

- 1. Please complete your Certificates of Insurance as follows:
 - A) Enter date Certificate is being issued (today's date) in the box marked "DATE (MM/DD/YYYY)" in the upper right hand corner.
 - B) Enter the Kiwanis Club name, contact person, and complete mailing address in the box marked "Insured" in the upper left of form.
 - C) Enter the name of the certificate holder, contact (if any), and complete mailing address as required by your insurance carrier in the box marked "CERTIFICATE HOLDER" on the bottom left of the form. "Certificate Holder" is the organization, firm, or person who is requiring proof of insurance from your club.
 - D) In box marked "DESCRIPTION OF OPERATIONS..." above the "CERTIFICATE HOLDER" box, please enter the type of event, the date(s) of the event, and the location where the event is being held. Any Certificate of Insurance which is altered beyond this will be considered NULL AND VOID!
- 2. Complete and make two copies of the Certificate.
- 3. Send the original Certificate to the "Certificate Holder" the party requesting proof of insurance.
- 4. Send a copy of the Certificate along with a completed copy of this page to either:

HYLANT 10401 N. Meridian Street Suite 200 Indianapolis, IN 46290

OR

kiwaniscert@hylant.com

PLEASE NOTE: The attached Certificate forms cannot be modified or altered in any way without the express permission of Hylant and the Insurance Company. If you have a Certificate which requires alterations (such as Additional Insured wording) please complete and submit the form on page four.

Club Name and Address:	Kiwanis Ciub of Aurora, P.O. Box 1551, Aurora, IL 60507							
Club I valle and Fladress.								
Contact Name, Phone Number, and Email Address: Kim Groom 630-688-5588								
kimgroom@comcast.net								
Date(s) and Location: 9/21-22, 28-29/18 Rte.59 Train Stn. 1090 N.Rte,59.,Aurora	a,IL60504							

Confidentiality Statement. The information and concepts provided to you by Hylant Group are strictly confidential.



DATE (MM/DD/YYYY) 8/14/18

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.

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

	f SUBROGATION IS WAIVED, subject his certificate does not confer rights t				uch end	lorsement(s)	•	quire an endorsement.	A state	ement on	
	DUCER				CONTACT Lisa Christenson						
	ant - Indianapolis 01 North Meridian St, Ste 200				PHONE (A/C, No, Ext): 317-817-5172 FAX (A/C, No): 317-817-5151						
	anapolis IN 46290				E-MAIL ADDRESS: kiwaniscert@hylant.com						
								RDING COVERAGE		NAIC#	
L	- 1-W 1-WW -					RA:Lexingto	n Insurance	e Company		19437	
			ANOS		INSURE	RB:					
	vanis International, All Clubs and The			ers	INSURE	RC:		***************************************			
	36 Woodview Trace Kiwanis Club o ianapolis IN 46268 P.O.Box 1551	of Au	ırora		INSURER D:						
Aurora,IL 60507						RE:					
L					INSURE	RF:					
	VERAGES CER HIS IS TO CERTIFY THAT THE POLICIES	TIFI	CATE	NUMBER: 168811225	5 VE BEE	N IOOUED TO		REVISION NUMBER:	UE DOI	IOV DEDIOD	
II C	HIS IS TO CERTIFY THAT THE POLICIES NOTWITHSTANDING ANY FIGURE OF MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQUIF	REME ΓΑΙΝ,	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF AN	Y CONTRACT	OR OTHER I S DESCRIBEI	DOCUMENT WITH RESPECT TO	CT TO	WHICH THIS	
INSR LTR			SUBR					LIMIT	s		
A	X COMMERCIAL GENERAL LIABILITY	INSU	11440	013136005		11/1/2017	11/1/2018	EACH OCCURRENCE	\$2,000	.000	
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$500,0		
								MED EXP (Any one person)	\$5,000		
	X Liquor Liability							PERSONAL & ADV INJURY	\$2,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$2,000		
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$2,000		
	OTHER:							Liquor Liability	\$1,000	,000	
Α	AUTOMOBILE LIABILITY	<u> </u>		013136005		11/1/2017	11/1/2018	COMBINED SINGLE LIMIT (Ea accident)	\$1,000	,000	
	ANY AUTO							BODILY INJURY (Per person)	\$		
1	OWNED SCHEDULED AUTOS ONLY AUTOS							BODILY INJURY (Per accident)	\$		
	X HIRED AUTOS ONLY X AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
			<u> </u>						\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	*,****,	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$,	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER OTH- STATUTE ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$		
	(Mandatory In NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$		
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
Α	Self-Insured Retention		-	013136005		11/1/2017	11/1/2018	All Claims	\$75,000)	
								·			
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACORE	D 101, Additional Remarks Schedu	ıle, may b	e attached if mor	e space is requi	red)			
D-	anut Day salas Standing		.:	otation antronas/	a) tal	ina don-	tions for	Vivonia Dagarita	02 d	otos to	
	anut Day sales. Standing o		siue	station entrance(s) lar	ang dona	uons ioi	Niwanis Peanuts	OH U	ales เบ	
inc	clude 9/21-22 and 28-29/18	•									
	DTIFICATE HOLDED				0411	SELLATION:					
CE	RTIFICATE HOLDER				CANC	ELLATION					
R	ity of Aurora Soute 59 Train Station 090 N. Route 59				THE	EXPIRATION	DATE THE	ESCRIBED POLICIES BE C EREOF, NOTICE WILL E Y PROVISIONS.			
	urora,IL 60504					RIZED REPRESE					
					Gudy K. Wilson						



