

## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 02/21/2022

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 rights to the								
PRODUCER				NAME: Which energy with				
Cook and Kocher Insurance Group				(A/C, No, Ext): (047) 032 3200 (A/C, No): (047) 032 3200				
300 S. Northwest Highway				E-MAIL ADDRESS: michellew@cookandkocher.com				
Suite 208				INSURER(S) AFFORDING COVERAGE				
Park Ridge IL 60068			INSURER A : Hanover Insurance Company			22292		
INSURED				INSURER B : Twin City Fire Insurance Co.			29459	
HISTORIC DOWNTOWN LONG GROVE				INSURER C: Lloyd's				
BUSINESS ASSOCIATION				INSURER D :				
308 OLD MCHENRY ROAD			INSURER E :					
				INSURER F :				
COVERAGES CERTIFICATE NUMBER: CL2162205489 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.								
	DL SUBI			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
						EACH OCCURRENCE \$ 1,00	00,000	
CLAIMS-MADE 🗙 OCCUR							,000	
						MED EXP (Any one person) \$ 5,00	00	
A	Y	OHCA986545		07/15/2021	07/15/2022	PERSONAL & ADV INJURY \$ 1,00	00,000	
GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 2,00	\$ 2,000,000	
POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG \$ 2,00	00,000	
OTHER:						\$		
AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT \$ 1,00	00,000	
ANY AUTO		OHCA986545		07/15/2021	07/15/2022	BODILY INJURY (Per person) \$		
A OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident) \$		
HIRED AUTOS ONLY NON-OWNED AUTOS ONLY						PROPERTY DAMAGE \$		
						\$		
UMBRELLA LIAB X OCCUR						EACH OCCURRENCE \$ 4,00	00,000	
A EXCESS LIAB CLAIMS-MADE		OHCA986545		07/15/2021	07/15/2022	AGGREGATE \$ 4,00	00,000	
DED RETENTION \$						\$		
WORKERS COMPENSATION						X PER OTH- STATUTE ER		
AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE		92WECD00102		01/01/2022	01/01/2023	E.L. EACH ACCIDENT \$ 500	,000	
(Mandatory in NH)	/ A	83WECBO9102		01/01/2022	01/01/2023		,000	
If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT \$ 500	,000	
Liquor Liability						\$1,000,000		
C		LIQ101504.11		04/30/2021	04/30/2022			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)								
RE: Craft Beer Event April 30								
The Certificate holder is named as additional insureds								
CERTIFICATE HOLDER CANCELLATION								
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEF THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							D BEFORE	
3110 Old McHenry Road			AUTHOR	RIZED REPRESE	NTATIVE			
Long Grove		IL 60047	Midulle & Waff					

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