

DATE (MM/DD/YYYY) 9/2/2014

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.

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'						
PRODUCER	CONTACT NAME:					
Lundstrom Insurance Agency 2205 Point Blvd	PHONE (A/C, No, Ext): (847) 741-1000 FAX (A/C, No): (847)	428-8857				
Suite 200	E-MAIL ADDRESS:					
Elgin, IL 60123	INSURER(S) AFFORDING COVERAGE	NAIC#				
	INSURER A: West Bend Insurance	15350				
INSURED	INSURER B : Accident Fund Insurance	10166				
Seigle's Cabinet Center, LLC	INSURER C:					
1331 Davis Rd	INSURER D:					
Elgin, IL 60123	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.

INSR LTR		TYPE OF INSURANCE	ADDL	SUBR		POLICY FFF	POLICY EXP	LIMIT	9	
A	Х	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)			1,000,000
^_	<u> </u>	V			ODD 040000	00/04/0044	00/04/0045	EACH OCCURRENCE DAMAGE TO RENTED	\$	· · ·
		CLAIMS-MADE X OCCUR	X		CPD 2123909	09/01/2014	09/01/2015	PREMISES (Ea occurrence)	\$	200,000
								MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							\$	
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
Α	X	ANY AUTO			CPD 2123909	09/01/2014	09/01/2015	BODILY INJURY (Per person)	\$	
		ALL OWNED SCHEDULED AUTOS AUTOS						BODILY INJURY (Per accident)	\$	
		HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
									\$	
	Х	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
Α		EXCESS LIAB CLAIMS-MADE			CUD 2123911	09/01/2014	09/01/2015	AGGREGATE	\$	
		DED X RETENTION\$							\$	
		RKERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH-		
В	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A		WCV6103639	09/01/2014	09/01/2015	E.L. EACH ACCIDENT	\$	1,000,000
	(Mar	ndatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
<u> </u>										

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

Mark Seigle, Joel Seigle and Margot Seigle are excluded from workers compensation coverage.

Certificate holder is named as Additional Insured with respect to General Liability Waiver of Transfer of Rights of Recovery apply to General Liability in favor of Orleans RHIL, LP, Orleans RH PA-IL, Inc. (FKA Realen Homes, LP); Orleans Homebuilders, Inc.; each owner and their respective subsidiaries and affiliates are attached. No exclusionary language or limitations relating to residential construction, condominiums, multi-family or multi-unit dwellings apply. Insurance is Primary & Noncontributory. All policies subject to 30 day notice of cancellation or material change, except 10 days for nonpayment of premium.

CANCELLATION

SEE ATTACHED ACORD 101
CERTIFICATE HOLDER

^Orleans RHIL, LP, Orleans RH PA-IL; (FKA Reales Homes LP); Orleans Homebuilders, Inc 1834 Walden Office Square Ste 300 Schaumburg, IL 60173 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	<u> </u>	
	LP); Orleans Homebuilders, Inc	THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN
	· •	AUTHORIZED REPRESENTATIVE

LOC #: 1



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY Lundstrom Insurance Agency	NAMED INSURED Seigle's Cabinet Center, LLC 1331 Davis Rd			
POLICY NUMBER		Elgin, IL 60123		
SEE PAGE 1				
CARRIER	NAIC CODE			
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1		

SEE PAGE I								
CARRIER	NAIC CODE							
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1						
ADDITIONAL REMARKS	,							
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO AC	CORD FORM,							
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Lial	FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance							
Description of Operations/Locations/Vehicles: This certificate applies to all agreements between Orl Homebuilders Inc; and Seigle Cabinet Center LLC.	leans RHIL, L	P, Orleans RH PA-IL, Inc. (FKA Realen Homes, LP); Orleans						



9/2/2014

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, ,		
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Lundstrom Insurance Agency 2205 Point Blvd	PHONE (A/C, No, Ext): (847) 741-1000 FAX (A/C, No): (847)	428-8857
Suite 200	E-MAIL ADDRESS:	
Elgin, IL 60123	INSURER(S) AFFORDING COVERAGE	NAIC#
	INSURER A: West Bend Insurance	15350
INSURED	INSURER B : Accident Fund Insurance	10166
Seigle's Cabinet Center, LLC	INSURER C:	
1331 Davis Rd	INSURER D:	
Elgin, IL 60123	INSURER E:	
	INSURER F:	
00/504050		

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				LIMITS SHOWN MAY HAVE BEEN F					
	TYPE OF INSURANCE			POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	s	
X	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR	X		CPD 2123909	09/01/2014	09/01/2015	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	200,000
							MED EXP (Any one person)	\$	10,000
							PERSONAL & ADV INJURY	\$	1,000,000
GEN							GENERAL AGGREGATE	\$	2,000,000
	POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:							\$	
AUT	TOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
X	ANY AUTO	X		CPD 2123909	09/01/2014	09/01/2015	BODILY INJURY (Per person)	\$	
	ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
								\$	
X	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
	EXCESS LIAB CLAIMS-MADE			CUD 2123911	09/01/2014	09/01/2015	AGGREGATE	\$	
	DED X RETENTION\$							\$	
	EMPLOYEDELLIA DILITY						X PER STATUTE OTH-		
ANY	PROPRIETOR/PARTNER/EXECUTIVE V	N/A		WCV6103639	09/01/2014	09/01/2015	E.L. EACH ACCIDENT	\$	1,000,000
(Man	ndatory in NH)	,,,					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
					<u></u>			-	
	X WOFF AND OFF	TYPE OF INSURANCE X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRODUCT LOC OTHER: AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS HIRED AUTOS SCHEDULED AUTOS NON-OWNED AUTOS X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N NON PROPRIETOR PARTINER/EXECUTIVE	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- DOTHER: AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS HIRED AUTOS HIRED AUTOS X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTINER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- OTHER: AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS HIRED AUTOS HIRED AUTOS X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION\$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY N/ ANY PROPEITOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRODUCT LOC OTHER: AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS NON-OWNED AUTOS NON-OWNED AUTOS HIRED AUTOS AUTOS HIRED AUTOS CLAIMS-MADE DED X RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under	TYPE OF INSURANCE X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR CPD 2123909 09/01/2014 GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRODUCY JECT LOC OTHER: AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS NON-OWNED AUTOS HIRED AUTOS HIRED AUTOS X CPD 2123909 09/01/2014 CPD 2123909 09/01/2014 CPD 2123909 09/01/2014 CUD 2123911 09/01/2014 CUD 2123911 09/01/2014 WCV6103639 09/01/2014	TYPE OF INSURANCE INSD WVD POLICY NUMBER (MM/DD/YYYY) X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRODUCY PRODUCY LOC OTHER: AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS NON-OWNED AUTOS HIRED AUTOS HIRED AUTOS WORKERS COMPENSATION AND EMPLOYERS' LIABILITY X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION \$ WCV6103639 WCV6103639 WCV6103639 O9/01/2014 O9/01/2015	TYPE OF INSURANCE INSD WVD POLICY NUMBER (MM/DD/YYYY) MM/DD/YYYY) MM/DD/YYYY) MM/DD/YYYYY) MM/DD/YYYYY) MM/DD/YYYYY) MM/DD/YYYYY) MM/DD/YYYYY) MM/DD/YYYYY) MM/DD/YYYYY) MM/DD/YYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYY	TYPE OF INSURANCE INSD WVD POLICY NUMBER INMIDIATYYY) (MM/DD/YYYY) (MM/DD/YYYYY) (MM/DD/YYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYY

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

Mark Seigle, Joel Seigle and Margot Seigle are excluded from workers compensation coverage.

Apartment Investment and Management Co. (AIMCO), and any AIMCO subsidiaries and affiliates that may directly or indirectly own or manage any property or properties at or for which the vendor performs any work are named as additional insured on the general liability and automobile liability policies.

CERTIFICATE HOLDER	CANCELLATION
	CANCELLATION

AIMCO Properties, LP C/O Notivus 5174 McGinnis Ferry Rd, Suite 133 Alpharetta, GA 30005-1792 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

But Later



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Suite 200	E-MAIL ADDRESS:						
Elgin, IL 60123	INSURER(S) AFFORDING COVERAGE	NAIC#					
	INSURER A: West Bend Insurance	15350					
INSURED	INSURER B: Accident Fund Insurance	10166					
Seigle's Cabinet Center, LLC	INSURER C:						
1331 Davis Rd	INSURER D:						
Elgin, IL 60123	INSURER E:						
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INSR		DESCRIPTIONS OF SOCIE		SUBR		POLICY EFF	POLICY EXP			
LTR		TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	s	
Α	X	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	X		CPD 2123909	09/01/2014	09/01/2015	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	200,000
								MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							\$	
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
Α	X	ANY AUTO	X		CPD 2123909	09/01/2014	09/01/2015	BODILY INJURY (Per person)	\$	
		ALL OWNED SCHEDULED AUTOS AUTOS						BODILY INJURY (Per accident)	\$	
		HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
									\$	
	X	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
Α		EXCESS LIAB CLAIMS-MADE			CUD 2123911	09/01/2014	09/01/2015	AGGREGATE	\$	
		DED X RETENTION\$							\$	
		RKERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH- STATUTE ER		
В	ANY	PROPRIETOR/PARTNER/EXECUTIVE Y Y Y	N/A		WCV6103639	09/01/2014	09/01/2015	E.L. EACH ACCIDENT	\$	1,000,000
	(Man	ndatory in NH)	,,,					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000

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

Mark Seigle, Joel Seigle and Margot Seigle are excluded from workers compensation coverage.

Radco-Seasons Apartment Holdings X, LLC, a Georgia limited liability company is included as an Additional Insured as required by written agreement and according to policy terms and conditions.

CERTIFICATE HOLDER CANCELLATION

Ashford St Charles, LLC c/o Radco-Seasons Apartment Holdings X, LLC 400 Galleria Pkwy, SE, #400 Atlanta, GA 30339 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

But Lother



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certificate holder in lieu of such endorsement(s).	•	J
PRODUCER	CONTACT NAME:	
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Suite 200	E-MAIL ADDRESS:	
Elgin, IL 60123	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: West Bend Insurance	15350
INSURED	INSURER B : Accident Fund Insurance	10166
Seigle's Cabinet Center, LLC	INSURER C:	
1331 Davis Rd Elgin, IL 60123	INSURER D:	
	INSURER E:	
	INSURER F:	
COVERAGES CERTIFICATE NUMBER:	REVISION NUMBER:	
INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OF	TED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT	T TO WHICH THIS

EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. INSR ADDL SUBR POLICY EFF POLICY EXP TYPE OF INSURANCE LIMITS POLICY NUMBER LTR INSD WVD (MM/DD/YYYY) (MM/DD/YYYY) Α X **COMMERCIAL GENERAL LIABILITY** 1,000,000 **EACH OCCURRENCE** \$ DAMAGE TO RENTED PREMISES (Ea occurrence) CLAIMS-MADE | X | OCCUR 09/01/2014 | 09/01/2015 X CPD 2123909 \$ MED EXP (Any one person) \$

200,000 10.000 1,000,000 PERSONAL & ADV INJURY \$ 2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER GENERAL AGGREGATE \$ PRO-JECT 2,000,000 POLICY PRODUCTS - COMP/OP AGG LOC \$ \$ OTHER: COMBINED SINGLE LIMIT (Ea accident) **AUTOMOBILE LIABILITY** \$ 1.000.000 Α X 09/01/2014 09/01/2015 CPD 2123909 BODILY INJURY (Per person) \$ ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS NON-OWNED BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$ HIRED AUTOS **AUTOS** \$ **UMBRELLA LIAB** Χ X 5,000,000 OCCUR **EACH OCCURRENCE** \$ **EXCESS LIAB** 09/01/2014 09/01/2015 CUD 2123911 Α CLAIMS-MADE AGGREGATE \$ 0 DED | X | RETENTION\$ \$ WORKERS COMPENSATION PER STATUTE AND EMPLOYERS' LIABILITY 09/01/2015 1,000,000 В WCV6103639 09/01/2014 ANY PROPRIETOR/PARTNER/EXECUTIVE E.L. EACH ACCIDENT \$ N/A OFFICER/MEMBER EXCLUDED? 1,000,000 (Mandatory in NH) E.L. DISEASE - EA EMPLOYEE \$ Îf yes, describe under DESCRIPTION OF OPERATIONS below 1.000.000 E.L. DISEASE - POLICY LIMIT

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
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Atlantic Realty Partners is included as an Addditional Insured when required by written agreement and according to policy terms and conditions.

CERTIFICATE HOLDER	CANCELLATION
Atlantic Realty Partners 922 W. Washington Blvd Suite 100	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Chicago, IL 60607	But Astan
1	154. (10801000



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Suite 200		E-MAIL ADDRESS:		
Elgin, IL 60123		INSURER(S) AFFORDING COVERAGE		NAIC#
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INSURED		INSURER B: Accident Fund Insurance		10166
Seigle's Cabinet Cente	er. LLC	INSURER C:		
1331 Davis Rd	, -	INSURER D:		
Elgin, IL 60123		INSURER E:		
		INSURER F:		
COVERACES	CERTIFICATE MUMPER.	DEVICION NUM	IDED.	

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Α	Х	COMMERCIAL GENERAL LIABILITY				,,	, , , ,	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	X		CPD 2123909	09/01/2014	09/01/2015	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	200,000
								MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	LAGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							\$	
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
Α	X	ANY AUTO			CPD 2123909	09/01/2014	09/01/2015	BODILY INJURY (Per person)	\$	
		ALL OWNED SCHEDULED AUTOS AUTOS						BODILY INJURY (Per accident)	\$	
		HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
									\$	
	X	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
Α		EXCESS LIAB CLAIMS-MADE			CUD 2123911	09/01/2014	09/01/2015	AGGREGATE	\$	
		DED X RETENTION\$							\$	
		RKERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH-ER		
В	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A		WCV6103639	09/01/2014	09/01/2015	E.L. EACH ACCIDENT	\$	1,000,000
	(Man	ndatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
										ļ

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

Mark Seigle, Joel Seigle and Margot Seigle are excluded from workers compensation coverage.

Additional Insureds as respects General Liability per written agreement and subject to policy terms and conditions; Cole Court, LLC; Cole Court Managers, Inc.; Chestnut Homes, Inc.; City of Rolling Meadows.

CERTIFICATE HOLDER	CANCELLATION
	CANCELLATION

Chestnut Homes, Inc. Attn: Jo Jentel 485 S. Frontage Road, #11 0 Burr Ridge, IL 60527 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

But Lother



9/2/2014

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).

	ondo comonico).						
PRODUCER		CONTACT NAME:					
Lundstrom Insurance Agency 2205 Point Blvd		PHONE (A/C, No, Ext): (847) 741-1000 FAX (A/C, No): (847)					
Suite 200		E-MAIL ADDRESS:					
Elgin, IL 60123		INSURER(S) AFFORDING COVER	RAGE	NAIC#			
		INSURER A: West Bend Insurance		15350			
INSURED		INSURER B: Accident Fund Insurance	10166				
Seigle's Cabinet Cen	ter. LLC	INSURER C:					
1331 Davis Rd	,	INSURER D :					
Elgin, IL 60123		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.

INSR LTR		TYPE OF INSURANCE		SUBR WVD		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	Х	COMMERCIAL GENERAL LIABILITY				,,	, , , ,	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	X		CPD 2123909	09/01/2014	09/01/2015	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	200,000
								MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	LAGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							\$	
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
Α	X	ANY AUTO			CPD 2123909	09/01/2014	09/01/2015	BODILY INJURY (Per person)	\$	
		ALL OWNED SCHEDULED AUTOS AUTOS						BODILY INJURY (Per accident)	\$	
		HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
									\$	
	X	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
Α		EXCESS LIAB CLAIMS-MADE			CUD 2123911	09/01/2014	09/01/2015	AGGREGATE	\$	
		DED X RETENTION\$							\$	
		RKERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH-ER		
В	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A		WCV6103639	09/01/2014	09/01/2015	E.L. EACH ACCIDENT	\$	1,000,000
	(Man	ndatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
										ļ

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

Mark Seigle, Joel Seigle and Margot Seigle are excluded from workers compensation coverage.

David Weekley Homes is inlouded as Additional Insured when required by written contract and according to policy terms and conditions.

CERTIFICATE HOLDER	CANCELLATION

David Weekley Homes Chicago Division 1920 Thoreau Drive North Suite 116 Schaumburg, IL 60173 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

But Lotetin



DATE (MM/DD/YYYY) 9/2/2014

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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	CONTACT NAME:					
Lundstrom Insurance Agency 2205 Point Blvd	PHONE (A/C, No, Ext): (847) 741-1000 FAX (A/C, No): (847)	428-8857				
Suite 200	E-MAIL ADDRESS:					
Elgin, IL 60123	INSURER(S) AFFORDING COVERAGE	NAIC#				
	INSURER A: West Bend Insurance	15350				
INSURED	INSURER B : Accident Fund Insurance	10166				
Seigle's Cabinet Center, LLC	INSURER C:					
1331 Davis Rd	INSURER D:					
Elgin, IL 60123	INSURER E:					
	INSURER F:					

COVERAGES REVISION NUMBER: CERTIFICATE 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,

CLU	JSIONS AND CONDITIONS OF SUCH		-			-			
	TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Χ	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR	X	X	CPD 2123909	09/01/2014	09/01/2015	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	200,000
							MED EXP (Any one person)	\$	10,000
							PERSONAL & ADV INJURY	\$	1,000,000
GEN							GENERAL AGGREGATE	\$	2,000,000
	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:							\$	
AUT	TOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
X	ANY AUTO			CPD 2123909	09/01/2014	09/01/2015	BODILY INJURY (Per person)	\$	
	ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	NON-OWNED						PROPERTY DAMAGE (Per accident)	\$	
								\$	
Χ	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
	EXCESS LIAB CLAIMS-MADE			CUD 2123911	09/01/2014	09/01/2015	AGGREGATE	\$	
	DED X RETENTION\$							\$	
	EMPLOYEDELLIA DILITY						X PER STATUTE OTH-		
ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A		WCV6103639	09/01/2014	09/01/2015	E.L. EACH ACCIDENT	\$	1,000,000
(Man	ndatory in NH)	,					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
	·								
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	X GEN X WOFA ANY OFF (Mar If yes	TYPE OF INSURANCE X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRODUCY JECT LOC OTHER: AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS HIRED AUTOS NON-OWNED AUTOS HIRED AUTOS NON-OWNED AUTOS Y UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION\$ OWORKERS COMPENSATION AND DEDITION DELECTION OF AUTOMOBILE PRODUCTOR OF	TYPE OF INSURANCE X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT LOC OTHER: AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS HIRED AUTOS HIRED AUTOS X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTINER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under	TYPE OF INSURANCE X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X X GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT LOC OTHER: AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS HIRED AUTOS HIRED AUTOS X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION \$ OWORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under	TYPE OF INSURANCE X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR CLAIMS-MADE X OCCUR CLAIMS-MADE X OCCUR CLAIMS-MADE X OCCUR COTHER: AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS HIRED AUTOS AUTOS AUTOS X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under	TYPE OF INSURANCE TYPE OF INSURANCE INSD WWD POLICY NUMBER POLICY EFF (MM/DD/YYYY) X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X X CPD 2123909 09/01/2014 GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO OTHER: AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS HIRED AUTOS HIRED AUTOS NON-OWNED AUTOS HIRED AUTOS WORKERS COMPENSATION AND EMPLOYERS' LIABILITY X OCCUR EXCESS LIAB CLAIMS-MADE CUD 2123911 09/01/2014 WCV6103639 09/01/2014	TYPE OF INSURANCE INSD WVD POLICY NUMBER (MM/DD/YYYY) (MM/DD/YYYY) X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X CPD 2123909 09/01/2014 09/01/2015 GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRODUCY PRODUCY LOC OTHER: AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS NON-OWNED	TYPE OF INSURANCE INSURANC	TYPE OF INSURANCE ADDILYSER (MM/DD/YYYY) X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X X CPD 2123909 O9/01/2014 O9/01/2015 EACH OCCURRENCE \$ DAMAGE TO RENTED PRENTSES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE LIMIT APPLIES PER: POLICY PRODUCTS - COMP/OP AGG \$ OTHER: AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS HIRED AUTOS HIRED AUTOS HIRED AUTOS X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTIONS OWORKERS COMPENSATION AND EXCELDILED? ANY PROPRIETOR/PARTINER/EXECUTIVE OF MANDEM LIMITS WCV6103639 WCV6103639 POLICY FMP (MM/DD/YYYY) PM/DD/YYYY) PM/DD/YYYY PM/DD/YYY PM/DD/YYY PM/DD/YYY PM/DD/YYY PM/DD/YYY PM/DD/YY PM/D

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

Project: The Ponds of Genoa City, Williams Rd. & Wild Rose Rd., Genoa City.

