OP ID: EK



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	LOCAL INSURANCE AGENCY	NAME: PHONE (A/C, No, E-MAIL ADDRES	
		PRODUC	
INSURED	CONTRACTOR WORKING WITHIN PUBLIC RIGHT OF WAY	INSURER INSURER INSURER INSURER INSURER INSURER	A: UMBRELLA INSURANCE COMPANY B: C: D: E:
COVERAC	GERTIFICAT		REVISION NUMBER:

KENISION NUMBER.

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TVDE AF INCLIDANCE	L SUBI R WVD		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
Α	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR		#######	MM/DD/YY	MM/DD/YY	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY	\$ = or > 100,000 \$ 1 & 2 \$
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO- JECT LOC					GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$ = or > 500,00 \$ \$
A	X ANY AUTO				8	(Ea accident)	\$
	ALL OWNED AUTOS					BODILY INJURY (Per person)	\$
	SCHEDULED AUTOS				S	BODILY INJURY (Per accident)	\$
	HIRED AUTOS					PROPERTY DAMAGE (Per accident)	\$
	NON-OWNED AUTOS				*		\$
					>		\$
	UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$
	DEDUCTIBLE				Э		\$
<u> </u>	RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				8	X WC STATU- OTH- TORY LIMITS ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE Y N / A (Mandatory in NH)	A			×	E.L. EACH ACCIDENT	\$
						E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$
	4						

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

Additional Insured: City of Elgin. We will endeavor to notify the certificate holder 30 days in advance in the events of cancellation.

CERTIFICATE HOLDER	CANCELLATION

CITYOFE

City of Elgin **150 Dexter Court** Elgin, IL 60120-5555 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