

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/12/2020

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 The Horton Croup		CONTACT NAME:				
The Horton Group 10320 Orland Parkway		PHONE (A/C, No, Ext): 708-845-3000 FAX (A/C, No):				
Orland Park IL 60467		E-MAIL ADDRESS: certificates@thehortongroup.com				
		INSURER(S) AFFORDING COVERAGE		NAIC#		
		INSURER A: Selective Insurance Co of Southeast		39926		
INSURED	SYNEGEN-01	INSURER B: Liberty Mutual Insurance Co.		23043		
Synergy General Contractors 2320 S. Elmhurst Rd		INSURER C:				
Mount Prospect IL 60056		INSURER D:				
•		INSURER E :				
		INSURER F:				
COVERAGES	CERTIFICATE NUMBER: 19768808	REVISION NUI	MBFR:			

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.

ISR ADDL SUBR POLICY ESF P									
			POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	s		
Х	COMMERCIAL GENERAL LIABILITY		S 1918054	10/5/2020	10/5/2021	EACH OCCURRENCE	\$1,000,000		
	CLAIMS-MADE X OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500,000		
						MED EXP (Any one person)	\$ 15,000		
						PERSONAL & ADV INJURY	\$ 1,000,000		
GEN						GENERAL AGGREGATE	\$3,000,000		
	POLICY PRO- LOC					PRODUCTS - COMP/OP AGG	\$3,000,000		
	OTHER:						\$		
AUT	OMOBILE LIABILITY		S 1918054	10/5/2020	10/5/2021	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000		
	ANY AUTO					BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$		
Х	HIRED X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$		
							\$		
	UMBRELLA LIAB X OCCUR		S 1918054	10/5/2020	10/5/2021	EACH OCCURRENCE	\$5,000,000		
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$		
	DED RETENTION\$						\$		
	EMPLOYEDELLIA DILITY		WC539S340782010	2/12/2020	2/12/2021	X PER OTH- STATUTE ER			
ANY	PROPRIETOR/PARTNER/EXECUTIVE Y / N	N/A				E.L. EACH ACCIDENT	\$ 1,000,000		
(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000		
DES	s, describe under CRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$ 1,000,000		
	AUT X WOFAND ANY OFF	TYPE OF INSURANCE X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRODUCY JECT LOC OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY X AUTOS ONLY Y MERCIAL LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTINER/EXECUTIVE Y ANYPROPRIETOR/PARTINER/EXECUTIVE Y OFFICER/MEMBER EXCLUDED?	TYPE OF INSURANCE X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- POLICY JECT LOC OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY AUTOS AUTOS ONLY X NON-OWNED AUTOS ONLY UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION ANY PROPRIETOR/PAST ILABILITY ANYPROPRIETOR/PAST ILABILITY ANYPROPRIETOR/PAST ILABILITY ANYPROPRIETOR/PAST ILABILITY OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under	TYPE OF INSURANCE X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- POLICY JECT LOC OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY AUTOS ONLY HIRED AUTOS ONLY WORKERS COMPENSATION AND EMPLOYERS' LIABILITY WORKERS COMPENSATION ANY PROPERTOR PRACTICAL SET OF THE PROPERTOR	TYPE OF INSURANCE ADDL SUBR INSD POLICY NUMBER (MM/DD/YYYY) X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT LOC OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY X NON-OWNED AUTOS ONLY WIRED AUTOS ONLY X AUTOS ONLY WINDS ONLY X AUTOS ONLY WORKERS COMPENSATION AND EMPLOYERS' LIABILITY N/A WC539S340782010 POLICY NUMBER (MM/DD/YYYY) S 1918054 10/5/2020 S 1918054 10/5/2020 VC539S340782010 2/12/2020	TYPE OF INSURANCE ADDL SUBR NSD POLICY NUMBER POLICY EFF (MM/DD/YYYY) X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRODUCY PRODUCY OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY X HIRED AUTOS ONLY AUTOS ONLY WE SECURIFY AUTOS ONLY UMBRELLA LIAB CLAIMS-MADE DED RETENTION \$ WC539S340782010 POLICY NUMBER POLICY EFF (MM/DD/YYYY) POLICY EXP (MM/DD/YYYY) 10/5/2020 10/5/2021 10/5/2021 10/5/2020 10/5/2021 10/5/2021 10/5/2020 2/12/2020 2/12/2020	TYPE OF INSURANCE ADDIL SURP POLICY NUMBER POLICY EFF (MM/DD/YYY) MM/DD/YYYY) MM/DD/YYYY MM/DD/YYYY) MM/DD/YYYY) MM/DD/YYYYY MM/DD/YYYYY MM/DD/YYYY MM/DD/YYYYY MM/DD/YYYYY MM/DD/YYYY MM/DD/YYYY MM/DD/YYYY MM/DD/YYYY MM/DD/YYYY MM/DD/YYYYY MM/DD/YYYY MM/DD/YYYY MM/DD/YYYYY MM/DD/YYYY MM/DD/YYYY MM/DD/YYYY MM/DD/YYYY MM/D/YYYY MM/DD/YYYY MM/DD/YYYY MM/DD/YYYY MM/DD/YYYY MM/DD/YYYYY MM/DD/YYYY MM/D/YYY MM/DD/YYYY MM/DD/YYYY MM/DD/YYYY MM/DD/YYYY MM/DD/YYYY MM/DD/YYYY MM/DD/YYYY MM/DD/YYYY MM/DD/YYYY MM/DD/YYY MM/DD/YYY MM/DD/YYY MM/DD/YYYY MM/DD/YYYY MM/DD/YYYY MM/DD/YYYYY MM/DD/YYYY MM/DD/YYYY MM/DD/YYYY MM/DD/YYY MM/DD/YYY MM/DD/YY MM/DD/YYY MM/DD/YY MM/DD/Y MM/DD/Y		

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

Excluded Officers: Nick Vucovich, Kevin Macnab
City of Chicago is listed as an additional insured on a primary/ noncontributory basis with respect to general liability only when required by written contract, permit, or agreement.

Selective Insurance AM Best Rating: A XIV Liberty Mutual Insurance AM Best Rating: A XV

CANCELL ATION

City of Chicago General Contractors License Program PO Box 388249 Chicago IL 60638

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