

CERTIFICATE OF LIABILITY INSURANCE

ARTI-08 OP ID: MH

DATE (MM/DD/YYYY) 09/27/2016

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 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).

00161100	ite moraer in nea or saem	chaorsement(s).					
PRODUCER Hallberg Commercial Insurors 120 W. 22nd Street Ste. 101 Oak Brook, IL 60523			CONTACT NAME: David J. Schroer				
			PHONE (A/C, No, Ext): 630-574-2022	74-2036			
			E-MAIL ADDRESS:				
David J. Schroer			INSURER(S) AFFORDING C	NAIC #			
			INSURER A: EMC Insurance Companies				
INSURED	Artisan Heating & 0	Cooling, Inc	INSURER B:				
	101 Ontario Street Frankfort, IL 60423		INSURER C:				
	1 Talikioit, IL 00423		INSURER D :				
			INSURER E :				
			INSURER F:				
COVERAGES CERTIFICATE NUMBER:			REVI	SION 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	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
Α	Х	COMMERCIAL GENERAL LIABILITY				,,		EACH OCCURRENCE	\$ 1,000,000
		CLAIMS-MADE X OCCUR	Х		4D17735	07/24/2016	07/24/2017	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
								MED EXP (Any one person)	\$ 10,000
								PERSONAL & ADV INJURY	\$ 1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
		POLICY X PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
		OTHER:							\$
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
Α	X	ANY AUTO			4E17735	07/24/2016	07/24/2017	BODILY INJURY (Per person)	\$
		ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
		HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
								·	\$
	X	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$ 4,000,000
Α		EXCESS LIAB CLAIMS-MADE			4J17735	07/24/2016	07/24/2017	AGGREGATE	\$ 4,000,000
		DED X RETENTION \$ 10,000							\$
		RKERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH-ER	
Α	ANY	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A		4H17735	07/24/2016	07/24/2017	E.L. EACH ACCIDENT	\$ 1,000,000
	(Man	idatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

It is agreed that City of Calumet City is added as additional insured on the above general liability policy.

CENTIFICATE HOLDER		CANCELLATION			
City of Calumet City 670 Wentworth	CITY-16	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.			
Calumet City, IL 60409		AUTHORIZED REPRESENTATIVE			
1		James P. Hallberg			

CANCELLATION

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