Mark Seigle, Joel Seigle and Margot Seigle are excluded from workers compensation coverage.

Additional Insureds as respects to General Liability on a Primary & Non-contributory basis: Ponds Development Corp. & Prime Genoa Properties, LLC, 400 N. Front St., Suite 200, McHenry, IL; Dixon Construction Group, Inc., 420 N. Front St., Suite 200, McHenry, IL; Aspect Design Architects, 3714 Fairview Ave., Suite C, Johnsburg, IL. Waiver of Subrogation on the General Liability included in favor of the above Additional Insureds as required by written agreement.

CERTIFICATE HOLDER	CANCELLATION
Dixon Construction Group Inc. 420 N. Front St., Suite 200 Mc Henry, IL 60050	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
	But Stateting



9/2/2014

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certificate floider in fled of such endorsement(s).		
PRODUCER	CONTACT NAME:	
Lundstrom Insurance Agency 2205 Point Blvd	PHONE (A/C, No, Ext): (847) 741-1000 FAX (A/C, No): (847)	428-8857
Suite 200	E-MAIL ADDRESS:	
Elgin, IL 60123	INSURER(S) AFFORDING COVERAGE	NAIC#
	INSURER A: West Bend Insurance	15350
INSURED	INSURER B : Accident Fund Insurance	10166
Seigle's Cabinet Center, LLC	INSURER C:	
1331 Davis Rd	INSURER D:	
Elgin, IL 60123	INSURER E :	
	INSURER F:	
COVERAGES CERTIFICATE NUMBER:	REVISION NUMBER:	

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INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	Х	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	Х		CPD 2123909	09/01/2014	09/01/2015	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	200,000
								MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							\$	
	AUT	TOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
Α	X	ANY AUTO			CPD 2123909	09/01/2014	09/01/2015	BODILY INJURY (Per person)	\$	
		ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
		HIRED AUTOS AUTOS						PROPERTY DAMAGE (Per accident)	\$	
								,	\$	
	Χ	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
Α		EXCESS LIAB CLAIMS-MADE			CUD 2123911	09/01/2014	09/01/2015	AGGREGATE	\$	
		DED X RETENTION\$ 0							\$	
		RKERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH-		
В	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N. / A		WCV6103639	09/01/2014	09/01/2015	E.L. EACH ACCIDENT	\$	1,000,000
	(Mar	ICER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000

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

Mark Seigle, Joel Seigle and Margot Seigle are excluded from workers compensation coverage.

Donald and Shirley Carlson as Prime Lessor of 728 W. State St., Geneva, IL 60134 are included as Additional Insured as required by written agreement and according to policy terms and conditions.

OLK TILIOATE HOLDER	CANCELLATION
Donald and Shirley Carlson 49 Jericho Ln. Batavia. IL 60510	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
, . <u>_</u> 000.0	AUTHORIZED REPRESENTATIVE
	But distations

CANCELL ATION

CERTIFICATE HOLDER



DATE (MM/DD/YYYY) 9/2/2014

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.

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certificate holder in fleu of such endorsement(s).		
PRODUCER	CONTACT NAME:	
Lundstrom Insurance Agency 2205 Point Blvd	PHONE (A/C, No, Ext): (847) 741-1000 FAX (A/C, No): (847)	428-8857
Suite 200	E-MAIL ADDRESS:	
Elgin, IL 60123	INSURER(S) AFFORDING COVERAGE	NAIC#
	INSURER A: West Bend Insurance	15350
INSURED	INSURER B: Accident Fund Insurance	10166
Seigle's Cabinet Center, LLC	INSURER C :	
1331 Davis Rd	INSURER D:	
Elgin, IL 60123	INSURER E :	
	INSURER F:	
COVERAGES CERTIFICATE NUMBER:	REVISION NUMBER:	

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INSR LTR		TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	Х	COMMERCIAL GENERAL LIABILITY				(,	(,	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			CPD 2123909	09/01/2014	09/01/2015	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	200,000
								MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							\$	
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
Α	X	ANY AUTO			CPD 2123909	09/01/2014	09/01/2015	BODILY INJURY (Per person)	\$	
		ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
		HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
									\$	
	X	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
Α		EXCESS LIAB CLAIMS-MADE			CUD 2123911	09/01/2014	09/01/2015	AGGREGATE	\$	
		DED X RETENTION\$ 0							\$	
		RKERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH-ER		
В	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A		WCV6103639	09/01/2014	09/01/2015	E.L. EACH ACCIDENT	\$	1,000,000
	(Man	ndatory in NH)	147.5					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000

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

Proof of Insurance

Mark Seigle, Joel Seigle and Margot Seigle are excluded from workers compensation coverage.

CERTIFICATE HOLDER	CANCELLATION
First Eagle Builders Inc. Attn: Jack Lucania 438 Pond View Lane	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Bartlett, IL 60103	AUTHORIZED REPRESENTATIVE
,	But Lotelin
	© 4000 0044 ACORD CORRORATION All sinkto recommend



DATE (MM/DD/YYYY) 9/2/2014

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certificate holder in lieu of such e				igino to tilo
PRODUCER		CONTACT NAME:		
Lundstrom Insurance Agency 2205 Point Blvd		PHONE (A/C, No, Ext): (847) 741-1000	FAX (A/C, No): (847)	428-8857
Suite 200		E-MAIL ADDRESS:		
Elgin, IL 60123		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A: West Bend Insurance		15350
INSURED		INSURER B : Accident Fund Insurance	10166	
Seigle's Cabinet Cente	r. LLC	INSURER C :		
1331 Davis Rd	.,	INSURER D :		
Elgin, IL 60123		INSURER E :		
		INSURER F:		
COVERAGES	CERTIFICATE NUMBER:	REVISION NU	MBER:	
		HAVE BEEN ISSUED TO THE INSURED NAMED ABO		
CERTIFICATE MAY BE ISSUED OR	MAY PERTAIN, THE INSURANCE AFFOR	N OF ANY CONTRACT OR OTHER DOCUMENT W DED BY THE POLICIES DESCRIBED HEREIN IS S		
EXCLUSIONS AND CONDITIONS OF S	SUCH POLICIES. LIMITS SHOWN MAY HAVE	BEEN REDUCED BY PAID CLAIMS.		

LTR		TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S	
Α	X c	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	X	X	CPD 2123909	09/01/2014	09/01/2015	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	200,000
								MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L	AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	Р	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
1	C	OTHER:							\$	
	AUTO	MOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
Α	X	ANY AUTO			CPD 2123909	09/01/2014	09/01/2015	BODILY INJURY (Per person)	\$	
		ALL OWNED SCHEDULED AUTOS AUTOS						BODILY INJURY (Per accident)	\$	
		NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
		78.55						, , , , , , , , , , , , , , , , , , , ,	\$	
	ΧU	JMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
Α	E	CLAIMS-MADE			CUD 2123911	09/01/2014	09/01/2015	AGGREGATE	\$	
	D	DED X RETENTION\$							\$	
		ERS COMPENSATION MPLOYERS' LIABILITY						X PER OTH-ER		
В	ANY PF	ROPRIETOR/PARTNER/EXECUTIVE	N/A	X	WCV6103639	09/01/2014	09/01/2015	E.L. EACH ACCIDENT	\$	1,000,000
	(Manda	atory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, o	describe under RIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
									•	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Mark Seigle, Joel Seigle and Margot Seigle are excluded from workers compensation coverage.

Flaherty Builders, Inc is included as Additional Insured on a primary and non-contributory basis according to written agreement and according to policy terms and conditions. General liability and workers compensation include waivers of subrogation in favor of Flaherty Builders, Inc.

CERTIFICATE HOLDER	CANCELLATION
Flaherty Builders, Inc 9485 Bormet Drive Mokena. IL 60448	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
11101tona, 12 00 110	AUTHORIZED REPRESENTATIVE
	But distations



DATE (MM/DD/YYYY) 9/2/2014

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.

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)

bertinoate holder in hea or such chacksellent(s).		
PRODUCER	CONTACT NAME:	
Lundstrom Insurance Agency 2205 Point Blvd	PHONE (A/C, No, Ext): (847) 741-1000 FAX (A/C, No): (847)	428-8857
Suite 200	E-MAIL ADDRESS:	
Elgin, IL 60123	INSURER(S) AFFORDING COVERAGE	NAIC#
	INSURER A: West Bend Insurance	15350
INSURED	INSURER B: Accident Fund Insurance	10166
Seigle's Cabinet Center, LLC	INSURER C:	
1331 Davis Rd	INSURER D:	
Elgin, IL 60123	INSURER E :	
	INSURER F:	
COVERAGES CERTIFICATE NUMBER:	DEVISION 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 MAY HAVE BEEN	-		TIONS OF SUCH	DOIONO AND CONDI	ULU	1
LIMITS	LIMITS	POLICY EXP (MM/DD/YYYY)	POLICY EFF (MM/DD/YYYY)		SUBR		RANCE	TYPE OF INSUR		INSR LTR
\$ 1,000	EACH OCCURRENCE						AL LIABILITY	COMMERCIAL GENER	X	Α
ce) \$ 200 ,	DAMAGE TO RENTED PREMISES (Ea occurrence)	09/01/2015	09/01/2014	CPD 2123909		X	X OCCUR	CLAIMS-MADE		
on) \$ 10 ,	MED EXP (Any one person)									
RY \$ 1,000,	PERSONAL & ADV INJURY									
\$ 2,000	GENERAL AGGREGATE						APPLIES PER:	N'L AGGREGATE LIMIT A	GEN	
AGG \$ 2,000	PRODUCTS - COMP/OP AGG						LOC	POLICY PRO- JECT		
\$								OTHER:		
T \$ 1,000,	COMBINED SINGLE LIMIT (Ea accident)							TOMOBILE LIABILITY	AUT	
son) \$	BODILY INJURY (Per person)	09/01/2015	09/01/2014	CPD 2123909				ANY AUTO	X	Α
ident) \$	BODILY INJURY (Per accident)						SCHEDULED AUTOS	ALL OWNED AUTOS		1
\$	PROPERTY DAMAGE (Per accident)						NON-OWNED AUTOS	HIRED AUTOS		
\$										
\$ 5,000	EACH OCCURRENCE						X OCCUR	UMBRELLA LIAB	Х	
\$	AGGREGATE	09/01/2015	09/01/2014	CUD 2123911			CLAIMS-MADE	EXCESS LIAB		Α
\$							on \$	DED X RETENTION		
TH- R	X PER STATUTE OTH-ER						,	RKERS COMPENSATION DEMPLOYERS' LIABILITY		
\$ 1,000	E.L. EACH ACCIDENT	09/01/2015	09/01/2014	WCV6103639		N/A	E/EXECUTIVE V	PROPRIETOR/PARTNER	ANY	В
OYEE \$ 1,000,	E.L. DISEASE - EA EMPLOYEE					,,,		ndatory in NH)	(Mar	1
_IMIT \$ 1,000,	E.L. DISEASE - POLICY LIMIT						ONS below	s, describe under CCRIPTION OF OPERATION	If yes	
										
										1
										1
	E.L. DISEASE - EA EMPL	09/01/2015	09/01/2014	WCV6103639		N/A	VEXECUTIVE Y	PROPRIETOR/PARTNER ICER/MEMBER EXCLUDE INDICATE IN INTERPRETATION INTERPRETATION IN INTERPRETATION INTERPRETATION IN INTERPRETATION IN INTERPRETATION INTERP	ANY OFFI (Mar	В

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Mark Seigle, Joel Seigle and Margot Seigle are excluded from workers compensation coverage.

Gerstad Builders, Inc. (W.B., P.G.), Roger Gerstad, Beneficiaries of The Chicago Trust Company, N.A. Trust #1564 (L.T.), Beneficiaries of First Midwest Bank Trust #13398 (P.R.) are included as Additional Insureds as required by written agreement and according to policy terms and conditions.

CERTIFICATE HOLDER	CANCELLATION
Gerstad Builders, Inc. 1600 Reagen Blvd. Mc Henry, IL 60051	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
	But Latern

CANCELL ATION

CEDTIEICATE HOLDED



DATE (MM/DD/YYYY) 9/2/2014

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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).

	5114515011(c).			
PRODUCER		CONTACT NAME:		
Lundstrom Insurance Agency 2205 Point Blvd		PHONE (A/C, No, Ext): (847) 741-1000	FAX (A/C, No): (847)	428-8857
Suite 200		E-MAIL ADDRESS:		
Elgin, IL 60123		INSURER(S) AFFORDING COVER	AGE	NAIC#
		INSURER A: West Bend Insurance	15350	
INSURED		INSURER B : Accident Fund Insurance		10166
Seigle's Cabinet Cent	ter, LLC	INSURER C:		
1331 Davis Rd	•	INSURER D :		
Elgin, IL 60123		INSURER E :		
		INSURER F:		
COVERAGES	CERTIFICATE NUMBER:	REVISION	NUMBER:	

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INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR WVD		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	Х	COMMERCIAL GENERAL LIABILITY				,,	,,	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	X		CPD 2123909	09/01/2014	09/01/2015	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	200,000
								MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							\$	
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
Α	X	ANY AUTO			CPD 2123909	09/01/2014	09/01/2015	BODILY INJURY (Per person)	\$	
		ALL OWNED SCHEDULED AUTOS AUTOS						BODILY INJURY (Per accident)	\$	
		HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
		78.86						, ,	\$	
	Х	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
Α		EXCESS LIAB CLAIMS-MADE			CUD 2123911	09/01/2014	09/01/2015	AGGREGATE	\$	
		DED X RETENTION \$ 0							\$	
		KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH-		
В	ANY	PROPRIETOR/PARTNER/EXECUTIVE			WCV6103639	09/01/2014	09/01/2015	E.L. EACH ACCIDENT	\$	1,000,000
		CER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Mark Seigle, Joel Seigle and Margot Seigle are excluded from workers compensation coverage.

Greg And Lisa Carlson, Carlson's Floors, Inc. are included as Additional Insureds as required by written agreement and according to policy terms and conditions.

CERTIFICATE HOLDER	CANCELLATION
Greg and Lisa Carlson Carlson's Floors, Inc. 728 W. State Street	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Geneva, IL 60134	AUTHORIZED REPRESENTATIVE
	But distative



DATE (MM/DD/YYYY) 9/2/2014

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	· · · · · · · · · · · · · · · · · · ·							
PRODUCER		CONTACT NAME:						
Lundstrom Insurance Agency 2205 Point Blvd		PHONE (A/C, No, Ext): (847) 741-1000	FAX (A/C, No): (847)	428-8857				
Suite 200		E-MAIL ADDRESS:						
Elgin, IL 60123		INSURER(S) AFFORDING COVE	RAGE	NAIC#				
		INSURER A: West Bend Insurance						
INSURED		INSURER B : Accident Fund Insurance		10166				
Seigle's Cabinet Cen	ter. LLC	INSURER C :						
1331 Davis Rd		INSURER D :						
Elgin, IL 60123		INSURER E :						
		INSURER F:						
COVEDACES	CEDTICICATE NUMBER.	DEVISION	I NIIMDED.					

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.

INSR LTR		TYPE OF INSURANCE		SUBR		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	Х	COMMERCIAL GENERAL LIABILITY				,,	,,	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	X	Х	CPD 2123909	09/01/2014	09/01/2015	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	200,000
								MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							\$	
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
Α	X	ANY AUTO			CPD 2123909	09/01/2014	09/01/2015	BODILY INJURY (Per person)	\$	
		ALL OWNED SCHEDULED AUTOS AUTOS						BODILY INJURY (Per accident)	\$	
		HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
									\$	
	X	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
Α		EXCESS LIAB CLAIMS-MADE			CUD 2123911	09/01/2014	09/01/2015	AGGREGATE	\$	
		DED X RETENTION\$							\$	
		RKERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH-ER		
В	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A		WCV6103639	09/01/2014	09/01/2015	E.L. EACH ACCIDENT	\$	1,000,000
	(Man	ndatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Mark Seigle, Joel Seigle and Margot Seigle are excluded from workers compensation coverage.

H.R., Braley Inc./Wynwood Builders, Inc. is included as an Additional Insured las required by written agreement and according to policy terms and !conditions. Waiver of subrogation on general liability.

CERTIFICATE HOLDER	CANCELLATION
H R Braley, Inc/Wynwood Builders, Inc. 3811 Wintergreen Terrace Algonquin, IL 60102	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
··· 3 ··· 4 ····, ·- ·- ·- ·-	AUTHORIZED REPRESENTATIVE
	But dotter



9/2/2014

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PRODUCER	CONTACT NAME:					
Lundstrom Insurance Agency 2205 Point Blvd	PHONE (A/C, No, Ext): (847) 741-1000 FAX (A/C, No): (847)					
Suite 200	E-MAIL ADDRESS:					
Elgin, IL 60123	INSURER(S) AFFORDING COVERAGE	NAIC#				
	INSURER A: West Bend Insurance	15350				
INSURED	INSURER B : Accident Fund Insurance	10166				
Seigle's Cabinet Center, LLC	INSURER C:					
1331 Davis Rd	INSURER D:					
Elgin, IL 60123	INSURER E:					
	INSURER F:					

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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INSR LTR		TYPE OF INSURANCE		SUBR WVD		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	Х	COMMERCIAL GENERAL LIABILITY				,,	, , , ,	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	X		CPD 2123909	09/01/2014	09/01/2015	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	200,000
								MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	LAGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							\$	
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
Α	X	ANY AUTO			CPD 2123909	09/01/2014	09/01/2015	BODILY INJURY (Per person)	\$	
		ALL OWNED SCHEDULED AUTOS AUTOS						BODILY INJURY (Per accident)	\$	
		HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
									\$	
	X	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
Α		EXCESS LIAB CLAIMS-MADE			CUD 2123911	09/01/2014	09/01/2015	AGGREGATE	\$	
		DED X RETENTION\$							\$	
		RKERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH-ER		
В	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A		WCV6103639	09/01/2014	09/01/2015	E.L. EACH ACCIDENT	\$	1,000,000
	(Man	ndatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
										ļ

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

Mark Seigle, Joel Seigle and Margot Seigle are excluded from workers compensation coverage.

Hartz Construction Co Inc., Joanne Tracy & Scott Johansen are included as Additionall Insureds as required by written agreement and according to policy terms and conditions.

