



12 South Center Street  
Bensenville, IL 60106

Office: 630.350.3404  
Fax: 630.350.3438  
[www.bensenville.il.us](http://www.bensenville.il.us)

## VILLAGE BOARD

### President

Frank DeSimone

### Board of Trustees

Rosa Carmona

Ann Franz

Marie T. Frey

McLane Lomax

Nicholas Panicola Jr

Armando Perez

### Village Clerk

Nancy Quinn

### Village Manager

Evan K. Summers

November 14, 2024

Mr. Luz Juarez

Bricklayers' Labor Management Cooperative Cmte.

660 North Industrial Drive

Elmhurst, Illinois 60126

Re: November 7, 2024 FOIA Request

Dear Mr. Juarez:

I am pleased to help you with your November 7, 2024 Freedom of Information Act ("FOIA"). The Village of Bensenville received your request on November 7, 2024. You requested copies of the items indicated below:

*"Name of Project to be located at 800 W. Irving Pard Rd. in Bensenville. List of the General and Sub Contractors approved for this project. Copies of the Permits, Business Licenses and the Insurance Certificated for the General and Sub Contractors who will be performing the work on this project."*

Records Responsive to your request are enclosed. Signatures and Policy Numbers Have been withheld under Section 7(1)(b) of FOIA.

**Please be advised that this permit is currently under Staff Review and has not been issued.**

Section 7(1)(b) of FOIA provided that "private information" is exempt from disclose. "Private information" is defined in FOIA as, "unique identifiers, including a person's social security number, driver's license number, employee identification number, biometric identifiers, personal finical information, passwords, or other access codes, medical records, home or personal telephone numbers, and personal email addresses. Private information also includes home address and personal license plates, except as otherwise provided by law or when complied without possibility of attribution to any person." 5ILCS 140/2(c-5). Consequently, certain identifiers have been redacted from the records being provided.

Pursuant to Section 9 of the FOIA, 5 ILCS 140/9, I am required to advise you that I, the undersigned Freedom of Information Officer, reviewed and made the foregoing determination to deny a portion of your FOIA Request as indicated. Should you believe that this Response constitutes an improper denial of your request, you may appeal such by filing a request for review within sixty (60) days of the date of this letter with the Public Access Counselor of the Illinois Attorney General's Office, Public Access Bureau, 500 South Second Street, Springfield, Illinois 62706; telephone 1-887-299-FOIA; e-mail: [public.access@ilag.gov](mailto:public.access@ilag.gov). You may also have a right of judicial review of the denial under Section 11 of the FOIA, 5 ILCS 140/11.

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



# VILLAGE OF BENSENVILLE FREEDOM OF INFORMATION ACT REQUEST FORM

TO: COREY WILLIAMSEN  
Freedom of Information Officer  
Village of Bensenville  
12 S. Center Street  
Bensenville, IL 60106

FROM:

Name Luz Juarez  
Address Bricklayers' Labor Mgmt. Cooperative Cmte.  
660 N. Industrial Drive, Elmhurst, IL 60126  
Phone 630/600-3829  
E-Mail ljuarez@lmcc-il.com

17228

**TITLES OR DESCRIPTION OF RECORDS REQUESTED** (Please Include Date of Birth and Case Number for Police Records):

Name of Project to be located at 800 W. Irving Park Rd. in Bensenville. List of all the General and Sub Contractors approved for this project. Copies of the Permits, Business Licenses, and the Insurance Certificate for the General and Sub Contractors who will be performing the work on this project.

**D** THIS REQUEST IS FOR A COMMERCIAL PURPOSE (You must state whether your request is for a commercial purpose. A request is for a "commercial purpose" if all or any part of the information will be used in any form for sale, resale, or solicitation or advertisement for sales or services. Failure to disclose whether a request is for a commercial purpose is a prosecutable violation of FOIA.)

Would like your request delivered via: ☒ E-Mail ☐ U.S. Mail ☐ Pick-Up\*

\*Pick-Up is available by appointment at Village Hall Monday thru Friday; between 8:00 a.m. -5:00 p.m.

