



VEHICLE OR EQUIPMENT CERTIFICATE OF INSURANCE

DATE (MM/DD/YYYY)
04/11/2018

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.

This form is used to report coverages provided to a single specific vehicle or equipment. Do not use this form to report liability coverage provided to multiple vehicles under a single policy. Use ACORD 25 for that purpose.

PRODUCER James D. Mays Jr. 4465 N. Milwaukee Ave. Chicago, IL 60630	CONTACT NAME: Patti Stitz PHONE (A/C, No, Ext): 1-773-282-1500 E-MAIL ADDRESS: patti.stitz.leiu@statefarm.com PRODUCER CUSTOMER ID #:	FAX (A/C, No): 1-773-282-4343
	INSURER(S) AFFORDING COVERAGE	
INSURED Wizard Electric Inc. 3485 N. Elston Ave. Chicago, IL 60618-5649	INSURER A: State Farm Mutual Automobile Insurance Company	NAIC # 25178
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

DESCRIPTION OF VEHICLE OR EQUIPMENT					
YEAR	MAKE / MANUFACTURER	MODEL	BODY TYPE	VEHICLE IDENTIFICATION NUMBER	
2012	Ford	E350	Van	1FTSE3EL4CDA56468	
DESCRIPTION			VEHICLE/EQUIPMENT VALUE	SERIAL NUMBER	
			\$		

COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER:
THIS IS TO CERTIFY THAT THE POLICY(IES) OF INSURANCE LISTED BELOW HAS/HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD(S) 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 POLICY(IES) DESCRIBED HEREIN IS/ARE SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICY(IES).		

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS			
		<input checked="" type="checkbox"/> VEHICLE LIABILITY	926 1119-A06-13N	01/06/2018	07/06/2018	COMBINED SINGLE LIMIT	\$		
						BODILY INJURY (Per person)	\$ 1,000,000.00		
						BODILY INJURY (Per accident)	\$ 1,000,000.00		
						PROPERTY DAMAGE	\$ 1,000,000.00		
		<input type="checkbox"/> GENERAL LIABILITY				EACH OCCURENCE	\$		
		<input type="checkbox"/> OCCURRENCE				GENERAL AGGREGATE	\$		
		<input type="checkbox"/> CLAIMS MADE					\$		
INSR LTR	LOSS PAYEE	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS / DEDUCTIBLE			
		<input checked="" type="checkbox"/> VEH COLLISION LOSS	926 1119-A06-13N	01/06/2018	07/06/2018	<input checked="" type="checkbox"/> ACV	<input type="checkbox"/> AGREED AMT	\$	LIMIT
									<input type="checkbox"/> STATED AMT
		<input checked="" type="checkbox"/> VEH COMP <input type="checkbox"/> VEH OTC	926 1119-A06-13N	01/06/2018	07/06/2018	<input checked="" type="checkbox"/> ACV	<input type="checkbox"/> AGREED AMT	\$	LIMIT
									<input type="checkbox"/> STATED AMT
		<input type="checkbox"/> EQUIPMENT				<input type="checkbox"/> ACV	<input type="checkbox"/> AGREED AMT	\$	LIMIT
		<input type="checkbox"/> BASIC <input type="checkbox"/> BROAD				<input type="checkbox"/> RC	<input type="checkbox"/> STATED AMT	\$	DED
		<input type="checkbox"/> SPECIAL						\$	DED

REMARKS (INCLUDING SPECIAL CONDITIONS / OTHER COVERAGES) (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Additional Insured: HomeServe USA 601 Merritt 7 Norwalk, CT 06851 and it's affiliates

ADDITIONAL INTEREST	CANCELLATION
Select one of the following: <input checked="" type="checkbox"/> The additional interest described below has been added to the policy(ies) listed herein by policy number(s). <input type="checkbox"/> A request has been submitted to add the additional interest described below to the policy(ies) listed herein by policy number(s).	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
VEHICLE / EQUIPMENT INTEREST: <input type="checkbox"/> LEASED <input type="checkbox"/> FINANCED	DESCRIPTION OF THE ADDITIONAL INTEREST <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> LENDER'S LOSS PAYEE <input checked="" type="checkbox"/> Certificate Holder
NAME AND ADDRESS OF ADDITIONAL INTEREST HomeServe USA c/o PlusOne Solutions, Inc. 3501 Quadrangle Blvd. Suite 120 Orlando, FL. 32817	LOAN / LEASE NUMBER