

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 08/07/2018

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 p certificate holder in lieu of such e	oolicy, certain policies may require an el endorsement(s).	ndorsement.	A statement on the	is certificate does not confer	rights to the	
PRODUCER		CONTACT NAME:	Jeff Volkman			
Volkman Insurance Agency		PHONE (A/C, No, Ext):	630-897-8824	FAX (A/C, No): 630-8	97-1550	
161 S. Lincolnway, Suite 206		E-MAIL ADDRESS:	jvolkmanins@gr	mail.com_	_	
North Aurora, IL 60542			INSURER(S) AFFOR	DING COVERAGE	NAIC#	
		INSURER A : W	est Bend Mutual	Insurance		
INSURED		INSURER B:				
Rotary Club of Aurora Foundation	n	INSURER C:				
P.O. Box 2652		INSURER D :				
		INSURER E :				
Aurora	IL 60507	INSURER F:				
COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER:				
	LICIES OF INSURANCE LISTED BELOW HA					
	NY REQUIREMENT, TERM OR CONDITION MAY PERTAIN. THE INSURANCE AFFORD					
EXCLUSIONS AND CONDITIONS OF	SUCH POLICIES. LIMITS SHOWN MAY HAVE					
INSR LTR TYPE OF INSURANCE	ADDL SUBR INSD WVD POLICY NUMBER	POLIC (MM/DD	Y EFF POLICY EXP VYYYY) (MM/DD/YYYY)	LIMITS		
A VV COMMEDICIAL GENERAL LIABILITY	v 1736155 0/	04/2	0/18 04/20/19		1 000 000	

LTR		TYPE OF INSURANCE	INSD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	3	
Α	XX	COMMERCIAL GENERAL LIABILITY		1736155 04	04/20/18	04/20/19	EACH OCCURRENCE	\$ 1,000,00	00
		CLAIMS-MADE XX OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 200,00	00
							MED EXP (Any one person)	\$ 10,00	00
							PERSONAL & ADV INJURY	\$ 1,000,00	00
	GEN	I'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 2,000,00	00
	ХХ	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$ 2,000,00	00
		OTHER:						\$	
	AUT	OMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	
		ANY AUTO					BODILY INJURY (Per person)	\$	
		ALL OWNED SCHEDULED AUTOS					,	\$	
		HIRED AUTOS NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$	
								\$	
		UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$	
		EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$	
		DED RETENTION \$						\$	
		KERS COMPENSATION EMPLOYERS' LIABILITY					PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A				E.L. EACH ACCIDENT	\$	
	(Mar	CER/MEMBER EXCLUDED?	11,7				E.L. DISEASE - EA EMPLOYEE	\$	
		s, describe under CRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$	
								·	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) When required by written contract, Village or City Ordinance, the following will be endorsed as a primary & non-contributory additional insured:

City of Aurora, 44 East Downer Place, Aurora, IL 60505

Event: November 12, 2018 to January 5, 2019 Phillips Park Christmas Decorations

CERTIFICATE HOLDER	CANCELLATION			
City of Aurora Special Events 44 East 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 60505	AUTHORIZED REPRESENTATIVE			