

JAMESGALLERY

DATE (MM/DD/YYYY)

								1/	24/2017	
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:	ract E:							
The Horton Group, Inc. 10320 Orland Parkway					PHONE (A/C, No, Ext): (708) 845-3000 FAX (A/C, No):(708) 845-3001					
Orland Park, IL 60467					E-MAIL ADDRESS: mailroom@thehortongroup.com					
					INSURER(S) AFFORDING COVERAGE					
					INSURER A : Westfield Insurance Company					
INSURED					INSURER B : Travelers Insurance Company					
CRB Commercial Interiors Inc.										
P.O. Box 4828 Naperville, IL 60567					INSURER D :					
					INSURER E : INSURER F :					
COVERAGES		REVISION NUMBER:					<u> </u>			
COVERAGES CERTIFICATE NUMBER: 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 RESPICE CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.										
INSR LTR TYPE OF INSURANCE	ADD INS		POLICY NUMBER	POLIC (MM/DD	Y EFF /YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
A X COMMERCIAL GENERAL LIABILIT							EACH OCCURRENCE	\$	1,000,000	
			CWP7390981	12/15	/2016	12/15/2017	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	500,000	
							MED EXP (Any one person)	\$	1,000,000	
							PERSONAL & ADV INJURY	\$	2,000,000	
GEN'L AGGREGATE LIMIT APPLIES PEF	:						GENERAL AGGREGATE	\$	1,000,000	
OTHER:							PRODUCTS - COMP/OP AGG	\$ \$		
							COMBINED SINGLE LIMIT (Ea accident)	\$	500,000	
ANY AUTO			CWP7390981	12/15	/2016	12/15/2017	BODILY INJURY (Per person)	\$		
OWNED AUTOS ONLY SCHEDULI AUTOS	D						BODILY INJURY (Per accident)	\$		
X HIRED AUTOS ONLY X NON-OWN AUTOS ON	EP LY						PROPERTY DAMAGE (Per accident)	\$		
		_						\$	5,000,000	
A X UMBRELLA LIAB X OCCUI EXCESS LIAB CLAIM	-MADE		CWP7390981	12/15	/2016	12/15/2017	EACH OCCURRENCE	\$	5,000,000	
DED X RETENTION \$	0				2010		AGGREGATE	\$	0,000,000	
B WORKERS COMPENSATION	-						X PER OTH- STATUTE ER	\$		
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE	Y/N		6JUB4962P84112	12/15	/2016	12/15/2017	E.L. EACH ACCIDENT	\$	500,000	
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N N/	•					E.L. DISEASE - EA EMPLOYEE		500,000	
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	500,000	
							<u> </u>			
DESCRIPTION OF OPERATIONS / LOCATIONS RE: Project - The Room Place (Wareh	vehicles ouse) 112	(ACOR 0 Rem	D 101, Additional Remarks Schedu nington Blvd. Romeoville, II	lle, may be attache L 60446	ed if mo	re space is requir	ed)			
CERTIFICATE HOLDER				CANCELLATION						
The Room Place Attn: Jim Blair 10046 Rohling Rd. Lombard, IL 60148				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						
6						Jame D. Spha				
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