



12 South Center Street  
Bensenville, IL 60106

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**VILLAGE BOARD**

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May 13, 2022

Ms. Jenifer Penge  
Euro Tech, Inc.  
313 West Irving Park Road  
Bensenville, Illinois 60106

Re: May 11, 2022 Commercial FOIA Request

Dear Ms. Penge:

I am pleased to help you with your May 10, 2022 Commercial Freedom of Information Act ("FOIA"). The Village of Bensenville received your request on May 10, 2022. You requested copies of the items indicated below:

*"CIO w/ liability information for Core Acquisitions. They did work on building 321 W. Irving Park Rd in 2020 and caused damage to our building at 312, they will not respond or fix the issues."*


After a search of Village files, the following documents are enclosed to fulfill your request:

- 1) Certificated of Liability Insurance dated 1/8/2020 for Environmental Cleansing Corporation. (1 pg.)

These are all of the documents that can be discovered 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)  
1/8/2020

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 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><br>The Horton Group<br>10320 Orland Parkway<br>Orland Park IL 60467                  | <b>CONTACT NAME:</b> Certificates Team<br><b>PHONE (A/C, No, Ext):</b> 708-845-3917<br><b>FAX (A/C, No):</b><br><b>E-MAIL ADDRESS:</b> ConstructionCerts@thehortongroup.com |   |
|  | <b>INSURER(S) AFFORDING COVERAGE</b>  |   |
| <b>INSURED</b><br>Environmental Cleansing Corporation<br>16612 S Crawford Avenue<br>Markham IL 60428 | ENVICLE-01  | <b>INSURER A:</b> Nautilus Insurance Company<br><b>NAIC #</b> 17370     |
|  |   | <b>INSURER B:</b> Great Divide Insurance Company<br><b>NAIC #</b> 25224 |
|  |   | <b>INSURER C:</b> Berkley Regional Insurance Co.<br><b>NAIC #</b> 29580 |
|  |   | <b>INSURER D:</b>   |
|  |   | <b>INSURER E:</b>   |
|  |   | <b>INSURER F:</b>   |

**COVERAGES**

CERTIFICATE NUMBER: 1533624955

REVISION NUMBER:

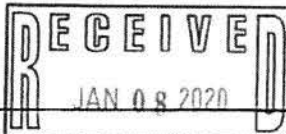
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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   |
|----------|--|-----------|----------|-----------------------------|-------------------------|-------------------------|--|
| A        | <input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b><br>CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC<br><input type="checkbox"/> OTHER | Y         | Y        | ECP2005513-16               | 6/16/2019               | 6/16/2020               | EACH OCCURRENCE \$ 5,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000<br>MED EXP (Any one person) \$ 10,000<br>PERSONAL & ADV INJURY \$ 5,000,000<br>GENERAL AGGREGATE \$ 5,000,000<br>PRODUCTS - COMP/OP AGG \$ 5,000,000<br>B/BP Deductible \$ 25,000 |
| B        | <input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b><br><input checked="" type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS<br><input type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> NON-OWNED AUTOS        | Y         | Y        | BAP2005514                  | 6/16/2019               | 6/16/2020               | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$  |
| A        | <input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR<br><input type="checkbox"/> EXCESS LIAB<br><input checked="" type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 25,000  |           |          | FFX2009005-14               | 6/16/2019               | 6/16/2020               | EACH OCCURRENCE \$ 5,000,000<br>AGGREGATE \$ 5,000,000   |
| B        | <input checked="" type="checkbox"/> <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below  | Y/N       | N/A      | WCA2005515                  | 6/16/2019               | 6/16/2020               | <input checked="" type="checkbox"/> PER STATUTE<br><input type="checkbox"/> OTH-ER<br>E L EACH ACCIDENT \$ 1,000,000<br>E L DISEASE - EA EMPLOYEE \$ 1,000,000<br>E L DISEASE - POLICY LIMIT \$ 1,000,000  |
| A<br>C   | <input type="checkbox"/> Pollution/Professional Liability<br><input type="checkbox"/> Leased or Rented Equipment   |           |          | ECP2005513-16<br>MNP1015708 | 6/16/2019<br>6/16/2019  | 6/16/2020<br>6/16/2020  | Limit \$5,000,000<br>Per Item Limit \$500,000<br>Prof Retro Date 06-16-11  |

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

Additional insured on a primary and non-contributory basis with respect to general liability and auto liability only when required by written contract. See Attached: Waivers of subrogation applies to the general liability, auto liability and workers compensation in favor of the stated additional insureds only when required by written contract. Umbrella Follows Form.

RE: 321 W Irving Park Road

**CERTIFICATE HOLDER**

By \_\_\_\_\_

 Village of Bensenville  
 12 S Center Street  
 Bensenville IL 60106
**CANCELLATION**

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

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