

## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/OD/YYYY) 8/1/2025

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.

REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) 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

	SUBROGATION IS WAIVED, subject is certificate does not confer rights	t to t to the	he te e ceri	rms and conditions of th	ie polic uch en	sy, certain pe dorsement(s	olicies may ı }.	equire an endorsement.	A st	atement on		
PRO	DUCER		*****		CONTACT NAME: Ashley Slack							
A	thur J. Gallagher Risk Management 444 Powerscourt Drive	Ser	vices	, LLC	PHONE [A/C, No. Ext): 314-800-2224 [A/C, No):							
	ite 500				AUDORESS: Ashley Slack@aig.com							
	Louis MO 63131			:								
l					INSURER A : Safety National Casualty Corporation					NAIC# 15105		
	IRED		A COLOR	MISSVAL-02	INSURER B:					10100		
Collinsville Unit #10 School District as a						INSURER C:						
Member of Miss VIC 201 West Clay						INSURER D:						
Collinsville IL 62234-3219						INSURER E:						
						INSURER F:						
CO	VERAGES CEF	tTIF1	CATE	NUMBER: 1093020341	Modice	9.1.		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.												
U	ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	PERI	AIN.	THE INSURANCE AFFORDI	FD BY '	THE POLICIES	S DESCRIBE	HEREIN IS SUBJECT TO	ALL T	HE TERMS,		
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	LIMITO SHOWN INTELLIAND	DEGIN	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)					
A	X COMMERCIAL GENERAL LIABILITY	INSD Y	MAD	POLICY NUMBER XPR4068260		(MM/DD/YYYY) 7/1/2025	(MM/DD/YYYY) 7/1/2026	LIMITS	\$ 5,000,000			
	CLAIMS-MADE X OCCUR			74 104000200		11112020	71112020	DAMAGE TO RENTED				
	OUTHING-REPAIR TO OCCUR								\$ 500,0	00		
								Maritan de la compania del compania de la compania del compania de la compania del la compania de la compania della compania d	\$			
	GEN'L AGGREGATE LIMIT APPLIES PER:		-						\$			
	X POLICY PRO- LOC								\$ 5,000			
	OTHER:								\$ 5,000 \$	,000		
	AUTOMOBILE LIABILITY	1			w		**************************************	COMBINED SINGLE LIMIT	\$	- Mariana		
	ANY AUTO							(Ea accidant)	\$			
	OWNED SCHEDULED AUTOS ONLY AUTOS	ļ						BODILY INJURY (Per accident)	<u> </u>			
	AUTOS ONLY AUTOS HIRED NON-OWNED AUTOS ONLY AUTOS ONLY							PROPERTY DAMAGE	\$ \$	A STATE OF THE STA		
	AUTOS ONET							trai acolugia)	\$ \$			
	UMBRELLALIAB OCCUR		<u> </u>	At Aire		7 1 / 2 - 1 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2 /			<u>.                                    </u>			
	EXCESS LIAB CLAIMS-MADE	Ì							\$			
	DED RETENTIONS								\$ \$			
. , .,,,,,	WORKERS COMPENSATION							PER OTH-	φ			
	AND EMPLOYERS' LIABILITY  ANYPROPRIETOR/PARTNER/EXECUTIVE  Y/N								\$			
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A			ļ			E.L. DISEASE - EA EMPLOYEE				
	If yes, describe under DESCRIPTION OF OPERATIONS below			<u> </u>					\$	7		
				**************************************	``-			C.L. DIOGNOL - I'OLIOT LIMIT	<del>Ф</del>			
\$25	RIPTION OF OPERATIONS / LOCATIONS / VEHIC 0,000 Self-Insured Retention is in addit	LES (A	Gen	101, Additional Remarks Schedul эгаі Liabliity Limits.	e, may be	attached if more	space is require	d)				
RE:	CHS Homecoming Parade rsday, October 16, 2025											
City	of Collinsville - Named as the additions	ıl insı	ıred									
CEF	TIFICATE HOLDER	··	·····	***************************************	CANCELLATION							
			*********			T TO THE PROPERTY OF THE PROPE						
City of Collinsville 125 S Center Collinsville IL 62234						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						



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/4/2025

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.

