

CERTIFICATE OF LIABILITY INSURANCE

MEGASE1 OP ID: JK

DATE (MM/DD/YYYY)

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

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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).

PRODUCER Monge, Crouch & Mahoney, Inc.								CONTACT NAME: Luke Gruden				
1 N. Seventh St.							PHONE (A/C, No, Ext): 309-347-7706 FAX (A/C, No): 309-347-7705					
Pekin, IL 61554								E-MAIL ADDRESS:				
								INSURER(S) AFFORDING COVERAGE			NAIC #	
							INSURER A : Technology Insurance Co					
INSURED Mega Services, Inc.							INSURER B :					
		Jesse Mun						INSURER C:				
140 W. Queenwood Morton, IL 61550							INSURER D :					
								INSURER E :				
								INSURER F:				
COVERAGES CER					RTIFICATE NUMBER:			REVISION NUMBER:				
C	IDIC/ ERTI	ATED. NOTWITHS' FICATE MAY BE IS	TANDING ANY RE SSUED OR MAY	EQUIF PERT	REME	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF AN'	Y CONTRACT THE POLICIE	OR OTHER I S DESCRIBEI	ED NAMED ABOVE FOR THE PO DOCUMENT WITH RESPECT TO D HEREIN IS SUBJECT TO ALL	WHICH THIS	
EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. INSR POLICY EFF POLICY EXP												
INSR LTR		TYPE OF INSU	RANCE	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS		
	COMMERCIAL GENERAL LIABILITY									EACH OCCURRENCE \$		
	CLAIMS-MADE OCCUR									DAMAGE TO RENTED PREMISES (Ea occurrence) \$		
									MED EXP (Any one person) \$			
										PERSONAL & ADV INJURY \$		
	GEN'L AGGREGATE LIMIT APPLIES PER:								GENERAL AGGREGATE \$			
		POLICY PRO- JECT	LOC							PRODUCTS - COMP/OP AGG \$		
	OTHER:									\$		
	AUTOMOBILE LIABILITY									COMBINED SINGLE LIMIT (Ea accident)		
	ANY AUTO									BODILY INJURY (Per person) \$		
		ALL OWNED AUTOS	SCHEDULED AUTOS							BODILY INJURY (Per accident) \$		
		HIRED AUTOS	NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident) \$		
										\$		
		UMBRELLA LIAB	OCCUR							EACH OCCURRENCE \$		
		EXCESS LIAB	CLAIMS-MADE							AGGREGATE \$		
		DED RETENTI	ON\$							\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR PARTNER EXECUTIVE			N/A		TARIL7033400			07/01/2015	X PER OTH- STATUTE ER		
Α								07/01/2014		E.L. EACH ACCIDENT \$	1,000,000	
(Ma		FICER/MEMBER EXCLUDED?								E.L. DISEASE - EA EMPLOYEE \$	1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below									E.L. DISEASE - POLICY LIMIT \$	1,000,000	
						101, Additional Remarks Schedu			-	ed)		
THE EXPIRATION DATE OF POLICIES ARE "CONTINUOUS UNTIL CANCELLED" The secretary of state will be notified in writing 30 days before the policy is												
cancelled.												
CE	RTIF	ICATE HOLDER					CANCELLATION					
SECR009 SECRETARY OF STATE								SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
STATE OF ILLINOIS DEALER SERVICE DIVISION								AUTHORIZED REPRESENTATIVE				

537 HOWLETT BLG, RM 009 SPRINGFIELD, IL 62759