

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 05/28/2015

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

t	he terms and conditions of the policy ertificate holder in lieu of such endor	, certain	policies may require an	endorsement. A sta	tement on the	his certificate does not con	fer rights to the								
PR	DDUCER Allied Specialty Insurance,	Inc.		CONTACT NAME:											
85 N.E. Loop 410, Suite 600 San Antonio, TX 78216 210-341-1321 800-235-8774 INSURED Windy City Amusements, Inc. 914 W. Main Street St. Charles, IL 60174				PHONE FAX (A/C, No, Ext); (A/C, No):											
								ADDRESS: INSURER(S) AFFORDING COVERAGE			NAIC #				
				INSURER A : T.H.E. Insurance Company			12866								
				INSURER B:											
				INSURER C:											
				INSURER D:											
				INSURER E :											
				INSURER F :											
							E NUMBER:			REVISION NUMBER:					
0	HIS IS TO CERTIFY THAT THE POLICIES NDICATED. NOTWITHSTANDING ANY RE PERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	PERTAIN.	ENT, TERM OR CONDITION THE INSURANCE AFFORI	N OF ANY CONTRACT	OR OTHER	DOCUMENT WITH RESPECT D HEREIN IS SUBJECT TO	TO WHICH THIS								
INSF	TYPE OF INSURANCE	INSR WV	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	PÓLICY EXP (MM/DD/YYYY)	LIMITS									
A	X COMMERCIAL GENERAL LIABILITY		CPP0100475-05	03/18/2015	03/18/2016		1,000,000 100,000								
	CLAIMS-MADE X OCCUR					MED EXP (Any one person) \$									
		1		1		PERSONAL & ADV INJURY \$	1,000,000								
				1		GENERAL AGGREGATE \$	10,000,000								
	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG \$	1,000,000								
_	POLICY PRO- JECT LOC					S COMPINED CINICIES I THAT									
Α	AUTOMOBILE LIABILITY		CPP0100475-05	03/18/2015	03/18/2016	(Ea accident) S	1,000,000								
	ANY AUTO ALL OWNED SCHEDULED					BODILY INJURY (Per person) \$									
	AUTOS AUTOS					BODILY INJURY (Per accident) \$ PROPERTY DAMAGE e									
	* HIRED AUTOS AUTOS					(Per accident)									
	UMBRELLA LIAB X OCCUP		-			\$									
Α	EVOSES LIAB		ELP0010132-05	03/18/2015	03/18/2016	EACH OCCURRENCE \$									
	- OCHINO-MINDE	1				AGGREGATE \$	4,000,000								
_	WORKERS COMPENSATION					WC STATU- OTH-									
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE					TORY LIMITS ER									
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A				E.L. EACH ACCIDENT S									
	if yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE \$									
	Debot at the of the Environment Below					E.L. DISEASE - POLICY LIMIT \$									
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	LES (Attach	ACORD 101, Additional Remarks	Schedule, if more space is	required)										
	ECTIVE FROM 8/23/15 through 8/31/19														
ADE	OITIONAL INSURED: West Aurora Plaz	ta LLC 19	01 West Galena Blvd. Au	ırora, IL., Village of	North Auror	a, IL., Westminster Presbyt	erian Church,								
	venant Christian School, City of Auro		TANING TO THE OPEN												
FOC	RESPECTS TO THE GENERAL LIABIL DD PRODUCTS ARE INCLUDED IN PR	ODUCTS	COMPLETED/OPERATIO	TIONS OF THE NAM	MED INSURE	D ONLY									
-	TO THE INCLUDED IN PRO	000013	COMPLETED/OPERATIC	INS AGGREGATE											
CE	PTIEICATE HOLDED	TO THE OWNER													
UE	RTIFICATE HOLDER	_		CANCELLATION											
Convenant Christian School 10 North Edgelawn Dr. Aurora, IL. 60506				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											
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