I understand that any payment need be received before any documents are copied and/or mailed.

11/7/2024

Luz Juarez

Date

Signature

All FOIA responses are posted on the Village's website. Name and address of the requestor will be made public.

The first fifty (50) pages of the request are free. The fee charge is fifteen (15) cents after the first fifty (50) pages.

Unless otherwise notified, your request for public records will be compiled within five (5) working days.

Unless otherwise notified, any request for commercial purposes will be compiled within twenty-one (21) days working days.

.....  
COREY WILLIAMSEN, FREEDOM OF INFORMATION OFFICER

Telephone: (630) 350-3404

Facsimile: (630) 350-3438

E-mail Address: F01Arequest@bensenville.il.us

\*\*\*For Freedom of Information Officer Use Only\*\*\*

11/7/24  
Date Request  
Received

11/14/24  
Date Response  
Due

11/21/24  
Date Extended  
Response Due

\$0  
Total Charges

11/14/24  
Date Documents  
Copied or Inspected

Received by Employee: \_\_\_\_\_

VILLAGE OF BENSENVILLE

Department of Community and Economic Development  
12 S. Center St. Bensenville, IL 60106  
Phone: 630.350.3413 Fax: 630.350.3449

PERMIT APPLICATION

Application Number

14438

CHECK ONE: ☐ RESIDENTIAL ☒ MULTI-RESIDENTIAL ☐ NON-RESIDENTIAL

800 W Irving Park

03-14-118-001

SITE ADDRESS

UNIT No.

P.I.N.

ZONING DISTRICT

New mixed use Building

\$ 15M

ESTIMATED COST

DESCRIPTION OF WORK

Name of Business on Site (non-residential): Aria Luxury Apartments

GENERAL CONTRACTOR: A&E Luxury Builders

CUSTOMER #

46558

ADDRESS: 5s541 Radcliff Rd

CITY, STATE & ZIP: Naperville IL 60563

PHONE: 630-696-7431

E-MAIL: aeluxurybuilders@gmail.com

IF NECESSARY, ADDITIONAL LICENSED CONTRACTORS MUST COMPLETE & ATTACH LICENSE CERTIFICATE & BOND ON PAGE 2

OWNER AND APPLICANT INFORMATION

No error or omission in either the plans or application in having the work completed in any other manner than that it is compliance with the approved plans and the applicable codes and ordinances of the Village of Bensenville and the State of Illinois. All work shall be completed, inspected and approved as required and no occupancy or use of the space shall be permitted until approved in writing by the Department of Community and Economic Development. The applicant shall be responsible for all fees associated with the instant permit, including but not limited to cancellation fees, plan review fees, and re-inspection fees. Understanding the preceding statements, I hereby agree to comply and declare that to the best of my knowledge and belief the information provided is true and accurate.

A&E Luxury Builders

10/22/2024

Applicant's Name (Print)

Applicant's Signature

Date

5s541 Radcliffe Rd

Naperville IL 60563

630-696-7431

Address

City, State & ZIP

Day Time Phone

aeluxurybuilders@gmail.com

Applicant's Email Address

Correspondence and escrow refunds can only be completed if the address of the applicant is kept current, which is applicant's responsibility. I hereby authorize the above listed applicant to complete the provisions of the applicable code and ordinances of this permit.

