



Rockford Mutual INSURANCE COMPANY

527 Colman Center Drive
Rockford, Illinois 61125
Phone 815-229-1500
www.rockfordmutual.com

SUMMARY PAGE NEW BUSINESS DECLARATION

EFFECTIVE 06/09/2011
Policy Number: COIL012333

Policy Period 06/09/2011 to 06/09/2012 12:01 A.M. Standard Time at the address of the Named Insured stated below.

NAMED INSURED AND ADDRESS
M&L REMOEDLING & PAINTING CORP
5700 W MELROSE
CHICAGO, IL 60634

PRODUCER NAME AND ADDRESS
HANDZEL & ASSOCIATES LTD
3225 N. CENTRAL AVENUE
CHICAGO, IL 60634

1734-0004

Agent Bill

PHONE: (708) 695-0900

THIS POLICY IS CONTINUOUS UNTIL CANCELLED OR LAPSED.

COVERAGE SUMMARY

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS/POLICIES FOR WHICH A PREMIUM IS INDICATED.
THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

COVERAGE PART/POLICY ATTACHED	PREMIUM
COMMERCIAL CONTRACTORS (CONPAC)	\$857.00
TOTAL ADVANCE PREMIUM	\$857.00

POLICY FORMS AND ENDORSEMENTS

Common Forms That Apply To All Coverage Parts

NUMBER	EDITION	DESCRIPTION
*BP0003	01-06	Businessowners Coverage Form
*BP0154	12-05	Illinois Changes
*BP0159	08-08	Water Exclusion Endorsement
*BP0401	01-06	Comprehensive Business Liability Exclusion NO TORCH APPLIED ROOFING; SPRAY PAINTING OR MUD-JACKING
*BP0441	01-06	Business Income-Increased Period Of Restor
*BP0493	01-06	Total Pollution Exclusion With Exception
*BP0517	01-06	Exclusion-Silica and Silica-Related Dust
*BP0523	01-08	Cap On Losses Certified Acts Of Terrorism
*BP0524	01-08	Exclusion Of Certified Acts Of Terrorism
*BP0541	06-08	Excl Cert Acts & Other Acts Terr Outside U S
*BP0564	01-07	Conditional Exclusion Of Terrorism
*BP0577	01-06	Fungi or bacteria Exclusion (Liability)
*BP0601	01-07	Exclusion of Loss Due to Virus or Bacteria
*BP0643	04-06	Illinois Changes - Defense Costs
*BP0703	01-06	Property Damage Liability Deductible \$500 PROPERTY DEDUCTIBLE PER CLAIM
*BP1005	07-02	Exclusion - Y2K
*BP1006	07-02	Exclusion - Y2K Products/Completed Ops
*BP1009	01-06	Names Perils
*IL0985	01-08	Disclosure - Terrorism Risk Insurance Act
*98-204	06-93	Lead Liability Exclusion
*99-022	05-09	Notice To Policyholders
*99-050	07-98	Notification of Insurance Information Practic



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===== **POLICY FORMS AND ENDORSEMENTS** =====

Common Forms That Apply To All Coverage Parts

NUMBER	EDITION	DESCRIPTION
*99-1018	07-01	Consumer Privacy Policy
*99-7010	03-02	Illinois Notice - Terrorism Related Exclusion
*99-7028	01-03	Advisory Notice - Fungi or Bacteria
*99-7065	01-08	Notice To Policyholders - Businessowners

===== **END OF SUMMARY DECLARATIONS** =====

AGENCY AT CHICAGO, IL

Authorized Representative

DATE 06/12/2011

PAGE 2



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CONPAC (BUSINESSOWNERS)

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PREMIUM SUMMARY		
BASIC PREMIUM	ENDORSEMENT PREMIUM	TOTAL PREMIUM
\$857.00		\$857.00

LOCATION ADDRESS(ES)	
LOCATION: 1	5700 W MELROSE CHICAGO, IL 60634

LOCATION 1				
BLDG	ITEM	DEDUCT	FORM	TERR CLASS
1	1	\$500	STANDARD	1 91342-Carpentry-NOC
Optional Coverage/Glass Deductible \$500				

FORM OF BUSINESS: Corporation

PROPERTY COVERAGES			
BLDG COVERAGE		LIMIT	LOSS SETTLEMENT PREMIUM
1	Business Personal Property	\$1,000	Repl Included

LIABILITY AND MEDICAL EXPENSES
Except for Damage To Premises Rented To You, each paid claim for the following coverages reduces the amount of insurance we provide during the applicable annual period. Please refer to the Section II-Liability, Paragraph D.4 of the Businessowners Coverage Form.

COVERAGE	LIMIT	PREMIUM
Business Liability Per Occurrenc	\$1,000,000	\$857.00
Business Liability Aggregate	\$2,000,000	Included
Damage To Premises Rented To You	\$100,000	Included
Medical Expenses	\$5,000	Included

TOTAL ADVANCE PREMIUM \$857.00