Client#: 6102 RSCASS

	C	ORD.		CATE OF LIA	ABII	LITY IN	ISURAN	ICE	DATE (MM/DD/YYYY) 10/25/06
PRODUCER Schwartz Brothers Insurance One South Wacker Drive THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.									IFICATE XTEND OR
	36th Floor								
Chicago, IL. 60606						INSURERS AFFORDING COVERAGE			NAIC#
RSC-Lombard, LLC						INSURER A: Federal Insurance Company			СНИВВ
180 N. LaSalle, Suite 2626						INSURER B: INSURER C:			
Chicago, IL 60601						INSURER D:			
						INSURER E:			
CO	/ERA	GES							
AN M/ PC	IY RE IY PE DLICIE	QUIREMEN RTAIN, THE S. AGGREC	T, TERM OR CONDITION (INSURANCE AFFORDED	IW HAVE BEEN ISSUED TO THE OF ANY CONTRACT OR OTHER I BY THE POLICIES DESCRIBED I Y HAVE BEEN REDUCED BY PAID	DOCUMI HEREIN D CLAIM	ENT WITH RESP IS SUBJECT TO S.	ECT TO WHICH THIS ALL THE TERMS, EX	S CERTIFICATE MAY BE ISS	SUED OR
LTR	ADD'L INSRO	TYP	E OF INSURANCE	POLICY NUMBER	PO	ATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMIT	S
Α		GENERAL L		35823978	07	07/30/06	07/30/07	EACH OCCURRENCE DAMAGE TO RENTED	\$1,000,000
			ERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$50,000 \$5,000
			LAIMS MADE X OCCUR					MED EXP (Any one person) PERSONAL & ADV INJURY	s1,000,000
		H						GENERAL AGGREGATE	\$2,000,000
		GEN'L AGG	REGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG	s2,000,000
		POLICY	PRO- X LOC					COMBINED SINGLE LIMIT	
		ANY AL	JTO VNED AUTOS				:	(Ea accident) BODILY INJURY	s
	i	SCHEE	DULED AUTOS AUTOS					(Per person)	S
		\vdash	WNED AUTOS					BODILY INJURY (Per accident)	5
								PROPERTY DAMAGE (Per accident)	S
		GARAGE LI						AUTO ONLY - EA ACCIDENT EA ACC	
		H 241 2						OTHER THAN EX ACC AUTO ONLY: AGG	
		EXCESS/UN	BRELLA LIABILITY					EACH OCCURRENCE	s
		occui	CLAIMS MADE					AGGREGATE	s s
			CTIBLE						s s
-	WOF	RETEN			-			WC STATU- OTH-	
	EMP	ORKERS COMPENSATION AND MPLOYERS' LIABILITY				1	E.L. EACH ACCIDENT	S	
	OFF	CERVMEMBE	R/PARTNER/EXECUTIVE R EXCLUDED?					E.L. DISEASE - EA EMPLOYEE	s
	If yes	s, describe und CIAL PROVISI	fer ONS below					E.L. DISEASE - POLICY LIMIT	s
	ОТН	ER		<u> </u>				-	
		ion of oper Page The		CLES / EXCLUSIONS ADDED BY END	ORSEME	NT / SPECIAL PRO	 VISIONS	<u> </u>	
CE	RTIF	ICATE HO	LDER			CANCELLAT	ION		
Village of Lombard 255 E. Wilson Lombard, IL 60148						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ROCKER AND MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, THE REMAINSON CHARGES			
						AUTHORIZED REPRESENTATIVE			

Man Sarg © ACORD CORPORATION 1988

IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.