Aria Luxury Apartments

10/22/2024

Property Owner's Name (Print)

Property Owner's Signature

Date

9610 Franklin Av

Franklin park IL 60131

630-696-7431

Address

City, State & ZIP

Day Time Phone

Email Address: aeluxurybuilders@gmail.com

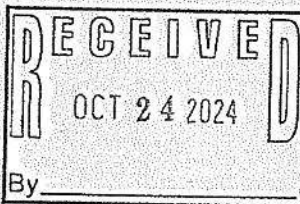
OFFICE USE ONLY

BUILDING INFORMATION

☐ Accessory ☐ Addition  
☐ New Construction ☐ Alteration

☐ Pre-Construction Meeting Required

☐ Pre-Construction Meeting Completed



PAID BY: \_\_\_\_\_

Milestone Dates:

Fees:

10-24-24 Applied

Approved

Issued

Expires

INSPECTIONS ( X\$35/\$45) \$

ESCROW \$

APPLICATION \$

PLAN REVIEW \$

OTHER \$

OTHER \$

APPROVED BY: \_\_\_\_\_

TOTAL FEES DUE \$

**LICENSED CONTRACTOR INFORMATION**

COMPLETE ALL THAT APPLY

**ROOFING**

LICENSED CONTRACTOR	EMAIL	Day Time Phone
NPSE Home Solution PLLC	shaunak@hxhomesolutions.com	773-952-9632
ADDRESS	City	State & ZIP
1840 Industrial Dr STE 100	Libertyville	IL 60048

PROVIDE A COPY OF ROOFERS LICENSE CERTIFICATE ☐**ELECTRICAL**

LICENSED CONTRACTOR	EMAIL	Day Time Phone
Voltage Enterprise	pjndn360@gmail.com	630-618-1908
ADDRESS	City	State & ZIP
5918 W Irving Park Rd	Chicago	IL

PROVIDE A COPY OF ELECTRICIANS LICENSE CERTIFICATE AND A SURETY BOND FOR \$10,000 ☐**PLUMBING**

LICENSED CONTRACTOR	EMAIL	Day Time Phone
Expert Plumbing	atwconstruction@gmail.com	847-962-3613
ADDRESS	City	State & ZIP
1290 Glen Lane	Hofman Estate	IL 60169

PROVIDE A LETTER OF INTENT & A COPY OF PLUMBERS LICENSE CERTIFICATE ☐

# State of Illinois

## Department of Financial and Professional Regulation

### Division of Professional Regulation

LICENSE NO.

104.019045

105.009276

The person, firm, or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below:

EXPIRES:

12/31/2025

LICENSED ROOFING CONTRACTOR  
UNLIMITED



NPSE HOME SOLUTIONS, PLLC  
DBA HX HOME SOLUTIONS  
1840 INDUSTRIAL DR STE 100  
LIBERTYVILLE, IL 60048-9400



MARIO TRETO, JR.  
SECRETARY

CAMILE LINDSAY  
ACTING DIRECTOR

The official status of this license can be verified at [IDFPR.Illinois.gov](http://IDFPR.Illinois.gov)

18422262



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/04/2024

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).

<b>PRODUCER</b> Leech Bridges, Inc 1717 Lewis Ave Zion, IL 60099	<b>CONTACT NAME:</b> Michael K. Best <b>PHONE (A/C, No, Ext):</b> (847) 872-4982 x112 <b>E-MAIL ADDRESS:</b> mbest@leechbridges.com <b>FAX (A/C, No):</b> (847) 872-2528	
<b>INSURED</b> NPSE Home Solutions PLLC, DBA HX Home Solutions 1840 Industrial Dr Ste 100 Libertyville, IL 60048	<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>
	<b>INSURER A:</b> Cincinnati Insurance Company	10677
	<b>INSURER B:</b> Liberty Mutual	AWC
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

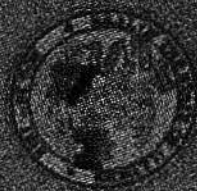
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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 SUBR INSD, WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b>  CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER			10/03/2024	10/03/2025	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 500,000 PERSONAL & ADV INJURY \$ 10,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<b>AUTOMOBILE LIABILITY</b> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			10/03/2024	10/03/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> EXCESS LIAB DED RETENTIONS	OCCUR CLAIMS-MADE		10/03/2024	10/03/2025	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A		03/27/2024	03/27/2025	PER STATUTE E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Proof of Insurance**CERTIFICATE HOLDER****CANCELLATION**NPSE Home Solutions LLC  
1840 Industrial Dr Ste. 100  
Libertyville, IL 60048

