AZAWIDZKI



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/30/2024

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 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 **Associated** 1701 Golf Road #3-700 Rolling Meadows, IL 60008

INSURED

CONTACT NAME: PHONE (A/C, No, Ext): (847) 427-8400

FAX (A/C, No): (847) 427-3430

E-MAIL ADDRESS: assocagencies@associated.cc

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: Hartford Underwriters Ins Co

30104

INSURER B: State Automobile Mutual Insurance Compay 25135

INSURER C: Trumbull Insurance Company

27120

INSURER D : Palms Insurance Company LTD

One East Wacker Dr Ste 2700 Chicago, IL 60601

The Lakota Group, Inc.

INSURER E :

INSURER F:

-	OVERAGE	CERTIFICATE NUMBER:			REVISION NUMBER:				
È				NCE LISTED BELOWHAN	/E REEN ISSUED 1				OLICY PERIOD
	INDICATED			TERM OR CONDITION O					
				INSURANCE AFFORDED				ECT TO ALI	L THE TERMS,
		S AND CONDITIONS OF		'S SHOWN MAY HAVE BE					
IN	ISR TR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	
		IERCIAL GENERAL LIABILI	TY				EACH OCCURRENCE	\$	2,000,00

LTR		TIPE OF INSURANCE	INSD WVD	POLICT NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	3	
Α	X	COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE	\$	2,000,000
		CLAIMS-MADE X OCCUR	X	83SBAAF9HZJ	5/1/2024	5/1/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
							MED EXP (Any one person)	\$	10,000
							PERSONAL & ADV INJURY	\$	2,000,000
	GEI	N'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$	4,000,000
		POLICY X PRO-					PRODUCTS - COMP/OP AGG	\$	4,000,000
		OTHER						S	
В	AUT	TOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	5	1,000,000
		ANY AUTO		10173146CA	5/1/2024	5/1/2025	BODILY INJURY (Per person)	\$	
		AUTOS ONLY X SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$	
	X	AUTOS ONLY X NON-SYNED					PROPERTY DAMAGE (Per accident)	5	
_								\$	
Α	X	UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$	2,000,000
		EXCESS LIAB CLAIMS-MADE		83SBAAF9HZJ	5/1/2024	5/1/2025	AGGREGATE	\$	2,000,000
_		DED X RETENTION \$ 10,000						5	
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						X PER OTH- STATUTE ER		
			83WECVP8565 N/A	5/1/2024	5/1/2025	E L EACH ACCIDENT	\$	1,000,000	
							E L DISEASE - EA EMPLOYEE	<b>S</b>	1,000,000
							E L DISEASE - POLICY LIMIT	S	1,000,000
	D	F		001001 00400 00	514 10004	E/4/000E	1 : : 4 D 4 4 -		0.000.000
D	Pro	ofessional Liabili		CSICPL00123-00	5/1/2024	5/1/2025	Limit Per Aggregate		2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schadule, may be attached if more space is required)

OEK TIFTOATE HOLDER	CANCELLATION				
Proof of Coverage	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  Mayo R A A A A A A A A A A A A A A A A A A				

CANCELLATION

CERTIFICATE HOLDER