

05/20/2005 09:57 6308525696  
 MAY 20 2005 10:47AM IDEAL INS

NO. 456 P. 23  
 OP ID BB  
 COUNT-2 DATE (MM/DD/YYYY)  
 05/20/05

**ACORD CERTIFICATE OF LIABILITY INSURANCE**

PRODUCER  
**VFIS/MIDWEST**  
 Ideal Insurance Agency Inc.  
 3041 Woodcreek Dr., Suite#200  
 Downers Grove IL 60515-1169  
 Phone: 630-852-5500 Fax: 630-852-5696

INSURED  
 Agenda Item # **49**  
 Countryside Rd  
 600 N. Deerpath  
 Vernon Hills IL 60061

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.

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: <b>AAIC</b>	
INSURER B:	
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.

RISK ADD LTR INSRG	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Owner/Cont Prot. GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PROJ-JECT <input type="checkbox"/> LOC	TR0018149-05	12/12/04	12/12/05	EACH OCCURRENCE \$ 1,000,000
					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000
					MED EXP (Any one person) \$ 10,000
					PERSONAL & ADV INJURY \$ 1,000,000
					GENERAL AGGREGATE \$ 3,000,000
					PRODUCTS - COMP/OP AGG \$ 3,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$
					BODILY INJURY (Per person) \$
					BODILY INJURY (Per accident) \$
					PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$
					OTHER THAN EA ACC \$
					AUTO ONLY: AGG \$
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$
					AGGREGATE \$
					\$
					\$
					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATUTORY LIMITS: OTHER
					E.L. EACH ACCIDENT \$
					E.L. DISEASE - EA EMPLOYEE \$
					E.L. DISEASE - POLICY LIMIT \$
A	OTHER Crime Coverage	TR-0018149-5	12/12/04	12/12/05	President \$300,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS  
 Proof of Bond coverage. Position Schedule Bond: President \$300,000

CERTIFICATE HOLDER  
**LAKECOU**  
 Lake County

CANCELLATION  
 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 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 AGENYS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE  
*Heather W. H...* / BB

## IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

## DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

THE LAW FIRM OF  
**OTTOSEN BRITZ KELLY**  
**COOPER & GILBERT, LTD.**

300 South County Farm Road • Third Floor • Wheaton, Illinois 60187  
Telephone 630.682.0085 • Facsimile 630.510.2289 • E-mail jkelly@obkcg.com

John H. Kelly  
Attorney at Law

Of Counsel  
William R. Penn

July 3, 2006

Barbara Allen  
Lake County Board Office  
18 North County Street  
10<sup>th</sup> Floor  
Waukegan, IL 60085-4351

RE: Countryside Fire Protection District  
Reappointment of Bruce A. Brown

Dear Ms. Allen:

Thank you for your recent reappointment of Bruce A. Brown to the Board of Trustees of the Countryside Fire Protection District. Enclosed with this letter please find a copy of the District's most recent financial report and a copy of pertinent portions of the District's insurance company evidencing the bond for Mr. Brown. Mr. Brown is the Secretary of the Board of Trustees and does not directly handle any funds.

If I can provide any additional information, please do not hesitate to contact me.

Very truly yours,

  
JOHN H. KELLY

JHK:cp  
Enclosures

cc: Ginny Klein (w/o encl)