

<b>ACORD</b> <small>TM.</small> <b>CERTIFICATE OF LIABILITY INSURANCE</b>		DATE (MM/DD/YYYY) <b>06/03/2024</b>
PRODUCER    Phone: (815) 727-2611 Fax: (815) 727-2648 <b>A FAZIO INC.</b> <b>550 RUBY ST</b> <b>P O BOX 1248</b> <b>JOLIET IL 60434-1248</b>	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
INSURED <b>LOCIS INC</b> <b>4000 W JEFFERSON ST</b> <b>JOLIET IL 60431</b>	Agency Lic#: Cust #2015860  INSURERS AFFORDING COVERAGE	NAIC #
	INSURER A: <b>CFC Underwriting Limited</b> INSURER B: <b>Owners Insurance Company</b> INSURER C: <b>Auto Owners Insurance Company</b> INSURER D: <b>Auto Owners Insurance Company</b> INSURER E: <b>Owners Insurance Company</b>	32700 18988 18988 32700

COVERAGES <small>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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.</small>							
INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
<b>B</b>		<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input checked="" type="checkbox"/> OCCUR _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	<b>07088751</b>	<b>06/25/23</b>	<b>06/25/25</b>	EACH OCCURRENCE	\$ <b>1,000,000</b>
		DAMAGE TO RENTED PREMISES (Ea occurrence)				\$ <b>300,000</b>	
		MED. EXP (Any one person)				\$ <b>10,000</b>	
		PERSONAL & ADV INJURY				\$ <b>1,000,000</b>	
		GENERAL AGGREGATE				\$ <b>1,000,000</b>	
		PRODUCTS-COMP/OP AGG.	\$ <b>Excluded</b>				
<b>C</b>		<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS _____	<b>4144888800</b>	<b>06/25/23</b>	<b>06/25/25</b>	COMBINED SINGLE LIMIT (Ea accident)	\$ <b>1,000,000</b>
		BODILY INJURY (Per person)				\$	
		BODILY INJURY (Per accident)				\$	
		PROPERTY DAMAGE (Per accident)				\$	
		<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
						OTHER THAN AUTO ONLY:      EA ACC	\$
							AGG \$
<b>D</b>		<b>EXCESS / UMBRELLA LIABILITY</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE _____ <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ <b>10,000</b>	<b>4108875100</b>	<b>06/25/23</b>	<b>06/25/25</b>	EACH OCCURRENCE	\$ <b>5,000,000</b>
		AGGREGATE				\$ <b>5,000,000</b>	
						\$	
						\$	
						\$	
<b>A</b>		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <small>If yes, describe under SPECIAL PROVISIONS below</small>	<b>A106594500</b>	<b>06/25/23</b>	<b>06/25/25</b>	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTHER	
		E.L. EACH ACCIDENT				\$ <b>500,000</b>	
		E.L. DISEASE-EA EMPLOYEE				\$ <b>500,000</b>	
		E.L. DISEASE-POLICY LIMIT				\$ <b>500,000</b>	
	<b>OTHER: PROFESSIONAL LIABILITY</b>	<b>ESM0039774451</b>	<b>10/01/23</b>	<b>10/01/24</b>	<b>SEE ATTACHED</b>		

CERTIFICATE HOLDER		CANCELLATION
<b>VILLAGE OF WINNEBAGO</b> <b>108 W MAIN ST</b> <b>WINNEBAGO IL 61088</b>  Attention: <b>JOEY DIENBERG</b>	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, IT'S AGENTS OR REPRESENTATIVES.  AUTHORIZED REPRESENTATIVE  <div style="text-align: right;">   <b>Michael Fazio</b> </div>	

## **IMPORTANT**

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

## **DISCLAIMER**

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.