

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/5/2023

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).											
PRODUCER Acrisure Partners West Coast Insurance Services, LLC 1950 W Corporate Way #1					CONTACT NAME: Jessica DePriest						
					PHONE (A/C, No, Ext): 408-350-5700 (A/C, No): 7075452915					2015	
					(A/C, No, Ext): 406-350-5700 (A/C, No): 7075452915 E-MAIL ADDRESS: certs@vantreo.com						
Anaheim CA 92801											
	INSURER(S) AFFORDING COVERAGE					NAIC#					
WOUDED.	INSURER A: United National Insurance Company						13064				
ROBINES-02 Robins Nest Inc DBA Stanley Roofing Co 34W091 Fox River Drive East Dundee IL 60118					INSURER B:						
					INSURER C:						
					INSURER D:						
					INSURER E :						
	INSURER F:]				
COVERAGES CER	REVISION NUMBER:										
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. INSR											
INSR LTR TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s		
A X COMMERCIAL GENERAL LIABILITY	Υ	Y	CSC0000661		12/1/2023	12/1/2024	EACH OCCURREN		\$ 1,000	,000	
CLAIMS-MADE X OCCUR							DAMAGE TO RENT PREMISES (Ea occ		\$ 100,0	00	
							MED EXP (Any one	person)	\$ 5,000		
							PERSONAL & ADV	INJURY	\$ 1,000	,000	
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREO	SATE	\$2,000		
X POLICY PRO- JECT LOC							PRODUCTS - COM		\$2,000		
OTHER:								, , , , , , ,	\$,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT	\$		
ANY AUTO							\$				
OWNED AUTOS ONLY AUTOS NON-OWNED							· · · · ·		\$		
							PROPERTY DAMAGE		\$		
AUTOS ONLY AUTOS ONLY							(Per accident)		\$		
UMBRELLA LIAB OCCUR											
EVOCOL LAB									\$		
CLAIMS-MADE							AGGREGATE		\$		
DED RETENTION \$ WORKERS COMPENSATION							DER	OTH-	\$		
AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER			
ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under							E.L. EACH ACCIDENT		\$		
							E.L. DISEASE - EA EMPLOYEE		\$		
DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$				
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) The City of Chicago is included as additional insured when required by written contract with regards to General Liability on a primary and noncontributory basis per forms to follow.											
CERTIFICATE HOLDER					CANCELLATION						
City of Chicago General Contractors License Program PO Box 388249 Chicago IL 60638					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						