

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/04/2023

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).

PRO	DUCE					CONTACT Cari McKeever					
Insurance Benefits Resor			urce Group, Inc				PHONE (A/C, No, Ext): (224)333-0550			FAX (A/C, No): (224)241-3345	
1491 Cumberland Pkwy					E-MAIL ADDRESS: service@insurancebrg.com						
Algonquin, IL 60102						INSURER(S) AFFORDING COVERAGE NAIC #					NAIC #
. <del></del>						` `					
MOUDED							INSURER A: Pie Casualty Insurance Company INSURER B: Travelers Assigned Risk				10997
ROBINS NEST INC						INSURE	RB: Irave	<u>eiers Assiç</u>	gned RISK		25674
DBA STANLEY ROOFING (				CO			INSURER C:				
		34W091 FOX RIVER DR	₹				INSURER D:				
EAST DUNDEE, IL 60118						INSURER E :					
		, ,				INSURE	RF:				
COVERAGES CERTIFICATE NUMBER: 00001683-1							08091 REVISION NUMBER: 78				
IN C	IDIC <i>I</i> ERTI	S TO CERTIFY THAT THE POLICIES ( ATED. NOTWITHSTANDING ANY REC FICATE MAY BE ISSUED OR MAY PE JSIONS AND CONDITIONS OF SUCH	QUIRI RTAI	EMEN N, TH	T, TERM OR CONDITION OF EINSURANCE AFFORDED	F ANY C BY THE	ONTRACT OF POLICIES DE	R OTHER DOC SCRIBED HER	UMENT WITH RESPEC	T TO WHI	CH THIS
INSR		TYPE OF INSURANCE	ADDL	SUBR			POLICY EFF	POLICY EXP		IMITS	
LTR		COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)			
		CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
									MED EXP (Any one person)	\$	
									PERSONAL & ADV INJURY	\$	
	GEN	N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	
		POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AG	G \$	
		OTHER:								\$	
Α	AUTOMOBILE LIABILITY				CA10086		01/18/2023	01/18/2024	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
		ANY AUTO					01,10,2020	0 10	BODILY INJURY (Per perso	n) \$	-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		OWNED X SCHEDULED AUTOS ONLY							BODILY INJURY (Per accid	ent) \$	
	Х	HIRED NON-OWNED							PROPERTY DAMAGE	\$	
	^	AUTOS ONLY AUTOS ONLY							(Per accident)	\$	
		UMBRELLA LIAB OCCUP							FAOU COOURDENIOS	+	
		- OCCOR							EACH OCCURRENCE	\$	
		CEAINIO-INIADE							AGGREGATE	\$	
_	WOR	DED RETENTION \$ WORKERS COMPENSATION							▼ PER OTE	\$ <del>1</del> -	
В	AND EMPLOYERS' LIABILITY  Y/N				6JUB-6R46974-6-23	3	07/01/2023	07/01/2024	X PER STATUTE OTH		4 000 000
	ANY	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	1,000,000
(Man		ndatory in NH) s, describe under							E.L. DISEASE - EA EMPLO	/EE \$	1,000,000
		CRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIN	/IT \$	1,000,000
DES	CRIPT	TION OF OPERATIONS / LOCATIONS / VEHICI	ES (	ACORD	101, Additional Remarks Schedu	le, may b	e attached if mor	e space is require	ed)		
CE.	DTIF	SICATE HOLDER			CANCELLATION						
City of Chicago P.O. Box 388249							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.				
Chicago, IL 60638						AUTHORIZED REPRESENTATIVE					
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