

**EXAMPLES**

**CERTIFICATE OF LIABILITY INSURANCE FOR PROJECTS \$100,000 OR MORE - EXAMPLE**

Must show covering the property (General Liability and Workmen's Comp), assigned to the Village of VH as the Certificate Holder and showing the Village of VH as an additional insured.

ACORD CERTIFICATE OF LIABILITY INSURANCE KANAF01 OP ID: JB  
 DATE (MM/DD/YYYY) 01/16/2020  
 5248

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. 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 endorsements(s).

PRODUCER: Insurance CO. CONTACT: PHONE: FAX: MAIL ADDRESS: INSURERS AFFORDING COVERAGE: NAIC #

INSURED: commercial business insured

COVERAGES: CERTIFICATE NUMBER: REVISION NUMBER:

TYPE OF INSURANCE	DESCRIPTION	POLICY NUMBER	POLICY EFF. DATE	POLICY EXP. DATE	LIMITS
A X	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/>	COL40171T0	01/01/2020	01/01/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$ 300,000 MED EXP (Adv. rate person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A X	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRER AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/>	ACV40926A0	01/01/2020	01/01/2021	COMBINED SINGLE LIMIT (Per occurrence) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per person) \$
A X	UMBRELLA LIAB EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 40,000	GPU40708B0	01/01/2020	01/01/2021	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000
A	WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR OR PARTNER/EXECUTIVE (Excluded in NH) <input type="checkbox"/> Y/N N/A	WCN40842Q0	01/01/2020	01/01/2021	X <input type="checkbox"/> STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 \* Village of Vernon Hills is named as an Additional Insured with respect to General Liability insurance when required by written contract. \*

CERTIFICATE HOLDER: VILLA03  
 Village of Vernon Hills  
 290 Evergreen Drive  
 Vernon Hills, IL 60061

CANCELLATION: 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: \_\_\_\_\_

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Illinois Department of PUBLIC HEALTH  
 LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

EXPIRATION: 055-xxxxxx  
 COMPANY: PLUMBING CONTRACTOR REGISTRATION  
 Plumber Company/Address: \_\_\_\_\_  
 Plumber Name: \_\_\_\_\_

07 W111

The face of this license has a colored background. Printed by Authority of the State of Illinois • P.O. 952195-4

**PLUMBER LICENSE & REGISTRATION 058/055/Chicago - EXAMPLE**

IDPH PLUMBER LICENSE  
 PLUMBER ID: 058- Orig Issue Date: 01/04/2006 EXPIRES: 04/30/2020

This license issued under authority of the State of Illinois - Department of Public Health  
 If found return to 525 W. Jefferson Street  
 Springfield, IL 62761

**Faxes not accepted  
 Clear picture must be present**

City of Chicago Department of Buildings  
 Journeyman Plumber's License  
 Issued: 7/2/2019  
 License #: J  
 Expires: \_\_\_\_\_

CHICAGO In lieu of 058 CLEAR PICTURE MUST BE PRESENT NO FAX

This license is valid and in force throughout the state of Illinois and the City of Chicago in accordance with an act of the 88th General Assembly.