



12 South Center Street  
Bensenville, IL 60106  
Office: 630.350.3404  
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[www.bensenville.il.us](http://www.bensenville.il.us)

VILLAGE BOARD

March 26, 2019

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Village Clerk  
Nancy Dunn

Village Manager  
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Ms. Lashanda Majors  
P.O. Box 47604  
Plymouth, Minnesota 55447

Re: March 21, 2019 FOIA Request

Dear Ms. Majors:

I am pleased to help you with your March 21, 2019 Freedom of Information Act ("FOIA"). The Village of Bensenville received your request on March 21, 2019. You requested copies of the items indicated below:

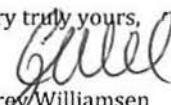
*"I am working on behalf of Comcast requesting the Certificate of General Liability Insurance for contractor John Neri Construction. This contractor damaged a underground utility while excavating for a sewer installation, please see the attached for more details on the project. Please provide the General Liability Insurance for contractor John Neri Construction that covers the date of 7/16/18."*

After a search of Village files, the following information was found responsive to your request:

- 1) Certificate of Liability Insurance for John Neri Construction Company Inc. Dated 3/28/2018. (1 pg.)

These are all the records found responsive to your request.

Do not hesitate to contact me if you have any questions or concerns in connection with this response.

Very truly yours,  
  
Corey Williamsen  
Freedom of Information Officer  
Village of Bensenville



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/28/2018

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.

**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 Assurance Agency, Ltd. One Century Centre 1750 E. Golf Road Schaumburg IL 60173-	CONTACT NAME: Alyssa Skrycki	
	PHONE (A/C, No. Ext): (847) 463-7840 E-MAIL ADDRESS: askrycki@assuranceagency.com	FAX (A/C, No): (847) 440-9127
INSURED John Neri Construction Company, Inc. 760 Factory Road Addison IL 60101	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Iowa Mutual Group	14338
	INSURER B: Accident Fund Insurance Co of	10166
	INSURER C:	
	INSURER D:	
	INSURER E:	
INSURER F:		

## COVERAGES

CERTIFICATE NUMBER: 1300436209

## 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	ADD'L SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		A038619GL	4/1/2018	4/1/2019	EACH OCCURRENCE	\$ 1,000,000	
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500,000	
						MED EXP (Any one person)	\$ 10,000	
						PERSONAL & ADV INJURY	\$ 1,000,000	
						GENERAL AGGREGATE	\$ 2,000,000	
						PRODUCTS - COMP/OP AGG	\$ 2,000,000	
							\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:  POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC  OTHER:							
A	AUTOMOBILE LIABILITY  X ANY AUTO OWNED AUTOS ONLY X HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY		A038619BA	4/1/2018	4/1/2019	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	
						BODILY INJURY (Per person)	\$	
						BODILY INJURY (Per accident)	\$	
						PROPERTY DAMAGE (Per accident)	\$	
							\$	
A	X UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE  DED <input checked="" type="checkbox"/> RETENTION \$ 0		A038619UC	4/1/2018	4/1/2019	EACH OCCURRENCE	\$ 10,000,000	
						AGGREGATE	\$ 10,000,000	
							\$	
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N <input checked="" type="checkbox"/> N / A	WCS7500345-02	4/1/2018	4/1/2019	X PER STATUTE	OTH-ER	
						E.I. EACH ACCIDENT	\$ 1,000,000	
						E.I. DISEASE - EA EMPLOYEE	\$ 1,000,000	
						E.I. DISEASE - POLICY LIMIT	\$ 1,000,000	

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

RE: George Street Bypass Sewer

It is agreed that the following are added as Additional Insured, when required by written contract, on the General Liability and Automobile Liability with respect to operations performed by the Named Insured in connection with this project:

- 1.) Village of Bensenville
- 2.) Engineering Resource Associates

CERTIFICATE HOLDER	CANCELLATION
Village of Bensenville 12 S Center Street Bensenville, IL 60106	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>Daniel S. Faras</i>

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