

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 05/07/2015

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

PRODUCER Allied Specialty Insurance, Inc.	CONTACT NAME:				
85 N.E. Loop 410, Suite 600 San Antonio, TX 78216	PHONE (A/C, No, Ext): (A/C, No): E-MAIL ADDRESS:				
210-341-1321 800-235-8774	INSURER(S) AFFORDING COVERAGE	NAIC #			
	INSURER A: T.H.E. Insurance Company	12866			
Windy City Amusements, Inc. 914 W. Main Street	INSURER B :				
	INSURER C:				
	INSURER D :				
St. Charles, IL 60174	INSURER E :				
	INSURER F :				

COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER:
THIS IS TO CEPTIEN THE	T THE DOLLCIES OF INCLIDANCE LISTED BELOW HAVE BE	EN ISSUED TO THE INSURED NAMED ABOVE FOR THE DO

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 SLICH POLICIES LIMITS SHOWN MAY HAVE BEEN REQUIRED BY THE POLICIES OF SAME OF A MAY BE SHOWN THE POLICIES OF THE POLIC EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

VSR TR	TYPE OF INSURANCE	ADDL :	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	S
	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- POLICY PRO- LOC		WVD.	CPP0100475-05	03/18/2015	03/18/2016	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	s 1,000,000 s 100,000 s 1,000,000 s 10,000,000 s 1,000,000
`	ANY AUTO ALL OWNED AUTOS WHIRED AUTOS POLICY JECT LOC AUTOMOBILE LIABILITY ANY AUTO AUTOS AUTOS NON-OWNED AUTOS AUTOS			CPP0100475-05	03/18/2015	03/18/2016	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	s 1,000,000 s s s s s s
	WMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE			ELP0010132-05	03/18/2015	03/18/2016	EACH OCCURRENCE AGGREGATE	\$ 4,000,000 \$ 4,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				111	WC STATU- TORY LIMITS ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	

EFFECTIVE FROM: 10/11/15 THROUGH 10/19/15

ADDITIONAL INSURED: : DDL PROPERTY, LTD. NORTHGATE PLAZA (AURORA) LLC.

AS RESPECTS TO THE GENERAL LIABILITY PERTAINING TO THE OPERATIONS OF THE NAMED INSURED ONLY .

FOOD PRODUCTS ARE INCLUDED IN PRODUCTS COMPETED/OPERATIONS AGGREGATE.

HOLD HARMLESS AGREEMENT PER CONTRACT BETWEEN THE NAMED INSURED AND ADDITIONAL INSURED

CERTIFICATE HOLDER	CANCELLATION
DDL Property, Ltd. Northgate Plaza (Aurora) LLC 1 Trans Am Plaza Drive, Suite 120	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Oakbrook Terrace, IL 60181	ard Serra



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DATE (MM/DD/YYYY) 05/07/2015

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t	he terms and conditions of the policy, ertificate holder in lieu of such endors	certain	policies may require an el	ndorsement. A sta	tement on th	is certificate does not confer	rights to the
$\overline{}$	DDUCER Allied Specialty Insurance, I		5).	CONTACT	W		
	85 N.E. Loop 410, Suite 600	nc.		NAME: PHONE		FAX (A/C, No):	
	DATE AND BASE AND			(A/C, No, Ext):		(A/C, No):	
	San Antonio, TX 78216			ADDRESS:	CUDED(C) AFFOR	DING COVERAGE	NAIC#
	210-341-1321 800-235-877	4		INSURER A : T.H.E.		RDING COVERAGE	12866
INS	JRED W. J. O.				insurance (Company	12000
	Windy City Amusements,	Inc.		INSURER B :			
	914 W. Main Street			INSURER C :			
	St. Charles, IL 60174			INSURER D :			
	,			INSURER E :			
-	VERAGES CER	TIFICA	TE NUMBER:	INSURER F :	-	REVISION NUMBER:	
II C	HIS IS TO CERTIFY THAT THE POLICIES NDICATED. NOTWITHSTANDING ANY RESERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	OF INS QUIREM PERTAIN POLICIE	URANCE LISTED BELOW HA BENT, TERM OR CONDITION I, THE INSURANCE AFFORD S. LIMITS SHOWN MAY HAVE	OF ANY CONTRACT ED BY THE POLICIE BEEN REDUCED BY	OR OTHER S DESCRIBE PAID CLAIMS	ED NAMED ABOVE FOR THE PO DOCUMENT WITH RESPECT TO D HEREIN IS SUBJECT TO ALL	WHICH THIS
INSF		ADDL SUI	D POLICY NUMBER	(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
Α	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY		CPP0100475-05	03/18/2015	03/18/2016		000,000 100,000
	CLAIMS-MADE X OCCUR					MED EXP (Any one person) \$	
						PERSONAL & ADV INJURY \$ 1,	000,000
				1	1	GENERAL AGGREGATE \$10,	000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:		-			PRODUCTS - COMP/OP AGG \$ 1,	000,000
	POLICY PRO- JECT LOC				-	COMBINED SINGLE LIMIT 4	000,000
Α			CPP0100475-05	03/18/2015	03/18/2016	(Ea accident) \$ 9 BODILY INJURY (Per person) \$	000,000
	ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS					BODILY INJURY (Per accident) \$	
	✓ NON-OWNED					PROPERTY DAMAGE	
	HIRED AUTOS AUTOS					(Per accident) \$	×
	UMBRELLA LIAB X OCCUR				-		000,000
A	T OCCUR		ELP0010132-05	03/18/2015	03/18/2016		000,000
	i job umo minot						000,000
_	DED RETENTION S WORKERS COMPENSATION				<u> </u>	WC STATU- OTH- TORY LIMITS ER	
	AND EMPLOYERS' LIABILITY Y/N					1	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A		1		E.L. EACH ACCIDENT \$	
	(Mandatory in NH) If yes, describe under					E.L. DISEASE - EA EMPLOYEE \$	
	DÉSCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT \$	A -
EFF ADI AS EVE	CCRIPTION OF OPERATIONS / LOCATIONS / VEHICLE FECTIVE FROM 10/11/15 THROUGH 10 DITIONAL INSURED: CITY OF AUROR. RESPECTS TO THE GENERAL LIABIL ENT LOCATION: WEST AURORA PLAZ LD HARMLESS AGREEMENT PER CO	/19/15 A; FOX ITY PEF ZA, LLC	VALLEY UNITED WAY RTAINING TO THE OPERAT , 1901 W. GALENA BLVD.,	TIONS OF THE NAM AURORA, IL	MED INSURE		
CE	RTIFICATE HOLDER			CANCELLATION			- -
	y of Aurora						
	East Downer Place					ESCRIBED POLICIES BE CANCEL EREOF. NOTICE WILL BE DE	
	rora, IL 60607			ACCORDANCE W			PIAEVED IN
				AUTHORIZED REPRESI	ENTATIVE /	2 0	_

