

DMULEMAN

DATE	(MM/DD/YYYY)	
2	16/2025	

CONTLAN-01

,	CERTIFICATE OF LIABILITY INSURANCE								2/6/2025					
	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.													
	f S	SUE	BROGATION IS	sν	VAIVED, subje	ct to	the	DITIONAL INSURED, the terms and conditions of ificate holder in lieu of su	the po	olicy, certain	policies may			
PR	ODU	JCEF	र		-				CONTA NAME:	АСТ				
25	AssuredPartners of IL, LLC 25 Northwest Point Blvd., Ste 625 Elk Grove Village, IL 60007						PHONE (A/C, No, Ext): (847) 758-1000 E-Mall ADDRESS:					7) 758-1200		
											SURER(S) AFFOR	DING COVERAGE		NAIC #
									INSUR	ER A : IMT Ins	urance Cor	npany		14257
INS	URE	ED							INSUR	ER B :				
			Contour L	an	dscaping, Inc.				INSUR	ER C :				
			3501 Jarv	is A	venue				INSUR	ER D :				
			Skokie, IL	. 60	076-4016				INSUR	ER E :				
									INSUR	ER F :				
С	DVE	ER	AGES		CER	TIFI	САТІ	E NUMBER: 020625				REVISION NUMBER		
		ICA RTIF	TED. NOTWIT	HST E IS	ANDING ANY R	REQU PER	IREM TAIN	SURANCE LISTED BELOW I ENT, TERM OR CONDITIOI , THE INSURANCE AFFORI , LIMITS SHOWN MAY HAVE	N OF A	ANY CONTRA	CT OR OTHER IES DESCRIB	DOCUMENT WITH RE	SPECT '	TO WHICH THIS
INS LTF			TYPE OF IN				SUBR			POLICY EFF	POLICY EXP (MM/DD/YYYY)	L	IMITS	
A		X	COMMERCIAL GE	NER	AL LIABILITY	INSD						EACH OCCURRENCE	\$	1,000,000
			CLAIMS-MAD	E	X OCCUR			GLR3381		9/1/2024	9/1/2025	DAMAGE TO RENTED PREMISES (Ea occurrence		500,000
												MED EXP (Any one person)		10,000
												PERSONAL & ADV INJUR	′\$	1,000,000
	G	GEN	L AGGREGATE LIN	ЛІТ А	PPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
			POLICY X PR	0- CT	LOC							PRODUCTS - COMP/OP A	GG\$	2,000,000
Α	Δ										COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
						CVR3381			9/1/2024	9/1/2025	BODILY INJURY (Per perso			
			OWNED AUTOS ONLY	Х	SCHEDULED AUTOS							BODILY INJURY (Per accid		
	)			Χ	NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
													\$	
Α	)	X			X OCCUR							EACH OCCURRENCE	\$	5,000,000
					CLAIMS-MADE			UCR3381	9/1/202	9/1/2024	9/1/2025	AGGREGATE	\$	5,000,000
					DN \$								\$	
Α		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY										X PER OT ER		
						WCR3381		9/1/2024	9/1/2025	E.L. EACH ACCIDENT	\$	1,000,000		
OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			N/A	N/A					E.L. DISEASE - EA EMPLO	YEE \$	1,000,000			
									E.L. DISEASE - POLICY LI	лт \$	1,000,000			
	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)													
Pro	oto	ot I	nsurance.											

CERTIFICATE HOLDER	CANCELLATION
Lincolnwood School District 74 6950 N East Prairie Road Lincolnwood. IL 60712	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

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