

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/14/14

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). 847-367-2633 CONTACT Rand-Tec Insurance Agency Inc. 977 Lakeview Parkway, Ste 105 Vernon Hills, IL 60061 Todd Silver 847-367-2636 PHONE (AIC, No, Ext):
E-MAIL ADDRESS:
PRODUCER CUSTOMER ID #; USWAT-1 FAX (A/L No): INSURER(S) AFFORDING COVERAGE N NAIC # INSURED U.S. Waterproofing & INSURER A: Harleysville Lakes States Insu α 14516 Construction Co. INSURER B : Accident Fund Ins N 5650 Meadowbrook Rolling Meadows, IL 60008 INSURER D : INSURER E : 12 " COVERAGES **CERTIFICATE NUMBER: REVISION NUMBER:** THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. TYPE OF INSURANCE POLICY EFF POLICY EXP
(MM/DD/YYYY) (MM/DD/YYYY) -ETMITS **POLICY NUMBER** GENERAL LIABILITY 1,000,000 15.m EACH OCCURRENCE DAMAGE PORENTED PREMISES (Eg occurrence) X COMMERCIAL GENERAL LIABILITY Α MPA00000073081 05/19/14 05/19/15 100.000 CLAIMS-MADE X OCCUR 20 MED EXP (A) y one persoo) 5,000 X per proj agg PERSONACE ADV INJURY 1.000.000 20 C GENERAL AGGREGATE = 2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: PRODUCTS COMP/OP AGG 2,000,000 POLICY X PRO-COMBINED SINGLE LIMIT (Ea accident) AUTOMOBILE LIABILITY **l'his** 1.000.000 BA00000073193 15 the 05/19/14 X ANY AUTO BODILY INJURY (Per person) s the Lake County Recorder! ALL OWNED AUTOS **BODILY INJURY (Per accident)** SCHEDULED AUTOS PROPERTY DAMAGE (Per accident) X HIRED AUTOS X NON-OWNED AUTOS \$ \$ UMBRELLA LIAR X OCCUR 5,000,000 EACH OCCURRENCE EXCESS LIAB CLAIMS-MADE AGGREGATE \$ 5.000,000 CMB00000076210 05/19/15 05/19/14 \$ X RETENTION 10,000 WORKERS COMPENSATION AND EMPLOYERS' LIABILITY X WC STATU-TORY LIMITS В AND PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) if yes, describe under DESCRIPTION OF OPERATIONS below WC7500139 05/19/14 E.L. EACH ACCIDENT 1,000,000 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1.000,000 E.L. DISEASE - POLICY LIMIT | \$ Leased/Rented MPA00000073081 05/19/14 05/19/15 L/R Equip Ded. 1,000 DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required **CERTIFICATE HOLDER** CANCELLATION TOWNST1 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. TOWN OF ST. JOHN 10955 W. 93RD AVE. AUTHORIZED REPRESENTATIVE ST. JOHN, IN 46373

Todd dilver

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