

## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

7/27/2015

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 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).

	DUCER			CONT	ACT				-
Wine Sergi Insurance 1000 E. Warrenville Road			NAME PHON	-		FAX			
				(A/C, I	No. Ext):630-51	3-6600	(A/C, No):	630-513-	6399
	e 101			ADDR	Ess:jarar@wi	nesergi.com	1		
Naperville IL 60563					INSURER(S) AFFORDING COVERAGE				NAIC #
				INSUR	INSURER A :RSUI Group Inc.				
SL	RED	AUROR-3			INSURER B:				
tν	Of Aurora								
	Alexandrou				INSURER C :				
44 East Downer Place Aurora IL 60507-2067				INSUR	INSURER D :				
				INSUR	INSURER E :				
_				INSUR	ERF:				
	VERAGES CER	TIFI	CAT	E NUMBER: 1622498687			REVISION NUMBER:		
C	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RI ERTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUCH	PERT POLI	CIES	ENT, TERM OR CONDITION OF AN THE INSURANCE AFFORDED BY LIMITS SHOWN MAY HAVE BEEN	IY CONTRACT THE POLICIE REDUCED BY	OR OTHER S DESCRIBE PAID CLAIMS	DOCUMENT WITH RESPE	CT TO WILL	IICH TH
R	TYPE OF INSURANCE	INSR	SUBF	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	GENERAL LIABILITY  COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
	CLAIMS-MADE OCCUR						MED EXP (Any one person)	\$	
							PERSONAL & ADV INJURY	\$	
							GENERAL AGGREGATE	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:								
	PRO.						PRODUCTS - COMP/OP AGG	\$	
	POLICY JECT LOC AUTOMOBILE LIABILITY				-		COMBINED SINGLE LIMIT	4	
	CONTROL OF CALL OF THE PROPERTY OF THE PROPERT						COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO ALL OWNED SCHEDULED						BODILY INJURY (Per person)	\$	
	AUTOS AUTOS						BODILY INJURY (Per accident)	\$	
	HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
						51		\$	
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE								
							AGGREGATE	\$	
	DED RETENTION \$ WORKERS COMPENSATION		-				WC STATU- OTH-	\$	
	AND EMPLOYERS' LIABILITY Y/N						WC STATU- TORY LIMITS ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$	
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	
	Liquor Liability			NBA00085100	2/14/2015	2/14/2016	Liquor	1,000,000	

Illinois Liquor Control Commission 100 W. Randolph St., Suite 5/300 Chicago IL 60601 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

Dans A. Ligi

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## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 7/28/2015

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PRODUCER		CONTACT NAME:			
Wine Sergi Insurance 1000 E. Warrenville Road Suite 101 Naperville IL 60563		PHONE (A/C, No):630-513-6600 FAX (A/C, No):630-513-6;  E-MAIL ADDRESS:jarar@winesergi.com			
		INSURER(S) AFFORDING COVERAGE		NAIC #	
		INSURER A :Cincinnati Insurance Co		10677	
INSURED	AUROR-3	INSURER B :			
City Of Aurora Alex Alexandrou 44 East Downer Place		INSURER C :			
		INSURER D :			
Aurora IL 60507-2067		INSURER E :			
		INSURER F :			
COVERAGES	CERTIFICATE NUMBER: 142693299	1 REVI	SION NUMBER:		

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 EXP (MM/DD/YYYY TYPE OF INSURANCE POLICY NUMBER LIMITS INSR WVD GENERAL LIABILITY CSU0056746 4/4/2015 4/4/2016 EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED COMMERCIAL GENERAL LIABILITY PREMISES (Ea occurrence) \$50,000 CLAIMS-MADE X OCCUR MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$2,000,000

GENERAL AGGREGATE \$4,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: PRODUCTS - COMP/OP AGG \$4,000,000 PRO-JECT POLICY \$ OMBINED SINGLE LIMIT AUTOMOBILE LIABILITY BODILY INJURY (Per person) \$ ANY AUTO ALL OWNED AUTOS SCHEDULED BODILY INJURY (Per accident) \$ AUTOS NON-OWNED PROPERTY DAMAGE \$ HIRED AUTOS \$ UMBRELLA LIAB EACH OCCURRENCE OCCUR \$ **EXCESS LIAB** CLAIMS-MADE AGGREGATE \$ DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY WC STATU-TORY LIMITS ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? E.L. EACH ACCIDENT (Mandatory in NH) E.L. DISEASE - EA EMPLOYEE \$ If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Aurora Garden's Plant Sale, Aurora Trans Ctr- 5/16/15 Bazaar on Water Street, Water St Mall, 7/18/15 Shakespeare on the Mall, Water St Mall/Mundy, 7/25/15 Chicagoland Emerg Vehicle Show, City Lots M-N LaSalle, 8/4/15 Pop-Up Event, 59 S. LaSalle St., Aurora IL, 8/7/15 & 8/8/15 Louche Puce Market, Water St Mall, 8/15/15 See Attached...

CERTIFICATE HOLDER	CANCELLATION		
Proof of Insurance	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.		
	Daniel A. Ligi		

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AGENCY	CUSTOMER	ID:	AUROR-3

LOC #:



## ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY Wine Sergi Insurance POLICY NUMBER		NAMED INSURED City Of Aurora		
		Alex Alexandrou 44 East Downer Place Aurora IL 60507-2067		
CARRIER	NAIC CODE			
		EFFECTIVE DATE:		

## ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,	
FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE	
6th Annual LaSalle St Car Show, LaSalle St, 8/24/15 Art Jam, Phillips Park, 9/5/15 Roots Aurora, LaSalle St. (between Benton & Downer), 9/26/15	