ACORD <sup>®</sup> C					ERTIFICATE OF LIABILITY INSURANCE								DATE (MM/DD/YYYY) 03/09/2023	
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.														
lf	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								CONTACT NAME:						
State Farm RUSS SPINELLI STATE FARM AGENCY 1525 E 53RD ST, SUITE 727						PHONE FAX (A/C, No, Ext): (A/C, No): (A/C, No):								
CHICAGO, IL 60615							ADDRESS: INSURER(S) AFFORDING COVERAGE						NAIC #	
							INSURER A : State Farm Fire and Casualty Company 25143							
INSURED							INSURER B :							
STRONG MINDS INSTITUTE LLC							INSURER C :							
500 W JOE ORR RD							INSURER D :							
		CHICAGO H	EIGHTS , IL 604	11			INSURER E :							
001	(504.05	-0		<b>TIE</b> 12			INSURER F :							
COVERAGES CERTIFICATE NUMBER: 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 INSU	RANCE	ADD INSD	SUB WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	6		
	COMMERCIAL GENERAL LIABILITY								DAMAGE TO PENITED		\$ 1,00 \$ 300	00,000 ,000		
								00/00/0000	00/00/000 4	MED EXP (Any one pers		\$ 5,00	00	
						93-L4-R199-0		03/09/2023	03/09/2024	PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 2,00		0.000		
		GREGATE LIMIT A								PRODUCTS - COMP/OF			0,000	
	POLI OTH	ER:	LOC							COMBINED SINGLE LIN		\$ 2,00 \$	,000	
		BILE LIABILITY								(Ea accident)		\$		
	OWN	AUTO	SCHEDULED							BODILY INJURY (Per pe		\$		
	AUTO HIRE	OS ONLY	AUTOS NON-OWNED							BODILY INJURY (Per ac PROPERTY DAMAGE		\$		
	AUTO	OS ONLY	AUTOS ONLY							(Per accident)		\$		
	UMB	BRELLA LIAB	OCCUR							EACH OCCURRENCE	1	\$ \$		
		ESS LIAB	CLAIMS-MADE							AGGREGATE		\$		
	DED	RETENTIO										\$		
		S COMPENSATION									OTH- ER	\$		
	ANY PROF	PRIETOR/PARTNEI	R/EXECUTIVE	N / A						E.L. EACH ACCIDENT		\$		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under									E.L. DISEASE - EA EMP	LOYEE	EE \$		
DESCRIPTION OF OPERATIONS below									E.L. DISEASE - POLICY	LIMIT	\$			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)														
CEF	RTIFICA	TE HOLDER					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						
L		<u> </u>					© 1988-2015 ACORD CORPORATION. All rights reserved.							