

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/05/2016

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).

| this certificate does not confer rights to the certificate holder in lieu of such endorsement(s). | | | | | | | | | |
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| PRODUCER | | | | CONTACT NAME: Jenny Caldwell PHONE (04T) 600 5600 | | | | | |
| West's Insurance Agency, Inc. 1225 Tri State Parkway | | | |): (847 |) 623-0456 | FA (A | X /C, No): (847) | 623-5600 | |
| A CONTROL OF THE PROPERTY OF T | | | | | y@westinsu | rance.com | | | |
| Gurnee IL 60031 | | | | INSURER(S) AFFORDING COVERAGE NAIC | | | | NAIC# | |
| | | | | INSURER A: Cincinnati Insurance Company 10677 | | | | | |
| INSURED | | | | INSURER B: | | | | | |
| Lake Bluff Mosquito Abatement District | | | | INSURER C: | | | | | |
| 111 North County Street | | | | INSURER D : | | | | | |
| Waukegan IL 60085 | | | | INSURER E : | | | | | |
| waukegan 11 60065 | | | | INSURER F: | | | | | |
| COVERAGES CERTIFICATE NUMBER: Cert ID 327 | | | | | | | | | |
| 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 P | OLICIES. | LIMITS SHOWN MAY HAVE | BEEN REDU | UCED BY F | PAID CLAIMS. | HEREIN IS SOUN | LOT TO ALL | THE TERMS, | |
| INSR LTR TYPE OF INSURANCE ADDL SUBR NSD WYD POLICY NUMBER | | | POLICY EFF (MM/DD/YYYY) POLICY EXP (MM/DD/YYYY) LIMITS | | | | | | |
| A X COMMERCIAL GENERAL LIABILITY | NSD WVD | TOLIOT NOMBER | | , DD/1111/ | (MINI/DD/1111) | EACH OCCURRENCE | \$ | 1,000,000 | |
| CLAIMS-MADE X OCCUR | MS-MADE X OCCUR ENP 0140881 | | 07/ | 08/2016 | 16 07/08/2017 | DAMAGE TO RENTED PREMISES (Ea occurre | | 100,000 | |
| OLUMO-MADE OCCOR BNF 0140001 | | 077 | 20,2010 | 07/00/2017 | MED EXP (Any one per | | | | |
| | | | | | | PERSONAL & ADV INJ | | 1,000,000 | |
| GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | GENERAL AGGREGAT | | 2,000,000 | |
| X POLICY PRO- JECT LOC | | | | 1 | | PRODUCTS - COMP/O | | 2,000,000 | |
| | | | | | | PRODUCTS - COMIT 70 | \$ | | |
| OTHER: AUTOMOBILE LIABILITY | | | | | | COMBINED SINGLE LI | MIT \$ | | |
| ANY AUTO | | | | | | (Ea accident) BODILY INJURY (Per p | person) \$ | | |
| OWNED SCHEDULED | | | | | | BODILY INJURY (Per a | 200 20 20 | | |
| AUTOS ONLY AUTOS NON-OWNED | | | | | | PROPERTY DAMAGE | \$ | | |
| AUTOS ONLY AUTOS ONLY | | | | | | (Per accident) | \$ | | |
| UMBRELLA LIAB OCCUP | | | | | | EACH OCCURRENCE | \$ | | |
| - Joseph Godok | | | | | | AGGREGATE | \$ | | |
| OLAIMO-MADE | | | | | | AGGREGATE | \$ | | |
| DED RETENTION \$ WORKERS COMPENSATION | _ | | | | | PER STATUTE | OTH- | | |
| AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? | | | | | E.L. EACH ACCIDENT | ER \$ | | | |
| | | | | E.L. DISEASE - EA EMPLOYEE \$ | | | | | |
| (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE - POLICY LIMIT \$ | | | |
| DESCRIPTION OF OPERATIONS below | DESCRIPTION OF OPERATIONS below | | | | Water and the same of the same | | I LIIVII I D | | |
| A D&O | | BCP0008795 | 07/ | 08/2016 | 07/08/2017 | Directors and Officers Aggr | \$ | 3,000,000 | |
| THE RESERVE OF THE PARTY OF THE | | | | | | | s | | |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | RE | CEIVED | |
| | | | | | | | 1 | Byaning-singated | |
| | | | | | | | 1111 | 1 1 2010 | |
| | | | | | | | JUL | 1 1 2016 | |
| | | | | | | | | | |
| CERTIFICATE HOLDER | | | | CANCELLATION Lake County Board | | | | | |
| CERTIFICATE HOLDER | | | | CANCELLATION | | | | | |
| | SHOULD | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE | | | | | | | |
| | | | | THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN | | | | | |
| Lake County Board | | | | ACCORDANCE WITH THE POLICY PROVISIONS. | | | | | |
| | | | | D REPRESE! | NTATIVE | | | | |
| 18 N County Street | | | | | | | | | |
| Waukegan IL 60085 | | | | Brentsomes | | | | | |

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