



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/01/2022

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 OF 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).

<b>PRODUCER</b> <b>KRGinsure</b> A Division of RRJ Insurance Group Limited 2450 Victoria Park Avenue, Suite 1700 Toronto, ON M2J 4A2	<b>CONTACT NAME:</b>	
	<b>PHONE (A/C, No, EXT):</b> 416-636-4544	<b>FAX (A/C, No):</b> 416-636-5555
	<b>E-MAIL ADDRESS:</b>	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> <b>MULTI HEALTH SYSTEMS INC.</b> 3770 VICTORIA PARK AVENUE TORONTO, ON M2H 3M6	<b>INSURER A: Intact Insurance Company of Canada</b>	
	<b>INSURER B: Beazley Canada Ltd</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	

**COVERAGES:**

THIS IS TO CERTIFY THAT 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 LTR	TYPE OF INSURANCE	ADD'L INSRD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS (CDN)		
A	<b>GENERAL LIABILITY</b>	X	X	501240688	01/11/2021	07/11/2022	EACH OCCURRENCE	\$ 2,000,000	
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)	\$ 25,000	
							PERSONAL & ADV INJURY	\$ 2,000,000	
							GENERAL AGGREGATE	\$ 5,000,000	
							PRODUCTS - COMP/OP AGG	\$ 2,000,000	
							Non owned automobile	\$ 2,000,000	
							Legal liability for damage to hired automobiles	\$ 100,000	
							GEN'L AGGREGATE LIMIT APPLIES PER:		
							<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		
	<b>AUTOMOBILE LIABILITY</b>	N/A	N/A				COMBINED SINGLE LIMIT (Each accident)	\$	
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$	
	<input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	<input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
A	<b>Employers' Liability</b>	X	X	501240688	01/11/2021	07/11/2022	EACH OCCURRENCE	\$2,000,000	
B	<b>Cyber Liability</b>	N/A	N/A	55900134	08/11/2021	08/11/2022	EACH CLAIM / AGGREGATE	\$ 5,000,000	


DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

All operations usual to the business of the named insured

IT IS HEREBY UNDERSTOOD AND AGREED THAT **The Board of Education of Lincolnwood School District 74** IS ADDED AS AN ADDITIONAL INSURED ONTO THE COMMERCIAL GENERAL LIABILITY POLICY BUT ONLY WITH RESPECTS TO LIABILITY ARISING OUT OF THE OPERATIONS OF THE NAMED INSURED.

CERTIFICATE HOLDER

CANCELLATION 30

The Board of Education of Lincolnwood School District 74, 6950 N. East Prairie, Lincolnwood, IL, USA 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 

ACORD 25 (2010/05)

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