

KOCHKON-01

HFRAYSURE

DATE (MM/DD/YYYY) 5/1/2023

CERTIFICATE OF LIABILITY INSURANCE

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 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 certificate holder in lieu of such endorsement(s)

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PRODUCER	CONTACT Hannah Fraysure				
First Mid Insurance Group 1090 South Route 51	PHONE (047) OFO 700F	AX /C, No):			
Forsyth, IL 62535	E-MAIL ADDRESS: hfraysure@firstmid.com				
	INSURER(S) AFFORDING COVERAGE	NAIC #			
	INSURER A: United Fire & Casualty Company	13021			
INSURED	INSURER B : American Interstate Insurance Company 31				
Koch Konstruction Inc	INSURER C:				
5687 Broadway Rd	INSURER D:				
Groveland, IL 61535	INSURER E :				
	INSURER F:				

COVERAGES CERTIFICATE NUMBER: 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.

	EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.							
INSR LTR	TYPE OF INSURANCE	ADDL SU	JBR IVD POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	'S	
Α	X COMMERCIAL GENERAL LIABILITY			\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	,,	EACH OCCURRENCE	\$ 1,000,000	
	CLAIMS-MADE X OCCUR		60504949	4/30/2023	4/30/2024	DAMAGE TO RENTED PREMISES (Ea occurrence)	100,000	
						MED EXP (Any one person)	\$ 5,000	
						PERSONAL & ADV INJURY	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 2,000,000	
	POLICY X PRO- JECT X LOC					PRODUCTS - COMP/OP AGG	\$ 2,000,000	
	OTHER:						\$	
Α	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	1,000,000	
	X ANY AUTO		60504949	4/30/2023	4/30/2024	BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
							\$	
Α	X UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	1,000,000	
	EXCESS LIAB CLAIMS-MADE		60504949	4/30/2023	4/30/2024	AGGREGATE	\$ 1,000,000	
	DED X RETENTION\$						\$	
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE		AVWCIL3070502023 4/30/2023	4/30/2024	E.L. EACH ACCIDENT	1,000,000		
	(Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$ 1,000,000	
Α	Installation Floater		60504949	4/30/2023	4/30/2024	Limit	14,500	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) SAMPLE FOR PROOF OF COVERAGE

CERTIFICATE HOLDER	CANCELLATION
Koch Konstruction Inc 5687 Broadway Rd Groveland, IL 61535	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Groveland, ie 01000	AUTHORIZED REPRESENTATIVE
	Hanch Fring

ACORD 25 (2016/03)