

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

TMYERS

DATE (MM/DD/YYYY) 6/25/2024

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	CONTACT Trenda Myers					
First Mid Insurance Group 1090 South Route 51	PHONE (A/C, No, Ext): (217) 859-7049					
Forsyth, IL 62535	E-MAIL ADDRESS: trenda.myers@firstmid.com					
	INSURER(S) AFFORDING COVERA	NAIC #				
	INSURER A: United Fire & Casualty Com	13021				
INSURED	INSURER B : American Interstate Insuran	31895				
Koch Konstruction Inc	INSURER C:					
5687 Broadway Rd	INSURER D:					
Groveland, IL 61535	INSURER E :					
	INSURER F:					
COVERAGES CERTIFICATE NUMBER.	DEVICION	NUMBED.				

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

				LIMITS SHOWN MAY HAVE BEEN I			· 				
	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S			
X	COMMERCIAL GENERAL LIABILITY				605049		,	,	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR					60504949	4/30/2024	4/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
							MED EXP (Any one person)	\$	5,000		
							PERSONAL & ADV INJURY	\$	1,000,000		
GEN	I'L AGGRE <u>GAT</u> E LIMIT AP <u>PLIE</u> S PER:						GENERAL AGGREGATE	\$	2,000,000		
	POLICY X PRO- JECT X LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000		
	OTHER:							\$			
AUT	OMOBILE LIABILITY		605				COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000		
X	ANY AUTO			6	60504949	60504949	4/30/2024	4/30/2025	BODILY INJURY (Per person)	\$	
	AUTOS ONLY AUTOS							\$			
Х	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$			
								\$			
Х	UMBRELLA LIAB X OCCUR				4/30/2024 4/30/2		EACH OCCURRENCE	\$	1,000,000		
	EXCESS LIAB CLAIMS-MADE			60504949		4/30/2025	AGGREGATE	\$	1,000,000		
	DED X RETENTION\$							\$			
WOR	EMDI OVEDSI I IADII ITV								X PER OTH-		
ANY	PROPRIETOR/PARTNER/EXECUTIVE 7/N	N / A			AVWCIL3179362024	4/30/2024	4/30/2025	E.L. EACH ACCIDENT	\$	1,000,000	
	datory in NH)] [7]					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000		
DÉS	CRIPTION OF OPERATIONS below							\$	1,000,000		
Inst	allation Floater			60504949	4/30/2024	4/30/2025	Limit		14,500		
	AUT X X WORAND OFFI (Man If yee DES0	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO- OTHER: AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY X HIRED AUTOS ONLY X HIRED AUTOS ONLY X OCCUR EXCESS LIAB CLAIMS-MADE	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO- OTHER: AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY AUTOS ONLY X HIRED AUTOS ONLY AUTOS ONLY X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRODUCY X JECT X LOC OTHER: AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY AUTOS ONLY X HIRED AUTOS ONLY AUTOS ONLY X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION \$ 0 WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE N OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PROTON X LOC OTHER: AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY AUTOS X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION \$ 0 WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below 60504949 60504949 AVWCIL3179362024	TYPE OF INSURANCE INSD WVD POLICY NUMBER (MM/DD/YYYY) X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO X LOC OTHER: AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY X AUTOS ONLY X HIRED AUTOS ONLY X AUTOS ONLY X HIRED DED X RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE NAME AVWCIL3179362024 AVWCIL3179362024 AVWCIL3179362024 AVWCIL3179362024 AVWCIL3179362024	TYPE OF INSURANCE INSD W/D COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GENL AGGREGATE LIMIT APPLIES PER: POLICY X JECT X LOC OTHER: AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY X AUTOS ONLY AUTOS ONLY X HIRED AUTOS ONLY X AUTOS ONLY AUTOS ONLY X HIRED EXCESS LIAB DED X RETENTION \$ WORKERS COMPENSATION AND EMPLOYER'S LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE N N/A AVWCIL3179362024 (MM/DD/YYYY) (MM/DD/YYYYY) (MM/DD/YYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYY	TYPE OF INSURANCE INSU W/D POLICY NUMBER (MM/DD/YYYY) (MM/DD/YYYY) (MM/DD/YYYY) EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Fa occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE LIMIT APPLIES PER: POLICY X PROT X LOC OTHER: AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY X NON-OWNED AUTOS ONLY X NON-OWNED EXCESS LIAB CLAIMS-MADE DED X RETENTION SONLY AUTOS ONLY OWNERS COMPENSATION ANY PROPRIETOR/PARTNER EXCLUDED? WORKERS COMPENSATION ANY PROPRIETOR/PARTNER EXCLUDED? (MM/DD/YYYY) (MM/DD/YYYY) MAJO2024 4/30/2025 EACH OCCURRENCE AGACH OCCURRENCE AGACH OFFICE NOMBER MED EXP (Any one person) PRESONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG EVERNAL AGGREGATE COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPRETOR AGGREGATE EACH OCCURRENCE AGGREGATE EACH OCCURRENCE AGGREGATE ELL EACH ACCIDENT ELL DISEASE - EA EMPLOYEE ELL DISEASE - POLICY LIMIT ELL DISEASE - POLICY LIMIT ELL DISEASE - POLICY LIMIT	X COMMERCIAL GENERAL LIABILITY GENLA AGREGATE LIMIT APPLIES PER: POLICY X PRODUCTS - COMP/OP AGG \$ PRODUCTS - COMP/OP AG		

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) SAMPLE FOR PROOF OF COVERAGE

CERTIFICATE HOLDER	CANCELLATION
Koch Konstruction Inc 5687 Broadway Rd Groveland. IL 61535	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Groveland, in Groot	AUTHORIZED REPRESENTATIVE
	Trende Myers