Phone: (630)892-8088 Fax: (630)892-8112

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 01/12/2016

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 CRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

PRESENTATIVE 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

				s of the policy, of such endors				ndorsen	nent. A state	ement on this	s certificate does not co	nfer ı	ights to the	
PRODUCER									CONTACT Penny Halvax					
Allers Morrison Insurance Agency Inc.										69-4200	FAX (A/C, No): 6	30-2	71-1378	
4919 Main Street									se penn	y@4919main				
Downers Grove, IL 60515									E-MAIL ADDRESS: penny@4919main.com INSURER(S) AFFORDING COVERAGE					
Domingia Grove, in 900 to								INSURER A: Grange Mutual Casualty Group				NAIC #		
INSURED								INSURER B: Grange Mutual Casualty Group				10322		
													27120	
The Flower Basket Inc								INSURER D:					27120	
302 N Lake St														
Aurora, IL 60506								INSURER E:					-	
	VED	AGES		CEB	TIEIC	ATE	NUMBER: 00000000-1	INSURER F: 02621 REVISION NUMBER: 8					<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.														
INSF	-	TYPE OF INSURANCE				WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS	3		
Α	X	COMMERCIAL GE	NER	AL LIABILITY			BP 2078438		05/27/2015	05/27/2016	EACH OCCURRENCE	\$	1,000,000	
		CLAIMS-MADE OCCUR									DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000	
											MED EXP (Any one person)	\$	5,000	
											PERSONAL & ADV INJURY	\$		
1	GEN	N'L AGGREGATE LI	MIT A	APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000	
	X	POLICY PRO- LOC OTHER:									PRODUCTS - COMP/OP AGG	\$	2,000,000	
В	AUTOMOBILE LIABILITY ANY AUTO						XA 2078441		05/27/2015	05/27/2016	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
							7.7			• • • • • • • • • • • • • • • • • • • •	BODILY INJURY (Per person)	\$		
		ALL OWNED	X	SCHEDULED	ļ						BODILY INJURY (Per accident)	\$		
	X	AUTOS HIRED AUTOS	x	NON-OWNED							PROPERTY DAMAGE (Per accident)	\$		
		TIINLED ACTOS	_	AUTOS							(i ci dedident)	\$		
		UMBRELLA LIAB	1	OCCUR		†					EACH OCCURRENCE	\$		
		EXCESS LIAB	ı	CLAIMS-MADE						1	AGGREGATE	\$		
ł		DED RETE	L	•	1							\$		
6		RKERS COMPENSA	ERS COMPENSATION				83WECAA8814		05/27/2015	05/27/2016	X PER OTH-			
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N					0011120770014		00/2//2010	00/2//2010	E.L. EACH ACCIDENT	s	500,000			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)			N/A						E.L. DISEASE - EA EMPLOYEE		500,000		
	If yes, describe under DESCRIPTION OF OPERATIONS below				İ					E.L. DISEASE - POLICY LIMIT	\$	500,000		
$\overline{\Delta}$	A LIQUOR LIABILITY					-	BP 2078438	-	05/27/2015	05/27/2016	1		1,000,000	
Ā	BUSINESS PERSONAL						BP 2078438		05/27/2015	05/27/2016	PROPERTY		80,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)														
CERTIFICATE HOLDER									CANCELLATION					
City of Aurora - City Hall 44 E. Downer Place								SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
Aurora, IL 60507								AUTHORIZED REPRESENTATIVE						

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Received

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