Client#: 30474			ITSELI	E					
ACORD. CERTIFICATE	OF LIABILIT		-	Г	•	M/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 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 any rights to the certificate holder in lieu of such endorsement(s).									
PRODUCER Brad M Hedberg	PHONE (A/C, No, I	CONTACT NAME:							
The Rockwood Company 20 N Wacker Drive, Suite 600	E-MAIL ADDRESS	E-MAIL ADDRESS:							
Chicago, IL 60606		INSURER(S) AFFORDING COVERAGE INSURER A : CNA / Valley Forge Insurance Company							
INSURED		INSURER B :							
It's Electric Incorporated		INSURER C :							
1169 Dean Street Brooklyn NY 11216	INSURER	INSURER D :							
Brooklyn, NY 11216	INSURER	INSURER E :							
COVERAGES CERTIFICATE NUMBE	INSURER	F:							
		ISSUED TO THE		EVISION 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 TYPE OF INSURANCE ADDL SUBR	POLICY NUMBER (M	POLICY EFF POLICY EFF (MI/DD/YYYY) (MI	OLICY EXP M/DD/YYYY)	LIMI	TS				
A X COMMERCIAL GENERAL LIABILITY 70131	80955 O4	4/01/2024 04		EACH OCCURRENCE	\$1,00	0,000			
CLAIMS-MADE X OCCUR				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$300,	000			
				MED EXP (Any one person)	\$10,0				
GEN'L AGGREGATE LIMIT APPLIES PER:				PERSONAL & ADV INJURY	\$1,00				
				GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$2,00 \$2,00	,			
OTHER:			ľ		\$	0,000			
AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person)	\$ \$				
OWNED SCHEDULED AUTOS ONLY AUTOS HIRED NON-OWNED AUTOS ONLY AUTOS ONLY				BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$				
					\$				
EXCESS LIAB CLAIMS-MADE				EACH OCCURRENCE \$ AGGREGATE \$					
DED RETENTION \$, 		\$				
WORKERS COMPENSATION				PER OTH STATUTE ER	-				
ANY PROPRIETOR/PARTNER/EXECUTIVE N/A			1	E.L. EACH ACCIDENT	\$				
(Mandatory in NH) If yes, describe under				E.L. DISEASE - EA EMPLOYE	Ξ\$				
DESCRIPTION OF OPERATIONS below			1	E.L. DISEASE - POLICY LIMIT	\$				
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Add	litional Remarks Schedule, may be	attached if more	space is requir	ed)					
City of Detroit is Additional Insured with respect to	•	• •	written						
contract, on a primary-noncontributory basis including waiver of subrogation.									
CERTIFICATE HOLDER		LLATION							
City of Detroit Finance Department	THE	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							
Coleman A. Young Municipal Center	AUTHORI	AUTHORIZED REPRESENTATIVE							
Detroit MI 48226									

•	A	Bennan	

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Attn: Risk Mgmt Division

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