CERTIFICATE HOLDER	CANCELLATION

Hartz Construction Co Inc. & Joanne Tracy & Scott Johansen 9026 Heritage Parkway Woodridge, IL 60517 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

But Lather



DATE (MM/DD/YYYY) 9/2/2014

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'						
PRODUCER	CONTACT NAME:					
Lundstrom Insurance Agency 2205 Point Blvd	PHONE (A/C, No, Ext): (847) 741-1000 FAX (A/C, No): (847)	428-8857				
Suite 200	E-MAIL ADDRESS:					
Elgin, IL 60123	INSURER(S) AFFORDING COVERAGE	NAIC#				
	INSURER A: West Bend Insurance	15350				
INSURED	INSURER B : Accident Fund Insurance	10166				
Seigle's Cabinet Center, LLC	INSURER C:					
1331 Davis Rd	INSURER D:					
Elgin, IL 60123	INSURER E:					
	INSURER F:					

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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	SCIONO 7 NE CONDITIONO OF COOL					-			
	TYPE OF INSURANCE			POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	s	
X	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR	X	X	CPD 2123909	09/01/2014	09/01/2015	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	200,000
							MED EXP (Any one person)	\$	10,000
							PERSONAL & ADV INJURY	\$	1,000,000
GEN							GENERAL AGGREGATE	\$	2,000,000
	POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:							\$	
AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
X	ANY AUTO		Х	CPD 2123909	09/01/2014	09/01/2015	BODILY INJURY (Per person)	\$	
	AUTOS AUTOS						` '	\$	
	HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
								\$	
X	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
	EXCESS LIAB CLAIMS-MADE			CUD 2123911	09/01/2014	09/01/2015	AGGREGATE	\$	
	DED X RETENTION \$							\$	
	EMPLOYEDELLIA DILITY						X PER STATUTE OTH-		
ANY	PROPRIETOR/PARTNER/EXECUTIVE V	N/A		WCV6103639	09/01/2014	09/01/2015	E.L. EACH ACCIDENT	\$	1,000,000
(Man	ndatory in NH)	,,					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
	AUT X WOF AND ANY OFF	TYPE OF INSURANCE X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRODUCT LOC OTHER: AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS NON-OWNED AUTOS NON-OWNED AUTOS HIRED AUTOS NON-OWNED AUTOS Y UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N	TYPE OF INSURANCE X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRODUCT LOC OTHER: AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS NON-OWNED AUTOS NON-OWNED AUTOS HIRED AUTOS CLAIMS-MADE DED X RETENTION\$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETTOR/PARTNER/EXECUTIVE OFFICER/MEMBER PACTUDED? (Mandatory in NH) If yes, describe under	TYPE OF INSURANCE X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X X GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRODUCY JECT LOC OTHER: AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS HIRED AUTOS NON-OWNED AUTOS HIRED AUTOS AUTOS OEXCESS LIAB CLAIMS-MADE DED X RETENTION \$ WORKERS COMPENSATION AND PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under	TYPE OF INSURANCE X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRODUCY JECT LOC OTHER: AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS NON-OWNED AUTOS NON-OWNED AUTOS HIRED AUTOS AUTOS X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) IY WE AGESTIBE UNDER OR OFFICER/MEMBER EXCLUDED? (Mandatory in NH) IY WE AGESTIBE UNDER OR OFFICER/MEMBER EXCLUDED? MY AND PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) IY WE AGESTIBE UNDER OR OFFICER/MEMBER EXCLUDED? MY AND PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) IY WE AGESTIBE UNDER OR OFFICER/MEMBER EXCLUDED?	TYPE OF INSURANCE TYPE OF INSURANCE ADDL SUBR INSD WYD POLICY EFF (MM//DD/YYYY) X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X X CPD 2123909 09/01/2014 GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PROJECT LOC OTHER: AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS NON-OWNED AUTOS HIRED AUTOS NON-OWNED AUTOS HIRED AUTOS X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION \$ 0 WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under	TYPE OF INSURANCE INSD WVD POLICY NUMBER (MM/DD/YYYY) X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X X CPD 2123909 O9/01/2014 O9/01/2015 GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT LOC OTHER: AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS NON-OWNED AUTOS HIRED AUTOS NON-OWNED AUTOS WORKERS COMPENSATION AND EMPLOYERS' LIABILITY X WUMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY N/A NY PROPRIETOR/PARTINER/EXECUTIVE (Mandatory in NH) It vas. describe under	TYPE OF INSURANCE ADDL SUBR INSD W/D POLICY NUMBER POLICY EFF (MM/DD/YYYY) X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X X CPD 2123909 O9/01/2014 O9/01/2015 EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG OTHER: AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS HIRED AUTOS HIRED AUTOS AUTOS NON-OWNED AUTOS AUTOS NON-OWNED AUTOS X UMBRELLA LIAB X CCUR EXCESS LIAB CLAIMS-MADE CLAIMS-MADE CUD 2123911 O9/01/2014 O9/01/2015 POLICY EFF (MM/DD/YYYY) (MAINDD/YYYY) BEACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) PROPERTY DAMAGE (Per accident) X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE CLAIMS-MADE CUD 2123911 O9/01/2014 O9/01/2015 EACH OCCURRENCE AGGREGATE O9/01/2015 X POLICY EFF DAMAGE TO RENTED AMAGE (Per accident) PROPIETY DAMAGE (Per accident) EACH OCCURRENCE AGGREGATE O9/01/2015 EACH OCCURRENCE AGGREGATE O9/01/2015 ELL EACH ACCIDENT ELL DISEASE - EA EMPLOYEE ELL EACH ACCIDENT ELL DISEASE - EA EMPLOYEE ELL DISEASE - EA EMPLOYEE	TYPE OF INSURANCE ADDLISURR INSD WYD POLICY NUMBER POLICY EFF (MM/DD/YYYY) POLICY EXP PROMESS (Laccurence) \$ MED EXP (Any one person) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PROPICES CIMENTES SOURCE SOURC

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Mark Seigle, Joel Seigle and Margot Seigle are excluded from workers compensation coverage.

Land Development Inc.; Naperville Joint Venture, LLC; Orland Golf View; PD Hartz Construction Co, Inc; Resan Road Farm Development LLCi 1991 Hartz Grandchildren's Trust; Bridgeview Bank & Trust, not personaly but as trustee under Trust Agreement dated March 1, 1993 and known as Trust #1-2166 for general liability and business auto liability are included as Additional Insureds on a primary/non-contributory basis as required by written agreement and according to policy terms and conditions. Umbrella coverage follows form.

Waiver of subrogation as it pertains to general liability, auto liability and workers compensation in favor of the above-captioned Hartz entities.

<u></u>	
Hartz Construction Co., Inc. 9026 Heritage Parkway Woodridge, IL 60517	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
	But Lotetins

CANCELL ATION

CERTIFICATE HOLDER



DATE (MM/DD/YYYY) 9/2/2014

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.

th	e te	RTANT: If the certificate hold erms and conditions of the polic cate holder in lieu of such endor	y, cer	tain	policies may require an e							
PRO	RODUCER						CONTACT NAME:					
Lundstrom Insurance Agency 2205 Point Blvd Suite 200						PHONE (A/C, No, Ext): (847) 741-1000 FAX (A/C, No): (847)					428-8857	
Elgin, IL 60123						ADDRE		SURER(S) AFFOR	DING COVERAGE		NAIC#	
						INSURE	RA: West B	end Insurai	nce		15350	
INSU	RED					INSURE	R B : Accide	nt Fund Ins	urance		10166	
		Seigle's Cabinet Center, LL	C			INSURE	RC:					
		1331 Davis Rd	. •			INSURE	RD:					
		Elgin, IL 60123				INSURER E :						
						INSURER F:						
CO	VER	AGES CE	RTIFIC	CATE	NUMBER:	REVISION NUMBER:						
IN CI	DIC/ ERTI	S TO CERTIFY THAT THE POLIC ATED. NOTWITHSTANDING ANY I FICATE MAY BE ISSUED OR MAY ISIONS AND CONDITIONS OF SUCH	REQUI PER POLIC	REME TAIN, CIES.	ENT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	N OF A	NY CONTRA 7 THE POLIC REDUCED BY	CT OR OTHER IES DESCRIB	DOCUMENT WITH RE	SPECT TO	O WHICH THIS	
INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS		
Α	Х	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000	
		CLAIMS-MADE X OCCUR	X		CPD 2123909		09/01/2014	09/01/2015	DAMAGE TO RENTED PREMISES (Ea occurrence	e) \$	200,000	
									MED EXP (Any one person	1) \$	10,000	
									PERSONAL & ADV INJUR	Y \$	1,000,000	
	GEN	I'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000	
		DDO D	1	1								

2,000,000 POLICY JECT PRODUCTS - COMP/OP AGG | \$ LOC \$ OTHER: COMBINED SINGLE LIMIT (Ea accident) **AUTOMOBILE LIABILITY** \$ 1,000,000 Α X 09/01/2014 09/01/2015 \$ CPD 2123909 BODILY INJURY (Per person) ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS NON-OWNED **BODILY INJURY (Per accident)** \$ PROPERTY DAMAGE (Per accident) \$ HIRED AUTOS AUTOS \$ 5,000,000 **UMBRELLA LIAB** Χ X OCCUR **EACH OCCURRENCE** \$ **EXCESS LIAB** CUD 2123911 09/01/2014 09/01/2015 Α CLAIMS-MADE AGGREGATE \$ DED | X | RETENTION\$ 0 \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY PER STATUTE 09/01/2015 1,000,000 В WCV6103639 09/01/2014 ANY PROPRIETOR/PARTNER/EXECUTIVE E.L. EACH ACCIDENT \$ N/A OFFICER/MEMBER EXCLUDED? 1,000,000 (Mandatory in NH) E.L. DISEASE - EA EMPLOYEE \$ Îf yes, describe under DESCRIPTION OF OPERATIONS below 1,000,000 E.L. DISEASE - POLICY LIMIT

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Mark Seigle, Joel Seigle and Margot Seigle are excluded from workers compensation coverage.

J M L J Construction is included as an Additional Insured as required by written agreement and according to policy terms and conditions.

CERTIFICATE HOLDER	CANCELLATION
J M L J Construction 30 Brierwoods Lane Lake Zurich, IL 60047	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
	But disterns



9/2/2014

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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).

certificate floider in fled of Such end	ior sement(s).					
PRODUCER		CONTACT NAME:				
Lundstrom Insurance Agency 2205 Point Blvd		PHONE (A/C, No, Ext): (847) 741-1000 FAX (A/C, No): (847)				
Suite 200		Ë-MAIL ADDRESS:				
Elgin, IL 60123		INSURER(S) AFFORDING COVERAGE	NAIC#			
		INSURER A: West Bend Insurance				
INSURED		INSURER B: Accident Fund Insurance	10166			
Seigle's Cabinet Center, I	LLC	INSURER C:				
1331 Davis Rd	-	INSURER D:				
Elgin, IL 60123		INSURER E:				
		INSURER F:				
COVERAGES C	ERTIFICATE 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.

INSR LTR		TYPE OF INSURANCE	ADDL	SUBR		POLICY FFF	POLICY EXP		LIMITS	
A	Х	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)			1,000,000
^_	<u> </u>	V			ODD 040000	00/04/0044	00/04/0045	EACH OCCURRENCE DAMAGE TO RENTED	\$	· · ·
		CLAIMS-MADE X OCCUR	X		CPD 2123909	09/01/2014	09/01/2015	PREMISES (Ea occurrence)	\$	200,000
								MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							\$	
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
Α	X	ANY AUTO			CPD 2123909	09/01/2014	09/01/2015	BODILY INJURY (Per person)	\$	
		ALL OWNED SCHEDULED AUTOS AUTOS						BODILY INJURY (Per accident)	\$	
		HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
									\$	
	Х	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
Α		EXCESS LIAB CLAIMS-MADE			CUD 2123911	09/01/2014	09/01/2015	AGGREGATE	\$	
		DED X RETENTION\$							\$	
		RKERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH-		
В	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A		WCV6103639	09/01/2014	09/01/2015	E.L. EACH ACCIDENT	\$	1,000,000
	(Mar	ndatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
<u> </u>										

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

Mark Seigle, Joel Seigle and Margot Seigle are excluded from workers compensation coverage.

JC Restoration is an Additional Insured on a primary/non-contributory basis; with espect to work performed by Seigle Cabinet Center, LLC as required by signed written agreement between Seigle's and JC Restoration, Inc.

OEKTII IOATE HOEDEK	OANOLLEATION
JC Restoration, Inc. 3200 Squibb Ave Rolling Meadows, IL 60008	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
g	AUTHORIZED REPRESENTATIVE
	But Lotter

CANCELL ATION

CERTIFICATE HOLDER



DATE (MM/DD/YYYY) 9/2/2014

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).

certificate holder in lieu of such endorsement(s).									
PRODUCER	CONTACT NAME:								
Lundstrom Insurance Agency 2205 Point Blvd	PHONE (A/C, No, Ext): (847) 741-1000 FAX (A/C, No): (847)	428-8857							
Suite 200	E-MAIL ADDRESS:								
Elgin, IL 60123	INSURER(S) AFFORDING COVERAGE	NAIC#							
	INSURER A: West Bend Insurance	15350							
INSURED	INSURER B : Accident Fund Insurance	10166							
Seigle's Cabinet Center, LLC	INSURER C:								
1331 Davis Rd	INSURER D:								
Elgin, IL 60123	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									

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 INSURANCE

ADDL SUBR INSD WVD

POLICY NUMBER

POLICY EFF (MM//DD/YYYY)

A X COMMERCIAL GENERAL LIABILITY

EACH OCCURRENCE \$ 1,000,0

LIK		0000	י עכאוו	WVD	FOLICT NOWBER				
Α	X	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$ 1,000,000
		CLAIMS-MADE X OCCUR	X		CPD 2123909	09/01/2014	09/01/2015	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 200,000
								MED EXP (Any one person)	\$ 10,000
								PERSONAL & ADV INJURY	\$ 1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
		OTHER:							\$
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
Α	X	ANY AUTO			CPD 2123909	09/01/2014	09/01/2015	BODILY INJURY (Per person)	\$
		ALL OWNED SCHEDULED AUTOS AUTOS						BODILY INJURY (Per accident)	\$
		HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
									\$
	Х	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$ 5,000,000
Α		EXCESS LIAB CLAIMS-MADE			CUD 2123911	09/01/2014	09/01/2015	AGGREGATE	\$
		DED X RETENTION\$ 0							\$
		KERS COMPENSATION EMPLOYERS' LIABILITY						X PER STATUTE OTH-	
В	ANY	PROPRIETOR/PARTNER/EXECUTIVE T/N	N/A		WCV6103639	09/01/2014	09/01/2015	E.L. EACH ACCIDENT	\$ 1,000,000
	(Man	CER/MEMBER EXCLUDED? Idatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Mark Seigle, Joel Seigle and Margot Seigle are excluded from workers compensation coverage.

Kendall Partners, Ltd. is included as an Additional Insured as required" by written agreement and according to policy terms and conditions.

CERTIFICATE HOLDER	CANCELLATION
Kendall Partners, Ltd. 651 Prairie Pointe Drive Suite 302	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Yorkville, IL 60560	AUTHORIZED REPRESENTATIVE
1	But Astohn



DATE (MM/DD/YYYY) 9/2/2014

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	CONTACT NAME:	
Lundstrom Insurance Agency 2205 Point Blvd	PHONE (A/C, No, Ext): (847) 741-1000 FAX (A/C, No): (847)	428-8857
Suite 200	E-MAIL ADDRESS:	
Elgin, IL 60123	INSURER(S) AFFORDING COVERAGE	NAIC#
	INSURER A: West Bend Insurance	15350
INSURED	INSURER B : Accident Fund Insurance	10166
Seigle's Cabinet Center, LLC	INSURER C:	
1331 Davis Rd	INSURER D:	
Elgin, IL 60123	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.

INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	Х	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	Х	X	CPD 2123909	09/01/2014	09/01/2015	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	200,000
								MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							\$	
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
Α	X	ANY AUTO			CPD 2123909	09/01/2014	09/01/2015	BODILY INJURY (Per person)	\$	
		ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
		HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
								,	\$	
	Χ	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
Α		EXCESS LIAB CLAIMS-MADE			CUD 2123911	09/01/2014	09/01/2015	AGGREGATE	\$	
		DED X RETENTION\$ 0							\$	
		RKERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH-ER		
В	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A	X	WCV6103639	09/01/2014	09/01/2015	E.L. EACH ACCIDENT	\$	1,000,000
	(Mar	CER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000

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

Mark Seigle, Joel Seigle and Margot Seigle are excluded from workers compensation coverage.

Grand Avenue Lofts LLC, GL-Grand Avenue Lofts Milwaukee LLC, Great Lakes Capital Fund Nonprofit Housing Corporation, KMDevelopment Corp, and all afiiliated limited liability companies, corporations, and all of their members, managers, officers, directors and employees are to be named as Additional Insured with respect to General Liability when required by written contract. Waiver of subrogation in favor of the Contractor and Owner and any of their officers, directors, partners and employees is provided with respect to General Liability and Workers' Compensation. This insurance is primary and non-contributory.

CERTIFICATE HOLDER	CANCELLATION
KM Development Corp. Attn: Jayne Sullivan 710 N. Plankinton Avenue	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Milwaukee, WI 53203	AUTHORIZED REPRESENTATIVE
	But distetin



9/2/2014

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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		CONTACT NAME:							
Lundstrom Insurance Agency 2205 Point Blvd		PHONE (A/C, No, Ext): (847) 741-1000	FAX (A/C, No): (847)	428-8857					
Suite 200		E-MAIL ADDRESS:							
Elgin, IL 60123		INSURER(S) AFFORDING COVERAGE		NAIC#					
		INSURER A: West Bend Insurance		15350					
INSURED		INSURER B: Accident Fund Insurance		10166					
Seigle's Cabinet Cente	er. LLC	INSURER C:							
1331 Davis Rd	, -	INSURER D:							
Elgin, IL 60123		INSURER E:							
		INSURER F:							
COVERACES	CERTIFICATE MUMPER.	DEVICION NUM	IDED.						

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.

INSR LTR		TYPE OF INSURANCE		SUBR WVD		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	Х	COMMERCIAL GENERAL LIABILITY				,,	, , , ,	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	X		CPD 2123909	09/01/2014	09/01/2015	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	200,000
								MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	LAGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							\$	
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
Α	X	ANY AUTO			CPD 2123909	09/01/2014	09/01/2015	BODILY INJURY (Per person)	\$	
		ALL OWNED SCHEDULED AUTOS AUTOS						BODILY INJURY (Per accident)	\$	
		HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
									\$	
	X	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
Α		EXCESS LIAB CLAIMS-MADE			CUD 2123911	09/01/2014	09/01/2015	AGGREGATE	\$	
		DED X RETENTION\$							\$	
		RKERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH-ER		
В	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A		WCV6103639	09/01/2014	09/01/2015	E.L. EACH ACCIDENT	\$	1,000,000
	(Man	ndatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
										ļ

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

Mark Seigle, Joel Seigle and Margot Seigle are excluded from workers compensation coverage.

Lexington Des Plaines I, LLC, and its subsidiaries, partners, members, managers, partnerships, limited liability companies, joint ventures, affiliated companies, successors and assigns are added as additional insureds and are provided waivers of subrogation.

