

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/17/2018

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).

	e terms and conditions of the policy, ertificate holder in lieu of such endors				luoise	ment. A Sta	tement on th	is certificate does not comer	rigins to the	
PRODUCER						CONTACT NAME: KATHLEEN M MARTIN				
KATHLEEN M MARTIN (14288)					PHONE (A/C, No, Ext): 815-786-6584 FAX (A/C, No): 815-786-8054					
347 W CHURCH ST STE B					E-MAIL ADDRESS: KATHLEEN.MARTIN@COUNTRYFINANCIAL.COM					
SANDWICH, IL 60548-0000					INSURER(S) AFFORDING COVERAGE NAIC #					
					INSURER A: COUNTRY Mutual Insurance Company				20990	
INSURED 6175837					INSURE	RB:				
JR WOMENS CLUB 11TH 12TH AND 13TH DISTRICT					INSURE					
% PERRY CHRIS 917 E NORTH ST					INSURE	RD:				
MORRIS, IL 60450					INSURER E:					
					INSURER F:					
COVERAGES CERTIFICATE NUMBER:						REVISION NUMBER:				
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.										
INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
	GENERAL LIABILITY			AB1124751			11/27/2019	EACH OCCURRENCE \$ 500	,000	
Α	✓ COMMERCIAL GENERAL LIABILITY			7 120 1120 1120 1		11/2//2010	11/2//2019	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100	,000	
	CLAIMS-MADE ✓ OCCUR							MED EXP (Any one person) \$5,00	00	
								PERSONAL & ADV INJURY \$ 500	,000	
								GENERAL AGGREGATE \$ 1,00	00,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:								00,000	
	✓ POLICY PRO- JECT LOC							\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident) \$		
	ANY AUTO ALL OWNED SCHEDULED						ļ	BODILY INJURY (Per person) \$		
	AUTOS AUTOS NON-OWNED							BODILY INJURY (Per accident) \$ PROPERTY DAMAGE Comparison of the property		
	HIRED AUTOS AUTOS							(Per accident)		
	IMPRELLA LIAR							\$		
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS MADE							EACH OCCURRENCE \$		
	CEAIWIS-WADE							AGGREGATE \$		
	DED RETENTION \$ WORKERS COMPENSATION							WC STATU- OTH- TORY LIMITS ER		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE									
OFFICER/MEMBER EXCLUDED?		N/A						E.L. EACH ACCIDENT \$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$		
	DESCRIPTION OF OPERATIONS BEIOW							E.E. DISEASE - POLICY CIVILITY		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)										
CERTIFICATE HOLDER						CANCELLATION				
MORRIS COMMUNITY HIGH SCHOOL 1000 UNION STREET MORRIS, IL 60450					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					
					W Comments					

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