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Club Name and Addre	ress: ———————————————————————————————————								
Contact Name, Phone	Number, and Email Address	Kim Groom	630-688-5588						
kimgroom@comcast.r									
Date(s) and Location:	9/21-22, 28-29/18 Aurora Tr	ansportation C	tr, 233 N.Broadway,Auror						

Confidentiality Statement. The information and concepts provided to you by Hylant Group are strictly confidential.

The information and concepts are solely for your internal evaluation and no other use of distribution is permitted or authorized.



DATE (MM/DD/YYYY) 8/14/18

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lif	MPORTANT: If the certificate holder SUBROGATION IS WAIVED, subject is certificate does not confer rights to the certificate does not the certificate does not confer rights to the certificate d	to th	e ter	ms and conditions of the	policy	, certain poli	cies may re					
	DUCER	<u> </u>		induce norder in new or or	CONTA NAME:			· · · · · · · · · · · · · · · · · · ·				
	ant - Indianapolis											
1Ŏ4	01 North Meridian St, Ste 200				(A/C, No, Ext): 317-317-3172 (A/C, No): 317-3131							
Indi	anapolis IN 46290				È-MAIL ADDRESS: kiwaniscert@hylant.com							
					INSURER(S) AFFORDING COVERAGE NAIC #							
					INSURE	RA:Lexingto	on Insurance	e Company		19437		
INSU	RED	KIW	ANO	3	INSURER B:							
Kiw	anis International, All Clubs and Th	eir M	lemb	ers	INSURER C:							
	6 Woodview Trace Kiwanis Club	of Au	rora	i	INSURE							
Indi	anapolis IN 46268 P.O.Box 1551				INSURER E :							
	Aurora,IL 605)7										
	VERACES CER	TIEL	~ A T	- AUISEDED: 169911225	INSURER F:							
	VERAGES CERTIFY THAT THE POLICIES			NUMBER: 1688112255		N ISSUED TO		REVISION NUMBER:	JE BOI	ICV DEDIOD		
IN C	DICATED. NOTWITHSTANDING ANY RI ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQUIF PERT POLI	REME AIN,	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS	DOCUMENT WITH RESPECT TO	CT TO	WHICH THIS		
INSR LTR	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S			
Α	X COMMERCIAL GENERAL LIABILITY			013136005		11/1/2017	11/1/2018	EACH OCCURRENCE	\$2,000	,000		
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$500,0	00		
								MED EXP (Any one person)	\$5,000 \$5,000			
	X Liguor Liability							`	\$2,000			
	GEN'L AGGREGATE LIMIT APPLIES PER:	-							\$2,000,000			
	POLICY PRO- JECT LOC								\$2,000,000			
	OTHER:								\$1,000			
Α	AUTOMOBILE LIABILITY			042426005		11/1/2017	11/1/2018	COMBINED SINGLE LIMIT				
, ,	ANY AUTO			013136005		11/1/201/	11/1/2010	(Ea accident)	\$1,000	,000		
								. , ,,	\$			
	OWNED AUTOS ONLY HIRED SCHEDULED AUTOS NON-OWNED							SDOREDT/ DALLOS	\$			
	X AUTOS ONLY X AUTOS ONLY							(Per accident)	\$			
			<u> </u>						\$			
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$			
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$			
	DED RETENTION \$								\$			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						,	PER OTH- STATUTE ER				
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?								\$			
	(Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	· · · · · · · · · · · · · · · · · · ·			
	If yes, describe under DESCRIPTION OF OPERATIONS below								\$			
A	Self-Insured Retention			013136005		11/1/2017	11/1/2018		\$75.000			
	Sel-lisuled Retention			013130005		11/1/2017	11/1/2016	All Claims	\$75,000			
Pe	DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Peanut Day sales. Standing outside station entrance(s) taking donations for Kiwanis Peanuts on dates to nclude 9/21-22 and 28-29/18.											
CE	RTIFICATE HOLDER				CANC	ELLATION						
<u></u>	IOATE HOLDER	,		1	CANU	LLLATION						
A	ity of Aurora urora Transportation Cente 33 N.Broadway	er			THE	EXPIRATION	DATE THE	ESCRIBED POLICIES BE CA REOF, NOTICE WILL B Y PROVISIONS.		· ·		
	urora, IL 60505				AUTHORIZED REPRESENTATIVE Gudy K. Wilson							



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Indianapolis, IN 46290

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Club Name and Address:

Kiwanis Club of Aurora PO Box 1551 Aurora, IL 60507

Contact Name, Phone Number, and Email Address:

Kim Groom 630-688-5588

kimgroom@comcast.net

9/21-22, 28-29/2018 Jewel 1952 W Galena Blvd Aurora 60506

Creditionality Statement. The internation and concepts provided a violative rylant Greap are strictly configuration.

