



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/13/2026

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).

PRODUCER:		CONTACT NAME:	
Progressive Business Insurance Progressive Casualty Insurance Company 300 N Commons Blvd W64 Mayfield Village, OH 44143 888-806-9598 businessinsurance@progressive.com		PHONE (A/C, No, Ext):	FAX (A/C, No, Ext):
		E-MAIL ADDRESS:	Support@coterieinsurance.com
INSURED:		INSURER(S) AFFORDING COVERAGE	NAIC #
LAC Solutions LLC 2501 Chatham Rd Springfield, IL 62704		INSURER A: Everspan Insurance Company	24961
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		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 LTD	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/>	CEG-00392746-00	01/13/2026	01/13/2027	EACH OCCURRENCE	\$1,000,000		
	DAMAGE TO RENTED PREMISES (Ea occurrence)				\$50,000			
	MED EXP (Any one person)				\$5,000			
	PERSONAL & ADV INJURY				\$1,000,000			
	GENERAL AGGREGATE				\$2,000,000			
	PRODUCTS - COMP/OP AGG				\$2,000,000			
	Other: _____							
AUTOMOBILE LIABILITY:							COMBINED SINGLE LIMIT (Ea accident)	
ANY AUTO							BODILY INJURY (Per person)	
OWNED AUTOS ONLY	<input type="checkbox"/>	SCHEDULED AUTOS					\$	
Hired AUTOS ONLY	<input type="checkbox"/>	NON-OWNED AUTOS ONLY					\$	
DED	<input type="checkbox"/>	RETENTIONS \$					PROPERTY DAMAGE(Per accident)	
UMBRELLA LIAB		<input type="checkbox"/> OCCUR					EACH OCCURENCE	
EXCESS LIAB		<input type="checkbox"/> CLAIMS-MADE					AGGREGATE	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDER? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		<input type="checkbox"/> Y/N	N/A				PERSTATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>	
							E.L. EACH ACCIDENT	
							E.L. DISEASE - EA EMPLOYEE	
							E.L. DISEASE - POLICY LIMIT	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) 2501 Chatham Rd Springfield, IL 62704								

CERTIFICATE HOLDER

CANCELLATION

PROOF OF COVERAGE		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
		 David McFarland