



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/25/2025

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 MARSH USA LLC. 155 N. WACKER, SUITE 1200 CHICAGO, IL 60661 Attn: chicago.CertRequest@marsh.com	CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS:														
INSURED F.H. Paschen, S.N. Nielsen & Associates LLC 5515 N. East River Road Chicago, IL 60656	<table><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A : Zurich American Insurance Company</td><td>16535</td></tr><tr><td>INSURER B : American Zurich Insurance Company</td><td>40142</td></tr><tr><td>INSURER C : XL Specialty Insurance Co.</td><td>37885</td></tr><tr><td>INSURER D : Vantage Risk Specialty Insurance Company</td><td>16275</td></tr><tr><td>INSURER E :</td><td></td></tr><tr><td>INSURER F :</td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Zurich American Insurance Company	16535	INSURER B : American Zurich Insurance Company	40142	INSURER C : XL Specialty Insurance Co.	37885	INSURER D : Vantage Risk Specialty Insurance Company	16275	INSURER E :		INSURER F :	
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COVERAGES **CERTIFICATE NUMBER:** CHI-009391109-35 **REVISION NUMBER:** 26

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
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PRO-JECT ☐ LOC ☐ OTHER:			GLO 5833476-13	10/01/2025	10/01/2026	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000
A	☒ AUTOMOBILE LIABILITY ☒ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ NON-OWNED AUTOS ONLY			BAP5833474-13	10/01/2025	10/01/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
C	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☐ RETENTION \$			US00076565LI25A	10/01/2025	10/01/2026	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 ☒ N	N / A	WC 5833475-13 (AOS) WC 5833477-13 (WI)	10/01/2025 10/01/2025	10/01/2026 10/01/2026	☒ PER STATUTE ☐ OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
D	Professional / Pollution Liability			P03CP0000067291 SIR: \$250,000	10/01/2025	10/01/2026	Each Act \$ 5,000,000 Aggregate \$ 5,000,000

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

CERTIFICATE HOLDER

CANCELLATION

F.H. Paschen S.N. Nielsen & Associates LLC 5515 N East River Road Chicago, IL 60656	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>Marsh USA LLC</i>
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ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

AGENCY MARSH USA LLC.		NAMED INSURED F.H. Paschen, S.N. Nielsen & Associates LLC 5515 N. East River Road Chicago, IL 60656
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

FIRST LAYER EXCESS LIABILITY

Insurer: Ascot Insurance Company
Policy Number: EXNA2510000111-05
Effective Date: 10/01/2025
Expiration Date: 10/01/2026
Limit: \$10,000,000 x \$10,000,000

SECOND LAYER EXCESS LIABILITY

Insurer: QBE Specialty Insurance Company (QBESIC)
Policy Number: 140000772
Effective Date: 10/01/2025
Expiration Date: 10/01/2026
Limit: \$10,000,000 x \$20,000,000

THIRD LAYER EXCESS LIABILITY

Insurer: Illinois Union Insurance Company
Policy Number: G71830354 006
Effective Date: 10/01/2025
Expiration Date: 10/01/2026
Limit: \$20,000,000 x \$30,000,000

FOURTH LAYER EXCESS LIABILITY

Insurer: Gemini Insurance Company
Policy Number: CEX09602424-09
Effective Date: 10/01/2025
Expiration Date: 10/01/2026
Limit: \$25,000,000 x \$50,000,000

FIFTH LAYER EXCESS LIABILITY

Insurer: Great American Security Ins. Company
Policy Number: EXC 5867918
Effective Date: 10/01/2025
Expiration Date: 10/01/2026
Limit: \$12,500,000 p/o \$25,000,000 x \$75,000,000

Insurer: The Ohio Casualty Insurance Company
Policy Number: ECO(26)69592603
Effective Date: 10/01/2025
Expiration Date: 10/01/2026
Limit: \$12,500,000 p/o \$25,000,000 X \$75,000,000

Other deductibles may apply as per policy terms and conditions.