Client#: 1171577 RUBINENG														
													TE (MM/DD/YYYY) 9/ 14/2018	
C B	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.													
lf	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 any rights to the certificate holder in lieu of such endorsement(s).													
PRO	DUCE	R						CONTACT NAME:						
USI Ins Srvcs LLC Euclid-Prof 2021 Spring Road, Suite 100									PHONE (A/C, No, Ext): 630 625-5219 FAX (A/C, No): 610 537-4939					
Oak Brook, IL 60523								E-MAIL ADDRESS: laurie.cloninger@usi.com INSURER(S) AFFORDING COVERAGE NAIC #						
312 442-7200									INSURER(S) AFFORDING COVERAGE INSURER A : RLI Insurance Company					
INSURED									INSURER B :					
Rubino Engineering, Inc.								INSURER C :						
425 Shepard Dr Elgin, IL 60123								INSURER D :						
									INSURER E :					
COVERAGES CERTIFICATE NUMBER:														
								REVISION NUMBER:						
CI	INDICATED. NOTWITHSTANDING ANY RE				PERTAIN, THE INSURANCE AFFORDE			ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO D BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL E BEEN REDUCED BY PAID CLAIMS.						
INSR LTR	TYPE OF INSURANCE			ADDL INSR	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIM	LIMITS			
Α	Х	COMMERCIAL GE	NERA				PSB0003777		09/01/2018	09/01/2019	EACH OCCURRENCE	\$1,00	0,000	
		CLAIMS-MAD	DE	X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,00		
											MED EXP (Any one person)	\$10,0		
	GEN	I'L AGGREGATE LI									PERSONAL & ADV INJURY GENERAL AGGREGATE	\$1,00 \$2,00		
		V PR	20-								PRODUCTS - COMP/OP AGG		,	
		OTHER:										\$		
Α	AUT	AUTOMOBILE LIABILITY					PSA0001881		09/01/2018	09/01/2019	COMBINED SINGLE LIMIT (Ea accident)	_{\$} 1,000,000		
	X	ANY AUTO		SCHEDULED							BODILY INJURY (Per person)	\$		
	v	OWNED AUTOS ONLY HIRED		AUTOS NON-OWNED							BODILY INJURY (Per accident PROPERTY DAMAGE)\$ \$		
	Х	HIRED AUTOS ONLY	X	AUTOS ONLY							(Per accident)	\$ \$		
Α		UMBRELLA LIAB		COCCUR			PSE0002142		09/01/2018	09/01/2019	EACH OCCURRENCE		0,000	
	Х	EXCESS LIAB	ŕ	CLAIMS-MADE					00/01/2010	00/01/2010	AGGREGATE	\$5,00		
		DED RETE		N \$								\$		
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N					PSW0002789	09/01	09/01/2018	09/01/2019	X PER OTH ER				
	ANY	PROPRIETOR/PAR CER/MEMBER EXC	RTNER	/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$1,00		
	If yes	ndatory in NH) s, describe under									E.L. DISEASE - EA EMPLOYE		,	
Α	-	DÉSCRIPTION OF OPERATIONS below Professional				RDP0033808			00/01/2019	00/01/2010	E.L. DISEASE - POLICY LIMIT \$2,000,000 each cla		0,000	
~	Liability					NDF 0033000	DI 0035000		05/01/2015	\$4,000,000 annual aggr.				
											• 1,000,000 annual	-99		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Professional Liability is written on a 'claims made' policy form.														
THIS CERTIFICATE OF INSURANCE IS INTENDED AS A SPECIMEN COPY ONLY.														
CE			R					CANCELLATION						
CERTIFICATE HOLDER														
Rubino Engineering, Inc.								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

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