Client#: 1722483 RAFTEFIN

## $ACORD_{\scriptscriptstyle{10}}$

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/17/2025

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 any rights to the certificate holder in lieu of such endorsement(s).

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PRODUCER	CONTACT Brad Christensen				
USI Insurance Svcs, Charlotte	PHONE   FAX (A/C, No, Ext): - (A/C, No):				
6100 Fairview Road Ste 1400	E-MIL ADDRESS: brad.christensen@usi.com				
Charlotte, NC 28210	INSURER(S) AFFORDING COVERAGE	NAIC #			
800 868-8834	INSURER A: Federal Insurance Company	20281			
INSURED	INSURER B : Chubb National Insurance Company	10052			
Raftelis Financial Consultants, Inc.	INSURER C : ACE American Insurance Company	22667			
227 West Trade Street, Ste. 1400	INSURER D : Hanover Insurance Company	22292			
Charlotte, NC 28202	INSURER E:				
	INSURER F:				

COVERAGES CERTIFICATE NUMBER: 51365841 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		SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
Α	Χ	COMMERCIAL GENERAL LIABILITY	X	X	36083016	01/21/2025	01/21/2026	EACH OCCURRENCE	\$1,000,000
		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000
								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:							\$
Α	AUT	OMOBILE LIABILITY	X	X	73648269	01/21/2025	01/21/2026	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
		ANY AUTO						BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
Α		UMBRELLA LIAB X OCCUR	X	X	56726414	01/21/2025	01/21/2026	EACH OCCURRENCE	\$5,000,000
	X	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$5,000,000
		DED X RETENTION \$0							\$
В		RKERS COMPENSATION DEMPLOYERS' LIABILITY		X	71839613	01/21/2025	01/21/2026	X PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE		N/A					E.L. EACH ACCIDENT	\$1,000,000
	(Mandatory in NH)		11,7					E.L. DISEASE - EA EMPLOYEE	\$1,000,000
		s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$1,000,000
С	Pro	ofessional			D02819028	01/21/2025	01/21/2026	\$5,000,000	
D	Exc	cess Prof.			LH6J94293500	01/21/2025	01/21/2026	\$5,000,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Description of Operations: The City of Joliet, its officers, officials, employees, agents and Volunteers are included as an Additional Insured with respect to General Liability, Automobile and Umbrella will follow form as per written contract. The coverage afforded to the Additional Insured is on a Primary and Non-Contributory basis for General Liability, Automobile and Umbrella if required by written contract. Waiver of Subrogation applies to General Liability, Automobile, Workers Compensation and Umbrella policies (See Attached Descriptions)

CERTIFICATE HOLDER	CANCELLATION
City of Joliet 150 West Jefferson St Joliet, IL 60432	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
	Paula B Bulman

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DESCRIPTIONS (Continued from Page 1)
in favor of the above (See Attached Descriptions) listed Additional Insured per written contract. A 30-day notice of cancellation will be given except for non-payment of premium will be 10 days if required by written contract.