Fax



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DO/YYYY) 1/13/2017

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(les) 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

C	<u>ertificate holder in lieu of such endor</u>	seme	ent(s).							
PRODUCER Arthur J. Gallagher Risk Management Services, Inc.						CONTACT Gallagher Bassett Services PHONE IAC. No. Ext.: 414/203-4053 FAX. No. 1: 414/258-1250					
Two Pierce Place, 22nd Floor					[A/C, No, Ext): 414/203-4033 [A/C, No): 414/230-1230						
Itasca IL 60143					ADDRE	ADDRESS: INSURER(S) AFFORDING COVERAGE					
							The state of the s		hills.	10083	
INSURED DIOCOFR-01					-	INSURER A : National Catholic RRG , Inc				15105	
DIOCOFR-01 Diocese of Rockford										15105	
Finance & Administration Office					INSURER C:					ļ	
P.O. Box 7044					INSURER D:						
Rockford IL 61125					INSURER E :						
						INSURER F:					
March March 199				NUMBER: 204138867							
E E	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	PERT POLI	REME 'AIN, CIES	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN	Y CONTRACT THE POLICIE: REDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS	DOCUMENT WITH RESPE D HEREIN IS SUBJECT TO	CT TO	WHICH THIS	
LTR	TYPE OF INSURANCE	INSO	WVD	POLICY NUMBER		POLICY EFF (MM/OD/YYYY)	POLICY EXP	LIMIT	TS		
Α	X COMMERCIAL GENERAL LIABILITY			RRG1026819		7/1/2016	7/1/2017	EACH OCCURRENCE	\$1,000	000	
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	Sinclud		
								MED EXP (Any one person)	\$ Includ		
								PERSONAL & ADV INJURY	Sinclud		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$None		
	X POLICY JECT LOC							PRODUCTS - COMP/OP AGG	Sinclud		
	X OTHER: Liquor							PRODUCTS COMPAP AGG	\$	180	
A	AUTOMOBILE LIABILITY	-		RRG1026819		7/1/2018	7/1/2017	COMBINED SINGLE LIMIT (Ea accident)	<u> </u>	000	
	ANY AUTO			RRG1020018		17112010	15115011	(Ea accident) BODILY INJURY (Per person)	\$1,000 \$,000	
									\$		
	NON-OWNED							PROPERTY DAMAGE		B0000000000000000000000000000000000000	
	X HIREDAUTOS X AUTOS							(Per accident)	\$	160100000000000000000000000000000000000	
		ļ	ļ				***************************************		\$		
Α	UMBRELLA LIAB X OCCUR			XS1026819		7/1/2018	7/1/2017	EACH OCCURRENCE	\$4,000	.000	
	X EXCESS LIAB CLAIMS MADE							AGGREGATE	\$4,000	,000	
	DED X RETENTION \$ 1,000,000								\$		
8	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N			SP4054998		7/1/2018	7/1/2017	X PER OTH-			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$1,000	,000	
	(Mandatory In NH)							E.L. DISEASE - EA EMPLOYEE	\$1,000	,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$1,000	,000	
DE30	RIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORD	101, Additional Remarks Schedu	le, may b	e ettached if more	a space is requir	ed)			
Ge	neral Liability and Auto I	iab	ilit	y limits inclusiv	e of	\$250,000	Self-Ins	ured Retention.			
ΙĒ	Additional Insured status	no	ted	herein, coverage	affor	ded by Fo	ITM TNC G	118 Rev 01/01/12			
	r: Sacred Heart 771 Fulton ril 14, 2017.	St	reet	: Aurora IL 60505.	For:	live sta	tions of	the cross walk t	o be	held on	
Th	e City of Aurora is named	as a	addi	tional insured.							
CERTIFICATE HOLDER						CANCELLATION					
City of Aurora 44 E. Downer Place Aurora IL 60505					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					
						En Pan					
		reconstal Phone				<u> </u>	38-2014 AC	ORD CORPORATION.	All riat	nts reserved.	
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