

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 04/19/2017

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 the terms and conditions of the policy, certain policies may require an endorsement. A staten

	ertificate holder in lieu of such endo	orsem	ent(s).		oment. A sta	tement on t	nis certificate does not	confer	rights to the	
PRODUCER MOCA DEVIA OFFICIAL DEVIA						CONTACT JERRY MCCARTY					
MCCARTY AGENCY, INC					PHONE (A/C, No, Ext): 630-372-2061 (A/C, No): 630-372-2066						
MCCARTY AGENCY, INC						E-MAIL ADDRESS: MCCARTJ1@NATIONWIDE.COM					
346 SO MAIN ST BARTLETT, IL 60103						INSURED(S) AFFORDING COVERAGE					
						INSURER A : NATIONWIDE MUTUAL INSURANCE				NAIC#	
INSURED					1	INSURER B :				23787	
SRI JAGANNATH SOCIETY OF GREATER CHICAGO					INSURER C:						
2295 CHURCH RD AURORA, IL 60502-8741					INSURER D :					-	
					INSURER E :						
					INSUR						
COVERAGES CERTIFICATE NUMBER:											
	HIS IS TO CERTIFY THAT THE POLICIE DICATED. NOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY CCLUSIONS AND CONDITIONS OF SUCH							ED NAMED ABOVE FOR T	HE PO	LICY PERIOD WHICH THIS	
INSK		I POLI	CIES.	LIMITS SHOWN MAY HAVE	BEEN	LEDUCED DI	LVID CTVINO	30	O ALL	THE TERMS,	
LTR	TYPE OF INSURANCE GENERAL LIABILITY	INSR	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	rs		
Α		X	X	ACP GLO 30-1-719666	86	7/24/2016	7/24/2017	EACH OCCURRENCE	\$	1 000 000	
	The second of th							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000	
	CLAIMS-MADE X OCCUR							MED EXP (Any one person)	\$	5,000	
		2						PERSONAL & ADV INJURY	\$	1,000,000	
	CENT ACCRECATE AND ACCRECATE AND ACCRECATE ACC	-						GENERAL AGGREGATE	s	2,000,000	
	X POLICY PRO-							PRODUCTS - COMP/OP AGG	\$	2,000,000	
	AUTOMOBILE LIABILITY	-							\$	2,000,000	
	0.107800.10700.10704							COMBINED SINGLE LIMIT (Ea accident)			
	ANY AUTO ALL OWNED SCHEDULED							BODILY INJURY (Per person)	\$		
	AUTOS AUTOS							BODILY INJURY (Per accident)	100		
	HIRED AUTOS AUTOS						ĺ	PROPERTY DAMAGE (Per accident)	\$		
	UMBRELLA LIAB OCCUP	+						(or desident)	\$		
İ	EXCESSION							EACH OCCURRENCE	\$		
Ì	CLAIMS-MADE							AGGREGATE	\$		
	WORKERS COMPENSATION								\$		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR PARTIES (EXECUTIVE Y/N					*		WC STATU- TORY LIMITS ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDENT	\$		
	If yes describe under							E.L. DISEASE - EA EMPLOYEE			
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT			
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHICL										
EVE	RIPTION OF OPERATIONS / LOCATIONS / VEHIC NT: CHARIOT FESTIVAL PARAD	F 1	ttach A	CORD 101, Additional Remarks Sc	hedule,	if more space is r	equired)				
OIT\	(OF AUDODA 10 1	-, 12	_ 10	3 1 W, JUNE 23, 2017,	LOCA	ATION: COR	RPORATE E	BLVD, AURORA			
NHE	/ OF AURORA IS ADDITIONAL IN EN REQUIRED BY WRITTEN COI	ISUR	ED (ON A PRIMARY AND NO	ON-CC	ONTRIBUTO	RY BASIS	WITH REPSECT TO C	SEVIE	DAL LIADILIT	
				······································							
NAI	VER OF SUBROGATION APPLIE LUIRE BY WRITTEN CONTRACT	SIN	FAV	OR OF THE ADDITIONA	AL INIC	SUDED WITH	II DECDEO	T TO OF !!			
KE(UIRE BY WRITTEN CONTRACT	OR A	GRE	EMENT.	AL IINC	BOKED WITH	H KESPEC	I TO GENERAL LIABI	LITY	WHEN	
ER	TIFICATE HOLDER										
	TOLDER				CANC	ELLATION					
					SHOL	U D 4507 OF				-	
CITY OF AUDODA						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE					
CITY OF AURORA					THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
44 E. DOWNER PLACE											
AURORA, IL 60507-2067					AUTHORIZED REPRESENTATIVE						
						Los Alle Cist					
	-				1	vy 1	" wh	1/			
CO	RD 25 (2010/05)	The	e AC	ORD name and logo are		© 198	8-2010 ACØ	RD CORPORATION. A	II righ	ts reserved.	