



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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).

PRODUCER
Egger Hayes Insurance Group
1811 High Grove, Suite 139
Naperville IL 60540-9100

CONTACT NAME:	
PHONE (A/C, No. Ext.):	FAX (A/C, No.):
E-MAIL:	
ADDRESS:	
INSURER(S) AFFORDED COVERAGE	NAIC #
INSURER A: Liberty Mutual Insurance Co.	
INSURER B: Hanover Insurance Company	22292
INSURER C: Cincinnati Insurance Company	10677
INSURER D:	
INSURER E:	
INSURER F:	

INSURED SONOM-1

COVERS

CERTIFICATE NUMBER: 171298944

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	ADD'L SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EX (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	Y		1/16/201	9/16/201	EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (EA occurrence) \$2,000,000 MED EXP (Any one person) \$15,000 PERSONAL & ACV INJURY \$2,000,000 GENERAL AGGREGATE \$4,000,000 PRODUCTS - COMPI/OP AGG \$4,000,000 OTHER: \$
A	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS X HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			9/16/201	9/16/201	COMBINED SINGLE LIMIT (EA accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ OTHER: \$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS MADE			9/16/201	9/16/201	EACH OCCURRENCE \$4,000,000 AGGREGATE \$4,000,000 OTHER: \$
A	DED <input checked="" type="checkbox"/> RETENTION 30			9/16/201	9/16/201	X PER STATUTE OTHER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N <input checked="" type="checkbox"/> N/A				
C	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/>					
If yes, describe under DESCRIPTION OF OPERATIONS below.						
B	PROFESSIONAL LIABILITY			10/1/201	10/1/201	LIMIT 5,000,000
C	CRIME			9/16/201	9/16/201	LIMIT 500,000
C	EMPLOYMENT PRACTICES LIABILITY			9/16/201	9/16/201	LIMIT 1,000,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)						
RE: LOCATION AT 1700 PARK ST STE 212, NAPERVILLE, IL 60563 ADDITIONAL INSURED FOR GENERAL LIABILITY: 1700 PARK STREET CONDOMINIUM ASSOCIATION AND PARK PLACE MASTER ASSOCIATION.						

CERTIFICATE HOLDER

CANCELLATION

 1700 PARK STREET CONDOMINIUM ASSOCIATION; PARK PLACE MASTER ASSOCIATION 1700 PARK STREET, #201 NAPERVILLE IL 60563	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 	