

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 7/19/2017

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 If SUBROGATION IS WAIVED, subject to the this certificate does not confer rights to the	terms and conditions of the	policy, certain poli	cies may rec				
PRODUCER	CONTACT						
Lundstrom Insurance	NAME: PHONE 947 741 1000 FAX 947 429 9957						
2205 Point Blvd., Ste 200	PHONE (AIC, No, Ext): 847-741-1000 FAX (AIC, No): 847-428-8857						
Elgin IL 60123	E-MAIL ADDRESS: mail@lundstrominsurance.com						
	INSURER(S) AFFORDING COVERAGE NAIC #				NAIC#		
	INSURER A : Philadelphia Insurance Company						
INSURED KIDS/	INSURER B : New York Marine						
Kids Around the World Inc	INSURER C:						
4750 Hydraulic Dr. Rockford IL 61109	INSURER D:						
LYOCKIOIO IF O LIOS	INSURER E:						
	INSURER F:						
COVERAGES CERTIFIC							
THIS IS TO CERTIFY THAT THE POLICIES OF IN	ISURANCE LISTED BELOW HA	VE BEEN ISSUED TO	THE INSURE	D NAMED ABOVE FOR			
INDICATED. NOTWITHSTANDING ANY REQUIR CERTIFICATE MAY BE ISSUED OR MAY PERT/ EXCLUSIONS AND CONDITIONS OF SUCH POLIC	AIN, THE INSURANCE AFFORD IES. LIMITS SHOWN MAY HAVE	ED BY THE POLICIES BEEN REDUCED BY	S DESCRIBEI PAID CLAIMS	HEREIN IS SUBJECT			
INSR LTR TYPE OF INSURANCE INSD	SUBR WVD POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIA	IITS		
A X COMMERCIAL GENERAL LIABILITY Y	PHPK1624027	5/1/2017	5/1/2018	EACH OCCURRENCE	\$1,000	,000	
CLAIMS-MADE X OCCUR				DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,00			
				MED EXP (Any one person)			
				PERSONAL & ADV INJURY		\$1,000,000	
				GENERAL AGGREGATE	\$2,000		
GEN'L AGGREGATE LIMIT APPLIES PER:						·	
POLICY PRO-				PRODUCTS - COMP/OP AG	\$ \$2,000 \$,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
OTHER:		E1410047	E1410040	COMBINED SINGLE LIMIT			
A AUTOMOBILE LIABILITY PHPK1624027 X ANY AUTO OMNUED SCHEDULED		5/1/2017	5/1/2018	(Ea accident)	\$1,000,000		
				BODILY INJURY (Per person			
OWNED SCHEDULED AUTOS ONLY AUTOS ONLY AUTOS ONLY				BODILY INJURY (Per accider	- 		
X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY				PROPERTY DAMAGE (Per accident)	\$		
					\$		
A UMBRELLA LIAB X OCCUR	UMBRELLA LIAB X OCCUR PHUB576095		5/1/2018	EACH OCCURRENCE	URRENCE \$1,000,000		
X EXCESS LIAB CLAIMS-MADE				AGGREGATE	\$1,000	000,0	
DED X RETENTION\$10,000					\$		
B WORKERS COMPENSATION	WC201500005742	5/1/2017	5/1/2018	X PER OTH-			
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) N / A				E.L. EACH ACCIDENT	\$1,000	0.000	
				E.L. DISEASE - EA EMPLOYEE \$1,000,0			
If yes, describe under	oteu.			E.L. DISEASE - POLICY LIMIT \$1,000		·	
DESCRIPTION OF OPERATIONS below				L.L. DISEASE - PULICT LIMI	1 \$1,000	,,,,,,,,	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (A	=			•			
If required by written contract, the Orland Park Park District is an Additional Insured with respect to the General Liability coverage.							
CERTIFICATE HOLDER	CANCELLATION	NCELL ATION					
CENTIFICATE HOLDER	CARGELLATION	MOELLATION					
Orland Park Park District 14600 Ravinia Ave Orland Park IL 60462	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
	But Astilia						