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Date(s) and Location:



DATE (MM/DD/YYYY) 09/22-29/2018

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PR	ODUCER					CONTACT Lisa Christenson							
Hy	lant - Indianap	olis dian St. Sta 200				PHONE (A/C, No. Ext): 317-817-5172 FAX (A/C, No.): 317-817-5151							
	lianapolis IN 46	dian St, Ste 200 3290				E-MAIL ADDRESS: kiwaniscert@hylant.com							
						INSURER(S) AFFORDING COVERAGE NAIC							
						INSURER A : Lexington Insurance Company 19437						19437	
INS	URED		KIW	ANOS	3	INSURER B:							
		onal, All Clubs and Th	eir N	lemb	ers	INSURE	RC:						
	36 Woodview [:] Jianapolis IN 4	2000				INSURER D:							
""	ilanapons na 4	PO Box 1551	Auro	ra, Il	_ 60507	INSURE	RE:						
<u> </u>						INSURE	RF:						
COVERAGES CERTIFICATE NUMBER: 16881122									REVISION NUM				
;	NDICATED. NO CERTIFICATE MA	TWITHSTANDING ANY R Y BE ISSUED OR MAY	EQUII PER	REME FAIN,	RANCE LISTED BELOW HA NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN	Y CONTRACT THE POLICIE	OR OTHER I S DESCRIBEI	DOCUMENT WITH D HEREIN IS SU	I RESPEC	CT TO	WHICH THIS	
INS	RI	OF INSURANCE		SUBR		DEC. T.				LIMIT	•		
LTI	\	AL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER 013136005		11/1/2017	11/1/2018	EACH OCCURRENCE		\$2,000	000	
l ^							, ,, 		DAMAGE TO RENT	ED	\$500,0		
	CLAIMS	S-MADE X OCCUR							PREMISES (Ea occu		\$5,000		
l	X Liquor Liab		1						PERSONAL & ADV		\$2,000		
l		TE LIMIT APPLIES PER:							GENERAL AGGREG		\$2,000,000		
	POLICY	PRO- JECT LOC							PRODUCTS - COMP/OP AGG		\$2,000	·	
	OTHER:								Liquor Liability		\$1,000,000		
A	AUTOMOBILE LIA	BILITY	1		013136005		11/1/2017	11/1/2018	COMBINED SINGLE (Ea accident)	LIMIT	\$1,000	,000	
	ANY AUTO								BODILY INJURY (Pe	er person)	\$		
	OWNED AUTOS ONL	Y SCHEDULED AUTOS							BODILY INJURY (Per accident) \$			·	
	X HIRED AUTOS ONL	Y X NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	SE .	\$		
											\$		
	UMBRELLA	LIAB OCCUR			,				EACH OCCURRENC	CE	\$		
	EXCESS LIA	B CLAIMS-MADE							AGGREGATE		\$		
<u> </u>	DED	RETENTION \$	ļ	ļ					DEB	I OTH	\$		
	WORKERS COMP			ļ					PER STATUTE	OTH- ER			
	ANY PROPRIETOR	/PARTNER/EXECUTIVE EXCLUDED?	N/A						E.L. EACH ACCIDE	VΤ	\$		
	(Mandatory in NH		1						E.L. DISEASE - EA I	EMPLOYEE	\$		
L	DESCRIPTION OF	er OPERATIONS below	<u> </u>	ļ					E.L. DISEASE - POL	ICY LIMIT	\$		
A	Self-Insured Ret	ention			013136005		11/1/2017	11/1/2018	Ali Claims		\$75,000)	
DE	SCRIPTION OF OPER	ATIONS / LOCATIONS / VEHIC	LES (ACORE) 101, Additional Remarks Schedu	ile, may b	e attached if mor	e space is requi	red)	*			
	anut Day sale	Ctonding sutside at	~rc -	ntra-	nces taking donations fo	r Visso	nia Donnuta						
Pe	anut Day sales	s. Standing outside st	лее	muar	ices taking donations to	Niwa	ilis realiuls.	•					
۱,	cations to incl	ide: Cermak Market	/ Pris	co's	/ Jewel-Osco(s) / Jake'	s Bage	els / Walmar	t(s)					
_`						3		-(-)					
<u> </u>									<u> </u>				
CE	RTIFICATE HO	DLDER				CANO	ELLATION						
1	ewel 952 W Galena urora, IL 6050					THE	EXPIRATION	DATE THE	ESCRIBED POLICE EREOF, NOTICE Y PROVISIONS.				
					·	AUTHO	RIZED REPRESE		illoon				



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	Club Name and Address: Kiwanis Club of Aurora PO Box 1551 Aurora, IL 60507							
Contact Name, Phone Number, and Email Address:	Contact Name, Phone Nu							
kimgroom@comcast.net	kimgroom@comcast.net							
9/21-22/2018 Jewel 1157 Eola Rd Aurora 60502 Date(s) and Location:								

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DATE (MM/DD/YYYY) 09/21-22/2018

