

ACORD'

## **CERTIFICATE OF LIABILITY INSURANCE**

JMILLER
DATE (MM/DD/YYYY)

1/3/2024

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).

	nis certificate does not confer rights t				ch end	dorsement(s)		require an enuc	orsemen	. A :	statement on	
PRODUCER The Daniel and Henry Co. 200 S. Wacker Drive Suite 750						CONTACT Jeanne Miller						
						PHONE (A/C, No, Ext): (312) 334-6023 FAX (A/C, No): (312) 332-1						
Chi	cago, IL 60606	INSURER(S) AFFORDING COVERAGE					NAIC#					
		INSURER A: Kinsale Insurance Company										
INSU	JRED	INSURER B : Liberty Mutual Insurance Company					23043					
	Twenty-Two, Inc. dba The Y	INSURER C:										
19818 W. West Shore Drive Mundelein, IL 60060						INSURER D:						
						INSURER E:						
						INSURER F:						
COVERAGES CERTIFICATE NUMBER:						REVISION NUMBER:						
IN C E	HIS IS TO CERTIFY THAT THE POLICII IDICATED. NOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	REQU PER POLI	IREMI TAIN, CIES.	ENT, TERM OR CONDITION THE INSURANCE AFFORI LIMITS SHOWN MAY HAVE	DED B	ANY CONTRAC	CT OR OTHER IES DESCRIB	R DOCUMENT WIT SED HEREIN IS SU	H RESPE	CT TO	O WHICH THIS	
INSR LTR	TYPE OF INSURANCE	INSD	SUBR	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS			4 000 000	
Α	X COMMERCIAL GENERAL LIABILITY						12/31/2024	EACH OCCURRENCE	E	\$	1,000,000 100,000	
	CLAIMS-MADE X OCCUR			0100136430-3		12/31/2023		DAMAGE TO RENTE PREMISES (Ea occu	rrence)	\$	1,000	
								MED EXP (Any one p	person)	\$	1,000,000	
								PERSONAL & ADV II		\$	2,000,000	
	X POLICY PRO-							GENERAL AGGREG		\$	2.000.000	
	Jacob Landau							PRODUCTS - COMP	P/OP AGG	\$		
Α	AUTOMOBILE LIABILITY							COMBINED SINGLE	LIMIT	\$	1,000,000	
	ANY AUTO			0100136430-3		12/31/2023	12/31/2024	(Ea accident) BODILY INJURY (Pe	r nerson)	\$		
	OWNED AUTOS ONLY SCHEDULED AUTOS					12/01/2020	,.,	BODILY INJURY (Pe		\$		
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	E	\$		
	AUTOS ONET							(i or acolacity		\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENC	E	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$		
	DED RETENTION \$									\$		
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							X PER STATUTE	OTH- ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A		XWS(24)64019595		12/31/2023	12/31/2024	E.L. EACH ACCIDEN	IT	\$	1,000,000	
		,						E.L. DISEASE - EA E	MPLOYEE	\$	1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLI	ICY LIMIT	\$	1,000,000	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (	ACORI	0 101, Additional Remarks Schedu	le, may b	e attached if mor	e space is requir	red)				
CE	RTIFICATE HOLDER	CANCELLATION										
								ESCRIBED POLICI				
PROOF OF INSURANCE Proof of Insurance						THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						

ACORD 25 (2016/03)

**AUTHORIZED REPRESENTATIVE**