

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/29/2015

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).

CONTACT NAME:					
PHONE FAX (A/C, No. Ext): (A/C, No.					
E-MAIL ADDRESS:					
INSURER A : SELECTIVE INSURANCE	19259				
INSURER B:					
INSURER C:					
INSURER D :					
INSURER E :					
INSURER F :					
	NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS: PRODUCER CLISTOMER ID #: CROSS-5  INSURER(S) AFFORDING COVERAGE  INSURER A : SELECTIVE INSURANCE INSURER B : INSURER C : INSURER D : INSURER D :				

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.

INSR LTR	TYPE OF INSURANCE		SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	ITS		
	GENERAL LIABILITY						EACH OCCURRENCE DAMAGE TO RENTED	\$	1,000,000	
Α	X COMMERCIAL GENERAL LIABILITY	X	1	S1986677	04/01/2015	04/01/2016	PREMISES (Ea occurrence)	\$	100,000	
	CLAIMS-MADE X OCCUR						MED EXP (Any one person)	\$	10,000	
A	X ABUSE MOLESTATION				04/01/2015	04/01/2016	PERSONAL & ADV INJURY	\$	1,000,000	
Α	X EPLI				04/01/2015	04/01/2016	GENERAL AGGREGATE	\$	3,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG	\$	3,000,000		
	X POLICY PRO- JECT LOC							\$		
Α	AUTOMOBILE LIABILITY			S1986677	04/01/2015	04/01/2016	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
	X ANY AUTO		1	3 1960077	04/01/2015	04/01/2010	BODILY INJURY (Per person)	\$		
	ALL OWNED AUTOS						BODILY INJURY (Per accident)	\$		
A	X HIRED AUTOS			S1986677	04/01/2015	04/01/2016	PROPERTY DAMAGE (PER ACCIDENT)	\$		
A	X NON-OWNED AUTOS			S1986677	04/01/2015	04/01/2016		\$		
								\$		
A	X UMBRELLA LIAB X OCCUR		S1986677			EACH OCCURRENCE	\$	4,000,000		
	EXCESS LIAB CLAIMS-MADE			54095677	04/28/2015	04/01/2016	AGGREGATE	\$	4,000,000	
	DEDUCTIBLE			51900077	21900011	04/26/2015	04/01/2010		\$	
	RETENTION \$					_		\$		
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		WC7987266					X WC STATU- TORY LIMITS ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A		04/01/2015	04/01/2016	E.L. EACH ACCIDENT	\$	500,000		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE	\$	500,000		
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	500,000	
Α	BUILIDNG			S1986677	04/01/2015	04/01/2016	\$1000 DED		7,951,457	
A	PROPERTY			S1986677	04/01/2015	04/01/2016	\$1000 DED		1,017,638	

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required ADDITIONAL INSURED WHERE REQUIRED BY WRITTEN CONTRACT SUBJECT TO POLICY TERMS AND CONDITIONS: CITY OF AURORA REF: FALL FAMILY FESTIVAL 10-4-15 (RAIN DATE 10-11-15)

CERTIFICATE HOLDER	CANCELLATION
CITY OF AURORA 65 S WATER ST	AUROR-2  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 60505	AUTHORIZED REPRESENTATIVE