



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/25/2014

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 Aon Risk Services Northeast, Inc. 1660 W. 2nd Street, Suite 650 Cleveland, OH 44113	CONTACT NAME: A. I. King Insurance Agency, Inc. PHONE (A/C, No, Ext): 317-841-6004 FAX (A/C, No): 317-841-6006 E-MAIL ADDRESS: richard@aikinginsurance.com
	INSURER(S) AFFORDING COVERAGE NAIC #
INSURED Cummins Inc. 500 Jackson Street Mail Code 60805 Columbus IN 47201-6258	INSURER A : Old Republic Insurance Company
	INSURER B : Zurich American Insurance Company
	INSURER C : Lexington Insurance Company
	INSURER D : American Zurich Insurance Company
	INSURER E : Ace American Insurance Company
	INSURER F :

COVERAGES **CERTIFICATE NUMBER:** 21735463 **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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER			MWZY 302202	12/1/2013	12/1/2014	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ EXCLUDED PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> Phy Damage			BAP 9373582-10	12/1/2013	12/1/2014	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ Self Insured
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			62785312	12/1/2013	12/1/2014	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WC 9373580-09	12/1/2013	12/1/2014	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
E	Property			FAZ D3 8481800	8/1/2014	8/1/2015	Limit: \$10,000,000 Special Form including Earthquake & Flood Limit: \$25,000,000
	Leased/Rented Equipment			FAZ D3 8481800	8/1/2014	8/1/2015	

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

ADDITIONAL NAMED INSURED: Cummins NPower LLC.

The Village of Lombard, its officers, agents, employees, representatives and assigns are included as Additional Insureds for work performed as required by prior written contract. Waiver of Subrogation applies in favor of Additional Insureds on General Liability and Worker's Compensation policies. 30-day notice of cancellation or material change in coverage. Contract No. SAN 11-03, Purchase of a Back-Up Generator

CERTIFICATE HOLDER**CANCELLATION**

Village of Lombard
 255 E. Wilson Ave.
 Lombard IL 60148

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

Richard Trakimas

© 1988-2014 ACORD CORPORATION. All rights reserved.

ACORD 25 (2014/01)

The ACORD name and logo are registered marks of ACORD



9/25/2014

Village of Lombard
255 E. Wilson Ave.
Lombard IL 60148

Your company has an existing agreement with Cummins NPower that requires evidence of certain levels of insurance.

As you may know, Cummins NPower has recently been acquired by Cummins Inc., a large publicly-traded (NYSE: CMI) Fortune 200 company with which you may be familiar.

A new Certificate of Insurance is attached which reflects relevant aspects of the Cummins Inc. insurance program.

As a Fortune 200 company with \$17.3B annual revenue in 2013, Cummins Inc.'s insurance program is reflective of its size and financial stability. A combination of commercial high-deductible programs and self-insured retentions make up the Cummins Inc. insurance program. For indemnity obligations within Cummins Inc.'s expressed retention levels or that are uninsured, Cummins, Inc. self funds this from cash.

If you have any questions or concerns about this change or the Cummins Inc. insurance program, please contact Chris Moss at christopher.moss@cummins.com or 972-447-2053.

Sincerely,

Seve South
Insurance Manager – Global Integration
Cummins Inc.

MAIL DOCUMENT

Certificate of Insurance Delivery by **ecertsonline™**

Village of Lombard
255 E. Wilson Ave.
Lombard IL 60148

Sender: Richard Trakimas

Phone: 317-841-6004

Subject: Cummins Inc. -

Date: 9/25/2014

No. of Pages: 3

URL:

Please find attached the certificate of insurance for Cummins NPower LLC.

THIS MESSAGE IS INTENDED FOR THE USE OF THE INDIVIDUAL OR ENTITY TO WHICH IT IS ADDRESSED AND MAY CONTAIN INFORMATION THAT IS PRIVILEGED, CONFIDENTIAL AND EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAW. IF THE READER OF THE MESSAGE IS NOT THE INTENDED RECIPIENT, OR THE EMPLOYEE OR AGENT RESPONSIBLE FOR DELIVERING THE MESSAGE TO THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPYING OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY TELEPHONE, AND RETURN THE ORIGINAL MESSAGE TO US AT THE ABOVE ADDRESS VIA REGULAR POSTAL SERVICE.