

CERTIFICATE OF LIABILITY INSURANCE

UPDATED INSURANCE

DATE (MM/DD/YYYY) 11/29/2016

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 s	uch endorsement(s)					
PRODUCER	CONTACT NAME:	Karen O'Connell				
Bonding & Insurance Speci	PHONE (A/Ç, No, Ext):	708-598-5355 FAX (A/C, No): 708-598-66				
In California, DBA Bonds ar	nd Insurance Services	, Lic.# 0795489	E-MAIL ADDRESS:	koconnell@bisa-inc.co	om	
13841 Southwest Highway				INSURER(S) AFFORDING C	OVERAGE	NAIC #
Orland Park	IL	60462-1354	INSURER A : A	21199		
INSURED			INSURER B :	<u> </u>	<u>-</u> .	
Krane Development, Inc. db	INSURER C:					
5451 North 59th Street	INSURER D:					
			INSURER E:	<u> </u>		
Tampa	FL	33610	INSURER F :			
COVERAGES	CERTIFICATE N	JMBER:	REVISION NUMBER:			

CC	VERAGES CEI	CHE	UAI	E NOMBER.					LION OF DIOD		
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		SUBI	I	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LUUTO				
LTR A	X COMMERCIAL GENERAL LIABILITY	IINSE IX	WVD X	POLICY NUMBER	[MINDO/TTTT]	(MH0DD) (111)	EACH OCCURRENCE	s	1,000,000		
^	CLAIMS-MADE X OCCUR	^`	^	12 EMP 71833 06	12/02/16	12/02/17	DAMAGE TO RENTED PREMISES (Ea occurrence)	5	100,000		
ļ	X *Contractors Pollution Liability					}	MED EXP (Any one person)	\$	5,000		
	X Includes Asbestos/Lead	1					PERSONAL & ADV INJURY	\$	1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000		
ı	POLICY X PRO-	İ					PRODUCTS - COMP/OP AGG	\$	2,000,000		
Ì	OTHER:	1					*Per Claim	\$	1,000,000		
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$			
	ANY AUTO						BODILY INJURY (Per person)	\$			
İ	ALL OWNED SCHEDULED AUTOS AUTOS		ļ				BODILY INJURY (Per accident)	\$	<u></u>		
	HIRED AUTOS AUTOS						PROPERTY DAMAGE (Per accident)	\$			
	A NOTEGO	Ì						\$			
Α	X UMBRELLA LIAB X OCCUR	Х	X	12 EMX 71834 06	12/02/16	12/02/17	EACH OCCURRENCE	\$	4,000,000		
	EXCESS LIAB CLAIMS-MADE			G/L, Auto, Pollution & WC]		AGGREGATE	\$	4,000,000		
	DED RETENTION\$]						\$			
	WORKERS COMPENSATION						PER OTH- STATUTE ER				
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A			† I	_	E.L. EACH ACCIDENT	\$			
- 1	OFFICER/MEMBER EXCLUDED? [] (Mandalory in NH)	NIA				_	E.L. DISEASE - EA EMPLOYEE	\$			
- 1	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT \$1,000,000 - MOLD LIMIT - PER CLAIM	\$			
	CONTRACTORS POLLUTION LIABILITY MOLD OPS-CLAIMS MADE FORM	Х	Χ	12 EMP 71833 06	12/02/16	12/02/17	\$2,0000,000 - MOLD AGGREGATE		<u> </u>		
	PROFESSIONAL LIABILITY - CLAIMS MADE FORM						51,000,000 - PER CLAIM \$2,000,000 - AGGREGATE				
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)											

CERTIFICATE HOLDER

FOR INFORMATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

BIDDING PURPOSES.

AUTHORIZED REPRESENTATIVE

Jana H. Fuller

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