

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 3/16/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on

this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).												
PRODUCER						CONTACT NAME: Jenna Dawson						
Arthur J. Gallagher Risk Management Services, LLC 1000 East Warrenville Road						PHONE (A/C, No, Ext): 517-664-2744 FAX (A/C, No): 517-319-1275						
Naperville IL 60563						E-MAIL ADDRESS: Jenna_Dawson@ajg.com						
						INSURER(S) AFFORDING COVERAGE NAIC #						
					INSURER A : LM Insurance Corporation					33600		
INSURED CREEHOM-04											20443	
	ekside of Wheaton Homeowners A	ssn.									14184	
P O Box 4113 Wheaton IL 60189						RD:						
1111001011 IE 00 100						INSURER E :						
		INSURER F:										
COVERAGES CERTIFICATE NUMBER: 1403044216						REVISION NUMBER:						
	HIS IS TO CERTIFY THAT THE POLICIES											
	DICATED. NOTWITHSTANDING ANY RE											
	ERTIFICATE MAY BE ISSUED OR MAY F KCLUSIONS AND CONDITIONS OF SUCH I							HEREIN IS SUI	BJECT IC	ALL I	HE TERIVIS,	
INSR ADDL			SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMITS		 s		
С	X COMMERCIAL GENERAL LIABILITY	IIIOD	****	K47210		1/9/2023	1/9/2024	EACH OCCURRENCE \$1		\$ 1,000	.000	
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTE	ED	\$ 100,0		
	92 92							PREMISES (Ea occurrence)  MED EXP (Any one person)		\$ 5,000		
								PERSONAL & ADV INJURY		\$1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:									\$ 2,000		
	X POLICY PRO- JECT LOC							PRODUCTS - COMP		\$ 2,000		
	OTHER:							\$		. ,	,000	
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT	\$		
	ANY AUTO							BODILY INJURY (Pe	er person)	\$		
OWNED SCHEDULED								BODILY INJURY (Pe	er accident)	\$		
	AUTOS ONLY AUTOS NON-OWNED AUTOS ONLY AUTOS ONLY							PROPERTY DAMAG (Per accident)	SE SE	\$		
	AUTOS ONLY AUTOS ONLY							(Fer accident)		\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENC	CE C	\$		
	EXCESS LIAB CLAIMS-MADE	OCCOR					AGGREGATE	J.L	\$			
DED RETENTION\$								7.OOKEONIE		\$		
A WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE			WC534S330652033		4/9/2023	4/9/2024	X PER STATUTE	OTH- ER	Ψ			
								E.L. EACH ACCIDEN		\$ 100,00	00	
	OFFICER/MEMBER EXCLUDED?  (Mandatory in NH)	N/A						E.L. DISEASE - EA E				
If yes, describe under DESCRIPTION OF OPERATIONS below								E.L. DISEASE - POL		\$ 500,0		
B B	Crime - EF Theft			618644800		10/1/2022	10/1/2023	Limit \$200,000		\$1,00	0 Deductible	
В	Directors & Officers			0250590243		8/27/2022	8/27/2023	Limits \$1,000,000		\$1,00	0 Retention	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Proof of Insurance for 23/24												
CERTIFICATE HOLDER CANCELLATION												
CANCE						ELLA HUN						
Cate McCabe 27755 Diehl Rd, 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.						
Warrenville IL 60555 USA					AUTHORIZED REPRESENTATIVE							
JOA						Jay Esle						



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this definition does not define in fights to the definition for in field of such endorsement(s).						
PRODUCER Arthur J. Gallagher Risk Manage	oment Services IIIC	CONTACT NAME: Jenna Dawson				
1000 East Warrenville Road	ement Services, LLC	PHONE (A/C, No, Ext): 517-664-2744	FAX (A/C, No): 517-319-1275			
Naperville IL 60563		E-MAIL ADDRESS: Jenna_Dawson@ajg.com				
		INSURER(S) AFFORDING COVERAGE		NAIC#		
		INSURER A: LM Insurance Corporation		33600		
INSURED	CREEHOM-04	INSURER B: Continental Casualty Company		20443		
Creekside of Wheaton Homeowi P O Box 4113	ners Assn.	INSURER C: Acuity, A mutual Insurance Company		14184		
Wheaton IL 60189		INSURER D:				
		INSURER E :				
		INSURER F:				
COVERAGES	CERTIFICATE NUMBER: 668628590	REVISION NUM	MBER:			
THIS IS TO CERTIEV THAT THE DO	NUCIES OF INSURANCE LISTED BELOW HAY	VE REEN ISSUED TO THE INSURED NAMED AROV	E FOR THE POLIC	Y 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 S	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
С	Х	CLAIMS-MADE X OCCUR		K47210	1/9/2023	1/9/2024	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000 \$ 100,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
	_	N'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 2,000,000
	X	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$2,000,000
		OTHER:						\$
	AUT	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$
		ANY AUTO					BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$
		HIRED NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
								\$
		UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$
		EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$
		DED RETENTION\$						\$
Α		RKERS COMPENSATION DEMPLOYERS' LIABILITY		WC534S330652033	4/9/2023	4/9/2024	X PER OTH- STATUTE ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE Y/N		N/A				E.L. EACH ACCIDENT	\$ 100,000
	(Mar	ndatory in NH)	ιτ, Α				E.L. DISEASE - EA EMPLOYEE	\$ 100,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 500,000
B B		ne - EF Theft octors & Officers		618644800 0250590243	10/1/2022 8/27/2022	10/1/2023 8/27/2023	Limit \$200,000 \$1,000 Deduct \$1,000 Retention	

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

Proof of Insurance for 23/24

Proof of Insurance for 23/24

Loan #8062723 | 1650 Stonebridge Trail, Wheaton, IL 60189

CERTIFICATE HOLDER	CANCELLATION						
DuPage Credit Union ISAOA PO Box 3930	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 60567 USA	AUTHORIZED REPRESENTATIVE  Pay Estil						