

# ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
3/31/2010

PRODUCER (630) 790-4590 FAX: (630) 790-4599  
Cevaal Insurance Agency, Inc.  
475 N. Main Street

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

Glen Ellyn IL 60137

INSURERS AFFORDING COVERAGE

NAIC #

INSURED

INSURER A: Illinois Emcasco

32808

Herricane Graphics Inc DBA:  
Advantage Sign Installation  
1275 W Roosevelt Rd Ste 112  
West Chicago IL 60185-4815

INSURER B: EMCASCO Insurance Company

21407

INSURER C:

INSURER D:

INSURER E:

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	3D80290	10/17/2009	10/17/2010	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MEP EXP (Any one person) \$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				PERSONAL & ADV INJURY \$ 1,000,000
A	AUTOMOBILE LIABILITY	3E80290	10/17/2009	10/17/2010	GENERAL AGGREGATE \$ 2,000,000
	<input type="checkbox"/> ANY AUTO				PRODUCTS - COMPROP AGG \$ 2,000,000
	<input checked="" type="checkbox"/> ALL OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per person) \$
	GARAGE LIABILITY				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> ANY AUTO				PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> EXCESS/UMBRELLA LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				OTHER THAN EA ACC AGG \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	3H80290	10/17/2009	10/17/2010	EACH OCCURRENCE \$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				AGGREGATE \$
	OTHER				DEDUCTIBLE \$
					RETENTION \$
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS Policy contains a blanket additional insured endorsement as respects General Liability coverage. College of DuPage and Bell Signs/Entara Signs have automatic additional insured status on the policy when it is required under a written contract or agreement. Form is available upon request. * 10 days notice for non-payment of premium.					

CERTIFICATE HOLDER

(630) 858-9078  
College of DuPage  
425 Fawell Blvd., SRC 2049  
Glen Ellyn, IL 60137

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL \*30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE  
Steven Cevaal/AK