

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/06/2017

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 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). PRODUCER Sue Vereker Allied Specialty Insurance, Inc. PHONE (A/C, No. Ext): 727 547 3059 FAX (A/C, No): 10451 Gulf Blvd 727 367 5695 Treasure Island, FL 33706-4814 ADDRESS: svereker@alliedspecialty.com INSURER(S) AFFORDING COVERAGE NAIC# INSURER A: T.H.E. Insurance Company 12866 INSURED INSURER B : Fantasy Amusement Company, Inc. 629 N. Forrest Avenue INSURER C Arlington Heights, IL 60004 INSURER D : INSURER E : INSURER F: **COVERAGES CERTIFICATE NUMBER: 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.

A COMMERCIAL GENERAL LIABILITY	LTR	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER	MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	s
MED EXP (Any one person) \$ n/a	Α				CPP0100356-07	05/28/2017	05/28/2018	DAMAGE TO RENTED	
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(Mandatory In NH) If yes, describe under		ANYPROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$
		(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$
		DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$

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

DATES; 4/22/18 through 5/07/18

ADDITIONAL INSURED: Fox Valley Mall LLC and its members, owners, partners, shareholders, affiliates, and mortgagees; Centennial Real Estate Management, LLC; other entities or individuals Owner may designate from time to time; and, with respect to each of the foregoing, its managers, officers, directors, employees, and Kevaworks, Inc., City of Aurora. Hold harmless included as per contract between the named insured and additional insured and as respects to general liability and to the negligence of the named insured

CERTIFICATE HOLDER	CANCELLATION
CITY OF AURORA 44 EAST DOWNER PLACE AURORA, IL 60507	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
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