

DATE (MM/DD/YYYY)

A	CORD CER		IC	ATE OF LIA	BIL	IIY IN	SURA	NCE	1/*	14/2021	
THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICA											
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).											
	DUCER	seme	ent(s)		CONTA						
DAN M STUMPF (02341)					DAN M STUMPF PHONE (A/C, No, Ext): 708-614-1688 FAX (A/C, No): 708-633-6492					3-6492	
17605 S OAK PARK AVE STE C					E-MAIL ADDRESS: DANIEL.STUMPF@COUNTRYFINANCIAL						
TINLEY PARK, IL 60477-0000					INSURER(S) AFFORDING COVERAGE					NAIC #	
					INSURER A : COUNTRY Mutual Insurance Company					20990	
INSURED 4511648					INSURER B :						
SPORTSFIELDS INC PO BOX 615					INSURER C :						
-	BLUE ISLAND, IL 60406					INSURER D :					
COVERAGES CERTIFICATE NUMBER:						INSURER F : REVISION NUMBER:					
				BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD							
١N	IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY	QUIF	REME	NT, TERM OR CONDITION	OF AN	Y CONTRACT	OR OTHER I	DOCUMENT WITH RESPE	CT TO	WHICH THIS	
	CLUSIONS AND CONDITIONS OF SUCH					REDUCED BY	PAID CLAIMS.		U ALL	INE IERIVIO,	
INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIM	тѕ		
^	GENERAL LIABILITY			AB1133321		10/4/2020	10/4/2021	EACH OCCURRENCE DAMAGE TO RENTED	\$ 2,00	0,000	
A	COMMERCIAL GENERAL LIABILITY							PREMISES (Ea occurrence)	\$ 100,	000	
	CLAIMS-MADE CLAIMS-MADE							MED EXP (Any one person)	\$ 5,00		
								PERSONAL & ADV INJURY	\$ 2,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$ 4,000,000 G \$ 4,000,000		
	POLICY PRO- JECT LOC							- RODUCTS - COMP/OF AGG	\$		
	AUTOMOBILE LIABILITY			AB1133321	10/4	10/4/2020	10/4/2021	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000		
^				AD1133321		10/4/2020		BODILY INJURY (Per person)			
A	ALL OWNED AUTOS							BODILY INJURY (Per accident)\$		
	HIRED AUTOS							PROPERTY DAMAGE (Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS MADE							EACH OCCURRENCE	\$		
								AGGREGATE	\$		
	DED RETENTION \$ WORKERS COMPENSATION			AW1133320		10/4/2020	10/4/2021		\$ OTH-		
А	AND EMPLOYERS' LIABILITY Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE			AW1155520		10/4/2020	10/4/2021	E.L. EACH ACCIDENT			
	OFFICER/MEMBER EXCLUDED?	N / A						E.L. DISEASE - EA EMPLOYE	· · · · · · · · · · · · · · · · · · ·		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	т \$ 500,000		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC		Attach	ACORD 101 Additional Remarks	Schedulo	if more space is	required)				
	ORKERS COMPENSATION EXCLUSIO		Allaon		ochedule	, il more space la	required)				
	OPRIETOR, PARTNER(S), EXECUTIV DORSEMENT.	E OF	FICE	R(S), MEMBERS(S) IS/AR	EEXC	LUDED ON V	VORKERS C	OMPENSATION BY			
	DORSEMENT.										
CERTIFICATE HOLDER						CANCELLATION					
					ѕно	ULD ANY OF	THE ABOVE D	ESCRIBED POLICIES BE		LED BEFORE	
LINCOLNWOOD SCHOOL DISTRICT 74						THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN					
6950 N. EAST PRAIRIE RD					ACCORDANCE WITH THE POLICY PROVISIONS.						
LINCOLNWOOD, IL 60712					AUTHORIZED REPRESENTATIVE						
								Jellon -	•		
						()07)					

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