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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 rights to the certificate holder in lieu of such endorsement(s). CONTACT Lisa Christenson PRODUCER Hylant - Indianapolis PHONE (A/C, No. Ext): 317-817-5172 FAX (A/C, No): 317-817-5151 10401 North Meridian St, Ste 200 E-MAIL ADDRESS: kiwaniscert@hylant.com Indianapolis IN 46290 INSURER(S) AFFORDING COVERAGE NAIC# INSURER A: Lexington Insurance Company 19437 KIWAN03 INSURED INSURER B: Kiwanis International, All Clubs and Their Members INSURER C: 3636 Woodview Trace Kiwanis Club of Aurora INSURER D: Indianapolis IN 46268 PO Box 1551 Aurora, IL 60507 INSURER E : INSURER F **CERTIFICATE NUMBER: 1688112255 REVISION NUMBER:** COVERAGES 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. ADDL SUBR POLICY EFF POLICY EXP (MM/DD/YYYY) (MM/DD/YYYY TYPE OF INSURANCE POLICY NUMBER COMMERCIAL GENERAL LIABILITY 013136005 11/1/2017 11/1/2018 Α Х EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) CLAIMS-MADE X OCCUR \$500,000 MED EXP (Any one person) \$5,000 \$2,000,000 PERSONAL & ADV INJURY Liquor Liability GENERAL AGGREGATE \$2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: PRODUCTS - COMP/OP AGG \$2,000,000 POLICY LOC Liquor Liability \$1,000,000 OTHER: COMBINED SINGLE LIMIT (Ea accident) 11/1/2017 11/1/2018 **AUTOMOBILE LIABILITY** \$1,000,000 013136005 BODILY INJURY (Per person) ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) \$ Х **UMBRELLA LIAB** EACH OCCURRENCE OCCUR **EXCESS LIAB** AGGREGATE \$ CLAIMS-MADE DED **RETENTION \$** WORKERS COMPENSATION PER STATUTE AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? E.L. EACH ACCIDENT N/A E.L. DISEASE - EA EMPLOYEE \$ (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT \$ 013136005 11/1/2017 11/1/2018 All Claims \$75,000 Self-Insured Retention DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Peanut Day sales, Standing outside store entrances taking donations for Kiwanis Peanuts. Locations to include: Cermak Market / Prisco's / Jewel-Osco(s) / Jake's Bagels / Walmart(s) **CANCELLATION** CERTIFICATE HOLDER SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE .lewel THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN 1157 N Eola Rd ACCORDANCE WITH THE POLICY PROVISIONS. Aurora, IL 60502 AUTHORIZED REPRESENTATIVE



- 1. Please complete your Certificates of Insurance as follows:
 - A) Enter date Certificate is being issued (today's date) in the box marked "DATE (MM/DD/YYYY)" in the upper right hand corner.
 - B) Enter the Kiwanis Club name, contact person, and complete mailing address in the box marked "Insured" in the upper left of form.
 - C) Enter the name of the certificate holder, contact (if any), and complete mailing address as required by your insurance carrier in the box marked "CERTIFICATE HOLDER" on the bottom left of the form. "Certificate Holder" is the organization, firm, or person who is requiring proof of insurance from your club.
 - D) In box marked "DESCRIPTION OF OPERATIONS..." above the "CERTIFICATE HOLDER" box, please enter the type of event, the date(s) of the event, and the location where the event is being held. Any Certificate of Insurance which is altered beyond this will be considered NULL AND VOID!
- 2. Complete and make two copies of the Certificate.
- 3. Send the original Certificate to the "Certificate Holder" the party requesting proof of insurance.
- 4. Send a copy of the Certificate along with a completed copy of this page to either:

HYLANT 10401 N. Meridian Street Suite 200 Indianapolis, IN 46290

OR

kiwaniscert@hylant.com

PLEASE NOTE: The attached Certificate forms cannot be modified or altered in any way without the express permission of Hylant and the Insurance Company. If you have a Certificate which requires alterations (such as Additional Insured wording) please complete and submit the form on page four.

Club Name and Addres	SS: Kiwanis Club of Aurora PO Box 1551 Aurora,	IL 60507
Contact Name, Phone Nkimgroom@comcast.ne	Number, and Email Address: Kim Groom 630-688-	5588
Date(s) and Location:	9/21-22/2018 Jake's Bagels 220 N Broadway Auro	ra 60505

Confidentiality Statement. The information and concepts provided to confly Hylant Group are strong confidential.

The information and contracts are solved by your informational transfer and no other use of destribution is completed or instruments.



DATE (MM/DD/YYYY) 09/**24**-22/2018

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- 1. Please complete your Certificates of Insurance as follows:
 - A) Enter date Certificate is being issued (today's date) in the box marked "DATE (MM/DD/YYYY)" in the upper right hand corner.
 - B) Enter the Kiwanis Club name, contact person, and complete mailing address in the box marked "Insured" in the upper left of form.
 - C) Enter the name of the certificate holder, contact (if any), and complete mailing address as required by your insurance carrier in the box marked "CERTIFICATE HOLDER" on the bottom left of the form. "Certificate Holder" is the organization, firm, or person who is requiring proof of insurance from your club.
 - D) In box marked "DESCRIPTION OF OPERATIONS..." above the "CERTIFICATE HOLDER" box, please enter the type of event, the date(s) of the event, and the location where the event is being held. Any Certificate of Insurance which is altered beyond this will be considered NULL AND VOID!
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- 4. Send a copy of the Certificate along with a completed copy of this page to either:

HYLANT 10401 N. Meridian Street Suite 200 Indianapolis, IN 46290

OR

kiwaniscert@hylant.com

PLEASE NOTE: The attached Certificate forms cannot be modified or altered in any way without the express permission of Hylant and the Insurance Company. If you have a Certificate which requires alterations (such as Additional Insured wording) please complete and submit the form on page four.

