



CERTIFICATE OF LIABILITY INSURANCE

3/10/2025

DATE (MM/DD/YYYY)

3/26/2024

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	Lockton Companies Three City Place Drive, Suite 900 St. Louis MO 63141-7081 (314) 432-0500 midwestcertificates@lockton.com	CONTACT	
		NAME: PHONE (A/C, No. Ext): E-MAIL: ADDRESS:	FAX (A/C, No):
		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A : LM Insurance Corporation	33600
INSURED 1539550	Inner-City Muslim Action Network 2744 W. 63rd St Chicago IL 60629	INSURER B :	
		INSURER C :	
		INSURER D :	
		INSURER E :	
		INSURER F :	

COVERAGES

CERTIFICATE NUMBER: 20437541

REVISION NUMBER: XXXXXXX

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS							
	COMMERCIAL GENERAL LIABILITY			NOT APPLICABLE			EACH OCCURRENCE	\$ XXXXXXX						
	CLAIMS-MADE <input type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ XXXXXXX						
							MED EXP (Any one person)	\$ XXXXXXX						
							PERSONAL & ADV INJURY	\$ XXXXXXX						
							GENERAL AGGREGATE	\$ XXXXXXX						
							PRODUCTS - COMP/OP AGG	\$ XXXXXXX						
	GEN'L AGGREGATE LIMIT APPLIES PER:			NOT APPLICABLE			\$							
	POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC													
	OTHER:													
	AUTOMOBILE LIABILITY									NOT APPLICABLE			COMBINED SINGLE LIMIT (Ea accident)	\$ XXXXXXX
	ANY AUTO												BODILY INJURY (Per person)	\$ XXXXXXX
	OWNED AUTOS ONLY												BODILY INJURY (Per accident)	\$ XXXXXXX
Hired AUTOS ONLY	PROPERTY DAMAGE (Per accident)	\$ XXXXXXX												
		\$ XXXXXXX												
	UMBRELLA LIAB			NOT APPLICABLE			EACH OCCURRENCE	\$ XXXXXXX						
	EXCESS LIAB						AGGREGATE	\$ XXXXXXX						
	DED <input type="checkbox"/> RETENTION \$													
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							N	WC5-39S-712567-064	3/10/2024	3/10/2025	X <input type="checkbox"/> PER STATUTE	OTH- ER	
	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)

CERTIFICATE HOLDER

CANCELLATION

20437541 Fulton County Government-Purchasing Department 130 Peachtree Street S.W. Ste. 1168 Atlanta, GA 30303-3459	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

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