

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/30/2018

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 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

	SUBROGATION IS WAIVED, subject s certificate does not confer rights t				uch en	dorsement(s		quire an endors	ement. A	A state	ment on	
PRODUCER						CONTACT Gallagher Bassett Services, Inc.						
Arthur J. Gallagher Risk Management Services, Inc.						PHONE (A/C, No, Ext): 414-203-4053 FAX (A/C, No): 414-					58-1250	
2850 Golf Road Rolling Meadows IL 60008						E-MAIL ADDRESS:						
Intolling Inteautows IE 00000						INSURER(S) AFFORDING COVERAGE					NAIC#	
						INSURER A : Safety National Casualty Corporation					15105	
INSURED DIOCOFR-01						INSURER B: National Catholic RRG, Inc					10083	
Diocese of Rockford					INSURER C:							
Finance & Administration Office P.O. Box 7044					INSURER D:						_	
Rockford IL 61125					INSURER E :							
						INSURER F:						
COVERAGES CERTIFICATE NUMBER: 1556982271 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		SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	LIMITS		
				RRG1026820		7/1/2017	7/1/2018	EACH OCCURRENC	Æ	\$1,000,	,000	
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED		\$Includ	ed	
X Liquor Liability								MED EXP (Any one p			ed	
								PERSONAL & ADV I	INJURY \$Included		eď	
(GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG	ATE	\$N/A		
	POLICY PRO- LOC							PRODUCTS - COMP.	/OP AGG	\$Includ	ed	
OTHER:			ļ. <u></u>					AANBINEA AINALE	\$ JOSE TIMIT			
IВ⊢	AUTOMOBILE LIABILITY			RRG1026820 XS1026820		7/1/2017 7/1/2017	7/1/2018 7/1/2018	COMBINED SINGLE (Ea accident)	Ψ5,000,000		000	
] - [:	X ANY AUTO		İ	A3 1020020		77172011	17112010	BODILY INJURY (Per				
_	OWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY							BODILY INJURY (Per		\$		
L	AUTOS ONLY AUTOS ONLY							PROPERTY DAMAGI (Per accident)		\$		
									\longrightarrow	\$		
В	UMBRELLA LIAB OCCUR	XCESS LIAB CLAIMS-MADE		X\$1026820	7/1/2017		7/1/2018	EACH OCCURRENC			000	
	OD TIMO TIMOL							AGGREGATE	\$4,000,000		000_	
4 14	DED X RETENTION \$1,000,000			CD40r0000		7/4/0047	7/4/0040	I PER		\$		
A	ND EMPLOYERS' LIABILITY Y/N		i	SP4056938		7/1/2017	7/1/2018	X PER STATUTE	OTH- ER			
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?		N/A						E.L. EACH ACCIDENT \$1,000,000				
l lit	(Mandatory in NH) If yes, describe under					ĺ		E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000				
	ÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLI	CY LIMIT	\$1,000,	000	
İ												
	IPTION OF OPERATIONS / LOCATIONS / VEHICI						e space ls requir	ed)				
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 (ed. 01/01/12).												
For	Sacred Heart Church, 771 Fulton	St	Auro	ra. IL 60505								
For:	Life Station of the Cross Processi	on to	St.	Nicholas Church, 308 H	igh St	, Aurora, IL,	to be held o	on 3/30/18 City	of Auror	ra is na	amed as	
additional Insured												
CERTIFICATE HOLDER						CANCELLATION						
CER	III IOATE HOLDER	OAINC	AIION									
City of Aurora 44 E. Downer Place Aurora IL 60507					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							
						1.0						