



CERTIFICATE OF LIABILITY INSURANCE

OP ID: JN

DATE (MM/DD/YYYY)
08/08/13

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).

PRODUCER
M.L. SULLIVAN INS. AGENCY
P.O. BOX 8162
BARTLETT, IL 60103
William T. Sullivan

Phone: 630-289-4410
Fax: 630-289-7726

INSURED
A Plus Tuckpointing Inc.
388 Monaco Drive
Roselle, IL 60172

CONTACT
NAME:
PHONE: _____
FAX: _____
(AC, No.): _____
E-MAIL: _____
ADDRESS: _____
PRODUCER: _____
CUSTOMER ID#: APLUS-1

INSURER(S) AFFORDED COVERAGE
INSURER A: Auto-Owners Insurance
INSURER B: Princeton Insurance Company
INSURER C: _____
INSURER D: _____
INSURER E: _____
INSURER F: _____

COVERAGES

CERTIFICATE 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 PAY CLAIMS.

INSR	TYPE OF INSURANCE	ADD'L SUBRI	ISSR/NAM	POLICY NUMBER	POLICY EFF. (MM/DD/YY)	POLICY EXP. (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY			X	07775110	09/10/12	09/10/13
A	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE
	<input type="checkbox"/> CLAIMS-MADE	<input checked="" type="checkbox"/> OCCUR					DAMAGE TO RELATED PREMISES (Per occurrence)
X	Primary/NonCont						MED EXP (Any one person)
X	Blanket Waiver						PERSONAL & ADY INJURY
	GENL AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE
	<input type="checkbox"/> POLICY	<input checked="" type="checkbox"/> PROJ	<input type="checkbox"/> LOC				PRODUCTS COMP/OP AGG
	AUTOMOBILE LIABILITY						\$ 1,000,000
A	ANY AUTO			47-775110-00	09/10/12	09/10/13	COMBINED SINGLE LIMIT (EA accident)
A	ALL OWNED AUTOS						BODILY INJURY (Per person)
	SCHEDULED AUTOS						BODILY INJURY (Per accident)
	Hired Autos						PROPERTY DAMAGE (Per accident)
	NON-OWNED AUTOS						\$
X	UMBRELLA LIAB	<input checked="" type="checkbox"/> OCCUR					\$
A	EXCESS LIAB	<input checked="" type="checkbox"/> CLAIMS-MADE					\$ 5,000,000
A	DEDUCTIBLE			47-775110-01	09/10/12	09/10/13	\$ 5,000,000
X	RETENTION \$	10,000					\$
A	WORKERS' COMPENSATION AND EMPLOYER'S LIABILITY						Follow Form
A	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y/N	N/A	07245324	09/10/12	09/10/13	\$
A	DISCUSSION OF OPERATIONS below						
A	Contractors Rented			07775110	09/10/12	09/10/13	\$ 500 Ded
B	Excess Follow Form			82A3FF0000816-00	04/29/13	04/29/14	\$ 5,000,000
	DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (attach ACORD 101 Additional Remarks Schedule if more space is required)						see policy
	All jobs Additional Insured as per written contract: Lieberman Management Services, Inc. and all manages Associations and Cooperatives as per written contract						

CERTIFICATE HOLDER

LIEBERM

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

Lieberman Management Services
25 Northwest Point Blvd #330
Elk Grove Village, IL 60007

AUTHORIZED REPRESENTATIVE