CERTIFICATE HOLDER	CANCELLATION

Lexington Homes LLC Lexington Des Plaines I, LLC 1731 N Marcey St, Ste 200 Chicago, IL 60614 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

But Lother



DATE (MM/DD/YYYY) 9/2/2014

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PRODUCER	CONTACT NAME:						
Lundstrom Insurance Agency 2205 Point Blvd	PHONE (A/C, No, Ext): (847) 741-1000 FAX (A/C, No): (847)	428-8857					
Suite 200	E-MAIL ADDRESS:						
Elgin, IL 60123	INSURER(S) AFFORDING COVERAGE	NAIC#					
	INSURER A: West Bend Insurance	15350					
INSURED	INSURER B: Accident Fund Insurance	10166					
Seigle's Cabinet Center, LLC	INSURER C:						
1331 Davis Rd	INSURER D:						
Elgin, IL 60123	INSURER E:						
	INSURER F:						

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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TOLC			-			-			
	TYPE OF INSURANCE			POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	s	
X	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR	X	X	CPD 2123909	09/01/2014	09/01/2015	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	200,000
							MED EXP (Any one person)	\$	10,000
							PERSONAL & ADV INJURY	\$	1,000,000
GEN							GENERAL AGGREGATE	\$	2,000,000
	POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:							\$	
AUT	TOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
X	ANY AUTO			CPD 2123909	09/01/2014	09/01/2015	BODILY INJURY (Per person)	\$	
	AUTOS AUTOS						BODILY INJURY (Per accident)	\$	
	HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
								\$	
X	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
	EXCESS LIAB CLAIMS-MADE			CUD 2123911	09/01/2014	09/01/2015	AGGREGATE	\$	
	DED X RETENTION \$ 0							\$	
	EMPLOYEDELLIA DILITY						X PER STATUTE OTH-		
ANY	PROPRIETOR/PARTNER/EXECUTIVE V	N/A		WCV6103639	09/01/2014	09/01/2015	E.L. EACH ACCIDENT	\$	1,000,000
(Man	ndatory in NH)	14,74					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
	AUT X WOR AND AND OFFER (Main If ve	TYPE OF INSURANCE X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRODUCT LOC OTHER: AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS HIRED AUTOS NON-OWNED AUTOS HIRED AUTOS AUTOS X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION\$ WORKERS COMPENSATION AND PROPORTION OF THE PROPERTY O	TYPE OF INSURANCE X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- DIFER: AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS HIRED AUTOS HIRED AUTOS X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION\$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under	TYPE OF INSURANCE TYPE OF INSURANCE X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X X GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRODUCY JECT LOC OTHER: AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS NON-OWNED AUTOS HIRED AUTOS AUTOS HIRED AUTOS CCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION \$ WORKERS COMPENSATION AND PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If wes, describe under	TYPE OF INSURANCE X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X X CPD 2123909 GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRODUCY JECT LOC OTHER: AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS NON-OWNED AUTOS NON-OWNED AUTOS NON-OWNED AUTOS HIRED AUTOS CLAIMS-MADE DED X RETENTION \$ CUD 2123911 WORKERS COMPENSATION AND EMPLOYER'S LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under	TYPE OF INSURANCE TYPE OF INSURANCE ADDLISUBR INSD WVD POLICY EFF (MM//DD/YYYY) X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X X CPD 2123909 09/01/2014 GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRODUCY JECT LOC OTHER: AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS NON-OWNED AUTOS HIRED AUTOS NON-OWNED AUTOS HIRED AUTOS OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION\$ CUD 2123911 09/01/2014 CUD 2123911 09/01/2014 WCV6103639 09/01/2014	TYPE OF INSURANCE INSD WVD POLICY NUMBER (MM/DD/YYYY) X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X X CPD 2123909 O9/01/2014 O9/01/2015 GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT LOC OTHER: AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS NON-OWNED AUTOS HIRED AUTOS NON-OWNED AUTOS AUTOS WORKERS COMPENSATION AND EMPLOYERS' LIABILITY X ANY RETENTION \$ CUD 2123909 O9/01/2014 O9/01/2015 CUD 2123911 O9/01/2014 O9/01/2015 WCV6103639 O9/01/2014 O9/01/2015 O9/01/2015 O9/01/2015	TYPE OF INSURANCE INSD W/D X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X X CPD 2123909 O9/01/2014 O9/01/2014 O9/01/2015 EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG OTHER: AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS OBOBILE LIABILITY CUD 2123911 O9/01/2014 O9/01/2015 O9/01/2015 EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) PROPERTY DAMAGE (Per accident) PROPERTY DAMAGE (Per accident) PROPERTY DAMAGE (Per accident) VI UMBRELLA LIAB VI OCCUR EXCESS LIAB CLAIMS-MADE CLAIMS-MADE CLAIMS-MADE CUD 2123911 O9/01/2014 O9/01/2015 EACH OCCURRENCE AGGREGATE O9/01/2015 EACH OCCURRENCE AGGREGATE O9/01/2015 EACH OCCURRENCE AGGREGATE O9/01/2015 ELL EACH ACCIDENT ELL DISEASE - EA EMPLOYEE ELL EACH ACCIDENT ELL DISEASE - EA EMPLOYEE ELL DISEASE - EA EMPLOYEE	TYPE OF INSURANCE ADDLISURR POLICY NUMBER POLICY EXP (MM/DD/YYYY) CAMPAGE TO RENTED SAMAGE TO RE

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

Mark Seigle, Joel Seigle and Margot Seigle are excluded from workers compensation coverage.

Project Location: Lexington Square Life Care of Elmhurst, 400 Butterfield Rd.f Elmhurst, IL Lex1ngton Square Life Care of Elmhurst, LLC & Royal Management are

included as Additional Insureds when required by written agreement and according to policy terms and conditions. Waiver of subrogation in favor of Lexington Square Life Care of Elmhurst, LLC. Coverage is primary & non-contributory with respects to any other insurance available to Lexington Square Life Care of Elmhurst, LLC.

CERTIFICATE H	IOLDER	CANCELLATION
400	ington Square Life Care Of Elmhurst, LLC W. Butterfield Road hurst, IL 60126	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	114154,12 00120	AUTHORIZED REPRESENTATIVE
		But Lotetin



DATE (MM/DD/YYYY) 9/2/2014

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certificate floider in fled of Such	endorsement(s).							
PRODUCER		CONTACT NAME:						
Lundstrom Insurance Agency 2205 Point Blvd		PHONE (A/C, No, Ext): (847) 741-1000	FAX (A/C, No): (847)	428-8857				
Suite 200		E-MÁIL ADDRESS:						
Elgin, IL 60123		INSURER(S) AFFORDING COVERAGE		NAIC#				
		INSURER A: West Bend Insurance		15350				
INSURED		INSURER B : Accident Fund Insurance		10166				
Seigle's Cabinet Cent	ter. LLC	INSURER C:						
1331 Davis Rd	,	INSURER D :						
Elgin, IL 60123		INSURER E :						
		INSURER F:						
COVERAGES	CERTIFICATE NUMBER:	REVISION NUI	MRFR.					

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				1	KEDUCED BY				
	TYPE OF INSURANCE				(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S	
X	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR	X		CPD 2123909	09/01/2014	09/01/2015	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	200,000
							MED EXP (Any one person)	\$	10,000
							PERSONAL & ADV INJURY	\$	1,000,000
GEN							GENERAL AGGREGATE	\$	2,000,000
	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:							\$	
AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
X	ANY AUTO			CPD 2123909	09/01/2014	09/01/2015	BODILY INJURY (Per person)	\$	
	ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
								\$	
Χ	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
	EXCESS LIAB CLAIMS-MADE			CUD 2123911	09/01/2014	09/01/2015	AGGREGATE	\$	
	DED X RETENTION\$)						\$	
	EMPLOYEDOLLIA DILITY						X PER STATUTE OTH-		
ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A		WCV6103639	09/01/2014	09/01/2015	E.L. EACH ACCIDENT	\$	1,000,000
(Man	ndatory in NH)	117.4					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
	·								·
		1							
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	AUT X WOFAND ANY OFF	CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRODUCT LOC OTHER: AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS NON-OWNED AUTOS NON-OWNED AUTOS HIRED AUTOS CLAIMS-MADE EXCESS LIAB CLAIMS-MADE DED X RETENTION\$ WORKERS COMPENSATION AND DEMPLOYERS' LIABILITY Y/N	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- DOTHER: AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS HIRED AUTOS HIRED AUTOS X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY WANY PROPRIETOR/PARTINER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under	TYPE OF INSURANCE INSD WVD X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRODUCY JECT LOC OTHER: AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS HIRED AUTOS HIRED AUTOS X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION\$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE Y N OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR CPD 2123909 GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRODUCT LOC OTHER: AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS HIRED AUTOS HIRED AUTOS HIRED AUTOS X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under	TYPE OF INSURANCE X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR CPD 2123909 09/01/2014 GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRODUCY PECT LOC OTHER: AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS NON-OWNED AUTOS HIRED AUTOS NON-OWNED AUTOS EXCESS LIAB CLAIMS-MADE DED X RETENTION \$ O9/01/2014 CUD 2123911 09/01/2014 WCV6103639 09/01/2014	TYPE OF INSURANCE INSD WVD POLICY NUMBER (MM/DD/YYYY) (MM/DD/YYYY) X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRODUCY PRODUCY LOC OTHER: AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS AUTOS HIRED AUTOS HIRED AUTOS AUTOS OWNERLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION \$ WCV6103639 CUD 2123909 O9/01/2014 O9/01/2015 CUD 2123911 O9/01/2014 O9/01/2015 WCV6103639 O9/01/2014 O9/01/2015	TYPE OF INSURANCE X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR CLAIMS-MADE X OCCUR CEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRODUCTS - COMP/OP AGG OTHER: AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS HIRED AUTOS HIRED AUTOS HIRED AUTOS X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTIONS OWORKERS COMPENSATION ANY PROPRIETOR/PARTNER/EXECUTIVE Y ANY PROPRIETOR/PARTNER/EXECUTIVE Y ANY PROPRIETOR/PARTNER/EXECUTIVE Y ANY PROPRIETOR/PARTNER/EXECUTIVE (Mandatory in NH) WCV6103639 CPD 2123909 O9/01/2014 O9/01/2014 O9/01/2014 O9/01/2014 O9/01/2014 O9/01/2014 O9/01/2015 EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG COMBINED SINGLE LIMIT (Ea accident) PROPERTY DAMAGE (Per accident) V N/A NY PROPRIETOR/PARTNER/EXECUTIVE Y Y N/ANY PROPRIETOR/PARTNER/EXECUTIVE (Mandatory in NH) (IVEs, described under E.L. DISEASE - EA EMPLOYEE	TYPE OF INSURANCE INSD WVD POLICY NUMBER IMM/DD/YYYY) (MM/DD/YYYY) (MM/DD/YYYY) X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X CPD 2123909 O9/01/2014 O9/01/2014 O9/01/2015 EACH OCCURRENCE S DAMAGE TO RENTED PREMISES (Ea occurrence) PREMISES (Ea occurrence) PREMISES (Ea occurrence) S MED EXP (Any one person) PERSONAL & ADV INJURY S GENERAL AGGREGATE IS PRODUCTS - COMP/OP AGG S OMBINED SINGLE LIMIT S AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS HIRED AUTOS HIRED AUTOS HIRED AUTOS ONO-OWNED AUTOS ONO-OWNED AUTOS ONO-OWNED AUTOS ONO-OWNED AUTOS ONO-OWNED ONO-

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Mark Seigle, Joel Seigle and Margot Seigle are excluded from workers compensation coverage.

Matustik Builders, Inc is included as an Additional Insured for general liability on a primary and noncontributory basis per written agreement and subject to policy terms and conditions.

CERTIFICATE HOLDER	CANCELLATION
Matustik Builders, Inc. 2413 W Algonquin Rd., #515 Algonquin, IL 60102	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
7 ligoniquiii, 12 00 lo2	AUTHORIZED REPRESENTATIVE
	But disteline



DATE (MM/DD/YYYY) 9/2/2014

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bertinoate holder in hea or such chacksellent(s).		
PRODUCER	CONTACT NAME:	
Lundstrom Insurance Agency 2205 Point Blvd	PHONE (A/C, No, Ext): (847) 741-1000 FAX (A/C, No): (847)	428-8857
Suite 200	E-MAIL ADDRESS:	
Elgin, IL 60123	INSURER(S) AFFORDING COVERAGE	NAIC#
	INSURER A: West Bend Insurance	15350
INSURED	INSURER B: Accident Fund Insurance	10166
Seigle's Cabinet Center, LLC	INSURER C:	
1331 Davis Rd	INSURER D:	
Elgin, IL 60123	INSURER E :	
	INSURER F:	
COVERAGES CERTIFICATE NUMBER:	DEVISION NUMBER	

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	TYPE OF INSURANCE		SUBR WVD		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
X	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR	X	X	CPD 2123909	09/01/2014	09/01/2015	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	200,000
							MED EXP (Any one person)	\$	10,000
							PERSONAL & ADV INJURY	\$	1,000,000
GEN							GENERAL AGGREGATE	\$	2,000,000
	POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:							\$	
AUT	TOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
X	ANY AUTO		X	CPD 2123909	09/01/2014	09/01/2015	BODILY INJURY (Per person)	\$	
	ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
								\$	
Х	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
	EXCESS LIAB CLAIMS-MADE			CUD 2123911	09/01/2014	09/01/2015	AGGREGATE	\$	
	DED X RETENTION\$							\$	
	EMPLOYEDOU LA DULITY						X PER STATUTE OTH-		
ANY	PROPRIETOR/PARTNER/EXECUTIVE 17/N	N/A	X	WCV6103639	09/01/2014	09/01/2015	E.L. EACH ACCIDENT	\$	1,000,000
(Man	ndatory in NH)	1177					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
								-	
			1						
1	AU1 X WOFANDOFF	CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRODUCT LOC OTHER: AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS HIRED AUTOS HIRED AUTOS X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRODUCY LOC OTHER: AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS HIRED AUTOS NON-OWNED AUTOS HIRED AUTOS CLAIMS-MADE EXCESS LIAB CLAIMS-MADE DED X RETENTION\$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTINER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X X GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRODUCT LOC OTHER: AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS HIRED AUTOS HIRED AUTOS X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PASTILEREXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X X CPD 2123909 GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRODUCY JECT LOC OTHER: AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS HIRED AUTOS HIRED AUTOS HIRED AUTOS X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ((Mandatory in NH)) (If yes, describe under	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X X CPD 2123909 09/01/2014 GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PROJECT LOC OTHER: AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS HIRED AUTOS HIRED AUTOS HIRED AUTOS X CPD 2123909 09/01/2014 X CPD 2123909 09/01/2014 CUD 2123911 09/01/2014 CUD 2123911 09/01/2014 X WCV6103639 09/01/2014	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X X CPD 2123909 GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRODUCY PECT LOC OTHER: AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS HIRED AUTOS HIRED AUTOS HIRED AUTOS X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION \$ OWORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY POPRIETOR/PARTNER/EXECUTIVE YANY PROPRIETOR/PARTNER/EXECUTIVE (Mandatory in NH) [f yes, describe under]	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR COUNTER: AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS HIRED AUTOS HIRED AUTOS AUTOS MONONINED AUTOS NON-OWNED AUTOS AUTOS NON-OWNED AUTOS AUTOS MON-OWNED AUTOS AUTOS AUTOS MON-OWNED AUTOS AUTOS AUTOS MON-OWNED AUTOS AUTOS MON-OWNED AUTOS M	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR COMBINED SINGLE LIMIT APPLIES PER: POLICY PRODUCTS COMP/OP AGG \$ PRODUCTS COMP/OP AGG \$ PRODUCTS COMP/OP AGG \$ COMBINED SINGLE LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Mark Seigle, Joel Seigle and Margot Seigle are excluded from workers compensation coverage.

McCue Builders, Inc is added as an additional insured for general and auto liability per written contract. General Liability coverage is pimary with respect to the additional insured person or organization. Waivers of subrogation are provided for general, auto & workers compensation liability coverage.

OEKTII IOATE HOEDEK	OANOLLEATION
McCue Builders, Inc. Attn: Robin PO Box 354	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Bristol, IL 60512	But duting

CANCELL ATION

CERTIFICATE HOLDER



DATE (MM/DD/YYYY) 9/2/2014

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	CONTACT NAME:						
Lundstrom Insurance Agency 2205 Point Blvd	PHONE (A/C, No, Ext): (847) 741-1000 FAX (A/C, No): (847)	428-8857					
Suite 200	E-MAIL ADDRESS:						
Elgin, IL 60123	INSURER(S) AFFORDING COVERAGE	NAIC#					
	INSURER A: West Bend Insurance	15350					
INSURED	INSURER B : Accident Fund Insurance	10166					
Seigle's Cabinet Center, LLC	INSURER C:						
1331 Davis Rd	INSURER D:						
Elgin, IL 60123	INSURER E:						
	INSURER F:						
00/504050							

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.

OLC	DSIGNS AND CONDITIONS OF SOCIT					-			
	TYPE OF INSURANCE			POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	s	
X	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR	X		CPD 2123909	09/01/2014	09/01/2015	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	200,000
							MED EXP (Any one person)	\$	10,000
							PERSONAL & ADV INJURY	\$	1,000,000
GEN							GENERAL AGGREGATE	\$	2,000,000
	POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:							\$	
AUT	TOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
X	ANY AUTO			CPD 2123909	09/01/2014	09/01/2015	BODILY INJURY (Per person)	\$	
	AUTOS AUTOS						` '	\$	
	HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
								\$	
X	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
	EXCESS LIAB CLAIMS-MADE			CUD 2123911	09/01/2014	09/01/2015	AGGREGATE	\$	
	DED X RETENTION\$							\$	
	EMPLOYEDELLIA DILITY						X PER STATUTE OTH-		
ANY	PROPRIETOR/PARTNER/EXECUTIVE V	N/A	Х	WCV6103639	09/01/2014	09/01/2015	E.L. EACH ACCIDENT	\$	1,000,000
(Man	ndatory in NH)	,,					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
	AUT X WOF AND ANY OFF	TYPE OF INSURANCE X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRODUCY JECT LOC OTHER: AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS NON-OWNED AUTOS NON-OWNED AUTOS HIRED AUTOS NON-OWNED AUTOS X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE	TYPE OF INSURANCE X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRODUCT LOC OTHER: AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS NON-OWNED AUTOS NON-OWNED AUTOS HIRED AUTOS CLAIMS-MADE DED X RETENTION\$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETTOR/PARTNER/EXECUTIVE OFFICER/MEMBER PACTUDED? (Mandatory in NH) If yes, describe under	TYPE OF INSURANCE X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRODUCY JECT LOC OTHER: AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS AUTOS HIRED AUTOS HIRED AUTOS WORKERS COMPENSATION AND PROPIETOR/PARTNER/EXECUTIVE DED X RETENTION\$ WORKERS COMPENSATION AND PROPIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under	TYPE OF INSURANCE X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PROPOLICY JECT LOC OTHER: AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS NON-OWNED AUTOS NON-OWNED AUTOS HIRED AUTOS AUTOS X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) I Y N / A WCV6103639	TYPE OF INSURANCE TYPE OF INSURANCE ADDL SUBR INSD POLICY EFF (MM//DD/YYYY) X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X CPD 2123909 09/01/2014 GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT LOC OTHER: AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS NON-OWNED AUTOS HIRED AUTOS NON-OWNED AUTOS HIRED AUTOS CLAIMS-MADE DED X RETENTION \$ 0 WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY POPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH) It yes, describe under	TYPE OF INSURANCE INSD WVD POLICY NUMBER (MM/DD/YYYY) X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X CPD 2123909 O9/01/2014 O9/01/2015 GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT LOC OTHER: AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS NON-OWNED AUTOS HIRED AUTOS NON-OWNED AUTOS WORKERS COMPENSATION AND EMPLOYERS' LIABILITY X WCV6103639 O9/01/2014 O9/01/2015 CUD 2123911 O9/01/2014 O9/01/2015 X WCV6103639 O9/01/2014 O9/01/2015	TYPE OF INSURANCE ADDL SUBR INSD W/D POLICY NUMBER POLICY EFF. (MM/DD/YYYY) X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X CPD 2123909 O9/01/2014 O9/01/2015 EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG OTHER: AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS AUTOS HIRED AUTOS HIRED AUTOS AUTOS AUTOS NON-OWNED AUTOS AUTOS OED X RETENTIONS OWORKERS COMPENSATION OFFICE AMBRIANCE O9/01/2014 O9/01/2014 O9/01/2015 EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG (Ca accident) BODILY INJURY (Per person) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) PROPERTY DAMAGE (Per accident) X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTIONS OWORKERS COMPENSATION ANY PROPRIETOR/PARTINER/EXECUTIVE Y/N ANY PROPRIETOR/PARTINER/EXECUTIVE (Mandatory in NH) IVEs. describe under LIMIT EACH OCCURRENCE AGGREGATE O9/01/2014 O9/01/2015 ELL EACH ACCIDENT ELL DISEASE - EA EMPLOYEE ELL DISEASE - EA EMPLOYEE ELL DISEASE - EA EMPLOYEE	TYPE OF INSURANCE ADDLISURR POLICY NUMBER POLICY EXP (MM/DD/YYYY) CAMPONIAN MM/DD/YYYY) EACH OCCURRENCE S DAMAGE TO RENTED S DAMAGE TO REN

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

Mark Seigle, Joel Seigle and Margot Seigle are excluded from workers compensation coverage.

