



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
05/13/2020

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 endorsement(s).

<b>PRODUCER</b> Linda Lee Enterprises Inc DBA: FTS Insurance 14045 W.Petronella Dr., Ste. 2 Libertyville IL 60048		<b>CONTACT NAME:</b> Anita Rhoads <b>PHONE (A/C, No, Ext):</b> (847) 793-0775 <b>FAX (A/C, No):</b> (847) 793-0776 <b>E-MAIL ADDRESS:</b> anita@ftsinsurance.com	
		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>INSURER A:</b> Twin City Fire Insurance Company	<b>NAIC #</b> 29459
<b>INSURED</b>		<b>INSURER B:</b> Rockford Mutual Insurance Co	27065
Helping Hands Maid Services Inc		<b>INSURER C:</b> Hartford Ins. Co of IL	38288
381 N York St		<b>INSURER D:</b> CNA Insurance	
Suite 12		<b>INSURER E:</b>	
Elmhurst IL 60126		<b>INSURER F:</b>	

**COVERAGES** **CERTIFICATE NUMBER:** CL1982213889 **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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b>			83SBARO2205	09/01/2019	09/01/2020	EACH OCCURRENCE \$ 1,000,000		
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:								MED EXP (Any one person) \$ 10,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PERSONAL & ADV INJURY \$ 1,000,000		
OTHER:						GENERAL AGGREGATE \$ 2,000,000			
B	<b>AUTOMOBILE LIABILITY</b>			CA000060751	12/10/2019	12/10/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000		
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$		
	<input type="checkbox"/> OWNED AUTOS ONLY	<input checked="" type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$		
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY	<input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident) \$		
Underinsured motorist						\$ 1,000,000			
C	<b>UMBRELLA LIAB</b>			83WECBZ5941	09/01/2019	09/01/2020	COMBINED SINGLE LIMIT EACH OCCURRENCE \$		
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> OCCUR					AGGREGATE \$		
	DED	RETENTION \$					PER STATUTE	OTHER	
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>								
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)			Y / N	N / A	83WECBZ5941	09/01/2019	09/01/2020	E.L. DISEASE - EA EMPLOYEE \$ 1,000,000	
If yes, describe under DESCRIPTION OF OPERATIONS below			<input checked="" type="checkbox"/> Y					E.L. DISEASE - POLICY LIMIT \$ 1,000,000	
DESCRIPTION OF OPERATIONS below									
D	Janitorial Bond			62665704	02/04/2020	02/04/2021	Janitorial Bond \$50,000		

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

### CERTIFICATE HOLDER

Helping Hand Maid Servies

### 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

*Allen Z. [Signature]*