GENERAL AGGREGATE

E.L. EACH ACCIDENT

E.L. DISEASE - EA EMPLOYEE

E.L. DISEASE - POLICY LIMIT

PRODUCTS - COMP/OP AGG

2,000,000

500,000

500,000

500.000

\$

\$



GEN'L AGGREGATE LIMIT APPLIES PER:

ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)

If yes, describe under DESCRIPTION OF OPERATIONS below

POLICY

PRO-JECT

X LOC

Ν N/A

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/23/2017

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 Willis of Illinois, Inc. c/o 26 Century Blvd P.O. Box 305191 Nashville, TN 37230-5191 INSURED Calvary Temple Church of Naperville Attn: Pastor Christian Axelsen 9S200 Route 59 Naperville, IL 60564 | CONTACT Willis Towers Watson Certificate Center | | |
|---|---|---------------------------------|--|
| | | FAX (A/C, No):(888) 467-2378 | |
| | E-MAIL ADDRESS: certificates@willis.com | | |
| | INSURER(S) AFFORDING COVERAGE | NAIC # | |
| | INSURER A: Philadelphia Indemnity Insurance Company | 18058 | |
| | INSURER B : ACUITY, A Mutual Insurance Company | 14184 | |
| | INSURER C: | | |
| | 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. ADDL SUBR POLICY EFF POLICY EXP (MM/DD/YYYY) INSR LTR TYPE OF INSURANCE **POLICY NUMBER** LIMITS X 1,000,000 Α **COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE** DAMAGE TO RENTED PREMISES (Ea occurrence) 100,000 CLAIMS-MADE X OCCUR PHPK1588263 12/15/2016 | 12/15/2017 5.000 MED EXP (Any one person) 1.000.000 PERSONAL & ADV INJURY 2,000,000

OTHER COMBINED SINGLE LIMIT (Ea accident) 1,000,000 **AUTOMOBILE LIABILITY** X ANY AUTO PHPK1588263 12/15/2016 | 12/15/2017 BODILY INJURY (Per person) SCHEDULED AUTOS OWNED AUTOS ONLY BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) HIRED AUTOS ONLY X X NON-OWNED X 10,000,000 X **UMBRELLA LIAB** OCCUR **EACH OCCURRENCE** \$ PHUB566522 12/15/2016 12/15/2017 10.000.000 **EXCESS LIAB** CLAIMS-MADE **AGGREGATE** \$ 10.000 DED X RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY X PER STATUTE

12/15/2016 12/15/2017

| to: Animy or court on only 2nd. Located at 30200 State fit 35, Napel vine, IL 00304 | | | | |
|---|--|--|--|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

K81126

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

| CERTIFICATE HOLDER | CANCELLATION | |
|---|--|--|
| | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. | |
| City of Aurora 44 East Downer Place Aurora, IL 60507-2067 | Andrea Paris | |