

CERTIFICATE OF INSURANCE - COMMERCIAL

ALLSTATE INSURANCE COMPANY - NORTHBROOK, IL

JUN 30 2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

Description of Operation:

S23071

CERTIFICATE HOLDER	NAMED INSURED
Name and Address of Party to Whom this Certificate is Issued	Name and Address of Insured
	Location Address (if different than above)

This is to certify that policies of insurance listed below have been issued to the insured named above subject to the expiration date indicated below, 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.

TYPE OF INSURANCE AND LIMITS

Policy Number:	Effective Date:	Expiration Date:
COVERAGE SUMMARY		
BUSINESS LIABILITY	AMOUNT	
COMPREHENSIVE LIABILITY	\$	Per Occurrence
DAMAGE TO PREMISES RENTED TO YOU	\$	Any One Premises
MEDICAL PAYMENTS	\$	Per Person
OTHER THAN PRODUCTS / COMPLETED OPERATIONS AGGREGATE	\$	
PRODUCTS / COMPLETED OPERATIONS AGGREGATE	\$	
PROPERTY INSURANCE		
POLICY TYPE		
<input type="checkbox"/> SPECIAL FORM <input type="checkbox"/> BROAD FORM <input type="checkbox"/> BASIC FORM <input type="checkbox"/> BUILDERS RISK SPECIAL FORM		
<input type="checkbox"/> BUILDING \$ <input type="checkbox"/> CONTENTS \$ Deductible \$ Wind Deductible %	<input type="checkbox"/> Replacement Cost <input type="checkbox"/> Actual Cash Value <input type="checkbox"/> Replacement Cost <input type="checkbox"/> Actual Cash Value Exclude Wind <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Blanket Limit <input type="checkbox"/> Blanket Limit
ADDITIONAL COVERAGE'S:		
MORTGAGE CLAUSE – The policy contains a Mortgage Clause in favor of:		
Mortgagee		
Address		
CERTIFICATE PERIOD		
THIS CERTIFICATE WILL REMAIN IN FORCE FROM THE INCEPTION OF THE POLICY UNTIL THE POLICY IS CANCELLED OR EXPIRES.		
POLICY INCEPTION DATE:	<input type="checkbox"/> 12:01 AM	<input type="checkbox"/> 12:00 NOON
Standard Time at the location of the Insured premises.		
PROVISIONS		
This form is not the contract of insurance, but attests that a policy as identified above has been issued. The provisions of the policy shall prevail in all respects.		
SHOULD THE ABOVE DESCRIBED POLICY BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.		
Authorized Representative		Date