Meadowbrook Builders, LLC, Meadowbrook Homes Inc, Woodlands Inc, NC Holding LLC, NC Master FLP, Advanced Contractors 479 Quadrangle Drive, Suite D.

Bolingbrook, IL 60440 are Additional Insureds on a primary/non-contributory basis when required by written agreement and according to policy terms and conditions. A waiver of subrogation included on Workers'Compensation in favor of the certificate holders.

CERTIFICATE HOLDER	CANCELLATION
Meadowbrook Homes Inc. 1033 Redwood Lane Minooka, IL 60447	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
	But Lother



DATE (MM/DD/YYYY) 9/2/2014

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 notice in fled of such endorsement(s).		
PRODUCER	CONTACT NAME:	
Lundstrom Insurance Agency 2205 Point Blvd	PHONE (A/C, No, Ext): (847) 741-1000 FAX (A/C, No): (847)	428-8857
Suite 200	É-MAIL ADDRESS:	
Elgin, IL 60123	INSURER(S) AFFORDING COVERAGE	NAIC#
	INSURER A: West Bend Insurance	15350
INSURED	INSURER B : Accident Fund Insurance	10166
Seigle's Cabinet Center, LLC	INSURER C:	
1331 Davis Rd	INSURER D:	
Elgin, IL 60123	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.

INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	Х	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	X		CPD 2123909	09/01/2014	09/01/2015	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	200,000
1								MED EXP (Any one person)	\$	10,000
1								PERSONAL & ADV INJURY	\$	1,000,000
1	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							\$	
	AUT	TOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
Α	X	ANY AUTO			CPD 2123909	09/01/2014	09/01/2015	BODILY INJURY (Per person)	\$	
		ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
1		HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
									\$	
	Х	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
Α		EXCESS LIAB CLAIMS-MADE			CUD 2123911	09/01/2014	09/01/2015	AGGREGATE	\$	
		DED X RETENTION\$ 0							\$	
		RKERS COMPENSATION DEMPLOYERS' LIABILITY						X PER OTH-ER		
В	ANY	PROPRIETOR/PARTNER/EXECUTIVE T/N	N/A		WCV6103639	09/01/2014	2014 09/01/2015	E.L. EACH ACCIDENT	\$	1,000,000
	(Mar	ICER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Mark Seigle, Joel Seigle and Margot Seigle are excluded from workers compensation coverage.

Meritus Homes, Inc., Inverness Ridge, LLC and Morton Community Bank are included as Additional Insureds when required by written agreement and according to policy terms and conditions.

OEKTII IOATE TIOEDEK	OANGELEATION
Meritus Homes, Inc. 1161 Lake Cook Rd., Suite A Deerfield. IL 60015	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
	But dotter

CANCELL ATION

CERTIFICATE HOLDER



DATE (MM/DD/YYYY) 9/2/2014

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).

certificate floider in fled of such endorsement(s).								
PRODUCER	CONTACT NAME:							
Lundstrom Insurance Agency 2205 Point Blvd	PHONE (A/C, No, Ext): (847) 741-1000 FAX (A/C, No): (847)	428-8857						
Suite 200	E-MAIL ADDRESS:							
Elgin, IL 60123	INSURER(S) AFFORDING COVERAGE	NAIC#						
	INSURER A: West Bend Insurance	15350						
INSURED	INSURER B : Accident Fund Insurance							
Seigle's Cabinet Center, LLC	INSURER C:							
1331 Davis Rd	INSURER D:							
Elgin, IL 60123	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.

INSR LTR		TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	Х	COMMERCIAL GENERAL LIABILITY				(,	(,	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			CPD 2123909	09/01/2014	09/01/2015	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	200,000
								MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							\$	
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
Α	X	ANY AUTO			CPD 2123909	09/01/2014	09/01/2015	BODILY INJURY (Per person)	\$	
		ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
		HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
									\$	
	X	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
Α		EXCESS LIAB CLAIMS-MADE			CUD 2123911	09/01/2014	09/01/2015	AGGREGATE	\$	
		DED X RETENTION\$ 0							\$	
		RKERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH-ER		
В	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A		WCV6103639	09/01/2014	09/01/2015	E.L. EACH ACCIDENT	\$	1,000,000
	(Man	ndatory in NH)	147.5					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000

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

Proof of Insurance

Mark Seigle, Joel Seigle and Margot Seigle are excluded from workers compensation coverage.

CERTIFICATE HOLDER	CANCELLATION
Michele Custom Homes Attn: Robert Bean 1222 Taus Circle	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Yorkville, IL 60560	AUTHORIZED REPRESENTATIVE
	But Arthur
	S 4000 0044 A CORD CORDORATION AND INTERPRETATION



DATE (MM/DD/YYYY) 9/2/2014

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.

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)

certificate ficials in fied of Subfreshed Semicin(s).								
PRODUCER	CONTACT NAME:							
Lundstrom Insurance Agency 2205 Point Blvd	PHONE (A/C, No, Ext): (847) 741-1000 FAX (A/C)	, No): (847) 428-8857						
Suite 200	E-MAIL ADDRESS:							
Elgin, IL 60123	INSURER(S) AFFORDING COVERAGE	NAIC#						
	INSURER A: West Bend Insurance	15350						
INSURED	INSURER B : Accident Fund Insurance	10166						
Seigle's Cabinet Center, LLC	INSURER C:							
1331 Davis Rd	INSURER D:							
Elgin, IL 60123	INSURER E :							
	INSURER F:							
COVERAGES CERTIFICATE NUMBER:	PEVISION NUMBE	D.						

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INSR			ADDL	-	LIMITS SHOWN MAY HAVE BEEN I	POLICY EFF	POLICY EXP			
LTR		TYPE OF INSURANCE		WVD		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	s	
Α	X	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	X		CPD 2123909	09/01/2014	09/01/2015	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	200,000
								MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							\$	
	AU1	TOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
Α	X	ANY AUTO			CPD 2123909	09/01/2014	09/01/2015	BODILY INJURY (Per person)	\$	
		ALL OWNED SCHEDULED AUTOS AUTOS						BODILY INJURY (Per accident)	\$	
		HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
									\$	
	X	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
Α		EXCESS LIAB CLAIMS-MADE			CUD 2123911	09/01/2014	09/01/2015	AGGREGATE	\$	
		DED X RETENTION \$							\$	
		RKERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH- STATUTE ER		
В	ANY	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A		WCV6103639	09/01/2014	09/01/2015	E.L. EACH ACCIDENT	\$	1,000,000
	(Mar	ndatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	DES	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Mark Seigle, Joel Seigle and Margot Seigle are excluded from workers compensation coverage.

Nitti Development, LLC & Aimco-Elm Creek Townhouses are included as Additional Insureds when required by written agreement and according to policy terms and conditions.

CERTIFICATE HOLDER	CANCELLATION
Nitti Development, LLC 399 Wall St, Suite N Glendale Heights, IL 60139	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
G.G. Mario 1101 g .110, 12 00 100	AUTHORIZED REPRESENTATIVE
	But dotter



DATE (MM/DD/YYYY) 9/2/2014

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.

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		CONTACT NAME:								
Lundstrom Insurance Agency 2205 Point Blvd		PHONE (A/C, No, Ext): (847) 741-1000	FAX (A/C, No): (847)	428-8857						
Suite 200		E-MAIL ADDRESS:								
Elgin, IL 60123		INSURER(S) AFFORDING COVE	RAGE	NAIC#						
		INSURER A: West Bend Insurance		15350						
INSURED		INSURER B : Accident Fund Insurance		10166						
Seigle's Cabinet Cen	ter. LLC	INSURER C :								
1331 Davis Rd		INSURER D :								
Elgin, IL 60123		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.

INSR LTR		TYPE OF INSURANCE		SUBR WVD		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	Х	COMMERCIAL GENERAL LIABILITY				,,	, , , ,	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	X		CPD 2123909	09/01/2014	09/01/2015	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	200,000
								MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	LAGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							\$	
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
Α	X	ANY AUTO			CPD 2123909	09/01/2014	09/01/2015	BODILY INJURY (Per person)	\$	
		ALL OWNED SCHEDULED AUTOS AUTOS						BODILY INJURY (Per accident)	\$	
		HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
									\$	
	X	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
Α		EXCESS LIAB CLAIMS-MADE			CUD 2123911	09/01/2014	09/01/2015	AGGREGATE	\$	
		DED X RETENTION\$							\$	
		RKERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH-ER		
В	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A		WCV6103639	09/01/2014	09/01/2015	E.L. EACH ACCIDENT	\$	1,000,000
	(Man	ndatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
										ļ

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Mark Seigle, Joel Seigle and Margot Seigle are excluded from workers compensation coverage.

Overstreet Custom Custom Home Builders, LLC is included as an Additional Insured when required by written agreement and according to policy terms and conditions.

CERTIFICATE HOLDER	CANCELLATION
Overstreet Custom Home Builders, LLC 1858 Raes Creek Drive 60490	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
	But Lotter



DATE (MM/DD/YYYY) 9/2/2014

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certificate fiolider fil fied of Such effor	orsement(s).								
PRODUCER		CONTACT NAME:							
Lundstrom Insurance Agency 2205 Point Blvd		PHONE (A/C, No, Ext): (847) 741-1000 FAX (A/C, No): (84							
Suite 200		E-MAIL ADDRESS:							
Elgin, IL 60123		INSURER(S) AFFORDING COVERAGE		NAIC#					
		INSURER A: West Bend Insurance							
INSURED		INSURER B: Accident Fund Insurance		10166					
Seigle's Cabinet Center, L	LC	INSURER C:							
1331 Davis Rd		INSURER D:							
Elgin, IL 60123		INSURER E:							
		INSURER F:							
COVERAGES CE	ERTIFICATE NUMBER:	REVISION NUI	MBER:						
THIC IC TO CEDITEV THAT THE DOLL	CIEC OF INCLIDANCE LICTED DELOWI	TAVE DEEN ICCUED TO THE INCUED NAMED ADO	VE EOD THE DOL	ICV DEDICE					

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	SR TYPE OF INSURANCE			SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	Х	COMMERCIAL GENERAL LIABILITY				(,	(,	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			CPD 2123909	09/01/2014	09/01/2015	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	200,000
								MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							\$	
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
Α	X	ANY AUTO			CPD 2123909	09/01/2014	09/01/2015	BODILY INJURY (Per person)	\$	
		ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
		HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
									\$	
	X	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
Α		EXCESS LIAB CLAIMS-MADE			CUD 2123911	09/01/2014	09/01/2015	AGGREGATE	\$	
		DED X RETENTION\$ 0							\$	
		RKERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH-ER		
В	ANY	PROPRIETOR/PARTNER/EXECUTIVE				WCV6103639 09/01/2014 09/01/2015 E.L. EACH ACCIDENT	E.L. EACH ACCIDENT	\$	1,000,000	
	(Mandatory in NH)		147.5					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	1,000,000

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

Proof of Insurance

Mark Seigle, Joel Seigle and Margot Seigle are excluded from workers compensation coverage.

CERTIFICATE HOLDER	CANCELLATION
Pacific Construction Group PO Box 377 Naperville, IL 60566	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
	But disteture



DATE (MM/DD/YYYY) 9/2/2014

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certificate holder in lieu o	f such endorsement(s).									
PRODUCER		CONTACT NAME:								
Lundstrom Insurance Agend 2205 Point Blvd	су	PHONE (A/C, No, Ext): (847) 741-1000	FAX (A/C, No): (847)	(847) 428-8857						
Suite 200 Elgin, IL 60123		E-MAIL ADDRESS:								
Eigili, IL 60123		INSURER(S) AFFORDING COVERA	GE	NAIC#						
		INSURER A: West Bend Insurance		15350						
INSURED		INSURER B: Accident Fund Insurance		10166						
Seigle's Cabin	et Center, LLC	INSURER C:								
1331 Davis Rd		INSURER D :								
Elgin, IL 60123		INSURER E :								
		INSURER F:								
COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER:								
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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	ISR TR TYPE OF INSURANCE			SUBR		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE DAMAGE TO RENTED	\$	1,000,000
		CLAIMS-MADE X OCCUR	X		CPD 2123909	09/01/2014	09/01/2015	PREMISES (Ea occurrence)	\$	200,000
								MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							\$	
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
Α	X	ANY AUTO			CPD 2123909	09/01/2014	09/01/2015	BODILY INJURY (Per person)	\$	
		ALL OWNED SCHEDULED AUTOS AUTOS						BODILY INJURY (Per accident)	\$	
		HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
								,	\$	
	Х	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
Α		EXCESS LIAB CLAIMS-MADE			CUD 2123911	09/01/2014	09/01/2015	AGGREGATE	\$	
		DED X RETENTION\$ 0							\$	
		RKERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH- STATUTE ER		
В	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A		WCV6103639	09/01/2014	09/01/2015	E.L. EACH ACCIDENT	\$	1,000,000
	(Mandatory in NH)		N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Mark Seigle, Joel Seigle and Margot Seigle are excluded from workers compensation coverage.

PCG Realty, Inc, and CSO Midwest are included as Additional Insureds when required by written agreement and according to policy terms and conditions.

CERTIFICATE HOLDER	CANCELLATION
PCG Realty, Inc. CSO Midwest PO Box 377	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Naperville, IL 60566	But Astative
ı	Dur Arons



DATE (MM/DD/YYYY) 9/2/2014

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PRODUCER	CONTACT NAME:		
Lundstrom Insurance Agency 2205 Point Blvd	PHONE (A/C, No, Ext): (847) 741-1000 FAX (A/C, No): (847)	847) 428-8857	
Suite 200	E-MAIL ADDRESS:		
Elgin, IL 60123	INSURER(S) AFFORDING COVERAGE	NAIC #	
	INSURER A: West Bend Insurance	15350	
INSURED	INSURER B : Accident Fund Insurance	10166	
Seigle's Cabinet Center, LLC	INSURER C:		
1331 Davis Rd	INSURER D:		
Elgin, IL 60123	INSURER E:		
	INSURER F:		

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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1		ISIONS AND CONDITIONS OF SUCH		-	LIMITS SHOWN MAY HAVE BEEN F		-			
INSR LTR		TYPE OF INSURANCE		SUBR		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	Х	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	X	X	CPD 2123909	09/01/2014	09/01/2015	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	200,000
								MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							\$	
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
Α	X	ANY AUTO			CPD 2123909	09/01/2014	09/01/2015	BODILY INJURY (Per person)	\$	
		ALL OWNED AUTOS AUTOS NON-OWNED AUTOS AUTOS						BODILY INJURY (Per accident)	\$	
								PROPERTY DAMAGE (Per accident)	\$	
								·	\$	
	Х	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
Α		EXCESS LIAB CLAIMS-MADE			CUD 2123911	09/01/2014	09/01/2015	AGGREGATE	\$	
	DED X RETENTION\$								\$	
		RKERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH- STATUTE ER		
В	ANY	PROPRIETOR/PARTNER/EXECUTIVE TYN	N/A		WCV6103639	09/01/2014	09/01/2015	E.L. EACH ACCIDENT	\$	1,000,000
	(Mandatory in NH)		,,,					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Mark Seigle, Joel Seigle and Margot Seigle are excluded from workers compensation coverage.

The entities listed below are added as Additional Insured when required by written contract and subject to policy terms and conditions. The namea Insured's policy is primary and noncontribugtory. Waivers of subrogation are provided for general liability and workers' compansationt/employer's liability.

Additional Insured entities: Providence Real Estate Development, LLC, Kingbird Investors LLC, Lake Charles Investments, LLC, Manhard Consulting, Ltd, Maple Aenue Investors, LLC, Monitor Investors, LLC, Wayne Investors, LLC, Sheridan Investors, LLC, Providence Homes At Heritage North, Inc., Taney Place SEE ATTACHED ACORD 101

CERTIFICATE HOLDER	CANCELLATION
Providence Real Estate Development, LLC 700 Springer Drive Lombard. IL 60148	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
	But Later

LOC #: 1



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY		NAMED INSURED		
Lundstrom Insurance Agency	Seigle's Cabinet Center, LLC 1331 Davis Rd			
POLICY NUMBER	Elgin, IL 60123			
SEE PAGE 1				
CARRIER NAIC C				
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1		

SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1										
ADDITIONAL REMARKS												
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,												
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance												
Description of Operations/Locations/Vehicles:												
Investors, LLC, Bosak Motor Sales, Inc., Lowell Investors Of Indiana, LLC, Towne Builders of Lowell, Inc., Providence Builders of Stonegate, Inc., Stonegate Development of Winfield, LLC, The Regency of Crown Point, LLC, Youche Land Investors, LLC, The Crown Jewel, LLC, John Van Hoesen, Robert Casey.												
Orden dewel, ELO, doille vall fidesell, Nobelt Gasey.												



DATE (MM/DD/YYYY) 9/2/2014

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		icate holder in lie								tement on th	iis certificate doe:	3 1101 00	Jili Ci	rigitis to the
PRODUCER Lundstrom Insurance Agency							CONTACT NAME:							
Lundstrom Insurance Agency 2205 Point Blvd Suite 200							PHONE (A/C, No, Ext): (847) 741-1000 FAX (A/C, No): (847) 428-885 E-MAIL ADDRESS:						428-8857	
Elgin, IL 60123								ADDRE		CURER(E) AFFOR	RDING COVERAGE			NAIC#
									end Insurar				15350	
INSURED									nt Fund Ins				10166	
										nt i dila ilis	ui ai ioc			10100
Seigle's Cabinet Center, LLC 1331 Davis Rd								INSURE						+
		Elgin, IL 60						INSURE						+
Eigili, iL 00123								INSURE						+
CO	VFR	RAGES		CER	TIFIC	CATE	NUMBER:	INSUKL	N.F.		REVISION NUME	BFR·		
T IN C	HIS IDIC/ ERTI XCLU	IS TO CERTIFY T ATED. NOTWITH: IFICATE MAY BE	ST IS	ANDING ANY F SUED OR MAY	PER POLIC	REMI TAIN, CIES.	SURANCE LISTED BELOW I ENT, TERM OR CONDITION THE INSURANCE AFFORI LIMITS SHOWN MAY HAVE	N OF A	NY CONTRAC	TO THE INSUF CT OR OTHER IES DESCRIB	RED NAMED ABOVE R DOCUMENT WITH ED HEREIN IS SUE	FOR TI	CT TC	WHICH THIS
INSR LTR		TYPE OF INS			INSD	SUBR WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		LIMIT	3	
Α	X	COMMERCIAL GENE									EACH OCCURRENCE DAMAGE TO RENTED		\$	1,000,000
		CLAIMS-MADE	L	OCCUR	X		CPD 2123909		09/01/2014	09/01/2015	PREMISES (Ea occurre	ence)	\$	200,000
											MED EXP (Any one per	rson)	\$	10,000
											PERSONAL & ADV IN.		\$	1,000,000
	GEN	N'L AGGREGATE LIMIT									GENERAL AGGREGA		\$	2,000,000
		POLICY PRO- JECT OTHER:	•	LOC							PRODUCTS - COMP/C		\$	2,000,000
	AU1	TOMOBILE LIABILITY							09/01/2014		COMBINED SINGLE LI (Ea accident)	IMIT	\$	1.000.000
Α	Х	ANY AUTO					CPD 2123909			09/01/2015	BODILY INJURY (Per p	person)	\$,,
		ALL OWNED AUTOS		SCHEDULED AUTOS						BODILY INJURY (Per a	accident)	\$		
		HIRED AUTOS	\exists	NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)		\$	
		1111122710100		A0103							(i ei accident)		\$	
	Х	UMBRELLA LIAB		X OCCUR							EACH OCCURRENCE		\$	5,000,000
Α		EXCESS LIAB		CLAIMS-MADE			CUD 2123911		09/01/2014	09/01/2015	AGGREGATE		\$	
		DED X RETENT	TIO	N\$ 0									\$	
		RKERS COMPENSATION EMPLOYERS' LIABILI									X PER STATUTE	OTH- ER		
В	ANY	PROPRIETOR/PARTNI	ER/		N/A		WCV6103639		09/01/2014	09/01/2015	E.L. EACH ACCIDENT		\$	1,000,000
	(Mar	ICER/MEMBER EXCLUI ndatory in NH)	DEI)?	N/A	'					E.L. DISEASE - EA EM	IPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERA	TIC	NS below							E.L. DISEASE - POLIC	Y LIMIT	\$	1,000,000
DES	CRIPT	TION OF OPERATIONS	:/1	OCATIONS / VEHIC	LES //	COBL	D 101, Additional Remarks Schedu	ıle mav h	e attached if mor	e snace is requir	ed)			
Mar	k Sei	igle, Joel Seigle a	nd	Margot Seigle	are e	xclud	led from workers compens d when required by written	sation c	overage.			ditions.		
CERTIFICATE HOLDER							CANO	ELLATION						
Quality Craft Inc. 1155 Bowes Rd Elgin, IL 60123							SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							
		g, 50		-				ALITHODIZED REPRESENTATIVE						



DATE (MM/DD/YYYY) 9/2/2014

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PRODUCER	CONTACT NAME:							
Lundstrom Insurance Agency 2205 Point Blvd	PHONE (A/C, No, Ext): (847) 741-1000 FAX (A/C, No): (847)	428-8857						
Suite 200	E-MAIL ADDRESS:							
Elgin, IL 60123	INSURER(S) AFFORDING COVERAGE	NAIC#						
	INSURER A: West Bend Insurance	15350						
INSURED	INSURER B : Accident Fund Insurance	10166						
Seigle's Cabinet Center, LLC	INSURER C:							
1331 Davis Rd	INSURER D:							
Elgin, IL 60123	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.

EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.												
LIMITS	LIMITS	POLICY EXP (MM/DD/YYYY)	POLICY EFF (MM/DD/YYYY)		SUBR				TYPE OF INSURANCE			INSR LTR
\$ 1,000,00	EACH OCCURRENCE						AL LIABILITY	L GENERAL	COMMERCIAL	Х	Α	
e) \$ 200,00	DAMAGE TO RENTED PREMISES (Ea occurrence)	09/01/2015	09/01/2014	CPD 2123909		X	X OCCUR	-MADE X	CLAIMS-N			
n) \$ 10,00	MED EXP (Any one person)											
RY \$ 1,000,00	PERSONAL & ADV INJURY								<u> </u>			
\$ 2,000,00	GENERAL AGGREGATE						APPLIES PER:		N'L AGGREGATE	GEN	1	
AGG \$ 2,000,0 0	PRODUCTS - COMP/OP AGG						LOC	PRO- JECT	POLICY			
\$									OTHER:			
T \$ 1,000,00	COMBINED SINGLE LIMIT (Ea accident)						AUTOMOBILE LIABILITY					
son) \$	BODILY INJURY (Per person)	09/01/2015	09/01/2014	CPD 2123909					ANY AUTO	X	Α	
dent) \$	BODILY INJURY (Per accident)											1
\$	PROPERTY DAMAGE (Per accident)						NON-OWNED AUTOS	1	HIRED AUTOS			
\$												
\$ 5,000,00	EACH OCCURRENCE						X OCCUR	IAB X	UMBRELLA LIA	Х		
\$	AGGREGATE	09/01/2015	09/01/2014	CUD 2123911			CLAIMS-MADE	В	EXCESS LIAB		Α	
\$							ON\$ 0	RETENTION	DED X RI			
TH- R	X PER STATUTE OTH-ER						WORKERS COMPENSATION					
\$ 1,000,00	E.L. EACH ACCIDENT	1 09/01/2015	09/01/2014	NY PROPRIETOR/PARTNER/EXECUTIVE Y N/A WCV6103639 09/01/20 Mandatory in NH)		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		В				
OYEE \$ 1,000,00	E.L. DISEASE - EA EMPLOYEE							1				
IMIT \$ 1,000,00	E.L. DISEASE - POLICY LIMIT						If yes, describe under DESCRIPTION OF OPERATIONS below					
O ⁻ EF T MPL0	X PER STATUTE E.L. EACH ACCIDENT				,	N/A	CLAIMS-MADE ON\$ O Y REXECUTIVE Y	RETENTION ENSATION LIABILITY /PARTNER/E EXCLUDED	EXCESS LIAB DED X RI RKERS COMPEN DEMPLOYERS' L PROPRIETOR/PICER/MEMBER E ndatory in NH) ss, describe under	WOF AND ANY OFFI (Mar		

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

Mark Seigle, Joel Seigle and Margot Seigle are excluded from workers compensation coverage.

The following are included as Additional Insured when required by written contract and according to policy terms and conditions; Red Seal Development, Corp., an Illinois corporation, RSD Arbor Lane, LLC, and Illinois limited liability company, Village of Arlington Heights, Arbor Lane Townhome Association, an Illinois not for profit organization, Republic Bank of Chicago.

CERTIFICATE HOLDER	CANCELLATION
Red Seal Development Corp 425 Huehl Road, Bldg 18 Northbrook, IL 60062	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
1101111313311	AUTHORIZED REPRESENTATIVE
	But Rotetin

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DATE (MM/DD/YYYY) 9/2/2014

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PRODUCER	CONTACT NAME:	
Lundstrom Insurance Agency 2205 Point Blvd	PHONE (A/C, No, Ext): (847) 741-1000 FAX (A/C, No): (847)	428-8857
Suite 200	E-MAIL ADDRESS:	
Elgin, IL 60123	INSURER(S) AFFORDING COVERAGE	NAIC#
	INSURER A: West Bend Insurance	15350
INSURED	INSURER B: Accident Fund Insurance	10166
Seigle's Cabinet Center, LLC	INSURER C:	
1331 Davis Rd	INSURER D:	
Elgin, IL 60123	INSURER E:	
	INSURER F:	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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INSR		TYPE OF INSURANCE	ADDL	SUBR		POLICY EFF	POLICY EXP	LIMIT	9	
A	Х	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	Χ		CPD 2123909	09/01/2014	09/01/2015	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	200,000
								MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
l		OTHER:							\$	
	AUT	TOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
Α	X	ANY AUTO			CPD 2123909	09/01/2014	09/01/2015	BODILY INJURY (Per person)	\$	
		ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
		HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
								·	\$	
	Х	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
Α		EXCESS LIAB CLAIMS-MADE			CUD 2123911	09/01/2014	09/01/2015	AGGREGATE	\$	
		DED X RETENTION\$ 0							\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							X PER OTH- STATUTE ER		
В	ANY	ANY PROPRIETOR/PARTNER/EXECUTIVE		ANY PROPRIETOR/PARTNER/EXECUTIVE TO WCV6103639 09/01/2014		09/01/2015	E.L. EACH ACCIDENT	\$	1,000,000	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		11,7				E.L. DISEASE - EA EMPLOYEE	\$	1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Mark Seigle, Joel Seigle and Margot Seigle are excluded from workers compensation coverage.

Right Residential, LLC and the Village of Long Grove are included as Additional Insureds on a primary and non-contributory basis when required by contract or agreement and acccording to policy terms and conditions with regards to general liability.

CERTIFICATE HOLDER	CANCELLATION					
Right Residential, LLC 2500 W. Higgins Road Suite 950	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
Hoffman Estates, IL 60169	AUTHORIZED REPRESENTATIVE					
	But testino					



9/2/2014

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	5114515011(c).				
PRODUCER		CONTACT NAME:			
Lundstrom Insurance Agency 2205 Point Blvd		PHONE (A/C, No, Ext): (847) 741-1000	FAX (A/C, No): (847)	7) 428-8857	
Suite 200		E-MAIL ADDRESS:			
Elgin, IL 60123		INSURER(S) AFFORDING COVER	AGE	NAIC#	
		INSURER A: West Bend Insurance		15350	
INSURED		INSURER B : Accident Fund Insurance		10166	
Seigle's Cabinet Cent	ter, LLC	INSURER C:			
1331 Davis Rd	•	INSURER D :			
Elgin, IL 60123		INSURER E :			
		INSURER F:			
COVERAGES	CERTIFICATE NUMBER:	REVISION	NUMBER:		

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INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR WVD		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	Х	COMMERCIAL GENERAL LIABILITY				,,	, ,	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			CPD 2123909	09/01/2014	09/01/2015	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	200,000
		<u> </u>						MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	LAGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							\$	
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
Α	X	ANY AUTO			CPD 2123909	09/01/2014	09/01/2015	BODILY INJURY (Per person)	\$	
		ALL OWNED SCHEDULED AUTOS AUTOS						BODILY INJURY (Per accident)	\$	
		HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
									\$	
	Х	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
Α		EXCESS LIAB CLAIMS-MADE			CUD 2123911	09/01/2014	09/01/2015	AGGREGATE	\$	
		DED X RETENTION\$							\$	
		RKERS COMPENSATION EMPLOYERS' LIABILITY						X PER STATUTE OTH-		
В	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A		WCV6103639	09/01/2014	09/01/2015	E.L. EACH ACCIDENT	\$	1,000,000
	(Mar	ndatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000

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

Proof of Insurance

Mark Seigle, Joel Seigle and Margot Seigle are excluded from workers compensation coverage.

CERTIFICATE HOLDER	CANCELLATION

Rigoni Interiors & Design LLC Attn: Cari Rigoni, Owner 14708 W. 143rd Street Home Glen, IL 60491 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

But Later



DATE (MM/DD/YYYY) 9/2/2014

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CE	ertifi	icate holder in lieu			, ,).							
PROI	DUCE	ER .						CONTA NAME:	СТ					
Lune 2205 Suite	Рο	om Insurance Age int Blvd 0	en	icy				PHONE (A/C, No E-MAIL ADDRE	o, Ext): (847) 7	'41-1000	FA (A	AX /C, No):	(847)	428-8857
		. 60123						ADDRE		SUPERIS) AFFOR	RDING COVERAGE			NAIC#
								INICIIDE	RA: West B	. ,				15350
INSU	RED								RB: Accide					10166
					_			INSURE			<u></u>			10.00
		Seigle's Cab 1331 Davis F		et Center, LL(3			INSURE						
		Elgin, IL 601						INSURE						
								INSURE						
CO	/FR	RAGES		CER	TIFIC	`ΔΤΕ	E NUMBER:	INSUKL	-N F .		REVISION NUMB	FR:		
IN CE E)	DIC/ ERTI	ATED. NOTWITHS	TA SS	T THE POLICII ANDING ANY R SUED OR MAY	ES O EQUI PER POLI	F INS REMI TAIN, CIES.	SURANCE LISTED BELOW HENT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	N OF A	ANY CONTRA Y THE POLIC REDUCED BY	TO THE INSUF CT OR OTHER IES DESCRIB PAID CLAIMS.	RED NAMED ABOVE R DOCUMENT WITH ED HEREIN IS SUB	FOR TI	CT TO	WHICH THIS
INSR LTR		TYPE OF INSU	RA	ANCE	INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	3	
Α	Х	CLAIMS-MADE	RAI				CPD 2123909		09/01/2014	09/01/2015	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurre		\$	1,000,000 200,000
		OB time to the		0000.1							MED EXP (Any one pers	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$	10,000
											PERSONAL & ADV INJ		\$	1,000,000
	GEN	J N'L AGGREGATE LIMIT /	ΔP	PPI IES PER:							GENERAL AGGREGAT		\$	2,000,000
	OLI	POLICY PRO- JECT	/ [LOC							PRODUCTS - COMP/O		\$	2,000,000
		OTHER:	L										\$,,-
	AUT	TOMOBILE LIABILITY									COMBINED SINGLE LIF (Ea accident)	MIT	\$	1,000,000
Α	Х	ANY AUTO					CPD 2123909		09/01/2014	09/01/2015	BODILY INJURY (Per po		\$	
		ALL OWNED AUTOS		SCHEDULED AUTOS							BODILY INJURY (Per a	ccident)	\$	
		HIRED AUTOS		NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)		\$	
			7	A0103							(i ci doddent)		\$	
	Х	UMBRELLA LIAB	X	OCCUR							EACH OCCURRENCE		\$	5,000,000
Α		EXCESS LIAB		CLAIMS-MADE			CUD 2123911		09/01/2014	09/01/2015	AGGREGATE		\$	
		DED X RETENTION	ON	18 0									\$	
		RKERS COMPENSATION	N	·							X PER STATUTE	OTH- ER		
В		DEMPLOYERS' LIABILIT PROPRIETOR/PARTNER ICER/MEMBER EXCLUDI		EXECUTIVE Y/N			WCV6103639		09/01/2014	09/01/2015	E.L. EACH ACCIDENT		\$	1,000,000
	(Mar	ICER/MEMBER EXCLUDI ndatory in NH)	ED)?	N/A						E.L. DISEASE - EA EMF	PLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATI	101	NS below							E.L. DISEASE - POLICY	Y LIMIT	\$	1,000,000
DESC	CRIPT	TION OF OPERATIONS /	LC	OCATIONS / VEHIC	LES (ACORI	D 101. Additional Remarks Schedul	le. mav h	pe attached if mor	e space is requir	red)			
Proo	f of	Insurance			,		D 101, Additional Remarks Schedul			e space is requir	ed)			

CERTIFICATE HOLDER	CANCELLATION
Seigle Cabinet Center 1331 Davis Rd Elgin, IL 60123	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
2.g., 12 00 120	AUTHORIZED REPRESENTATIVE
1	But Lother



DATE (MM/DD/YYYY) 9/2/2014

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bertinoate holder in hea or such chacksellent(s).		
PRODUCER	CONTACT NAME:	
Lundstrom Insurance Agency 2205 Point Blvd	PHONE (A/C, No, Ext): (847) 741-1000 FAX (A/C, No): (847)	428-8857
Suite 200	E-MAIL ADDRESS:	
Elgin, IL 60123	INSURER(S) AFFORDING COVERAGE	NAIC#
	INSURER A: West Bend Insurance	15350
INSURED	INSURER B: Accident Fund Insurance	10166
Seigle's Cabinet Center, LLC	INSURER C:	
1331 Davis Rd	INSURER D:	
Elgin, IL 60123	INSURER E :	
	INSURER F:	
COVERAGES CERTIFICATE NUMBER:	DEVISION NUMBER	

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	SOIGHO THE CONDITIONS OF COOL		-			-			
	TYPE OF INSURANCE				(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	s	
Х	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR	X	X	CPD 2123909	09/01/2014	09/01/2015	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	200,000
							MED EXP (Any one person)	\$	10,000
							PERSONAL & ADV INJURY	\$	1,000,000
GEN							GENERAL AGGREGATE	\$	2,000,000
	POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:							\$	
AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
X	ANY AUTO			CPD 2123909	09/01/2014	09/01/2015	BODILY INJURY (Per person)	\$	
	ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
							·	\$	
Х	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
	EXCESS LIAB CLAIMS-MADE			CUD 2123911	09/01/2014	09/01/2015	AGGREGATE	\$	
	DED X RETENTION\$							\$	
	EMPLOYEDOLLIA DILITY						X PER STATUTE OTH-		
ANY	PROPRIETOR/PARTNER/EXECUTIVE 17 N	N/A	X	WCV6103639	09/01/2014	09/01/2015	E.L. EACH ACCIDENT	\$	1,000,000
(Mar	ndatory in NH)	,					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
	AU1 X WOFF (Man ANY OFFF (Mar If yes	TYPE OF INSURANCE X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PROJECT LOC OTHER: AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS NON-OWNED AUTOS NON-OWNED AUTOS HIRED AUTOS AUTOS X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION\$ WORKERS COMPENSATION AND PROPORTION OF THE PROPERTY OF THE PROPERT	TYPE OF INSURANCE X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PROJECT LOC OTHER: AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS HIRED AUTOS HIRED AUTOS X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION \$ WORKERS COMPENSATION ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under	TYPE OF INSURANCE X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRODUCY JECT LOC OTHER: AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS HIRED AUTOS NON-OWNED AUTOS HIRED AUTOS CLAIMS-MADE DED X RETENTION \$ WORKERS COMPENSATION ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under	TYPE OF INSURANCE X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRODUCY JECT LOC OTHER: AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS NON-OWNED AUTOS NON-OWNED AUTOS HIRED AUTOS CLAIMS-MADE DED X RETENTION\$ WORKERS COMPENSATION ANY PROPRIET OR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under	TYPE OF INSURANCE TYPE OF INSURANCE ADDLISUBR INSD WVD POLICY EFF (MM/DD/YYYY) X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X X CPD 2123909 09/01/2014 GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRODUCY PRODUCY PRODUCY DECT LOC OTHER: AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS NON-OWNED AUTOS NON-OWNED AUTOS NON-OWNED AUTOS NON-OWNED AUTOS HIRED AUTOS NON-OWNED AUTOS X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION\$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under	TYPE OF INSURANCE INSD WVD POLICY NUMBER (MM/DD/YYYY) X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PROJECT LOC OTHER: AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS HIRED AUTOS HIRED AUTOS HIRED AUTOS X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY X ANY PROPRIETOR/PARTINER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under	TYPE OF INSURANCE INSD W/D POLICY NUMBER (MM/DD/YYYY) POLICY EFF (MM/DD/YYYY) LIMIT X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X X CPD 2123909 O9/01/2014 O9/01/2015 EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE POLICY PRODUCTS - COMP/OP AGG OTHER: AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS AUTOS AUTOS NON-OWNED AUTOS HIRED AUTOS AUTOS NON-OWNED AUTOS AUTOS NON-OWNED AUTOS AUTOS NON-OWNED AUTOS OWORKERS COMPENSATION O9/01/2014 O9/01/2015 O9/01/2014 O9/01/2015 EACH OCCURRENCE DAMAGE TO RENTED DAMAGE	TYPE OF INSURANCE INSD W/D POLICY NUMBER (MM/DD/YYYY) (MM

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Mark Seigle, Joel Seigle and Margot Seigle are excluded from workers compensation coverage.

Sharp & Affiliates are added as Additional Insured for General Liability on a primary and non contrinbutory basis when required by written contract. Waivers of Subrogation are included on Workers Compensation and General Liability in favor of Sharp & Affiliates.

OEKTII IOATE HOEDEK	OANGELEATION
Sharp & Affiliates 852 Sharp Drive, Unit "N" Shorewood, IL 60404	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
011010110000, 12 00 10 1	AUTHORIZED REPRESENTATIVE
	But Letter

CANCELL ATION

CERTIFICATE HOLDER



DATE (MM/DD/YYYY) 9/2/2014

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.

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		CONTACT NAME:		
Lundstrom Insurance Agency 2205 Point Blvd		PHONE (A/C, No, Ext): (847) 741-1000	FAX (A/C, No): (847)	428-8857
Suite 200		E-MAIL ADDRESS:		
Elgin, IL 60123		INSURER(S) AFFORDING COVE	RAGE	NAIC#
		INSURER A: West Bend Insurance		15350
INSURED		INSURER B : Accident Fund Insurance		10166
Seigle's Cabinet Cen	ter. LLC	INSURER C :		
1331 Davis Rd		INSURER D :		
Elgin, IL 60123		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.