Club Name and Addre	Kiwanis Club of Aurora PO Box 1551 Aurora, IL 60507
Contact Name, Phone I kimgroom@comcast.ne	Number, and Email Address: Kim Groom 630-688-5588
Date(s) and Location:	9/20-22/2018 Cermak Fresh Market 1250 N Lake St 60506

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DATE (MM/DD/YYYY) 09/20-22/2018

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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 rights to the certificate holder in lieu of such endorsement(s). CONTACT Lisa Christenson **PRODUCER** Hvlant - Indianapolis PHONE (A/C, No, Ext): 317-817-5172 FAX (A/C, No): 317-817-5151 10401 North Meridian St, Ste 200 E-MAIL ADDRESS: kiwaniscert@hylant.com Indianapolis IN 46290 INSURER(S) AFFORDING COVERAGE NAIC # 19437 INSURER A: Lexington Insurance Company KIWAN03 INSURED **INSURER B:** Kiwanis International, All Clubs and Their Members INSURER C: 3636 Woodview Trace Kiwanis Club of Aurora INSURER D : Indianapolis IN 46268 PO Box 1551 Aurora, IL 60507 **INSURER E:** INSURER F: **CERTIFICATE NUMBER: 1688112255 COVERAGES 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. POLICY EFF POLICY EXP (MM/DD/YYYY) ADDLISUBRI TYPE OF INSURANCE POLICY NUMBER INSD WVD **COMMERCIAL GENERAL LIABILITY** 013136005 11/1/2017 11/1/2018 Х EACH OCCURRENCE DAMAGE TO RENTED \$2,000,000 CLAIMS-MADE | X | OCCUR \$500,000 PREMISES (Ea occurrence) MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$2,000,000 Liquor Liability GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$2,000,000 POLICY PRODUCTS - COMP/OP AGG \$2,000,000 OTHER Liquor Liability \$1,000,000 COMBINED SINGLE LIMIT (Ea accident) AUTOMOBILE LIABILITY 11/1/2017 11/1/2018 \$1,000,000 013136005 \$ BODILY INJURY (Per person) ANY AUTO SCHEDULED AUTOS NON-OWNED AUTOS ONLY OWNED AUTOS ONLY BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) HIRED AUTOS ONLY Х \$ UMBRELLA LIAB OCCUR EACH OCCURRENCE **EXCESS LIAB** AGGREGATE \$ CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION PER STATUTE AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEI If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT 013136005 11/1/2017 Self-Insured Retention 11/1/2018 All Claims \$75,000 DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Peanut Day sales. Standing outside store entrances taking donations for Kiwanis Peanuts. Locations to include: Cermak Market / Prisco's / Jewel-Osco(s) / Jake's Bagels / Walmart(s) CERTIFICATE HOLDER CANCELLATION Cermak Fresh Market SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN 1250 N Lake St ACCORDANCE WITH THE POLICY PROVISIONS. Aurora, IL 60506 AUTHORIZED REPRESENTATIVE



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 - A) Enter date Certificate is being issued (today's date) in the box marked "DATE (MM/DD/YYYY)" in the upper right hand corner.
 - B) Enter the Kiwanis Club name, contact person, and complete mailing address in the box marked "Insured" in the upper left of form.
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 - D) In box marked "DESCRIPTION OF OPERATIONS..." above the "CERTIFICATE HOLDER" box, please enter the type of event, the date(s) of the event, and the location where the event is being held. Any Certificate of Insurance which is altered beyond this will be considered NULL AND VOID!
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- 4. Send a copy of the Certificate along with a completed copy of this page to either:

HYLANT 10401 N. Meridian Street Suite 200 Indianapolis, IN 46290

OR

kiwaniscert@hylant.com

marapons, 114 40270

PLEASE NOTE: The attached Certificate forms cannot be modified or altered in any way without the express permission of Hylant and the Insurance Company. If you have a Certificate which requires alterations (such as Additional Insured wording) please complete and submit the form on page four.

