



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFFERS 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 Cottingham & Butler Michael Saladino 800 Main St. Dubuque IA 52001	CONTACT NAME:	FAX (A/C, No): 563-583-7339
	PHONE (A/C, No, Ext): 563-587-5000	
INSURED LRS Holdings, LLC Lakeshore Recycling Systems LLC 5500 Pearl Street Rosemont IL 60018	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A : American Zurich Insurance Company	
	LAKEREC-01	NAIC #
		40142
		INSURER B : Zurich American Insurance Company
		16535
	INSURER C : Navigators Insurance Company	
	42307	
	INSURER D : AXIS Surplus Insurance Company	
	26620	
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER: 930132513

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	COMMERCIAL GENERAL LIABILITY					GLO0111153-06		12/31/2022	12/31/2023	EACH OCCURRENCE		\$2,000,000				
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR									DAMAGE TO RENTED PREMISES (Ea occurrence)		\$50,000				
										MED EXP (Any one person)		\$5,000				
										PERSONAL & ADV INJURY		\$2,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:									GENERAL AGGREGATE		\$4,000,000				
	POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC									PRODUCTS - COMP/OP AGG		\$4,000,000				
	OTHER:									\$		\$				
A	AUTOMOBILE LIABILITY					BAP0111154-06		12/31/2022	12/31/2023	COMBINED SINGLE LIMIT (Ea accident)		\$5,000,000				
	<input checked="" type="checkbox"/> ANY AUTO									BODILY INJURY (Per person)		\$				
	OWNED AUTOS ONLY					SCHEDULED AUTOS				BODILY INJURY (Per accident)		\$				
	HIRED AUTOS ONLY					NON-OWNED AUTOS ONLY				PROPERTY DAMAGE (Per accident)		\$				
										\$		\$				
C	<input checked="" type="checkbox"/> UMBRELLA LIAB					X OCCUR		12/31/2022	12/31/2023	EACH OCCURRENCE		\$3,000,000				
	EXCESS LIAB					CLAIMS-MADE				AGGREGATE		\$3,000,000				
										\$		\$				
	DED	<input checked="" type="checkbox"/>	RETENTION \$ 0													
A B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				Y/N <input checked="" type="checkbox"/> N N/A	WC0111152-06 WC7550640-05		12/31/2022 12/31/2022	12/31/2023 12/31/2023	X PER STATUTE		OTH-ER				
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)									E.I. EACH ACCIDENT		\$1,000,000				
	If yes, describe under DESCRIPTION OF OPERATIONS below									E.L. DISEASE - EA EMPLOYEE		\$1,000,000				
										E.L. DISEASE - POLICY LIMIT		\$1,000,000				
D	Excess Umbrella					P00100104156001		12/31/2022	12/31/2023	Occ/Agg Limit		\$5,000,000				

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

The certificate holder, including its elected and appointed officials, employees, and agents are additional insured on the General Liability policy on a primary, non-contributory basis per written contract between the named insured and the certificate holder that requires such a status subject to the terms and conditions of the endorsement attached to the policy. The certificate holder, including its elected and appointed officials, employees, and agents are additional insured on the General Liability policy including ongoing and completed operations per written contract between the named insured and the certificate holder that requires such a status subject to the terms and conditions of the endorsement attached to the policy. The General Liability policy includes a waiver of subrogation in favor of the additional insureds per written contract between the named insured and the certificate holder that requires such a status subject to the terms and conditions of the endorsement attached to the policy. The Umbrella or Excess policy is follow form subject to all terms and conditions of the policy.

CERTIFICATE HOLDER

CANCELLATION

City of Saint Paul
Department of Safety & Inspections
375 Jackson Street, Suite 220
St. Paul MN 55101

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

ME Saladi