

**ILLINOIS DEPARTMENT OF AGRICULTURE  
BUREAU OF WAREHOUSES**

P. O. Box 19281 • Springfield, IL 62794-2895 • TDD 217/524-6858 • Fax 217/524-7801

**CERTIFICATE OF INSURANCE**

The Illinois Grain Code (240 ILCS par. 40/10-5 (a) – (a)(1)) states that each licensee shall have adequate property insurance covering grain in its possession or custody and adequate liability, property, theft, hazard, and workers' compensation insurance. Every insurance policy shall contain a provision that it will not be cancelled by the principal or the insurance company except on 60 days prior written notice to the Director and the principal insured. Cancellation of the policy does not affect the liability accrued or that may accrue under the policy before the expiration of the 60 days. The notice shall contain the termination date.

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policies below. It is issued with the understanding that the rights and liabilities of the parties will be governed by the original policy as it may be lawfully amended by endorsement from time to time.

Name and Address of Licensee/Insured: (Separate certificates are required for each location.)	Name and Address of Insurance Agency	Insurance Companies
Phone Number:		

**COVERAGES:** This is to certify that the policies of insurance listed below have been issued to the Licensee/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.

Type of Insurance	Policy Number	Policy Effective Date	Policy Expiration Date	Limits	
<b>General Liability</b> <input type="checkbox"/> Commercial General Liability <input type="checkbox"/> Claims Made <input type="checkbox"/> Occur. <input type="checkbox"/> Owner's & Contractor's Prot. <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____				General Aggregate	\$
				Products – COMP/OP AGG	\$
				Personal & Adv Injury	\$
				Each Occurrence	\$
				Fire Damage (any one fire)	\$
				Med Exp (any one person)	\$
<b>Automobile Liability</b> <input type="checkbox"/> Any Auto <input type="checkbox"/> All Owned Autos <input type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Autos <input type="checkbox"/> Non-Owned Autos <input type="checkbox"/> Garage Liability				Combined Single Limit	\$
				Bodily Injury (per person)	\$
				Bodily Injury (per accident)	\$
				Property Damage	\$
<b>Excess Liability</b> <input type="checkbox"/> Umbrella <input type="checkbox"/> Other Than Umbrella Form				Each Occurrence	\$
				Aggregate	\$
<b>Workers' Compensation and Employers' Liability</b>				<input type="checkbox"/> WC Statutory Limits <input type="checkbox"/> Other Limits	\$
				EL Each Accident	\$
				EL Disease – Policy Limit	\$
				EL Disease – EA Employee	\$
<input type="checkbox"/> Building & Personal Property <input type="checkbox"/> Value Reporting Stock <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					\$
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Description of Operations / Locations / Restrictions / Special Items

Date Issued _____	Completed certificate to be mailed to: <b>ILLINOIS DEPARTMENT OF AGRICULTURE BUREAU OF WAREHOUSES P. O. BOX 19281 SPRINGFIELD, IL 62794-9281</b>
BY: _____ Carrier's Authorized Representative	

**IMPORTANT NOTICE:** This state agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under Illinois Compiled Statutes, Ch 240 par 40. Failure to provide this information shall prevent this form from being processed. IL 405-1337 (12-01)