



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/31/2023

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).

PRODUCER
FEDERATED MUTUAL INSURANCE COMPANY
HOME OFFICE: P.O. BOX 328
OWATONNA, MN 55060

CONTACT NAME: CLIENT CONTACT CENTER

PHONE
(A/C, No, Ext): 888-333-4949FAX
(A/C, No): 507-446-4664

E-MAIL ADDRESS: CLIENTCONTACTCENTER@FEDINS.COM

INSURERS AFFORDING COVERAGE

NAIC #

INSURER A: FEDERATED MUTUAL INSURANCE COMPANY

13935

INSURED
BERNHARD WOODWORK LTD
3670 WOODHEAD DR
NORTHBROOK, IL 60062-1883

350-820-7

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURER F:

COVERAGES

CERTIFICATE NUMBER: 0

REVISION NUMBER: 0

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS						
A	☒	COMMERCIAL GENERAL LIABILITY				Y	Y	9247161	10/01/2023	10/01/2024	EACH OCCURRENCE		\$1,000,000			
	☐	CLAIMS-MADE	☒	OCCUR							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	☐	PROJECT	☐						LOC	PRODUCTS & COMP/OP AGG		\$2,000,000		
	☐	OTHER:														
A	AUTOMOBILE LIABILITY				Y	Y	9247161	10/01/2023	10/01/2024	COMBINED SINGLE LIMIT (Ea accident)		\$1,000,000				
	☒	ANY AUTO								BODILY INJURY (Per Person)						
	☐	OWNED AUTOS ONLY	☐	SCHEDULED AUTOS						BODILY INJURY (Per Accident)						
	☐	HIRED AUTOS ONLY	☐	NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per Accident)						
	☐															
A	☒	UMBRELLA LIAB		☒	OCCUR		N	N	9247162	10/01/2023	10/01/2024	EACH OCCURRENCE		\$15,000,000		
	EXCESS LIAB		☐	CLAIMS-MADE		AGGREGATE						\$15,000,000				
	DED		RETENTION													
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				Y/N		N/A	Y	9247163	10/01/2023	10/01/2024	☒	PER STATUTE	☐	OTHER	
	ANY PROPRIETOR/PARTNER/ EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)											E.L EACH ACCIDENT		\$1,000,000		
	If yes, describe under DESCRIPTION OF OPERATIONS below											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)

THIS COPY IS NOT TO BE REPRODUCED FOR ISSUANCE OF CERTIFICATES.

CERTIFICATE HOLDER

A CERTIFICATE HAS BEEN FILED WITH EACH OF YOUR CERTIFICATE HOLDERS.

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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