Club Name and Address:	Kiwanis Club of Aurora PO Box 1551 Aurora, IL 60507							
Contact Name, Phone Nu kimgroom@comcast.net	mber, and Email Address:							
Date(s) and Location: 9/1	4-15/2018 Prisco's 1108 Prairie St Aurora, IL 60506							

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DATE (MM/DD/YYYY) 09/14-29/2018

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REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

	DUC	er - Indianapolis					CONTACT Lisa Christenson PHONE 317 817 5172 FAX 317 817 5151							
104	01 I	North Meridian S	t, Ste 200				PHONE (A/C, No, Ext): 317-817-5172 FAX (A/C, No): 317-817-5151 E-MAIL ADDRESS: kiwaniscert@hylant.com					317-5151		
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Ind	ana	polis IN 46268	PO Box 1551			60507	INSURE	RD:						
			1 0 BOX 1001	, (a. c	, IL	- 00007	INSURE	RE:						
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INSR LTR		TYPE OF INSU	RANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)					
Α	Х	COMMERCIAL GENER	RAL LIABILITY			013136005		11/1/2017	11/1/2018	EACH OCCURRENCE	\$2,000	0,000		
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										MED EXP (Any one person)		
	Х	Liquor Liability								PERSONAL & ADV INJUR				
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		POLICY PRO-	LOC							PRODUCTS - COMP/OP A				
		OTHER:								Liquor Liability	\$1,000			
Α	AU	TOMOBILE LIABILITY		1		013136005		11/1/2017	11/1/2018	COMBINED SINGLE LIMIT (Ea accident)	\$1,000	0.000		
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DES	CRIPT	TION OF OPERATIONS /	LOCATIONS / VEHIC	LES (CORD	101, Additional Remarks Schedu	le, may b	e attached if more	e space is requir	red)				
Pea	ınut	Day sales. Stand	ding outside sto	ore e	ntran	ces taking donations for	r Kiwai	nis Peanuts.						
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CEI	RTIF	ICATE HOLDER					CANC	ELLATION						
11	ا 80	o's Family Market Prairie St a, IL 60506					THE	EXPIRATION	DATE THE	ESCRIBED POLICIES B EREOF, NOTICE WIL LY PROVISIONS.				
		Authorized Representative												



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OR

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Club Name and Addre	Kiwanis Club of Aurora PO Box 1551 Aurora, IL 60507							
Club Ivanic and Maric								
Contact Name, Phone	Number, and Email Address: Kim Groom 630-688-5588							
kimgroom@comcast.n	·							
Data(s) and I section.	9/14-15/2018 Walmart 2900 Kirk Rd Aurora, IL 60502							
Date(s) and Location: .								

Confidentially Statement. The information and concents provided to you be Equant Group are strictly confidential. The information and concents are selected for your internal evaluation and no other use of distribution is committed or authorized.





DATE (MM/DD/YYYY) 09/14-15/2018

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DPA	DUCER				CONTA	CT Line Ch	rintanaan					
	nt - Indianapolis				NAME: LISA CHINSTERSON							
	11 North Meridian St, Ste 200				PHONE (A/C, No, Ext): 317-817-5172 FAX (A/C, No): 317-817-5151						17-5151	
	napolis IN 46290				E-MAIL ADDRESS: kiwaniscert@hylant.com							
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					INSURER F:							
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	CLUSIONS AND CONDITIONS OF SUCH	POLI	CIES.	LIMITS SHOWN MAY HAVE							,	
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LTR	T	INSD	WVD	POLICY NUMBER 013136005					· · · · · · · · · · · · · · · · · · ·			
Α	X COMMERCIAL GENERAL LIABILITY			013136003		11/1/2017	11/1/2018	EACH OCCURRENT DAMAGE TO RENT		\$2,000,	000	
	CLAIMS-MADE X OCCUR							PREMISES (Ea occ	urrence)	\$500,00	00	
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	X Liquor Liability							PERSONAL & ADV	` ' 1	\$2,000.	nnn	
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	GEN'L AGGREGATE LIMIT APPLIES PER:					İ		GENERAL AGGREG		\$2,000,		
	POLICY PRO- JECT LOC							PRODUCTS - COM	P/OP AGG	\$2,000,	000	
	OTHER:							Liquor Liability		\$1,000,	000	
Α	AUTOMOBILE LIABILITY			013136005		11/1/2017	11/1/2018	COMBINED SINGLE (Ea accident)	ELIMIT	\$1,000,	000	
l	ANY AUTO							BODILY INJURY (Po		\$		
	OWNED SCHEDIKED						Ì	BODILY INJURY (Po		\$		
	AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAG	- 1			
	X HIRED X NON-OWNED AUTOS ONLY							(Per accident)	JL	\$		
										\$		
	UMBRELLA LIAB OCCUR							EACH OCCURREN	CF	\$		
	EXCESS LIAB CLAIMS-MADE											
	ODAING-MADE						-	AGGREGATE		\$		
	DED RETENTION \$ WORKERS COMPENSATION							PER	T OTU	\$		
	AND EMPLOYERS' LIABILITY						-	STATUTE	OTH- ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDE	NT	\$		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							E.L. DISEASE - EA	EMPLOYEE	\$		
	f yes, describe under DESCRIPTION OF OPERATIONS below		1					E.L. DISEASE - POL		\$		
Α				04040000						<u> </u>		
	Self-Insured Retention			013136005		11/1/2017	11/1/2018	All Claims	,	\$75,000		
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DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHICL	.ES (A	CORD	101, Additional Remarks Schedu	le, may b	e attached if mor	e space is requir	ed)				
Pea	nut Day sales. Standing outside sto	re ei	ntran	ces taking donations for	r Kiwar	nis Peanuts.						
				-								
Loc	ations to include: Cermak Market /	Pris	co's	/ Jewel-Osco(s) / Jake's	s Bage	ls / Walmari	t(s)					
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CEF	TIFICATE HOLDER				CANC	ELLATION					· · · · · · · · · · · · · · · · · · ·	
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	lmart							ESCRIBED POLIC				
29	00 Kirk Rd							REOF, NOTICE	WILL B	E DEL	IVERED IN	
Au	ora, IL 60502				ACC	UKDANCE WIT	IN INE POLIC	Y PROVISIONS.			1	
					AUTHOR	RIZED REPRESEN					l	
					$\mathcal{C}_{\mathcal{M}}$	المعلامة	K. W	ulson			I	