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WINDY-2

OP ID: LC



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/12/2015

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С	ne terms and conditions of the policy, sertificate holder in lieu of such endors			CONTAC			<u> </u>		
PRODUCER WM. F. BUELL INC.					NAME: PHONE (A/C, No. Ext): 847-367-0900 FAX (A/C, No. Ext): 847-367-7549				
	E. Park Ave. ertyville, IL 60048			(A/C, No. E-MAIL ADDRES	Ext): 847-36	7-0900	(A/C, No): C	941-361-1349	
				- CETTED		SURER(S) AFFO	RDING COVERAGE	NAIC #	
				INSUREF	A: Travele	ers Group	7	27998	
INSURED Windy City Amusements, Inc.					INSURER B:				
	Anthony Salerno, Jr. 914 W. Main Street			INSUREF	tc:				
	St. Charles, IL 60174			INSUREF	D:				
				INSURE	tE:				
				INSURER	F:				
			TE NUMBER:				REVISION NUMBER:	Y	
C	THIS IS TO CERTIFY THAT THE POLICIES NDICATED. NOTWITHSTANDING ANY RESERTIFICATE MAY BE ISSUED OR MAY FEXCLUSIONS AND CONDITIONS OF SUCH F	QUIREM	ENT, TERM OR CONDITION , THE INSURANCE AFFORD	OF ANY	CONTRACT HE POLICIE	OR OTHER	DOCUMENT WITH RESPECT TO	T TO WHICH THIS	
INSR LTR		ADDL SUI			POLICY EFF MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
	COMMERCIAL GENERAL LIABILITY							5	
	CLAIMS-MADE OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	5	
								S	
							PERSONAL & ADV INJURY		
	GEN'L AGGREGATE LIMIT APPLIES PER:			- 1			GENERAL AGGREGATE	.	
	POLICY PRO- JECT LOC			1			PRODUCTS - COMP/OP AGG		
	OTHER:								
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)		
	ANY AUTO						BODILY INJURY (Per person)	i i	
	ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)		
	HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	3	
								3	
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE S		
	EXCESS LIAB CLAIMS-MADE			1			AGGREGATE		
	DED RETENTION \$				-		1		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X PER STATUTE ER OTH-		
Α	ANY PROPRIETOR/PARTNER/EXECUTIVE	NIA	6JUB0266M607		09/30/2014	09/30/2015	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 \$	1,000,00	
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLE	ES (ACOF	RD 101, Additional Remarks Schedu	ile, may be	attached if more	e space is requir	ed)		
		P.001	The state of the s	.,		.,	•		
CEF	RTIFICATE HOLDER			CANCE	LATION				
	City of Aurora		CITPR-1	THE	EXPIRATION	DATE THE	ESCRIBED POLICIES BE CAN REOF, NOTICE WILL BE Y PROVISIONS.		
	Building Dept.			AUTHORI	ZED REPRESE	NTATIVE	31		
	44 E Downer Pl. Aurora, IL 60507			TOPICOCIA PARA CANCAC		Buel	/		
	Autora, IL 60307			150	W D	Duel			