "personal and advertising injury" due to rendering of or failure to render any professional service. This includes but is not limited to:
1. Legal, accounting or advertising services;
 2. Preparing, approving, or failing to prepare or approve, maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawings or specifications;
 3. Inspection, supervision, quality control, architectural or engineering activities done by or for you on a project on which you serve as construction manager;
 4. Engineering services, including related supervisory or inspection services;
 5. Medical, surgical, dental, X-ray or nursing services treatment, advice or instruction;
 6. Any health or therapeutic service treatment, advice or instruction;
 7. Any service, treatment, advice or instruction for the purpose of appearance or skin enhancement, hair removal or replacement, or personal grooming or therapy;
 8. Any service, treatment, advice or instruction relating to physical fitness, including service, treatment, advice or instruction in connection with diet, cardiovascular fitness, bodybuilding or physical training programs;
 9. Optometry or optical or hearing aid services including the prescribing, preparation, fitting, demonstration or distribution of ophthalmic lenses and similar products or hearing aid devices;
 10. Body piercing services;
 11. Services in the practice of pharmacy;
 12. Law enforcement or firefighting services; and
 13. Handling, embalming, disposal, burial, cremation or disinterment of dead bodies.
- This exclusion applies even if the claims against any insured allege negligence or other wrongdoing in the supervision, hiring, employment, training or monitoring of others by that insured, if the "occurrence" which caused the "bodily injury" or "property damage", or the offense which caused the "personal and advertising injury", involved the rendering of or failure to render any professional service.

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

The most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement described in Paragraph **A.**; or

2. Available under the applicable limits of insurance;
whichever is less.

This endorsement shall not increase the applicable limits of insurance.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US (WAIVER OF SUBROGATION)

This endorsement modifies insurance provided under the following:

- COMMERCIAL GENERAL LIABILITY COVERAGE PART
- ELECTRONIC DATA LIABILITY COVERAGE PART
- LIQUOR LIABILITY COVERAGE PART
- POLLUTION LIABILITY COVERAGE PART DESIGNATED SITES
- POLLUTION LIABILITY LIMITED COVERAGE PART DESIGNATED SITES
- PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART
- RAILROAD PROTECTIVE LIABILITY COVERAGE PART
- UNDERGROUND STORAGE TANK POLICY DESIGNATED TANKS

SCHEDULE

Name Of Person(s) Or Organization(s):

IF YOU ARE REQUIRED BY A WRITTEN CONTRACT OR AGREEMENT, WHICH IS EXECUTED BEFORE A LOSS, TO WAIVE YOUR RIGHTS OF RECOVERY FROM OTHERS, WE AGREE TO WAIVE OUR RIGHTS OF RECOVERY. THIS WAIVER OF RIGHTS SHALL NOT BE CONSTRUED TO BE A WAIVER WITH RESPECT TO ANY OTHER OPERATIONS IN WHICH THE INSURED HAS NO CONTRACTUAL INTEREST.

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 against the person(s) or organization(s) shown in the Schedule above because of payments we make under this Coverage Part. Such waiver by us applies only to the extent that the insured has waived its right of recovery against such person(s) or organization(s) prior to loss. This endorsement applies only to the person(s) or organization(s) shown in the Schedule above.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US (WAIVER OF SUBROGATION)

This endorsement modifies insurance provided under the following:

- COMMERCIAL GENERAL LIABILITY COVERAGE PART
- ELECTRONIC DATA LIABILITY COVERAGE PART
- LIQUOR LIABILITY COVERAGE PART
- POLLUTION LIABILITY COVERAGE PART DESIGNATED SITES
- POLLUTION LIABILITY LIMITED COVERAGE PART DESIGNATED SITES
- PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART
- RAILROAD PROTECTIVE LIABILITY COVERAGE PART
- UNDERGROUND STORAGE TANK POLICY DESIGNATED TANKS

SCHEDULE

Name Of Person(s) Or Organization(s):

ALL PERSONS AND/OR ORGANIZATIONS THAT ARE REQUIRED BY WRITTEN CONTRACT, OR AGREEMENT WITH THE INSURED, EXECUTED PRIOR TO THE ACCIDENT OR LOSS, THAT WAIVER OF SUBROGATION BE PROVIDED UNDER THIS POLICY FOR WORK PERFORMED BY YOU FOR THAT PERSON AND/OR ORGANIZATION.

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 against the person(s) or organization(s) shown in the Schedule above because of payments we make under this Coverage Part. Such waiver by us applies only to the extent that the insured has waived its right of recovery against such person(s) or organization(s) prior to loss. This endorsement applies only to the person(s) or organization(s) shown in the Schedule above.

Each person or organization shown in the Schedule is an “insured” for Covered Autos Liability Coverage, but only to the extent that person or organization qualifies as an “insured” under the Who Is An Insured provision contained in Paragraph **A.1.** of Section **II** – Covered Autos Liability Coverage in the Business Auto and Motor Carrier Coverage Forms and Paragraph **D.2.** of Section **I** – Covered Autos Coverages of the Auto Dealers Coverage Form.

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

ALL PERSONS AND/OR ORGANIZATIONS THAT ARE REQUIRED BY WRITTEN CONTRACT, OR AGREEMENT WITH THE INSURED, EXECUTED PRIOR TO THE ACCIDENT OR LOSS, THAT WAIVER OF SUBROGATION BE PROVIDED UNDER THIS POLICY FOR WORK PERFORMED BY YOU FOR THAT PERSON AND/OR ORGANIZATION.

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 **11-01-24** Policy No. **WC 0075603-03**

Insured **FEDERAL SIGNAL CORPORATION**

Endorsement No.

Premium \$ **INCL.**

Insurance Company **AMERICAN ZURICH INSURANCE COMPANY**

Countersigned By _____