- 1. Please complete your Certificates of Insurance as follows:
 - A) Enter date Certificate is being issued (today's date) in the box marked "DATE (MM/DD/YYYY)" in the upper right hand corner.
 - B) Enter the Kiwanis Club name, contact person, and complete mailing address in the box marked "Insured" in the upper left of form.
 - C) Enter the name of the certificate holder, contact (if any), and complete mailing address as required by your insurance carrier in the box marked "CERTIFICATE HOLDER" on the bottom left of the form. "Certificate Holder" is the organization, firm, or person who is requiring proof of insurance from your club.
 - D) In box marked "DESCRIPTION OF OPERATIONS..." above the "CERTIFICATE HOLDER" box, please enter the type of event, the date(s) of the event, and the location where the event is being held. Any Certificate of Insurance which is altered beyond this will be considered NULL AND VOID!
- 2. Complete and make two copies of the Certificate.
- 3. Send the original Certificate to the "Certificate Holder" the party requesting proof of insurance.
- 4. Send a copy of the Certificate along with a completed copy of this page to either:

HYLANT 10401 N. Meridian Street Suite 200 OR kiwaniscert@hylant.com Indianapolis, IN 46290 PLEASE NOTE: The attached Certificate forms cannot be modified or altered in any way without the express permission of Hylant and the Insurance Company. If you have a Certificate which requires alterations (such as Additional Insured wording) please complete and submit the form on page four. Kiwanis Club of Aurora PO Box 1551 Aurora, IL 60507 Club Name and Address: Kim Groom 630-688-5588 Contact Name, Phone Number, and Email Address: . kimgroom@comcast.net

9/21-22/2018 Jewel 465 N State Rt 47 Sugar Grove 60554

Confidencially Statement. The information and connects provided to country Hyrand Street are emotic conducated information and contrates are reflete for your information and contrates are reflete for your information and involves use of institutions or permitted or write river.

HYLANT

Date(s) and Location: _



DATE (MM/DD/YYYY) 09/21-22/2018

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 rights to the certificate holder in liquid such and properties.

	SUBROGATION IS WAIVED, Subject is certificate does not confer rights t							quire an endorsement. /	A State	ment on	
PRODUCER						CONTACT NAME: Lisa Christenson					
Hylant - Indianapolis						Sept. 317-81	17-5172	FAX (A/C, No):	317-8	17-5151	
10401 North Meridian St, Ste 200 Indianapolis IN 46290						E-MAIL ADDRESS: kiwaniscert@hylant.com					
						INSURER(S) AFFORDING COVERAGE NAIC #					
						INSURER A : Lexington Insurance Company				19437	
INSURED KIWAN03						ERB:					
Kiwanis International, All Clubs and Their Members					1	INSURER C:					
3636 Woodview Trace Kiwanis Club of Aurora					INSURER D:						
Indianapolis IN 46268 PO Box 1551 Aurora, IL 60507					INSURER E :						
					INSURER F:						
COVERAGES CERTIFICATE NUMBER: 1688112255						<u> </u>					
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 LTR	NSR TYPE OF INSURANCE		SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
				013136005		11/1/2017	11/1/2018	EACH OCCURRENCE	\$2,000	,000	
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$500,0	00	
								MED EXP (Any one person)	\$5,000	J	
X Liquor Liability								PERSONAL & ADV INJURY	\$2,000		
l 1	GEN'L AGGREGATE LIMIT APPLIES PER:				ļ	1		GENERAL AGGREGATE	\$2,000	,000	
	POLICY PRO- LOC							PRODUCTS - COMP/OP AGG	\$2,000	,000	
ľ	OTHER:							Liquor Liability	\$1,000	,000	
Α	AUTOMOBILE LIABILITY			013136005		11/1/2017	11/1/2018	COMBINED SINGLE LIMIT (Ea accident)	\$1,000	,000	
	ANY AUTO							BODILY INJURY (Per person)	\$		
l	OWNED SCHEDULED AUTOS ONLY	1							\$		
	OWNED AUTOS ONLY HIRED AUTOS ONLY X AUTOS ONLY X AUTOS ONLY						ļ	PROPERTY DAMAGE (Per accident)	\$		
								V	\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE	ĺ						AGGREGATE	\$		
	DED RETENTION\$	ĺ							\$		
	NORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER			
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?								E.L. EACH ACCIDENT	\$		
(Mandatory in NH)								E.L. DISEASE - EA EMPLOYEE	\$		
	f yes, describe under DESCRIPTION OF OPERATIONS below	<u> </u>						E.L. DISEASE - POLICY LIMIT	\$		
A	Self-Insured Retention			013136005		11/1/2017	11/1/2018	All Claims	\$75,000	i	
DESCI	RIPTION OF OPERATIONS / LOCATIONS / VEHICL	LES (/	ACORE) 101, Additional Remarks Schedu	ile, may b	e attached if mon	e space is requir	red)			
_											
Peanut Day sales. Standing outside store entrances taking donations for Kiwanis Peanuts.											
Loor	otions to include: Cormak Market /	Dric		/ lowel Occo/o) / lokel	o Dogo	sla / Malmari	+/a\				
Locations to include: Cermak Market / Prisco's / Jewel-Osco(s) / Jake's Bagels / Walmart(s)											
CERTIFICATE HOLDER						CANCELLATION					
						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
Jewel											
465 N State Rt 47											
Sug	gar Grove, IL 60554										
AUTHORIZED REPRESENTATIVE											
					Oruge K. Wilson						



