



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
05/27/2015

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).

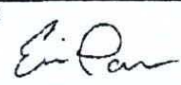
<b>PRODUCER</b> 1-630-773-3800 Arthur J. Gallagher Risk Management Services, Inc. PNP Division Two Pierce Place Itasca, IL 60143 Call GB - 414-258-1200	<b>CONTACT NAME:</b> _____	
	<b>PHONE (A/C No. Ext):</b> _____	<b>FAX (A/C No.):</b> _____
<b>INSURED</b> Diocese of Rockford Finance & Administration Office P.O. Box 7044 Rockford, IL 61125	<b>INSURER(S) AFFORDING COVERAGE</b>	
	<b>INSURER A:</b> THE NATL CATHOLIC RRG INC	NAIC # 10093
	<b>INSURER B:</b> SAFETY NATL CAS CORP	15105
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	

**COVERAGES**                      **CERTIFICATE NUMBER: 44046603**                      **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	ADOL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Liquor GENL Aggregate = LIMIT APPLIES PER POLICY <input type="checkbox"/> POLICY <input type="checkbox"/> PROJE CT <input type="checkbox"/> LOC		RRG1026817	07/01/14	07/01/15	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ Included VED EXP (Any one person) \$ Included PERSONAL & ADV INJURY \$ Included GENERAL AGGREGATE \$ N/A PRODUCTS - COM/POR Agre \$ Included \$
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> AUTOWFR AUTGS <input type="checkbox"/> SCHEDULED AUTCS <input checked="" type="checkbox"/> INCLD AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTCS		RRG1026817	07/01/14	07/01/15	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 SOCIETY INJURY (Per person) \$ SOCIETY INJURY (Per accident) \$ PROPER Y DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> CED <input checked="" type="checkbox"/> RETENTION \$ 1,000,000		X61026817	07/01/14	07/01/15	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000 \$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OR ILLR/M/L/M/L/LXCL/DL/DL (Mandatory In NH) *Yes describe under DESCRIPTION OF OPERATIONS below:	Y/N N/A	SP4050981	07/01/14	07/01/15	<input checked="" type="checkbox"/> W/ STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E... EACH ACCIDENT \$ 1,000,000 E... DISEASE - EA EMPLOYEE \$ 1,000,000 E... DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 General Liability and Auto Liability limits inclusive of \$250,000 Self-Insured Retention.  
 If Additional Insured status noted herein, coverage afforded by Form TNC G118 Rev 01/01/12  
 For: St. Therese 271 N. Farnsworth Ave Aurora, IL 60505  
 For: Parish Festival to be held on Sunday 8/9/15 Dram Shop Liquor Liability coverage applicable to St. Therese for this event.  
 City of Aurora and State of Illinois as additional insured with respect to the event

<b>CERTIFICATE HOLDER</b> City of Aurora and State of Illinois	<b>CANCELLATION</b> 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 

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