



CERTIFICATE OF LIABILITY INSURANCE

OP ID: JN
DATE(MMDDYYYY)
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

CONTACT
NAME: _____
PHONE: _____
FAX: _____
JAC. No. EXT: _____
JAC. No.: _____
E-MAIL: _____
ADDRESS: _____
PRODUCER: _____
CUSTOMER ID #: **APLUS-1**

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

INSURER(S) AFFORDING COVERAGE

INSURER A: **Auto-Owners Insurance**

INSURER B: **Princeton Insurance Company**

INSURER C:

INSURER D:

INSURER E:

INSURER F:

REVISION NUMBER:

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 PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADOL SUBR INSR WDO	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY	X	07775110	09/10/12	09/10/13	EACH OCCURRENCE \$ 2,000,000
	COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
	CLAIMS MADE <input checked="" type="checkbox"/> OCCUR					MED EXP (Any one person) \$ 5,000
	Primary/NonContr <input checked="" type="checkbox"/> Blanket Waiver					PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input checked="" type="checkbox"/> PRO- <input type="checkbox"/> LOC					PRODUCTS - COMP/OP AGG \$ 2,000,000
						Emp Ben. \$ 1,000,000
						COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
						BODILY INJURY (Per person) \$
A	AUTOMOBILE LIABILITY	X	47-775110-00	09/10/12	09/10/13	BODILY INJURY (Per accident) \$
	ANY AUTO					PROPERTY DAMAGE (Per accident) \$
	ALL OWNED AUTOS					
	SCHEDULED AUTOS					
A	HIRER AUTOS					
	NON-OWNED AUTOS					
A	UMBRELLA LIAB	X	47-775110-01	09/10/12	09/10/13	EACH OCCURRENCE \$ 5,000,000
	EXCESS LIAB					AGGREGATE \$ 5,000,000
	DEDUCTIBLE					
	RETENTION \$ 10,000					Follow Form
A	WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N N/A	07245324	09/10/12	09/10/13	X WC STATUTORY LIMITS \$
						EL EACH ACCIDENT \$ 1,000,000
						EL DISEASE - EA EMPLOYEE \$ 1,000,000
						EL DISEASE - POLICY LIMIT \$ 1,000,000
B	Contractor/Rented Excess Follow Form		07775110 82A3FF0000816-00	09/10/12 04/29/13	09/10/13 04/29/14	\$500 Ded \$ 5,000,000
						see policy 5,000,000

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