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- 4. Send a copy of the Certificate along with a completed copy of this page to either:

HYLANT
10401 N. Meridian Street
Suite 200 OR kiwaniscert@hylant.com
Indianapolis, IN 46290

PLEASE NOTE: The attached Certificate forms cannot be modified or altered in any way without the express permission of Hylant and the Insurance Company. If you have a Certificate which requires alterations (such as Additional Insured wording) please complete and submit the form on page four.

Club Name and Address:

Kiwanis Club of Aurora PO Box 1551 Aurora, IL 60507

Contact Name, Phone Number, and Email Address:

Kim Groom 630-688-5588

9/21 & 9/28/2018 Walmart 2000 Orchard Rd Montgomery 60538

Confidentially Strument. The information and armonics provided to you by Figlieti Assination stills, sectionally. The edeminant well controlly are sortly for your invited evaluation and no ones use at distributions about the foreign and or sufficiency.

HYLANT

Date(s) and Location: -



DATE (MM/DD/YYYY) 09/21 & 28/2018

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 rights to the certificate holder in lieu of such endorsement(s). CONTACT Lisa Christenson PRODUCER Hylant - Indianapolis PHONE (A/C, No, Ext): 317-817-5172 FAX (A/C, No): 317-817-5151 10401 North Meridian St, Ste 200 E-MAIL ADDRESS: kiwaniscert@hylant.com Indianapolis IN 46290 INSURER(S) AFFORDING COVERAGE NAIC# 19437 INSURER A: Lexington Insurance Company KIWAN03 INSURED INSURER B: Kiwanis International, All Clubs and Their Members INSURER C: 3636 Woodview Trace Kiwanis Club of Aurora INSURER D : Indianapolis IN 46268 PO Box 1551 Aurora, IL 60507 INSURER E: INSURER F: **CERTIFICATE NUMBER: 1688112255 REVISION NUMBER: COVERAGES** 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. POLICY EFF POLICY EXP (MM/DD/YYYY) ADDL SUBR NSR LTR TYPE OF INSURANCE POLICY NUMBER 013136005 11/1/2017 11/1/2018 \$2,000,000 EACH OCCURRENCE DAMAGE TO RENTED COMMERCIAL GENERAL LIABILITY Х \$500,000 CLAIMS-MADE | X | OCCUR PREMISES (Ea occurrence) \$5,000 MED EXP (Any one person) \$2,000,000 PERSONAL & ADV INJURY Liquor Liability \$2,000,000 GENERAL AGGREGATE GEN'L AGGREGATE LIMIT APPLIES PER: PRO-JECT PRODUCTS - COMP/OP AGG \$2,000,000 POLICY LOC Liquor Liability \$1,000,000 OTHER: COMBINED SINGLE LIMIT (Ea accident) 11/1/2017 11/1/2018 \$1,000,000 AUTOMOBILE LIABILITY 013136005 BODILY INJURY (Per person) ANY AUTO **BODILY INJURY (Per accident)** OWNED AUTOS ONLY PROPERTY DAMAGE NON-OWNED AUTOS ONLY Х AUTOS ONLY (Per accident) \$ EACH OCCURRENCE **UMBRELLA LIAB** OCCUR **EXCESS LIAB** AGGREGATE CLAIMS-MADE \$ DED RETENTION \$ WORKERS COMPENSATION PER STATUTE AND EMPLOYERS' LIABILITY E.L. EACH ACCIDENT ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N/A E.L. DISEASE - EA EMPLOYEE \$ (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT \$75,000 11/1/2017 11/1/2018 All Claims 013136005 Self-Insured Retention DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Peanut Day sales. Standing outside store entrances taking donations for Kiwanis Peanuts. Locations to include: Cermak Market / Prisco's / Jewel-Osco(s) / Jake's Bagels / Walmart(s) CANCELLATION CERTIFICATE HOLDER SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE Walmart THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. 2000 Orchard Rd Montgomery, IL 60538 AUTHORIZED REPRESENTATIVE