

ODLICER

## CERTIFICATE OF LIABILITY INSURANCE

DATE(MWDD/YYYY) 09/15/2015

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

Aon Risk Services Southwest, Inc. Dallas TX Office CityPlace Center East Z711 North Haskell Avenue Suite 800						NAME: PHONE (A/C. No. Ext): (866) 283-7122  E-Mail ADDRESS:  FAX (A/C. No.): (800) 363-0105					
						E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE				NAIC#	
	s TX 75204 USA									1 2200000000000000000000000000000000000	
NSURE	ven, Inc.					INSURER A: ACE American Insurance Company INSURER B: INSURER C:				22667	
One A	rts Plaza										
	Routh Street, S s TX 75201 USA	uite 1000								-	
Da I I a	5 1X /3201 USA					INSURER	D:				
						INSURER	E:				
						INSURER	F:				
COVE	RAGES	CER	TIFIC	ATE	NUMBER: 5700593365	521		RI	EVISION NUMBER:		
INDIC CER	CATED. NOTWITHS	TANDING ANY RE	QUIR	EMEN AIN, T	T, TERM OR CONDITION	OF ANY	CONTRACT HE POLICIE	OR OTHER I	ED NAMED ABOVE FOR THE DOCUMENT WITH RESPECT TO HEREIN IS SUBJECT TO MS.  Limits sho	CT TO WHICH THIS	
NSR LTR	TYPE OF IN	SURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF	(MM/DD/YYYY)	LIMITS		
-115	COMMERCIAL GENE	RAL LIABILITY	11100	1			Immoo/1111/	1,1111	EACH OCCURRENCE		
	CLAIMS-MADE	OCCUR							DAMAGE TO RENTED		
$\vdash$	+								PREMISES (Ea occurrence)  MED EXP (Any one person)		
-	-								PERSONAL & ADV INJURY		
-		ADD FORE									
G	POLICY PRO-								GENERAL AGGREGATE		
-	] JECI			ΙI					PRODUCTS - COMP/OP AGG		
+	OTHER:		-	$\vdash$					20100150 0010151 001		
^	UTOMOBILE LIABILITY			ΙI					COMBINED SINGLE LIMIT (Ea accident)		
-	ANYAUTO		1	ΙI					BODILY INJURY ( Per person)		
$\vdash$	ALL OWNED	SCHEDULED		H					BODILY INJURY (Per accident)		
-	AUTOS	AUTOS NON-OWNED							PROPERTY DAMAGE		
-	HIRED AUTOS	AUTOS		ΙI					(Per accident)		
$\rightarrow$			_	$\sqcup$							
	UMBRELLA LIAB	OCCUR							EACH OCCURRENCE		
	EXCESS LIAB	CLAIMS-MADE		1 1					AGGREGATE		
	DED RETENTION	i	1								
	WORKERS COMPENSAT	ION AND		П					PER STATUTE OTH-		
	EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)			ΙI					E.L. EACH ACCIDENT		
			N/A	1 1					E.L. DISEASE-EA EMPLOYEE		
If yes, describe under DESCRIPTION OF OPERATIONS below									E.L. DISEASE-POLICY LIMIT		
_	iguor Liab Cvg	ATIONS DEIOW		$\vdash$	HD0G27337260		01/01/2015	01/01/2016	Occurrence	\$500,000	
					Liquor Liability				Aggregate	\$500,000	
33064 ASRR (	/ 2411 Sullivar	n Road, Aurora shown as addit	TI	6050	01,Additional Remarks Schedul 06 Ref: Liquor Liabi ured under the above	lity Lie	ense 09/1	5/2015-09/			
CERTIFICATE HOLDER					CAN	CANCELLATION					
					E	SHOULD AN EXPIRATION POLICY PRO	DATE THERE	ABOVE DESCRI OF, NOTICE W	BED POLICIES BE CANCELLE ILL BE DELIVERED IN ACCORD	D BEFORE THE DANCE WITH THE	
City of Aurora City Clerk's Office				AUTH	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.  AUTHORIZED REPRESENTATIVE  Aon Prish Services Southwest, Inc.						
44 E. Downer Place Aurora IL 6050S USA											



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PRODUCER	CONTACT NAME:					
Aon Risk Services Southwest, Inc. Dallas TX Office	PHONE (A/C. No. Ext): (866) 283-7122 FAX (A/C. No.): (800)	) 363-0105				
CityPlace Center East 2711 North Haskell Avenue	E-MAIL ADDRESS:					
Suite 800 Dallas TX 75204 USA	INSURER(S) AFFORDING COVERAGE	NAIC#				
INSURED	INSURER A: ACE American Insurance Company	22667				
7-Eleven, Inc.	INSURER B:					
One Arts Plaza 1722 Routh Street, Suite 1000	INSURER C:					
Dallas TX 75201 USA	INSURER D:					
	INSURER E:					
	INSURER F:					
COVERAGES CERTIFICATE NUMB	ER: 570059336362 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.

Limits shown are as requeste

INSR LTR	TYPE OF INSURANCE		USUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICYEXP		
LIK	COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE OCCUR	ireac	WVD		(man bott 117)	(MINE DOLL TO	EACH OCCURRENCE  DAMAGE TO RENTED PREMISES (Ea occurrence)	
							MED EXP (Any one person)	
					1		PERSONAL & ADV INJURY	
	GEN'L AGGREGATE LIMIT APPLIES PER:	H					GENERALAGGREGATE	
	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	
	ANY AUTO						BODILY INJURY ( Per person)	
	ALL OWNED SCHEDULED	ΙI					BODILY INJURY (Per accident)	
	AUTOS AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	
	EXCESS LIAB CLAIMS-MADE	Ш					AGGREGATE	
	DED RETENTION	1						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			*			PER STATUTE OTH-	
	ANY PROPRIETOR / PARTNER / EXECUTIVE	NIA					E.L. EACH ACCIDENT	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A					E.L. DISEASE-EA EMPLOYEE	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE-POLICY LIMIT	
A	Liquor Liab Cvg			27337260 or Liability	01/01/2015	01/01/2016	Occurrence \$500,000 Aggregate \$500,000	

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

32334B / 2130 W Galena Blvd, Aurora, IL 60506 Ref: Liquor Liability License 09/15/2015-09/15/2016 UZA Corporation is shown as additional insured under the above policy with respect to their operations corresponding with the liquor license on this location.

CERTIFICATE HOLDER

CANCELLATION	4
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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 City Clerk's Office 44 E. Downer Place Aurora IL 60505 USA

. Ann Pist Servines Southwest . Inc