



CERTIFICATE OF LIABILITY INSURANCE

OP ID: BM

DATE (MM/DD/YYYY)

06/18/13

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERNS 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 Beth, Rudnicki & Low Insurance Agency 814 Mill Street McHenry, IL 60050 Chad R. Beth	815-385-7630 815-385-7897	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS: PRODUCER CUSTOMER ID #: FOXVA-1
INSURED Fox Valley Fire & Safety Co., Inc. 2730 Pinnacle Drive Elgin, IL 60124		INSURER(S) AFFORDING COVERAGE INSURER A : Secura Insurance Company INSURER B : Illinois National Insurance Co INSURER C : INSURER D : INSURER E : INSURER F :
		NAIC # 22543

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 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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	GENERAL LIABILITY	X	CP 3194042	06/30/12	06/30/13	EACH OCCURRENCE \$ 1,000,000			
	X COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 200,000			
	CLAIMS-MADE X OCCUR					MED EXP (Any one person) \$ 10,000			
						PERSONAL & ADV INJURY \$ 1,000,000			
						GENERAL AGGREGATE \$ 2,000,000			
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PROJECT LOC					PRODUCTS - COMP/OP AGG \$ 2,000,000			
A	AUTOMOBILE LIABILITY		CA 3194043	06/30/12	06/30/13	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000			
	X ANY AUTO					BODILY INJURY (Per person) \$			
	ALL OWNED AUTOS					BODILY INJURY (Per accident) \$			
	X SCHEDULED AUTOS					PROPERTY DAMAGE (Per accident) \$			
	X HIRED AUTOS					\$			
	X NON-OWNED AUTOS					\$			
A	X Comp&Coll \$1,000		CU 3194044	06/30/12	06/30/13	EACH OCCURRENCE \$ 10,000,000			
	X UMBRELLA LIAB X OCCUR					AGGREGATE \$ 10,000,000			
	EXCESS LIAB CLAIMS-MADE					\$			
	DEDUCTIBLE					\$			
	X RETENTION \$ 10,000					\$			
						\$			
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N N	N/A	WC 020635518	06/30/12	06/30/13	X WC STATUTORY LIMITS	OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. EACH ACCIDENT \$ 1,000,000			
						E.L. DISEASE - EA EMPLOYEE \$ 1,000,000			
						E.L. DISEASE - POLICY LIMIT \$ 1,000,000			
A	Professional Liab			CP 3194042	06/30/12	06/30/13			1,000,000

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

Lieberman Management Services, Inc. and all managed Associations and Cooperatives under contract are Additional Insured with respect to General Liability.

CERTIFICATE HOLDER

CANCELLATION

DANAPOI Dana Point Condominium Association c/o Lieberman Management 1519 E. Central Road Arlington Heights, IL 60005	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 <i>Chad R. Beth</i>
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