



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
12/11/2012

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.

If this certificate is being prepared for a party who has an insurable interest in the property, do not use this form. Use ACORD 27 or ACORD 28.

PRODUCER Wm Schwartz & Co dba ISU-Wm Schwartz & Co 108 N. Milwaukee Avenue Libertyville IL 60048	CONTACT NAME: Peggy Lilley PHONE (A/C, No, Ext): (847) 996-0002 FAX (A/C, No): (847) 996-0003 E-MAIL ADDRESS: pae@wmschwartz.com PRODUCER CUSTOMER ID: 00003202														
INSURED Lindenhurst Sanitary District 2301 E. Sand Lake Road Lindenhurst IL 60046	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A: Ohio Casualty Insurance Co</td> <td></td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Ohio Casualty Insurance Co		INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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COVERAGES **CERTIFICATE NUMBER:** CP12121100099 **REVISION NUMBER:**

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

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		POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS
	PROPERTY	DEDUCTIBLES					
	<input type="checkbox"/> CAUSES OF LOSS	<input type="checkbox"/> BUILDING				BUILDING	\$
	<input type="checkbox"/> BASIC	<input type="checkbox"/> CONTENTS				PERSONAL PROPERTY	\$
	<input type="checkbox"/> BROAD					BUSINESS INCOME	\$
	<input type="checkbox"/> SPECIAL					EXTRA EXPENSE	\$
	<input type="checkbox"/> EARTHQUAKE					RENTAL VALUE	\$
	<input type="checkbox"/> WIND					BLANKET BUILDING	\$
	<input type="checkbox"/> FLOOD					BLANKET PERS PROP	\$
						BLANKET BLDG & PP	\$
							\$
							\$
	<input type="checkbox"/> INLAND MARINE		TYPE OF POLICY				\$
	<input type="checkbox"/> CAUSES OF LOSS		POLICY NUMBER				\$
	<input type="checkbox"/> NAMED PERILS						\$
	<input type="checkbox"/> CRIME						\$
	<input type="checkbox"/> TYPE OF POLICY						\$
	<input type="checkbox"/> BOILER & MACHINERY / EQUIPMENT BREAKDOWN						\$
A	Public Officials Bond		1834904	3/8/2009 3/8/2012	3/8/2012 3/8/2015	<input checked="" type="checkbox"/> Schedule Bond	\$ See Below

SPECIAL CONDITIONS / OTHER COVERAGES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Limits:
 Arthur J Neubauer \$1,000,000
 Sheldon G Halterman \$ 200,000
 James B Stevens \$ 200,000

CERTIFICATE HOLDER **CANCELLATION**

County of Lake 18 N County Street 10th Floor Waukegan, IL 60085-4351	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 Lee Schwartz/PL <i>Lee S. Schwartz</i>
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