## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/4/2017

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(les) 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).

| PRODUCER<br>Arthur J. Gallagher Risk Manage         | ment Services Inc                    | CONTACT Gallagher Bassett Services      |                   |              |  |  |
|---|--------------------------------------|---|-------------------|--------------|--|--|
| 2850 Golf Road                                      | ment Services, Inc.                  | PHONE<br>IAIC, No. Ext): 414/203-4053   | FAX<br>(A/C, No): | 414/258-1250 |  |  |
| Rolling Meadows IL 60008                            |                                      | ADDRESS:                                | -                 |              |  |  |
|   |                                      | INSURER(S) AFFORDING COV                |                   | NAIC #       |  |  |
| ·<br>-  |                                      | INSURER A : National Catholic RRG , Inc | 10083             |              |  |  |
| INSURED   | DIOCOFR-01                           | INSURER B : Safety National Casualty Co | 15105             |              |  |  |
| Diocese of Rockford Finance & Administration Office |                                      | INSURER C :                             |                   | 10100        |  |  |
| P.O. Box 7044<br>Rockford IL 61125                  |                                      | INSURER D :                             |                   |              |  |  |
|   |                                      | INSURER E :                             |                   |              |  |  |
|   |                                      | INSURER F:                              | -                 |              |  |  |
| COVERAGES   | <b>CERTIFICATE NUMBER: 406500736</b> | 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 REVISION 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.

| INSR             | TYPE OF INCIDANCE (IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII |   |      |     |            |              |              |                                |             |
|------------------|---|---|------|-----|------------|--------------|--------------|--------------------------------|-------------|
| A                | l v   | COMMERCIAL GENERAL LIABILITY                      | INSD | WVD |            | (MM/DD/YYYY) | (MM/DD/YYYY) | LIMIT                          | rs          |
| ^                | <del>  ^</del>  | <del> </del>                                      |      |     | RRG1026819 | 7/1/2016     | 7/1/2017     | EACH OCCURRENCE                | \$1,000,000 |
|                  | $\vdash$  | CLAIMS-MADE X OCCUR                               |      |     |            |              |              | PREMISES (Ea occurrence)       | Sincluded   |
|                  |   |   |      |     |            |              |              | MED EXP (Any one person)       | \$ Included |
|                  | <u> </u>  |   |      |     |            |              |              | PERSONAL & ADV INJURY          | \$ included |
|                  | -   | POLICY PRO- LOC                                   |      |     |            |              |              | GENERAL AGGREGATE              | \$None      |
|                  | X   | POLICY JECT LOC<br>OTHER: Liquor                  |      |     |            |              |              | PRODUCTS - COMPIOP AGG         | \$ Included |
| H                | <u> </u>  |   |      |     |            |              |              |                                | S           |
| ^                | AUI   | TOMOBILE LIABILITY                                |      |     | RRG1026819 | 7/1/2016     | 7/1/2017     | (Ea accident)                  | \$1,000,000 |
|                  | Х   | ANY AUTO  |      |     |            |              |              | BODILY INJURY (Per person)     | S           |
|                  |   | ALLOWNED SCHEDULED AUTOS NON-OWNED                |      |     |            |              |              | BODILY INJURY (Per accident)   | S           |
|                  | <u> </u>  | HIRED AUTOS X AUTOS                               |      |     |            |              |              | PROPERTY DAMAGE (Per accident) | \$          |
| $\vdash$         |   | Import Laving Ly                                  |      |     |            |              |              |                                | 5           |
| ^                | X   | UMBRELLA LIAB X OCCUR EXCESS LIAB CLAMS MADE      |      |     | XS1026819  | 7/1/2016     | 7/1/2017     | EACH OCCURRENCE                | \$4,000,000 |
|                  |   | CLAIMS-MADE                                       | ļ    |     |            |              |              | AGGREGATE                      | \$4,000,000 |
| <del>  _  </del> |   | DED   X   RETENTION \$ 1,000,000                  |      |     |            |              |              |                                | s           |
|                  | AND   | KERS COMPENSATION EMPLOYERS' LIABILITY Y/N        |      | 1   | SP4054998  | 7/1/2016     | 7/1/2017     | X PER OTH-<br>STATUTE ER       |             |
| 1 1              | OFFI  | PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED? | N/A  |     |            |              |              | E.L. EACH ACCIDENT             | \$1,000,000 |
|                  | fyes  | detory in NH)<br>, describe under                 |      |     |            |              |              | E.L. DISEASE - EA EMPLOYEE     | \$1,000,000 |
|                  | DESC  | CRIPTION OF OPERATIONS below                      |      |     |            |              |              | E.L. DISEASE - POLICY LIMIT    | \$1,000,000 |
|                  |   |   |      |     |            | -            |              | <del>-</del>                   |             |
|                  |   |   | - 1  |     |            | 1            |              |                                |             |
|                  |   | ON OF OBERATIONS (LOCATIONS (MELICILI             |      |     |            |              |              |                                |             |

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

General Liability and Auto Liability limits inclusive of \$250,000 Self-Insured Retention

If Additional Insured status noted herein, coverage afforded by Form TNC G118 Rev 01/01/12

For: St. Nicholas Catholic Church 308 High St., Aurora, IL 60505

For: Annual Festival to be held on Church grounds on 6/24/17 & 6/25/17

City of Aurora is listed as an additional Insured

| CERTIFICATE HOLDER  | CANCELLATION   |
|---|--|
| City of Aurora<br>44 East Downer Place<br>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. |
|   | AUTHORIZED REPRESENTATIVE  |

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