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



**Illinois Department of  
PUBLIC HEALTH**

**EH0197307**

**LICENSE, PERMIT, CERTIFICATION, REGISTRATION**

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

Issued under the authority of  
the Illinois Department of  
Public Health

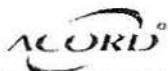
EXPIRATION DATE	CATEGORY	ID NUMBER
09/30/2024	6A	055-044952
EXPERT PLUMBING CORP. PLUMBING CONTRACTOR REGISTRATION		

EXPERT PLUMBING CORP  
1290 GLEN LANE  
HOFFMAN ESTATES, IL 60169

Lubner Dabros

07

Cook



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/26/2024

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).

<b>PRODUCER</b> IMA, Inc. - Salt Lake City 95 S State Street Suite 1300 Salt Lake City UT 84111	<b>CONTACT NAME:</b> Christine Brimhall <b>PHONE (A/C, No, Ext):</b> 801-325-5033 <b>E-MAIL:</b> christine.brimhall@imacorp.com <b>ADDRESS:</b> <b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Hartford Fire Insurance Company <b>INSURER B:</b> Colony Insurance Company <b>INSURER C:</b> StarNet Insurance Company <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	<b>FAX (A/C, No):</b> <b>NAIC #</b> 19682 39993 40045
<b>INSURED</b> LGCY Installation Services, LLC 3333 Digital Drive, Suite 600 Lehi UT 84043	<b>LGCYHOL-01</b>	

## COVERAGES

CERTIFICATE NUMBER: 1624861770

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
B	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:	Y	Y		10/1/2024	10/1/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000 \$
A	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y		6/1/2024	6/1/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$	Y	Y		10/1/2024	10/1/2025	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A		10/1/2024	10/1/2025	<input checked="" type="checkbox"/> PER STATUTE E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
B B A	Professional Liability Pollution Liability Automobile Physical Damage	Y Y Y	Y Y Y		10/1/2024 10/1/2024 6/1/2024	10/1/2025 10/1/2025 6/1/2025	See Below See Below Comp. Ded. \$1,000 Coll. Ded. \$1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Professional Liability: \$1,000,000 Per Claim; \$1,000,000 Aggregate; \$10,000 Retention; Retroactive Date: 8/21/2021.  
Pollution Liability: \$1,000,000 Each Pollution Condition Limit; \$1,000,000 Aggregate; \$10,000 Retention; Retroactive Date: 8/21/2021.  
Certificate Holder and all other parties required by the contract are included as Additional Insured with Ongoing and Completed Operations on the General Liability Policy and Additional Insured on the Automobile Liability, Professional Liability and Excess Liability Policies, if required by written contract or agreement, subject to the policy terms and conditions. This Insurance is Primary & Non-Contributory on the General Liability, Automobile Liability and Professional Liability Policies, if required by written contract or agreement, subject to the policy terms and conditions.  
A Waiver of Subrogation is provided in favor of the Certificate Holder and all other parties required by the contract on the General Liability, Automobile Liability, Excess Liability, Professional Liability and Workers Compensation Policies, if required by written contract or agreement, subject to the policy terms and See Attached...

## CERTIFICATE HOLDER

## CANCELLATION

<b>Bensenville Village (IL)</b> 12 S Center Street Bensenville IL 60106	<b>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</b>  <b>AUTHORIZED REPRESENTATIVE</b> 
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**ADDITIONAL REMARKS SCHEDULE**Page 1 of 1

AGENCY IMA, Inc. - Salt Lake City		NAMED INSURED LGCY Installation Services, LLC 3333 Digital Drive, Suite 600 Lehi UT 84043
POLICY NUMBER		
CARRIER	NAIC CODE	EFFECTIVE DATE:

**ADDITIONAL REMARKS**

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

conditions.

Excess Liability policy is in excess of the General Liability and Employers Liability Policies subject to the policy terms and conditions.