

## **CERTIFICATE OF LIABILITY INSURANCE**

**JANDREE** 

DATE (MM/DD/YYYY) 7/14/2023

**WIZAELE-01** 

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.

lf ti	SUBROGATION IS WAIVED, subject is certificate does not confer rights to	ct to o the	the certi	terms and conditions of ificate holder in lieu of su	ich end	lorsement(s)	policies may	require an en	dorsemen	t. As	tatement on	
PRODUCER Kane Insurance Group, Inc. 4016 N. Lincoln Ave. Chicago, IL 60618						CONTACT NAME: PHONE (A/C, No, Ext): (773) 525-0661  E-MAIL ADDRESS: info@kanegroupins.com						
						INSURED						INSURER B:
Wizard Electric Inc					INSURER C:							
	3485 Elston				INSURER D:							
	Chicago, IL 60618				INSURER E :							
					INSURE	RF:						
СО	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NU	MBER:			
IN C	HIS IS TO CERTIFY THAT THE POLICIE NDICATED. NOTWITHSTANDING ANY RETTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQUI PER	REME TAIN,	ENT, TERM OR CONDITION THE INSURANCE AFFOR	N OF A	NY CONTRAC	CT OR OTHER ES DESCRIB	R DOCUMENT W	ITH RESPE	CT TC	WHICH THIS	
INSR TYPE OF INSURANCE			SUBR				POLICY EXP (MM/DD/YYYY)					
A	X COMMERCIAL GENERAL LIABILITY	INSD WV	WVD	,		(WIW/DD/TTTT)	(MIMI/DD/TTTT)	EACH OCCURRENCE \$		1,000,000		
	CLAIMS-MADE X OCCUR	X		PGR944552235		6/26/2023	6/26/2024	DAMAGE TO RENTED PREMISES (Ea occurrence)  MED EXP (Any one person)			50,000	
										\$	5,000	
GEN'L AGGREGATE LIMIT APPLIES PER:								PERSONAL & AD	/ INJURY	\$	1,000,000 2,000,000	
								GENERAL AGGREGATE \$		\$	2,000,000	
	X POLICY PRO- OTHER:							PRODUCTS - COM	IP/OP AGG	\$	2,000,000	
	AUTOMOBILE LIABILITY							COMBINED SINGI (Ea accident)	E LIMIT	\$		
	ANY AUTO							BODILY INJURY (I	Per person)	\$		
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (I	Per accident)	\$		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMA (Per accident)	(GE	\$		
										\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRE	NCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$		
	DED RETENTION \$							PER	OTH-	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER			
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N/A						E.L. EACH ACCID		\$		
If ves. describe under								E.L. DISEASE - EA				
	DÉSÉRIPTION OF OPERATIONS below							E.L. DISEASE - PO	DLICY LIMIT	\$		
DES Elec	CRIPTION OF OPERATIONS / LOCATIONS / VEHICI ctrical Work Within Buildings	LES (A	ACORE	0 101, Additional Remarks Schedu	ile, may b	e attached if mor	e space is requir	red)				
CERTIFICATE HOLDER						CANCELLATION						
***FOR INFORMATIONAL PURPOSES***						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						