If SUBROGATION IS WAIVED, subject to the terms and conditions of this certificate does not confer rights to the certificate holder in lieu of s	he policy, certain p	olicies may i	equire an endorsement.	A sta	endorsed. dement on			
PRODUCER	CONTACT Ashley Slack							
Arthur J. Gallagher Risk Management Services, LLC	PHONE (A/G, No. Ext); 314-800-2224 (A/G, No.):							
12444 Powerscourt Drive Suite 500	LA/C, No, Ext); 314-300-2224 { (A/C, No); E-MAIL ADDRESS; Ashley Slack@ajg.com							
St. Louis MO 63131								
			NAIC#					
INSURED MISSVAL-0:	INSURER A : Safety h		15105					
Collinsville Unit #10 School District as a	INSURER B:							
Member of Miss VIC	INSURER C:							
201 West Clay Collinsville IL 62234-3219	INSURER D:							
Contributing in decourage to	INSURER E:							
	INSURER F:							
COVERAGES CERTIFICATE NUMBER: 1930526195			REVISION NUMBER:	*****				
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAINDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORD EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE INSURANCE APPOLICIES. LIMITS SHOWN MAY HAVE INSURANCE INSURA	OF ANY CONTRACT DED BY THE POLICIE BEEN REDUCED BY	OR OTHER E S DESCRIBE PAID CLAIMS.	OCUMENT WITH RESPEC HEREIN IS SUBJECT TO	T TO W	VHICH THIS			
		POLICY EXP	LIMITS					
	7/1/2025	7/1/2026	EACH OCCURRENCE DAMAGE TO RENTED	\$5,000,	***************************************			
CLAIMS-MADE X OCCUR			DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500,00	00			
			MED EXP (Any one person)	\$				
TERROR MATERIAL MATER		!	PERSONAL & ADV INJURY	\$	7/4/47 to 4/4/4 to 4/4/4			
GEN'L AGGREGATE LIMIT APPLIES PER:			GENERAL AGGREGATE	\$5,000,	000			
X POLICY PRO- LOC		1	PRODUCTS - COMP/OP AGG	\$5,000,	000			
OTHER:		<del>,</del>		\$	de la la companya de			
AUTOMOBILE LIABILITY			COMBINED SINGLE LIMIT (Ea accident)	\$				
ANYAUTO	1		BODILY INJURY (Per person)	\$				
OWNED AUTOS ONLY AUTOS HIRED NON-OWNED		1	BODILY INJURY (Per accident)	\$				
HIRED NON-OWNED AUTOS ONLY AUTOS ONLY			PROPERTY DAMAGE (Per accident)	\$				
	1	,		\$				
UMBRELLA LIAB OCCUR		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	EACH OCCURRENCE	\$				
EXCESS LIAB CLAIMS-MADE				\$				
DED RETENTION \$			AMERICAN AND AND AND AND AND AND AND AND AND A	S				
WORKERS COMPENSATION			PER OTH- STATUTE ER					
AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNIER/EXECUTIVE Y/N OFFICERMEMBER EXCLUDED?	:			\$	N-4-+2			
OFFICERMEMBEREXCLUDED? N/A (Mandatory in NH)	į		E.L. DISEASE - EA EMPLOYEE					
If yes, describe under DESCRIPTION OF OPERATIONS below				<u>\$</u>				
3 5 5 5 5 7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1			E.L. DIGEAGE - FORIOT LIMIT	P				
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schools \$250,000 Self-Insured Retention is in addition to General Liability Limits.	ute, may be attached if mor	re space is requir	ed)		****			
RE: CHS Homecoming Parade Thursday, October 16, 2025								
Illinois Department of Transportation- Named as the additional insured								
CERTIFICATE HOLDER	CANCEL LATION							
WHILE PATE IN THE STANFAST	CANCELLATION	CANCELLATION						
Illinois Department of Transportation 1101 Eastport Plaza	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							
Collinsville IL 62234	AUTHORIZED REPRESENTATIVE							
	1 Cron Ktarrie							