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TMYERS DATE (MM/DD/YYYY)

CUSTSER-01

		;EF	RTI	FICATE OF LIA	۱BIL	ITY INS	SURAN	CE	12	/21/2023	
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.											
lf	MPORTANT: If the certificate holder SUBROGATION IS WAIVED, subject Subrogation is certificate does not confer rights to	ct to	the	terms and conditions of	the po	licy, certain	policies may				
	DUCER	-				c⊤ Trenda Ñ					
First Mid Insurance Group 1090 South Route 51						PHONE (A/C, No, Ext): (217) 859-7049 FAX (A/C, No):					
	syth, IL 62535				E-MAIL ADDRE	ss: trenda.m	nyers@first				
						INS	SURER(S) AFFOR	RDING COVERAGE		NAIC #	
					INSURE	RA: Housto	n Specialty	Insurance Company		12936	
INSURED Custom Service Crane Co., Inc. P.O. Box 267						INSURER B I Imperium Insurance Company					
						INSURER C : Consolidated Construction Safety Fund of Illinois					
						INSURER D : Travelers Property & Casualty Company of America					
	Fisher, IL 61843-0267				INSURER E :						
					INSURER F :						
cc	VERAGES CER	TIFIC	CATE	E NUMBER:	REVISION NUMBER:						
ll C	HIS IS TO CERTIFY THAT THE POLICIE NDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQUI PER	REMI TAIN,	ENT, TERM OR CONDITIO	N OF A DED BY	ANY CONTRAC Y THE POLIC	CT OR OTHEF	R DOCUMENT WITH RESPE	ECT TO	WHICH THIS	
NSF LTR			DLISUBR DDLISUBR DD WVD POLICY NUMBER (MM/DD/YYYY) (MM/DD/YYYY) LIMITS								
A	X COMMERCIAL GENERAL LIABILITY	INOD						EACH OCCURRENCE	\$	1,000,000	
	CLAIMS-MADE X OCCUR			CONHSGL0000334		12/16/2023	12/16/2024	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	50,000	
	XXCU							MED EXP (Any one person)	\$	5,000	
	X Contractual Liab							PERSONAL & ADV INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000	
	POLICY X PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000	
	OTHER:								\$		
В						12/16/2023	12/16/2024	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
	ANY AUTO			CONIICCA0000329				BODILY INJURY (Per person)	\$		
	OWNED AUTOS ONLY X SCHEDULED							BODILY INJURY (Per accident)	\$		
	X HIRED AUTOS ONLY X AUTOS AUTOS ONLY X AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
	AUTOS ONEY AUTOS ONEY								\$		
Α	UMBRELLA LIAB X OCCUR							EACH OCCURRENCE	\$	5,000,000	
	X EXCESS LIAB CLAIMS-MADE			CONHSCX0000268		12/16/2023	12/16/2024	AGGREGATE	\$		
	DED X RETENTION \$ 0							Aggregate	\$	5,000,000	
С	WORKERS COMPENSATION							X PER OTH- STATUTE ER	Ψ		
	AND EMPLOYERS' LIABILITY Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE		WC00210410022		12/31/2023	12/31/2024	E.L. EACH ACCIDENT	\$	2,000,000		
	OFFICER/MEMBER EXCLUDED?	N / A						E.L. DISEASE - EA EMPLOYEE		2,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$ \$	2,000,000	
D	Leased/Rented Equip				12/16/2023 12/16/2024 Limit			750,000			
D	Riggers Liability QT6301J766325TIL22				12/16/2023	12/16/2024	Limit		1,000,000		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (/	COR	D 101, Additional Remarks Schedu	ile, may b	e attached if mor	e space is requir	ed)			
A	IPLE FOR PROOF OF COVERAGE										

CERTIFICATE HOLDER	CANCELLATION					
Custom Service Crane Co., Inc. PO Box 267 Fisher, IL 61843	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					
	Irende Mujers					

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