	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
X	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR	X	X	CPD 2123909	09/01/2014	09/01/2015	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	200,000
							MED EXP (Any one person)	\$	10,000
							PERSONAL & ADV INJURY	\$	1,000,000
GEN							GENERAL AGGREGATE	\$	2,000,000
	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:							\$	
AUT	TOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
X	ANY AUTO			CPD 2123909	09/01/2014	09/01/2015	BODILY INJURY (Per person)	\$	
	ALL OWNED SCHEDULED AUTOS AUTOS						BODILY INJURY (Per accident)	\$	
	HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
								\$	
X	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
	EXCESS LIAB CLAIMS-MADE			CUD 2123911	09/01/2014	09/01/2015	AGGREGATE	\$	
	DED X RETENTION\$ 0							\$	
	EMPLOYEDOLLIA DILITY						X PER STATUTE OTH-ER		
YNA	PROPRIETOR/PARTNER/EXECUTIVE	N/A		WCV6103639	09/01/2014	09/01/2015	E.L. EACH ACCIDENT	\$	1,000,000
Man	ndatory in NH)	14,7,4					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
f yes DES	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
		1	1						
G A A		CLAIMS-MADE X OCCUR EN'L AGGREGATE LIMIT APPLIES PER: POLICY PRODUCT LOC OTHER: UTOMOBILE LIABILITY (ANY AUTO ALLOWNED AUTOS NON-OWNED AUTOS HIRED AUTOS (UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION\$ ORKERS COMPENSATION ND EMPLOYERS' LIABILITY Y/N	CLAIMS-MADE X OCCUR EN'L AGGREGATE LIMIT APPLIES PER: POLICY PRODUCY LOC OTHER: UTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS HIRED AUTOS HIRED AUTOS HIRED AUTOS CUMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION\$ ORKERS COMPENSATION UD EMPLOYERS' LIABILITY Y PROPRIETOR/PARTNER/EXECUTIVE FFICER/MEMBER EXCLUDED? andatory in NH) (es, describe under	CLAIMS-MADE X OCCUR X X EN'L AGGREGATE LIMIT APPLIES PER: POLICY PRODICT LOC OTHER: UTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS HIRED AUTOS HIRED AUTOS HIRED AUTOS C UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION \$ ORKERS COMPENSATION UD EMPLOYER'S LIABILITY Y PROPRIETOR/PARTNER/EXECUTIVE FICER/MEMBER EXCLUDED? ANA AUTOS ON A RETENTION S ORKERS COMPENSATION UD EMPLOYER'S LIABILITY Y PROPRIETOR/PARTNER/EXECUTIVE FICER/MEMBER EXCLUDED?	CLAIMS-MADE X OCCUR X X CPD 2123909 EN'L AGGREGATE LIMIT APPLIES PER: POLICY PRODUCT LOC OTHER: UTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS HIRED AUTOS HIRED AUTOS HIRED AUTOS CLAIMS-MADE DED X RETENTION\$ ORKERS COMPENSATION UD EMPLOYER'S LIABILITY Y PROPRIETOR/PARTNER/EXECUTIVE FICER/MEMBER EXCLUDED? FICER/MEMBER EXCLUDED? AVX CPD 2123909 CPD 2123909	CLAIMS-MADE X OCCUR X CPD 2123909 O9/01/2014 EN'L AGGREGATE LIMIT APPLIES PER: POLICY PRODICY LOC OTHER: UTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS HIRED AUTOS HIRED AUTOS HIRED AUTOS CLAIMS-MADE CLAIMS-MADE CUD 2123909 OPKERS COMPENSATION OF CRESS COMPE	CLAIMS-MADE X OCCUR X X CPD 2123909 CLAIMS-MADE X OCCUR X X CPD 2123909 CPD 2123909 O9/01/2014 O9/01/2015 CPD 2123909 O9/01/2014 O9/01/2015 CPD 2123909 O9/01/2014 O9/01/2015 CPD 2123909 O9/01/2014 O9/01/2015 CPD 2123911 O9/01/2014 O9/01/2015 CUD 2123911 O9/01/2014 O9/01/2015 ORKERS COMPENSATION OD CORKERS COMPENSATION OD EMPLOYERS LIABILITY ON AUTOS OF CORKERS COMPENSATION ON DEMPLOYERS LIABILITY ON AUTOS OD ORKERS COMPENSATION OF CORKERS	CLAIMS-MADE X OCCUR X CPD 2123909 09/01/2014 09/01/2015 DAMAGE TO RENTED PREMISES (Ea occurrence) PROPERTY OCCURRENCE PROPOLITY OP/OL/OL/OL/OL/OL/OL/OL/OL/OL/OL/OL/OL/OL/	CLAIMS-MADE X OCCUR X X CPD 2123909 09/01/2014 09/01/2015 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE LIMIT APPLIES PER: POLICY PRODUCTS - COMP/OP AGG \$ OTHER: UTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS AUTOS HIRED AUTOS HIRED AUTOS AUTOS AUTOS AUTOS AUTOS AUTOS AUTOS ONON-OWNED AUTOS CLAIMS-MADE CUD 2123909 O9/01/2014 O9/01/2015 O9/01/2015 O9/01/2016 O9/01/2015 EXCESS LIAB CLAIMS-MADE CUD 2123911 O9/01/2014 O9/01/2015 O9/01/2015 EACH OCCURRENCE \$ AGGREGATE S PRODUCTS - COMP/OP AGG \$ COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ S COMBINED SINGLE LIMIT (EA accident) \$ COMBINED SINGLE LIMIT (EA ACCIDENT (EA ACCIDENT (EA

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Mark Seigle, Joel Seigle and Margot Seigle are excluded from workers compensation coverage.

Shodeen Group, L.L.C., and Shodeen Homes, L.L.C., its parent, subsidiaries and affiliated companies are added as Additional Insureds on a primary/non-contributory basis when required by written contract. Waivers of subrogation in favor of the Additional Insureds.

CERTIFICATE HOLDER	CANCELLATION
	QUOUED ANY OF T

Shodeen, Group, L.L.C. **Accounting Department** 17 North First Street Geneva, IL 60134

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



DATE (MM/DD/YYYY) 9/2/2014

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).

(0)						
PRODUCER	CONTACT NAME:					
Lundstrom Insurance Agency 2205 Point Blvd	PHONE (A/C, No, Ext): (847) 741-1000 FAX (A/C, No): (847)					
Suite 200	E-MAIL ADDRESS:					
Elgin, IL 60123	INSURER(S) AFFORDING COVERAGE	NAIC#				
	INSURER A: West Bend Insurance	15350				
INSURED	INSURER B : Accident Fund Insurance	10166				
Seigle's Cabinet Center, LLC	INSURER C:					
1331 Davis Rd	INSURER D:					
Elgin, IL 60123	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.

						-			
	TYPE OF INSURANCE			POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	s	
Х	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR	X	X	CPD 2123909	09/01/2014	09/01/2015	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	200,000
							MED EXP (Any one person)	\$	10,000
							PERSONAL & ADV INJURY	\$	1,000,000
GEN							GENERAL AGGREGATE	\$	2,000,000
	POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:							\$	
AUT	TOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
X	ANY AUTO	X		CPD 2123909	09/01/2014	09/01/2015	BODILY INJURY (Per person)	\$	
	ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	NON-OWNED						PROPERTY DAMAGE (Per accident)	\$	
							,	\$	
X	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
	EXCESS LIAB CLAIMS-MADE	X		CUD 2123911	09/01/2014	09/01/2015	AGGREGATE	\$	
	DED X RETENTION\$							\$	
	EMPLOYEDELLIA DILITY						X PER STATUTE OTH-		
ANY	PROPRIETOR/PARTNER/EXECUTIVE V	N/A	Х	WCV6103639	09/01/2014	09/01/2015	E.L. EACH ACCIDENT	\$	1,000,000
(Man	ndatory in NH)	14,74					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
								-	
	AU1 X WORD ANY OFFER (Market Market	TYPE OF INSURANCE X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRODUCT JECT LOC OTHER: AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS NON-OWNED AUTOS NON-OWNED AUTOS HIRED AUTOS NON-OWNED AUTOS X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE	TYPE OF INSURANCE X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- DIFER: AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS NON-OWNED AUTOS NON-OWNED AUTOS HIRED AUTOS CLAIMS-MADE X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under	TYPE OF INSURANCE X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X X GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRODUCY JECT LOC OTHER: AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS NON-OWNED AUTOS HIRED AUTOS NON-OWNED AUTOS WORKERS COMPENSATION AND PROPIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) I YES describe under	TYPE OF INSURANCE X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X X CPD 2123909 GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRODUCY JECT LOC OTHER: AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS NON-OWNED AUTOS NON-OWNED AUTOS NON-OWNED AUTOS HIRED AUTOS CLAIMS-MADE X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION\$ WORKERS COMPENSATION AND EMPLOYER'S LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under	TYPE OF INSURANCE TYPE OF INSURANCE ADDLISUBR INSD WVD POLICY EFF (MM/DD/YYYY) X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X X CPD 2123909 09/01/2014 GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRODUCY JECT LOC OTHER: AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS NON-OWNED AUTOS HIRED AUTOS NON-OWNED AUTOS HIRED AUTOS CLAIMS-MADE X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION\$ O9/01/2014 X WCV6103639 09/01/2014 X WCV6103639 09/01/2014	TYPE OF INSURANCE INSD WVD POLICY NUMBER (MM/DD/YYYY) X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X X CPD 2123909 O9/01/2014 O9/01/2015 GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT LOC OTHER: AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS NON-OWNED AUTOS NON-OWNED AUTOS NON-OWNED AUTOS NON-OWNED AUTOS HIRED AUTOS CLAIMS-MADE X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) It vas describe under	TYPE OF INSURANCE INSD W/D X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X X CPD 2123909 O9/01/2014 O9/01/2014 O9/01/2015 EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG OTHER: AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS HIRED AUTOS HIRED AUTOS AUTOS NON-OWNED AUTOS AUTOS NON-OWNED AUTOS AUTOS NON-OWNED AUTOS OE EXCESS LIAB CLAIMS-MADE DED X RETENTIONS OWORKERS COMPENSATION OFFICE/RIMEMSER EXCLUDED? (Mandatory in NH) V/ N / ANY POPRIETOR/PARTINER/EXECUTIVE (Mandatory in NH) V/ N / ANY POPRIETOR/PARTINER/EXECUTIVE (Mandatory in NH) V/ WCV6103639 POLICY EFF. POLICY EFF. (MM/DD/YYYY) (MM/DD/YYYY) (MM/DD/YYYY) BEACH OCCURRENCE DAMAGE TO RENTED DAMAG	TYPE OF INSURANCE INSD WYD POLICY NUMBER (MM/DD/YYYY) POLICY EXP (MM/DD/YYYY)

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

Job Location: All Skycrest Homes LLC properties

Mark Seigle, Joel Seigle and Margot Seigle are excluded from workers compensation coverage.

Sky Crest Homes, LLC and Matt Brost are Additional Insureds as respects General Liability, Automobile Liability and Excess Liability when required by written contract. Waiver of Subrogation applies to General Liability and Workers Compensation. The General Liability is primary and non-contributory basis when required by written contract.

CERTIFICATE HOLDER	CANCELLATION
Sky Crest Homes LLC 1115 Ashley Lane Inverness. IL 60010	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
	But Lotter

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DATE (MM/DD/YYYY) 9/2/2014

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.

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	CONTACT NAME:						
Lundstrom Insurance Agency 2205 Point Blvd	PHONE (A/C, No, Ext): (847) 741-1000 FAX (A/C, No): (847)	428-8857					
Suite 200	E-MAIL ADDRESS:						
Elgin, IL 60123	INSURER(S) AFFORDING COVERAGE	NAIC#					
	INSURER A: West Bend Insurance	15350					
INSURED	INSURER B: Accident Fund Insurance	10166					
Seigle's Cabinet Center, LLC	INSURER C:						
1331 Davis Rd	INSURER D :						
Elgin, IL 60123	INSURER E :						
	INSURER F:						
OOVER A OFO	DEVICION NUMBER						

COVERAGES CERTIFICATE 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		TYPE OF INSURANCE	ADDL	SUBR		POLICY EFF	POLICY EXP	LIMIT	9	
A	Х	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	Χ		CPD 2123909	09/01/2014	09/01/2015	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	200,000
								MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
l		OTHER:							\$	
	AUT	TOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
Α	X	ANY AUTO			CPD 2123909	09/01/2014	09/01/2015	BODILY INJURY (Per person)	\$	
		ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
		HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
									\$	
	Х	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
Α		EXCESS LIAB CLAIMS-MADE			CUD 2123911	09/01/2014	09/01/2015	AGGREGATE	\$	
		DED X RETENTION\$ 0							\$	
		RKERS COMPENSATION DEMPLOYERS' LIABILITY						X PER OTH- STATUTE ER		
В	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A		WCV6103639	09/01/2014	09/01/2015	E.L. EACH ACCIDENT	\$	1,000,000
	(Mar	ICER/MEMBER EXCLUDED? Indatory in NH)	11,7					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
		s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Mark Seigle, Joel Seigle and Margot Seigle are excluded from workers compensation coverage.

Smith Family Construction & Wheeling Prairie LLC as Additional Insured on a primary and non contributory basis with respect to work at Prairie Park, Wheeling, IL when required by written contract and according to policy terms and conditions.

CERTIFICAT	TE HOLDER	CANCELLATION
	Smith Family Construction & Wheeling Prairie LLC 100 Prairie Park Dr., Ste. 409 Wheeling, IL 60090	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
I		But Stateting



DATE (MM/DD/YYYY) 9/2/2014

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.

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		CONTACT NAME:		
Lundstrom Insurance Agency 2205 Point Blvd		PHONE (A/C, No, Ext): (847) 741-1000	FAX (A/C, No): (847)	428-8857
Suite 200		É-MAIL ADDRESS:		
Elgin, IL 60123		INSURER(S) AFFORDING COVER	AGE	NAIC#
		INSURER A: West Bend Insurance		15350
INSURED		INSURER B : Accident Fund Insurance		10166
Seigle's Cabinet Cen	iter. LLC	INSURER C :		
1331 Davis Rd	,	INSURER D :		
Elgin, IL 60123		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.

INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR WVD		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	Х	COMMERCIAL GENERAL LIABILITY				,,	,	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			CPD 2123909	09/01/2014	09/01/2015	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	200,000
		<u> </u>						MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	LAGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							\$	
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
Α	X	ANY AUTO			CPD 2123909	09/01/2014	09/01/2015	BODILY INJURY (Per person)	\$	
		ALL OWNED SCHEDULED AUTOS AUTOS						BODILY INJURY (Per accident)	\$	
		HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
									\$	
	Х	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
Α		EXCESS LIAB CLAIMS-MADE			CUD 2123911	09/01/2014	09/01/2015	AGGREGATE	\$	
		DED X RETENTION\$							\$	
		RKERS COMPENSATION EMPLOYERS' LIABILITY						X PER STATUTE OTH-		
В	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A		WCV6103639	09/01/2014	09/01/2015	E.L. EACH ACCIDENT	\$	1,000,000
	(Mar	ndatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000

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

Proof of Insurance

Mark Seigle, Joel Seigle and Margot Seigle are excluded from workers compensation coverage.

Solid Construction Services Inc. Attn: Debbie Vonderheide 1370 South 7th Street	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
De Kalb, IL 60115	AUTHORIZED REPRESENTATIVE
	But Lother

CANCELLATION

CERTIFICATE HOLDER



DATE (MM/DD/YYYY) 9/2/2014

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

		erms and conditions of the policy icate holder in lieu of such endors				ndorse	ement. A sta	tement on th	is certificate does not c	onfer	rights to the
PRODUCER Lundstrom Insurance Agency 2205 Point Blvd						CONTACT NAME:					
						PHONE (A/C, No	o, Ext): (847) 7	41-1000	FAX (A/C, No):	(847) 428-8857
Suit	e 20	00				É-MAIL ADDRE	SS:				
Eigii	n, IL	_ 60123					INS	URER(S) AFFOR	RDING COVERAGE		NAIC#
						INSURE	RA: West B	end Insurai	nce		15350
INSU	RED					INSURER B : Accident Fund Insurance				10166	
		Seigle's Cabinet Center, LLC	С			INSURER C:					
		1331 Davis Rd				INSURER D:					
		Elgin, IL 60123				INSURE	RE:				
						INSURE	RF:				
CO	VEF	RAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITIO CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFOR EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE							NY CONTRAC	CT OR OTHER IES DESCRIB	R DOCUMENT WITH RESPE ED HEREIN IS SUBJECT T	ECT TO	O WHICH THIS
INSR LTR		TYPE OF INSURANCE		SUBR WVD			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	Х	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000

LTR		TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S
Α	X	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$ 1,000,00
		CLAIMS-MADE X OCCUR	Х		CPD 2123909	09/01/2014	09/01/2015	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 200,00
								MED EXP (Any one person)	\$ 10,00
								PERSONAL & ADV INJURY	\$ 1,000,00
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,00
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,00
		OTHER:							\$
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,00
Α	X	ANY AUTO			CPD 2123909	09/01/2014	09/01/2015	BODILY INJURY (Per person)	\$
		ALL OWNED SCHEDULED AUTOS AUTOS						BODILY INJURY (Per accident)	\$
		HIRED AUTOS AUTOS						PROPERTY DAMAGE (Per accident)	\$
									\$
	Х	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$ 5,000,00
Α		EXCESS LIAB CLAIMS-MADE			CUD 2123911	09/01/2014	09/01/2015	AGGREGATE	\$
		DED X RETENTION\$ 0							\$
		KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH- STATUTE ER	
В	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A		WCV6103639	09/01/2014	09/01/2015	E.L. EACH ACCIDENT	\$ 1,000,00
	(Man	idatory in NH)	11,7					E.L. DISEASE - EA EMPLOYEE	\$ 1,000,00
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,000,00

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Mark Seigle, Joel Seigle and Margot Seigle are excluded from workers compensation coverage.

Southport Partners LLC is included as an Additional Insured when required by agreement and according to policy terms and conditions.

CERTIFICATE HOLDER	CANCELLATION
Southport Partners LLC 9961 W 151st Street Orland Park, IL 60462	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Oriana Fairk, IE 00402	AUTHORIZED REPRESENTATIVE
	But Astatino



9/2/2014

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PRODUCER	CONTACT NAME:						
Lundstrom Insurance Agency 2205 Point Blvd	PHONE (A/C, No, Ext): (847) 741-1000 FAX (A/C, No): (847)	428-8857					
Suite 200	E-MAIL ADDRESS:						
Elgin, IL 60123	INSURER(S) AFFORDING COVERAGE	NAIC#					
	INSURER A: West Bend Insurance	15350					
INSURED	INSURER B: Accident Fund Insurance	10166					
Seigle's Cabinet Center, LLC	INSURER C:						
1331 Davis Rd	INSURER D :						
Elgin, IL 60123	INSURER E :						
	INSURER F:						
OOVER A OFO	DEVICION NUMBER						

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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INSR			ADDL	SUBR		POLICY EFF	POLICY EXP			
LTR		TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S	
Α	X	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	X	X	CPD 2123909	09/01/2014	09/01/2015	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	200,000
								MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							\$	
	AUT	TOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
Α	X	ANY AUTO			CPD 2123909	09/01/2014	09/01/2015	BODILY INJURY (Per person)	\$	
		ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
		HIRED AUTOS AUTOS						PROPERTY DAMAGE (Per accident)	\$	
		7.0.00						, ,	\$	
	Χ	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
Α		EXCESS LIAB CLAIMS-MADE			CUD 2123911	09/01/2014	09/01/2015	AGGREGATE	\$	
		DED X RETENTION\$ 0							\$	
		RKERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH-ER		
В	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A	X	WCV6103639	09/01/2014	09/01/2015	E.L. EACH ACCIDENT	\$	1,000,000
	(Man	ICER/MEMBER EXCLUDED? Idatory in NH)	11,7					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
		s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000

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

Mark Seigle, Joel Seigle and Margot Seigle are excluded from workers compensation coverage.

