Client#: 250 SPG

ACORD.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 3/05/2018

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).

	DUCER	<u>i</u>	NAME: Mechelle Malantaris								
Donald P. Pipino Company, LTD 7600 Market Street Boardman, OH 44512 330 726-8177 INSURED					PHONE (A/C, No, Ext): 330 726-8177 FAX (A/C, No): 330 726-1891 E-MAIL ADDRESS: mmalahtaris@dpipino.com						
					INSURER A : Travelers Indemnity Co of CT					25682	
					INSURER B:					_	
						Simon Property Group,					
Chicago Premium Outlets, LLC					INSURER C:						
225 W. Washington Street					INSURER D:						
Indianapolis, IN 46204					INSURER E:						
mulanapons, na 40204					INSURER F:						
	VERAGES CI	REVISION NUMBER:									
IN CI EX	HIS IS TO CERTIFY THAT THE POLIC IDICATED. NOTWITHSTANDING ANY ERTIFICATE MAY BE ISSUED OR MA' XCLUSIONS AND CONDITIONS OF SU	REQUIREMENT PERTAIN, CH POLICIES	NT, TERM OR CONDITION OF THE INSURANCE AFFORDED S. LIMITS SHOWN MAY HAV	F ANY (CONTRACT OF HE POLICIES N REDUCED F	R OTHER DOO DESCRIBED I BY PAID CLAI	CUMENT WITH I HEREIN IS SUB	RESPECT	TO WHI	CH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL SUB	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)		LIMIT	S		
Α	X COMMERCIAL GENERAL LIABILITY		HEEXGL260T3157TC	T1	01/01/2018	01/01/2019	EACH OCCURREN		\$1,000	0,000	
	CLAIMS-MADE X OCCUR				ļ		DAMAGE TO REN' PREMISES (Ea occ	TED currence)	s 1,000),000	
	CE TIMO TIMO E						MED EXP (Any one person)		s None		
		-					PERSONAL & ADV INJURY		s 1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:	-				'	GENERAL AGGREGATE		s15,000,000		
	PRO-								s1.000.000		
	X POLICY JECT LOC						PRODUCTS - CON	IF/OF AGG	\$ 1,000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	OTHER:						COMBINED SINGL	E LIMIT			
	AUTOMOBILE LIABILITY						(Ea accident)		\$		
	ANY AUTO						BODILY INJURY (F		\$		
	OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (F		\$		
	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMA (Per accident)		\$		
									\$		
	UMBRELLA LIAB OCCUR						EACH OCCURREN	NCE	\$		
	EXCESS LIAB CLAIMS-MA	DE				AGGREGATE		\$			
	T T								s		
	WORKERS COMPENSATION		-				PER STATUTE	OTH- ER			
	AND EMPLOYERS' LIABILITY	N			i		E.L. EACH ACCID		\$		
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE \$				
	DESCRIPTION OF OPERATIONS below						E.L. DISEASE - PO	DLICY LIMIT	\$		
l											
		i i									
					L						
DES	SCRIPTION OF OPERATIONS / LOCATIONS / V	HICLES (ACO	RD 101, Additional Remarks Sched	lule, may	be attached if me	ore space is requ	uired)				
	nicago Premium Outlets - 2018 l										
Ce	ertificate holder is included as a	dditional i	insured per form CGD26	69 atta	iched to an	d part of th	e General				
Lia	ability policy above.										
l											
پ				CAN	TELL ATION		·				
CE	RTIFICATE HOLDER	CANCELLATION									
City of Aurora 44 E. Downer Place Aurora, IL 60507					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE						
					EXPIRATION	N DATE TH	EREOF, NOTIC	E WILL B	E DELI	VERED IN	
					ACCORDANCE WITH THE POLICY PROVISIONS.						

Kin a Dutes