



CERTIFICATE OF LIABILITY INSURANCE

110278

DATE (MM/DD/YYYY)
6/28/2012

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 The Mechanic Group One Blue Hill Plaza Suite 530 Pearl River NY 10965	CONTACT NAME: Alyssa Greenbaum	
	PHONE (A/C, No, Ext): (845) 735-0700	FAX (A/C, No): (845) 735-8383
E-MAIL ADDRESS: agreenbaum@mechanicgroup.com		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: Lexington Insurance Company		19437
INSURER B: United States Fire Ins Co		21113
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

COVERAGES CERTIFICATE NUMBER: CL1262801073 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		059331987	7/1/2012	7/1/2013	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$
	<input checked="" type="checkbox"/> ERRORS & OMISSIONS						PERSONAL & ADV INJURY \$ INCLUDED
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$ 1,000,000
<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC							PRODUCTS - COM/OP AGG \$ INCLUDED
B	AUTOMOBILE LIABILITY			1337312178	7/25/2011	7/25/2012	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$
							\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB	X		059331988	7/1/2012	7/1/2013	EACH OCCURRENCE \$ 9,000,000
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE \$ 9,000,000
	DED RETENTION S						\$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							WC STATUTORY LIMITS OTH-ER
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N N/A							E.L. EACH ACCIDENT \$
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Certificate holder is included as additional insured per the attached endorsement.

CERTIFICATE HOLDER Village of Lombard Bridgette O'Brien Village Clerk 255 East Wilson Avenue Lombard, IL 60148	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.
	AUTHORIZED REPRESENTATIVE Michael Lehner/AG 

ENDORSEMENT # 003

This endorsement, effective 12:01 AM 07/01/2012

Forms a part of policy no.: 059331987

Issued to: ANDY FRAIN SERVICES, INC.

By: LEXINGTON INSURANCE COMPANY

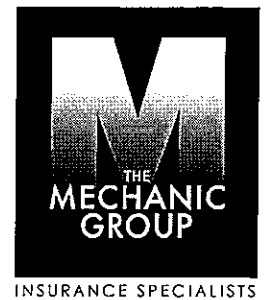
ADDITIONAL INSURED REQUIRED BY WRITTEN CONTRACT

This endorsement modifies insurance provided under the following:

SECURITY GUARD GENERAL AND PROFESSIONAL LIABILITY INSURANCE, COVERAGE APPLICABLE TO COVERAGE A. BODILY INJURY, PROPERTY DAMAGE AND PROFESSIONAL LIABILITY (SECTION I – COVERAGES) ONLY

- A. **Section II – Who is An Insured** is amended to include any person or organization you are required to include as an additional insured on this policy by a written contract or written agreement in effect during this policy period and executed prior to the "occurrence" or "wrongful act" of the "bodily injury", "property damage" or "professional liability."
- B. The insurance provided to the above described additional insured under this endorsement is limited as follows
1. COVERAGE A BODILY INJURY, PROPERTY DAMAGE AND PROFESSIONAL ABILITY (Section I – Coverages) only.
 2. The person or organization is only an additional insured with respect to liability arising out of "your work" or your "professional services".
 3. This insurance does not apply to "bodily injury", "property damage" or "professional liability" arising out of "your work" or your "professional services" unless you are required to provide such coverage by written contract or written agreement and then only for the period of time required by the written contract or written agreement and in no event beyond the expiration date of the policy.
 4. Any coverage provided by this endorsement to an additional insured shall be excess over any other valid and collectible insurance available to the additional insured whether primary, excess, contingent or on any other basis unless a written contract or written agreement specifically requires that this insurance apply on non-contributory basis.
- C. In accordance with the terms and conditions of the policy and as more fully explained in the policy, as soon as practicable, each additional insured must give us prompt notice of any "occurrence" or "wrongful act" which may result in a claim, forward all legal papers to us, cooperate in the defense of any actions, and otherwise comply with all of the policy's terms and conditions. Failure to comply with this provision may, at our option, result in the claim or "suit" being denied.

Authorized Representative OR
Countersignature(In states where applicable)



June 29, 2012

OUR INSURED:

**Andy Frain Services, Inc.
761 Shoreline Drive
Aurora, IL 60504**

RE: 2012-2013 Certificate of Insurance

At the request of our insured, Andy Frain Services, enclosed you will find an updated Certificate of Insurance.

Please take a moment and review the attached certificate to make sure no items have been omitted and that the certificate holder section is completed properly.

If you have questions or wish to discuss anything please do not hesitate to contact me.

Sincerely,

Alyssa Greenbaum

Alyssa Greenbaum
Account Manager

cc: Andy Frain Services

Notice – the policies of insurance listed on the attached certificate of insurance have been issued to the named insured – “insured” 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 on the accord certificate of insurance are subject to all the terms, endorsements, exclusions and conditions of such policies. Aggregate limits shown may have been reduced by paid claims. The Mechanic Group, Inc. makes no representation, guarantee or warranty that the limit or types of insurance listed is sufficient to satisfy any requirement in a contract or written agreement. The reader is encouraged to check limit and type of insurance listed.