ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/19/2013

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 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).

PRODUCER		CONTACT NAME	VICKI CARVER		
SHRIVER INSURANCE AGENCY 340 W. BUTTERFIELD ROAD SUITE 2B ELMHURST, IL 60126 PHONE: (630) 833-0480 FAX: (630) 833-0876		PHONE (A/C, No, Ext): 630-833-0480		FAX (A/C, No): 630-833-0876	
		E-MAIL ADDRESS:			
		INSURER(S) AFFORDING COVERAGE			NAIC #
		INSURER A: OCCIDENTAL FIRE & CASUALTY			
INSURED		INSURER B:			
COLONIAL COACH LINES, INC. 1600 JAMES DRIVE MT. PROSPECT, IL 60056		INSURER C:			
		INSURER D:			
		INSURER E:			
		INSURER F:			

COVERAGES   **CERTIFICATE NUMBER:**   100724   **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 SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	**GENERAL LIABILITY** X COMMERCIAL GENERAL LIABILITY			CL00159964	3/10/13	3/10/14	EACH OCCURRENCE	$	1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$	100,000
	CLAIMS-MADE X OCCUR						MED EXP (Any one person)	$	5,000
							PERSONAL & ADV INJURY	$	1,000,000
							GENERAL AGGREGATE	$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$	INCLUDED
	POLICY PRO-JECT LOC							$	
A	**AUTOMOBILE LIABILITY** ANY AUTO ALL OWNED AUTOS X SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS			CA00039257	3/10/13	3/10/14	COMBINED SINGLE LIMIT (Ea accident)	$	5,000,000
							BODILY INJURY (Per person)	$	
							BODILY INJURY (Per accident)	$	
							PROPERTY DAMAGE (Per accident)	$	
								$	
	UMBRELLA LIAB OCCUR **EXCESS LIAB** CLAIMS-MADE						EACH OCCURRENCE	$	
							AGGREGATE	$	
	DED RETENTION $							$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					WC STATU-TORY LIMITS OTH-ER		
							E.L. EACH ACCIDENT	$	
							E.L. DISEASE - EA EMPLOYEE	$	
							E.L. DISEASE - POLICY LIMIT	$	

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

THE EXPERIENTAL AGENCY IS COVERED UNDER THE POLICY ENDORSEMENT #CA2048 DESIGNATED INSURED. THIS ENDORSEMENT IDENTIFIES PERSON (S) OR ORGANIZATION (S) WHO ARE INSURED UNDER THE WHO IS AN INSURED PROVISION OF THE COVERAGE FORM AS ANY ENTITY REQUIRED BY A WRITTEN "INSURED CONTRACT" TO BE ADDED AS AN ADDITIONAL INSURED.

CERTIFICATE HOLDER	CANCELLATION
Township High School District 211 1750 South Roselle Road Palatine, IL 60067	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 *[signature]*

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