

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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.

						ns and conditions of the ficate holder in lieu of su				uire an endorsen	nent. A	stateme	nt on	
PRODUCER								CONTACT NAME: Christy Lexow						
Maryland Moats Lexow Insurance							PHONE (\$1.0) 0.70 \$1.00							
2166 Pontoon Rd								(A/C, No, Ext): (618) 978-3697 (A/C, No): E-MAIL ADDRESS: christy@mmlins.com						
							ADDICEO	, ,		RDING COVERAGE	-		NAIC #	
Granite City IL 62040								INSURER A: ARTISAN & TRUCKERS CAS CO					10194	
INSURED IL 02040							INSURER B: MARKEL INS CO						38970	
Code3spices						INSURER C:						30770		
1966 Vandalia St							INSURER D :							
1700 validatia St							INSURER E :							
Collinsville						IL 62234	INSURER F:							
					· A T E	NUMBER:	REVISION NUMBER:							
TH IN CE E)	IIS IS DICA RTIF	S TO CERTIFY THAT TED. NOTWITHSTA FICATE MAY BE ISSU	THE POLICIES OF NDING ANY REQU JED OR MAY PER	F INSU JIREN TAIN, OLICI	JRAN JENT, THE	CE LISTED BELOW HAVE BE TERM OR CONDITION OF A INSURANCE AFFORDED BY IMITS SHOWN MAY HAVE BE	NY CON THE PO	TRACT OR OT LICIES DESCI DUCED BY PAI	ISURED NAMI THER DOCUMI RIBED HEREIN D CLAIMS.	ED ABOVE FOR TH ENT WITH RESPEC	E POLIC	HICH THIS		
INSR LTR		TYPE OF INSU		INSD	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)		LIMIT	s		
	X	COMMERCIAL GENER	AL LIABILITY							EACH OCCURRENCE		\$	1,000,000	
		CLAIMS-MADE	OCCUR							DAMAGE TO RENTEL PREMISES (Ea occurr	ence)	\$	100.000	
										MED EXP (Any one pe	rson)	\$	5,000	
В						2AA425153		03/01/2025	03/01/2026	PERSONAL & ADV IN	JURY	\$	1,000,000	
	GEN	L AGGRE <u>GATE</u> LIMIT A	PPLIES PER:							GENERAL AGGREGA	TE	\$	2,000,000	
	X	POLICY PRO- JECT	LOC							PRODUCTS - COMP/0	OP AGG	\$	2,000,000	
		OTHER:										\$		
	AUT	OMOBILE LIABILITY								COMBINED SINGLE L (Ea accident)	.IMIT	\$		
		ANY AUTO								BODILY INJURY (Per	person)	\$		
		OWNED AUTOS ONLY	SCHEDULED AUTOS							BODILY INJURY (Per	,	\$		
		HIRED AUTOS ONLY	NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)		\$		
			1									\$		
	X	UMBRELLA LIAB	X OCCUR							EACH OCCURRENCE	:	\$	3000000	
В		EXCESS LIAB	CLAIMS-MADE			EZXS3148203		03/01/2025	03/01/2026	AGGREGATE		\$	3000000	
	DED RETENTION \$]								\$		
		KERS COMPENSATION EMPLOYERS' LIABILITY	v							PER STATUTE	OTH- ER			
	ANY	PROPRIETOR/PARTNER	R/EXECUTIVE T T N	N/A						E.L. EACH ACCIDENT	ř .	\$		
	(Man	OFFICER/MEMBER EXCLUDED? Mandatory in NH)								E.L. DISEASE - EA EN	//PLOYEE	\$		
	If yes DES0	, describe under CRIPTION OF OPERATION	ONS below							E.L. DISEASE - POLIC	Y LIMIT	\$		
A						977877420		03/01/2025	03/01/2026					
DES	RIPT	ION OF OPERATIONS /	LOCATIONS / VEHIC	LES (ACOR	D 101, Additional Remarks Sched	dule, may	be attached if m	ore space is requ	uired)		-		
Scl *20 Co Co *L	nedul 017 S mpre Ilisio abili	tion of Location/Veh ed autos only toughton Trailer 52L hensive \$1,000 Ded n \$1,000 Ded ty coverage does not late Event Date July	.BE2226HE05697	4 cle. E	ven na	ame Smoking on main								
CEF	TIFI	CATE HOLDER					CANCI	ELLATION						
THE CITY OF COLLINSVILLE								SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						

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125 S CENTER ST

COLLINSVILLE IL 62234

AUTHORIZED REPRESENTATIVE

Christy Lexow