

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/29/2022

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.

	SUBROGATION IS WAIVED, substituting substitution of the substituti	•				•	may require	an endorsement. A statem	ent on	
PROD	UCER				CONTA NAME:	CT Michelle \	Volff			
Coo	and Kocher Insurance Group				PHONE (A/C, N	PHONE (A/C, No, Ext): (847) 692-9200 FAX (A/C, No): (847) 692-9299				
300 S. Northwest Highway						E-MAIL ADDRESS: michellew@cookandkocher.com				
Suite	208					IN	SURER(S) AFFOR	RDING COVERAGE	NAIC #	
Park	Ridge			IL 60068	INSURE	RA: Hanover	Insurance Co	mpany	22292	
INSU	RED				INSURE	INSURER B: Twin City Fire Insurance Co.				
	HISTORIC DOWNTOWI	N LONG GRO	OVE		INSURE	RC: Lloyd's				
BUSINESS ASSOCIATION						INSURER D:				
308 OLD MCHENRY ROAD						INSURER E :				
	LONG GROVE			IL 60047	INSURE	ERF:				
COVERAGES CERTIFICATE NUMBER: CL21622054						89 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	POLICY NUM	BER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
	COMMERCIAL GENERAL LIABILITY	,						EACH OCCURRENCE \$	1,000,000	

INSR LTR		TYPE OF INSURANCE	INSD	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	s
Α	×	CLAIMS-MADE CCUR	Y			07/15/2021	07/15/2022	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000 \$ 300,000
					OHCA986545				\$ 5,000
								PERSONAL & ADV INJURY	\$ 1,000,000
	GEN	L'L AGGRE <u>GATE</u> LIMIT APP <u>LIES</u> PER:						GENERAL AGGREGATE	\$ 2,000,000
	×	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
		OTHER:							\$
A	ΑU٦	OMOBILE LIABILITY			OHCA986545	07/15/2021	07/15/2022	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
		ANY AUTO						BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS ONLY AUTOS						BODILY INJURY (Per accident)	\$
	X	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
>	×	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$ 4,000,000
Α		EXCESS LIAB CLAIMS-MADE			OHCA986545	07/15/2021	07/15/2022	AGGREGATE	\$ 4,000,000
		DED RETENTION \$							\$
В		KERS COMPENSATION EMPLOYERS' LIABILITY			83WECBO9102	01/01/2022	01/01/2023	➤ PER STATUTE OTH-ER	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$ 500,000
	(Mar	datory in NH)	,					E.L. DISEASE - EA EMPLOYEE	\$ 500,000
	DES	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 500,000
	Lia	uor Liability			·			\$1,000,000	
С	-19	dor Elability			LIQ101504.11	04/30/2022	04/30/2023		
DESC	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101 Additional Remarks Schedule may be attached if more space is required)								

RE: Chocolate Fest (May 20-22) Strawberry Fest (June 24-26) The Certificate holder is named as additional insureds

CERTIFICATE HOLDER		CANCELLATION		
Village of Long Grove 3110 Old McHenry Road		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.		
3110 Old Michelly Road		AUTHORIZED REPRESENTATIVE		
Long Grove	L 60047	Mobile LWaff		