

CERTIFICATE OF LIABILITY INSURANCE

CONCHE1

OP ID: JL DATE (MM/DD/YYYY)

02/01/16

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 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

PRODUCER		815-459-6300		T =	
338 Memor	ance Agency, Inc. ial Dr., Suite 100	815-459-5794		FAX (A/C, No):	
Crystal Lak Jennifer La	e, IL 60014-6262		E-MAIL ADDRESS:		
Jennier La	Sarre		INSURER(S) AFFORDING COVERAGE		NAIC #
			INSURER A: Pekin Insurance		24228
INSURED	Conchem Corporation &		INSURER B: Torus National Insu	rance Co	
	Construction Testing Services PO Box 8006		INSURER C: Technology Insurance Company		
	Elburn, IL 60119		INSURER D :		
			INSURER E :		
			INSURER F:		
COVERAG	ES CERTIFICATE NUMB	ER:	R	EVISION 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	TR TYPE OF INSURANCE			ANCE		SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	GENERAL LIABILITY			IIIOI			((EACH OCCURRENCE	\$	1,000,000	
Α	X	COMMERCIAL GENE	ERA	L LIABILITY			CL0128784	09/30/15	09/30/16	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
		CLAIMS-MADE	2	X OCCUR						MED EXP (Any one person)	\$	5,000
										PERSONAL & ADV INJURY	\$	1,000,000
										GENERAL AGGREGATE	\$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:		PPLIES PER:						PRODUCTS - COMP/OP AGG	\$	2,000,000	
		POLICY X PRO-	-	LOC							\$	
	AUTOMOBILE LIABILITY		'						COMBINED SINGLE LIMIT (Ea accident)	\$		
Α	X	ANY AUTO					00P668537	07/20/15	07/20/16	BODILY INJURY (Per person)	\$	1,000,000
	Χ	ALL OWNED AUTOS	X	SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	1,000,000
	Χ		X	NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	1,000,000
				7.0.00						<u>,, ., ., ., ., ., ., ., ., ., ., ., ., .</u>	\$	
	Х	UMBRELLA LIAB		X OCCUR						EACH OCCURRENCE	\$	2,000,000
В	Χ	EXCESS LIAB		CLAIMS-MADE			77760P150ALI	09/30/15	09/30/16	AGGREGATE	\$	2,000,000
		DED RETEN	TIO	N \$							\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					09/30/15	09/30/16	X WC STATU- TORY LIMITS OTH- ER				
С	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?			N/A	TARIL83149			E.L. EACH ACCIDENT	\$	1,000,000		
	(Ma	ndatory in NH)	JDE	D?	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below								E.L. DISEASE - POLICY LIMIT	\$	1,000,000	
DESC	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)											

Re: Advocate Sherman, 600 S. Randall, Algonquin, IL

CERTIFICATE HOLDER	CANCELLATION
Lamp Incorporated 460 Grove Avenue	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Elgin, IL 60120	AUTHORIZED REPRESENTATIVE Jennifer LaSarre