

Facility Request Information for Building Approval

Organization Name: Lifeline Church

Address: 1321 S Austin Blvd, Cicero, IL 60804

Contact Name: Clyde Hall

Phone: 708-557-6304

E-mail: clydehall@lifelinechicago.com

Organization Class: Class III

Tax-EIN#: 83-0466915

Event Description: Community Easter Service

Athletic Facility being used?: No

Campus: Morton West **Facility:** ["Auditorium","Student Cafeteria","Little Theater"]

Event Date: 4/20/2025

Multiple Dates: [MultipleDates]

Event Time: 10:00am

Setup Time: 7:00am

Breakdown Time: 1:00pm - 3:00pm

Open to the public?: Yes Attendance: 600 - 700 (This is a church service that it open to the public. It normally averages 600 - 700 people).

Will food be served?: No

Kitchen needed?: [Kitchen Use]

Type of food being served: [FoodBeingServed]

Tables needed?: Yes How many:8

Chairs needed?: Yes How Many: 30

Purchasable tickets on site: No

Payment Type: [Ticket Payment]

Is food purchasable: No **Payment Type:** [FoodPayment]

Fundraising or Sales during event: Yes **Payment Type:** Both

IT/AV setup needed: Yes **Equipment needed:** Internet Access (our service is Live Streamed)

Additional Notes/Needs: Choir Risers.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/22/2024

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 Vanessa C Duker 6533 NORTH AVE OAK PARK, IL 60302 (708) 383-1400 (142/829)	CONTACT NAME: Vanessa C Duker	
	PHONE (A/C No. Ex): (708) 383-1400 FAX (A/C No) (855) 729-0703 E-MAIL ADDRESS: vdukes@amfam.com	
INSURED Lifeline Church 1321 S Austin Blvd Cicero, IL 60804	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: American Family Mutual Insurance Company, S.I.	19275
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER:
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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.

INSTR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/>						BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ BODILY INJURY \$ \$
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER			BP00004780	02/10/2024	02/10/2025	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N <input type="checkbox"/> N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Easter Service 03/30/2024-03/31/2024

CERTIFICATE HOLDER	CANCELLATION
Additional Insured: J. Sterling Morton High School District 201 J. Sterling Morton West High School 2400 Home Ave Berwyn, IL 60402	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 Vanessa C. Duker