



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/24/2025

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 NAME: Allison Schindler	
Sutkay Insurance Group		PHONE (A/C, No, Ext): (312) 725-9778	FAX (A/C, No): (779) 256-0947
513 S Phelps Ave		E-MAIL ADDRESS: allison@sutkayinsurance.com	
Suite 2		INSURER(S) AFFORDING COVERAGE	
Rockford IL 61108		INSURER A: BURLINGTON INS CO	NAIC # 23620
INSURED		INSURER B: LM INS CORP	33600
HomeHero Roofing, LLC		INSURER C: Propeller Bonds	51513
2333 Wisconsin Ave		INSURER D:	
Unit 5		INSURER E:	
Downers Grove IL 60515		INSURER F:	

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.		

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			582B010338	04/15/2025	04/15/2026	EACH OCCURRENCE	\$ 1,000,000			
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000			
	GEN'L AGGREGATE LIMIT APPLIES PER:							MED EXP (Any one person)	\$ 5,000		
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PERSONAL & ADV INJURY	\$ 1,000,000			
	OTHER:						GENERAL AGGREGATE	\$ 2,000,000			
	AUTOMOBILE LIABILITY						PRODUCTS - COMP/OP AGG	\$ 2,000,000			
	<input type="checkbox"/> ANY AUTO							\$			
	<input type="checkbox"/> OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS					COMBINED SINGLE LIMIT (Ea accident)	\$			
	<input type="checkbox"/> HIRED AUTOS ONLY	<input type="checkbox"/> NON-OWNED AUTOS ONLY					BODILY INJURY (Per person)	\$			
							BODILY INJURY (Per accident)	\$			
	UMBRELLA LIAB						PROPERTY DAMAGE (Per accident)	\$			
	<input type="checkbox"/> OCCUR							\$			
	EXCESS LIAB							\$			
	<input type="checkbox"/> CLAIMS-MADE							\$			
	DED							\$			
	RETENTION \$							\$			
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WCS-33S-B2589S-015	04/15/2025	04/15/2026	<input type="checkbox"/> Y <input type="checkbox"/> N				
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N/A							PER STATUTE	OTH-ER
	If yes, describe under DESCRIPTION OF OPERATIONS below									E.L. EACH ACCIDENT	\$ 100,000
										E.L. DISEASE - EA EMPLOYEE	\$ 500,000
C	Roofing Bond			7901182557	04/08/2025	04/08/2026	Limit	10,000			

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

CERTIFICATE HOLDER	CANCELLATION
BOILER PLATE	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 <i>Paul Sutkay</i>

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