Additional Insureds Primary & Noncontributory as respects General Liability when required by written agreement and subject to policy terms & conditions: Stone Creek Custom Homes, Inc. (Construction Mgr); Jim Wells (Owner). A Waiver of Subrogation against General Liability and Workers Compensation in favor of additional insureds applies.

OLK TILIOATE HOLDER	VANOLLEATION
Stone Creek Custom Homes, Inc. 8810 226th Court Salem. WI 53168	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Saloni, 111 60 160	AUTHORIZED REPRESENTATIVE
	But determ

CANCELL ATION

CERTIFICATE HOLDER



DATE (MM/DD/YYYY) 9/2/2014

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(0)					
PRODUCER	CONTACT NAME:				
Lundstrom Insurance Agency 2205 Point Blvd	PHONE (A/C, No, Ext): (847) 741-1000 FAX (A/C, No): (847)	428-8857			
Suite 200	E-MAIL ADDRESS:				
Elgin, IL 60123	INSURER(S) AFFORDING COVERAGE	NAIC#			
	INSURER A: West Bend Insurance	15350			
INSURED	INSURER B : Accident Fund Insurance	10166			
Seigle's Cabinet Center, LLC	INSURER C:				
1331 Davis Rd	INSURER D:				
Elgin, IL 60123	INSURER E:				
	INSURER F:				

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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				1	KEDUCED BY				
	TYPE OF INSURANCE				(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S	
X	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR	X		CPD 2123909	09/01/2014	09/01/2015	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	200,000
							MED EXP (Any one person)	\$	10,000
							PERSONAL & ADV INJURY	\$	1,000,000
GEN							GENERAL AGGREGATE	\$	2,000,000
	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:							\$	
AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
X	ANY AUTO			CPD 2123909	09/01/2014	09/01/2015	BODILY INJURY (Per person)	\$	
	ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
								\$	
Χ	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
	EXCESS LIAB CLAIMS-MADE			CUD 2123911	09/01/2014	09/01/2015	AGGREGATE	\$	
	DED X RETENTION\$)						\$	
	EMPLOYEDOLLIA DILITY						X PER STATUTE OTH-		
ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A		WCV6103639	09/01/2014	09/01/2015	E.L. EACH ACCIDENT	\$	1,000,000
(Man	ndatory in NH)	117.4					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
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		1							
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	AUT X WOFAND ANY OFF	CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRODUCY LOC OTHER: AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS NON-OWNED AUTOS NON-OWNED AUTOS HIRED AUTOS CLAIMS-MADE EXCESS LIAB CLAIMS-MADE DED X RETENTION\$ WORKERS COMPENSATION AND DEMPLOYERS' LIABILITY Y/N	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- DOTHER: AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS HIRED AUTOS HIRED AUTOS X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY WANY PROPRIETOR/PARTINER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under	TYPE OF INSURANCE INSD WVD X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRODUCY JECT LOC OTHER: AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS HIRED AUTOS HIRED AUTOS X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION\$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE Y N OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR CPD 2123909 GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRODUCT LOC OTHER: AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS HIRED AUTOS HIRED AUTOS HIRED AUTOS X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under	TYPE OF INSURANCE X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR CPD 2123909 09/01/2014 GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRODUCY PECT LOC OTHER: AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS NON-OWNED AUTOS HIRED AUTOS NON-OWNED AUTOS EXCESS LIAB CLAIMS-MADE DED X RETENTION \$ O9/01/2014 CUD 2123911 09/01/2014 WCV6103639 09/01/2014	TYPE OF INSURANCE INSD WVD POLICY NUMBER (MM/DD/YYYY) (MM/DD/YYYY) X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRODUCY PRODUCY LOC OTHER: AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS AUTOS HIRED AUTOS HIRED AUTOS AUTOS OWNERLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION \$ WCV6103639 CUD 2123909 O9/01/2014 O9/01/2015 CUD 2123911 O9/01/2014 O9/01/2015 WCV6103639 O9/01/2014 O9/01/2015	TYPE OF INSURANCE X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR CLAIMS-MADE X OCCUR CEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRODUCTS - COMP/OP AGG OTHER: AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS HIRED AUTOS HIRED AUTOS HIRED AUTOS X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTIONS OWORKERS COMPENSATION ANY PROPRIETOR/PARTNER/EXECUTIVE Y ANY PROPRIETOR/PARTNER/EXECUTIVE Y ANY PROPRIETOR/PARTNER/EXECUTIVE Y ANY PROPRIETOR/PARTNER/EXECUTIVE (Mandatory in NH) WCV6103639 CPD 2123909 O9/01/2014 O9/01/2014 O9/01/2014 O9/01/2014 O9/01/2014 O9/01/2014 O9/01/2015 EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG COMBINED SINGLE LIMIT (Ea accident) PROPERTY DAMAGE (Per accident) V N/A NY PROPRIETOR/PARTNER/EXECUTIVE Y Y N/ANY PROPRIETOR/PARTNER/EXECUTIVE (Mandatory in NH) (IVEs, described under E.L. DISEASE - EA EMPLOYEE	TYPE OF INSURANCE INSD WVD POLICY NUMBER IMM/DD/YYYY) (MM/DD/YYYY) (MM/DD/YYYY) X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X CPD 2123909 O9/01/2014 O9/01/2014 O9/01/2015 EACH OCCURRENCE S DAMAGE TO RENTED PREMISES (Ea occurrence) PREMISES (Ea occurrence) PREMISES (Ea occurrence) S MED EXP (Any one person) PERSONAL & ADV INJURY S GENERAL AGGREGATE IS PRODUCTS - COMP/OP AGG S OMBINED SINGLE LIMIT S AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS HIRED AUTOS HIRED AUTOS HIRED AUTOS ONN-OWNED AUTOS AUTOS ONN-OWNED OP/01/2014 O9/01/2015 EACH OCCURRENCE S OMBINED SINGLE LIMIT (Ea accident) S BODILY INJURY (Per accident) S BODILY INJURY (Per accident) S PROPERTY DAMAGE (Per accident) S PROPERTY DAMAGE (Per accident) S WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNEREXECUTIVE (Mandatory in NH) IVEX. described under S ELL EACH ACCIDENT S ELL EACH ACCIDENT S ELL DISEASE - EA EMPLOYEE S ELL DISEASE - EA EMPLOYEE S

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

Mark Seigle, Joel Seigle and Margot Seigle are excluded from workers compensation coverage.

Windsor Square Apartments, LLC, American National Insurance Company, Built Form, Village of Algonquin, TH Commercial (Windsor), LLC, TH Commercial Services, LLC and Stone Creek Custom Homes, Inc are included as Additional Insureds as required by written agreement and according to policy terms and conditions.

CERTIFICATE HOLDER	CANCELLATION
TH Commercial (Windsor), LLC 1200 Ashland Ave, Ste 600 Chicago, IL 60622	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
J	AUTHORIZED REPRESENTATIVE
	But Lotetin

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9/2/2014

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(0)					
PRODUCER	CONTACT NAME:				
Lundstrom Insurance Agency 2205 Point Blvd	PHONE (A/C, No, Ext): (847) 741-1000 FAX (A/C, No): (847)	428-8857			
Suite 200	E-MAIL ADDRESS:				
Elgin, IL 60123	INSURER(S) AFFORDING COVERAGE	NAIC#			
	INSURER A: West Bend Insurance	15350			
INSURED	INSURER B : Accident Fund Insurance	10166			
Seigle's Cabinet Center, LLC	INSURER C:				
1331 Davis Rd	INSURER D:				
Elgin, IL 60123	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.

	SOIGHO THE CONDITIONS OF COOL		-			-			
	TYPE OF INSURANCE				(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	s	
Х	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR	X	X	CPD 2123909	09/01/2014	09/01/2015	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	200,000
							MED EXP (Any one person)	\$	10,000
							PERSONAL & ADV INJURY	\$	1,000,000
GEN							GENERAL AGGREGATE	\$	2,000,000
	POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:							\$	
AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
X	ANY AUTO			CPD 2123909	09/01/2014	09/01/2015	BODILY INJURY (Per person)	\$	
	ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
							·	\$	
Х	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
	EXCESS LIAB CLAIMS-MADE			CUD 2123911	09/01/2014	09/01/2015	AGGREGATE	\$	
	DED X RETENTION\$							\$	
	EMPLOYEDOLLIA DILITY						X PER STATUTE OTH-		
ANY	PROPRIETOR/PARTNER/EXECUTIVE 17 N	N/A	X	WCV6103639	09/01/2014	09/01/2015	E.L. EACH ACCIDENT	\$	1,000,000
(Mar	ndatory in NH)	,					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
	AU1 X WOFF (Mar)	TYPE OF INSURANCE X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PROJECT LOC OTHER: AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS NON-OWNED AUTOS NON-OWNED AUTOS HIRED AUTOS AUTOS X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION\$ WORKERS COMPENSATION AND PROPORTION OF THE PROPERTY OF THE PROPERT	TYPE OF INSURANCE X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PROJECT LOC OTHER: AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS HIRED AUTOS HIRED AUTOS X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION \$ WORKERS COMPENSATION ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under	TYPE OF INSURANCE X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRODUCY JECT LOC OTHER: AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS HIRED AUTOS NON-OWNED AUTOS HIRED AUTOS CLAIMS-MADE DED X RETENTION \$ WORKERS COMPENSATION ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under	TYPE OF INSURANCE X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRODUCY JECT LOC OTHER: AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS NON-OWNED AUTOS NON-OWNED AUTOS HIRED AUTOS CLAIMS-MADE DED X RETENTION\$ WORKERS COMPENSATION ANY PROPRIET OR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under	TYPE OF INSURANCE TYPE OF INSURANCE ADDLISUBR INSD WVD POLICY EFF (MM/DD/YYYY) X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X X CPD 2123909 09/01/2014 GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRODUCY PRODUCY PRODUCY DECT LOC OTHER: AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS NON-OWNED AUTOS NON-OWNED AUTOS NON-OWNED AUTOS NON-OWNED AUTOS HIRED AUTOS NON-OWNED AUTOS X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION\$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under	TYPE OF INSURANCE INSD WVD POLICY NUMBER (MM/DD/YYYY) X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PROJECT LOC OTHER: AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS HIRED AUTOS HIRED AUTOS HIRED AUTOS X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY X ANY PROPRIETOR/PARTINER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under	TYPE OF INSURANCE INSD W/D POLICY NUMBER (MM/DD/YYYY) POLICY EFF (MM/DD/YYYY) LIMIT X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X X CPD 2123909 O9/01/2014 O9/01/2015 EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE POLICY PRODUCTS - COMP/OP AGG OTHER: AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS AUTOS AUTOS NON-OWNED AUTOS HIRED AUTOS AUTOS NON-OWNED AUTOS AUTOS NON-OWNED AUTOS AUTOS NON-OWNED AUTOS OWORKERS COMPENSATION O9/01/2014 O9/01/2015 O9/01/2014 O9/01/2015 EACH OCCURRENCE DAMAGE TO RENTED DAMAGE	TYPE OF INSURANCE INSD W/D POLICY NUMBER (MM/DD/YYYY) (MM

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

Mark Seigle, Joel Seigle and Margot Seigle are excluded from workers compensation coverage.

THR Property Illinois L.P. and IH2 Property Illinois L.P. a Delaware Limited Partnership are included as Additional Insureds when required by written agreement and according to policy terms and conditions. Waiver of Subrogation granted in favor of Additional Insured for General Liability and Workers Compensation when required by written contract. Umbrella follows form.

CERTIFICATE HOLDER	CANCELLATION
	CANCELLATION

THR Property Illinois LP IH2 Property Illinois LP, a DE Limited Pship Invit Homes 5509 Cumberland Ave. Chicago, IL 60656

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

But Lather



DATE (MM/DD/YYYY) 9/2/2014

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.

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		CONTACT NAME:					
Lundstrom Insurance Agency 2205 Point Blvd		PHONE (A/C, No, Ext): (847) 741-1000 FAX (A/C, No): (8					
Suite 200		E-MAIL ADDRESS:					
Elgin, IL 60123		INSURER(S) AFFORDING COVE) AFFORDING COVERAGE				
		INSURER A: West Bend Insurance		15350			
INSURED		INSURER B : Accident Fund Insurance		10166			
Seigle's Cabinet Cen	ter. LLC	INSURER C :					
1331 Davis Rd		INSURER D :					
Elgin, IL 60123		INSURER E :					
		INSURER F:					
COVEDACES	CEDTICICATE NUMBER.	DEVISION	I NIIMDED.				

CERTIFICATE 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		SUBR WVD		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
Α	Х	COMMERCIAL GENERAL LIABILITY				,,	, , , ,	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	X		CPD 2123909	09/01/2014	09/01/2015	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	200,000
								MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	LAGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							\$	
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
Α	X	ANY AUTO			CPD 2123909	09/01/2014	09/01/2015	BODILY INJURY (Per person)	\$	
		ALL OWNED SCHEDULED AUTOS AUTOS						BODILY INJURY (Per accident)	\$	
		HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
									\$	
	X	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
Α		EXCESS LIAB CLAIMS-MADE			CUD 2123911	09/01/2014	09/01/2015	AGGREGATE	\$	
		DED X RETENTION\$							\$	
		RKERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH-ER		
В	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A		WCV6103639	09/01/2014	09/01/2015	E.L. EACH ACCIDENT	\$	1,000,000
	(Man	ndatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
										ļ

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Mark Seigle, Joel Seigle and Margot Seigle are excluded from workers compensation coverage.

TI Investors of Elgin LLC and Towne Realty, Inc. are included as Additional Insureds when required by written contract and according to policy terms and conditions.

CERTIFICATE HOLDER	CANCELLATION

TI Investors of Elgin LLC c/o Towne-Realty, Inc. Attn: Thomas G. Bernacchi 710 N. Plankinton Ave. Milwaukee, WI 53203

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



DATE (MM/DD/YYYY) 9/2/2014

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.

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to

CONTACT NAME: PHONE (A/C, No): (847) 428-8857	the terms and conditions of the policy, certain policies certificate holder in lieu of such endorsement(s).	ay require an endors	ement. A sta	tement on th	nis certificate does no	t confe	er rights to the
E-MAIL ADDRESS:	PRODUCER						
E-MAIL ADDRESS:		(A/C, N	lo, Ext): (04/) /	41-1000	FAX (A/C, N	lo): (847	7) 428-8857
INSURER A : West Bend Insurance 15350 INSURER B : Accident Fund Insurance 10166	Suite 200	I E-MAIL	L				
INSURED INSURER B : Accident Fund Insurance 10166	Eigin, IL 60123		INS	SURER(S) AFFOR	RDING COVERAGE		NAIC#
		INSUR	ER A: West B	end Insura	nce		15350
Seigle's Cabinet Center, LLC	INSURED	INSUR	ER B : Accide	nt Fund Ins	urance		10166
	Seigle's Cabinet Center, LLC	INSUR	INSURER C:				
1331 Davis Rd INSURER D:	,	INSUR	INSURER D:				
Elgin, IL 60123 INSURER E:	Elgin, IL 60123	INSUR	INSURER E:				
INSURER F:		INSUR	INSURER F:				
COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:	COVERAGES CERTIFICATE NUMB	R:			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.	INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TEF CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE IN	OR CONDITION OF LUBER	ANY CONTRA	CT OR OTHER IES DESCRIB	R DOCUMENT WITH RES ED HEREIN IS SUBJEC	SPECT 1	TO WHICH THIS
INSR AUGUSTUS ADDLISUBR POLICY EFF POLICY EXP			POLICY EFF	POLICY EXP		IMITE	
		POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)		IIVII I S	1 000 000

DAMAGE TO RENTED PREMISES (Ea occurrence) CLAIMS-MADE X OCCUR Χ CPD 2123909 09/01/2014 09/01/2015 200,000 \$ 10.000 MED EXP (Any one person) \$ 1,000,000 PERSONAL & ADV INJURY \$ 2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$ PRO-JECT 2,000,000 POLICY PRODUCTS - COMP/OP AGG LOC \$ \$ OTHER: COMBINED SINGLE LIMIT (Ea accident) **AUTOMOBILE LIABILITY** \$ 1,000,000 Α X 09/01/2014 09/01/2015 \$ CPD 2123909 BODILY INJURY (Per person) ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS NON-OWNED **BODILY INJURY (Per accident)** \$ PROPERTY DAMAGE \$ HIRED AUTOS **AUTOS** \$ **UMBRELLA LIAB** Χ 5,000,000 X OCCUR **EACH OCCURRENCE** \$ **EXCESS LIAB** 09/01/2014 09/01/2015 Α CUD 2123911 CLAIMS-MADE AGGREGATE \$ 0 DED | X | RETENTION \$ \$ OTH-ER WORKERS COMPENSATION PER STATUTE AND EMPLOYERS' LIABILITY 09/01/2015 1,000,000 В WCV6103639 09/01/2014 ANY PROPRIETOR/PARTNER/EXECUTIVE E.L. EACH ACCIDENT \$ N/A OFFICER/MEMBER EXCLUDED? 1,000,000 (Mandatory in NH) E.L. DISEASE - EA EMPLOYEE \$ Îf yes, describe under DESCRIPTION OF OPERATIONS below 1,000,000 E.L. DISEASE - POLICY LIMIT

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Mark Seigle, Joel Seigle and Margot Seigle are excluded from workers compensation coverage.

US Shelter Companies and Gordon & Sorenson Homes 430 Adams, LLC are included as Additional Insuureds when required by written agreeement according policy terms and conditions.

CERTIFICATE HOLDER	CANCELLATION		
US Shelter Companies PO Box 647 Elgin, IL 60121	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.		
g, 1_ 00 1_1	AUTHORIZED REPRESENTATIVE		
	But disteture		



9/2/2014

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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	CONTACT NAME:	
Lundstrom Insurance Agency 2205 Point Blvd	PHONE (A/C, No, Ext): (847) 741-1000 FAX (A/C, No): (847)	428-8857
Suite 200	E-MAIL ADDRESS:	
Elgin, IL 60123	INSURER(S) AFFORDING COVERAGE	NAIC#
	INSURER A: West Bend Insurance	15350
INSURED	INSURER B : Accident Fund Insurance	10166
Seigle's Cabinet Center, LLC	INSURER C:	
1331 Davis Rd	INSURER D:	
Elgin, IL 60123	INSURER E:	
	INSURER F:	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
Α	Х	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000	
		CLAIMS-MADE X OCCUR	X		CPD 2123909	09/01/2014	09/01/2015	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	200,000	
								MED EXP (Any one person)	\$	10,000	
								PERSONAL & ADV INJURY	\$	1,000,000	
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000	
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000	
		OTHER:							\$		
	AUT	OMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
Α	X	ANY AUTO			CPD 2123909	09/01/2014	09/01/2015	BODILY INJURY (Per person)	\$		
		ALL OWNED SCHEDULED AUTOS AUTOS						BODILY INJURY (Per accident)	\$		
		HIRED AUTOS NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$			
								,	\$		
	Χ	UMBRELLA LIAB X OCCUR		CUD 2123911		09/01/2014	09/01/2015	EACH OCCURRENCE	\$	5,000,000	
Α		EXCESS LIAB CLAIMS-MADE			CUD 2123911			AGGREGATE	\$		
		DED X RETENTION\$ 0							\$		
		RKERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH-			
В	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N. / A		WCV6103639	09/01/2014	09/01/2015	E.L. EACH ACCIDENT	\$	1,000,000	
	(Mar	CER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000	
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000	

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

Mark Seigle, Joel Seigle and Margot Seigle are excluded from workers compensation coverage.

Weed-Sheffield, LLC and RLM Management Group, Ltd. are included as Additional Insureds when required by written agreement and according to policy terms and conditions.

CERTIFICATE HOLDER	CANCELLATION

Weed-Sheffield, LLC RLM-Management Group 740 Waukegan Rd., Ste. 400 Deerfield, IL 60015 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

But Lather