



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/20/2020

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).

PRODUCER		CONTACT NAME: Ashley Savage PHONE (A/C, No. Ext): (847) 797-5714 E-MAIL ADDRESS: asavage@assuranceagency.com	FAX (A/C, No): (847) 440-9123	
Assurance Agency, Ltd 20 North Martingale Road Suite 100 Schaumburg IL 60173		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A: Beazley Insurance Company		37540
		INSURER B: Transportation Insurance Compa		20494
		INSURER C: Continental Insurance Company		35289
		INSURER D: QBE Insurance Corp.		
		INSURER E:		
		INSURER F:		
INSURED		ROOFOPT-01		
RoofOptions, LLC 5712 Weatherstone Way Johnsbury IL 60051		INSURER A: Beazley Insurance Company		37540
		INSURER B: Transportation Insurance Compa		20494
		INSURER C: Continental Insurance Company		35289
		INSURER D: QBE Insurance Corp.		
		INSURER E:		
		INSURER F:		

COVERAGES

CERTIFICATE NUMBER: 504672464

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		ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS					
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			Y	6081592880	8/18/2020	8/18/2021	<input checked="" type="checkbox"/> EACH OCCURRENCE	\$ 1,000,000				
	<input type="checkbox"/> CLAIMS-MADE	<input checked="" type="checkbox"/> OCCUR						<input checked="" type="checkbox"/> DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 10,000				
								<input checked="" type="checkbox"/> MED EXP (Any one person)	\$ 15,000				
								<input checked="" type="checkbox"/> PERSONAL & ADV INJURY	\$ 1,000,000				
								<input checked="" type="checkbox"/> GENERAL AGGREGATE	\$ 2,000,000				
								<input checked="" type="checkbox"/> PRODUCTS - COMP/OP AGG	\$ 2,000,000				
									\$				
C	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY			Y	6081610794	8/18/2020	8/18/2021	<input checked="" type="checkbox"/> COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000				
	<input checked="" type="checkbox"/> ANY AUTO							<input checked="" type="checkbox"/> BODILY INJURY (Per person)	\$				
	<input checked="" type="checkbox"/> OWNED AUTOS ONLY	<input type="checkbox"/>	<input checked="" type="checkbox"/> SCHEDULED AUTOS					<input checked="" type="checkbox"/> BODILY INJURY (Per accident)	\$				
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY	<input type="checkbox"/>	<input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY					<input checked="" type="checkbox"/> PROPERTY DAMAGE (Per accident)	\$				
									\$				
C	<input checked="" type="checkbox"/> UMBRELLA LIAB	<input checked="" type="checkbox"/> OCCUR		Y	6081594581	8/18/2020	8/18/2021	<input checked="" type="checkbox"/> EACH OCCURRENCE	\$ 5,000,000				
	<input checked="" type="checkbox"/> EXCESS LIAB							<input checked="" type="checkbox"/> AGGREGATE	\$ 5,000,000				
	<input checked="" type="checkbox"/> DED	<input checked="" type="checkbox"/> RETENTION \$ 10,000							\$				
D	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			Y/N	QWC3900830	8/18/2020	8/18/2021	<input checked="" type="checkbox"/> <table border="1"><tr><td>PER</td><td>STATUTE</td><td>OTHE</td><td>ER</td></tr></table>	PER	STATUTE	OTHE	ER	
PER	STATUTE	OTHE	ER										
	<input checked="" type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)			N				<input checked="" type="checkbox"/> E.L. EACH ACCIDENT	\$ 1,000,000				
	<input checked="" type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below			N/A				<input checked="" type="checkbox"/> E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000				
								<input checked="" type="checkbox"/> E.L. DISEASE - POLICY LIMIT	\$ 1,000,000				
A	Cyber Liability				V2C41F200101	8/18/2020	8/18/2021	\$ 1,000,000					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
THE LAKEWOOD VILLAGE, 4113 BEECH STREET, ISLAND LAKE, IL 60042.

CERTIFICATE HOLDER

(YOUR PROPERTY NAME HERE) and
EVERGREEN REAL ESTATE GROUP, LLC
566 WEST LAKE STREET SUITE #400
CHICAGO IL 60661

CANCELLATION

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