



**SHELTER INSURANCE COMPANIES**

GENERAL LIABILITY  
EVIDENCE OF INSURANCE  
AS OF 08/27/2009

NAME AND ADDRESS OF NAMED INSURED:  
HILKER, CHRIS  
703 E ELM ST  
WEST FRANKFORT, IL 62896-2811

AGENT:  
JESSICA DELAP  
114 W MAIN ST  
P O BOX 482  
WEST FRANKFORT, IL 62896-0482  
(618) 937-2092  
AGENT NUMBER 12-E226-05  
POLICY NUMBER 12-31-4961410-1

THIS POLICY IS FROM 12:01 AM 08/27/2009 TO 08/27/2010 AT 12:01 A.M. STANDARD TIME AT THE ADDRESS OF THE NAMED INSURED AS STATED HEREIN, AND SUBJECT TO THE CONSENT OF THE COMPANY FOR TERMS OF SUCH DURATION EACH THEREAFTER AS THE REQUIRED RENEWAL PREMIUM IS PAID BY THE INSURED AND RECEIVED BY THE COMPANY ON OR BEFORE THE EXPIRATION DATE OF THE CURRENT TERM.

THE LOCATION OF THE DESCRIBED PREMISES IS 703 E ELM ST WEST FRANKFORT, IL 62896  
BUSINESS OF THE NAMED INSURED IS: COMPUTER REPAIR

THE NAMED INSURED IS: INDIVIDUAL

THE LIMIT OF THE COMPANYS LIABILITY IS STATED IN THE POLICY AND APPLIES AS FOLLOWS:

Limits of Insurance			
General Aggregate (Other Than Product - Completed Operations)		\$	100,000
Products - Completed Operations Aggregate Limit (See Each Classification Below)		\$	100,000
Personal and Advertising Injury Limit		\$	25,000
Each Occurrence Limit		\$	25,000
Fire Damage Limit \$100,000 (Any One Fire)		\$	100,000
Medical Expense Limit (Any One Person)		\$	10,000
Premium		\$	301.00
Coverage Form and Description of Hazards			
Code	Key	Description	Premium
91555	4	COMPUTER SERVICE OR REPAIR	0
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THE FOLLOWING ENDORSEMENTS ARE A PART OF THIS POLICY AND ARE ATTACHED:

Limit	
CG-21-60	Exclusion - Year 2000 Computer-related & Electronic Problems
CG-00-01	Commercial General Liability Coverage Form
CG-21-67	Fungi Or Bacteria Exclusion
CG 00 68	Recording And Distribution Of Material Or Information In Vi

TERM 12 MONTHS MONTHLY PAY PLAN  
ZONE CODE 514

AGENT *Jessica De Lap*  
12-31-4961410-1