ACORD, CERTIFICATE OF LIABILITY INSURANCE								DATE (MM/DD/YYYY)	
	DUCE	R OR SAMPLE CERTIFICATE		ONLY AN HOLDER.	D CONFERS N THIS CERTIFICA	UED AS A MATTER O RIGHTS UPON TATE DOES NOT AME	HE END	CERTIFICATE , EXTEND OR	
Bro	ker	s, please include your phone Cert to: TC@cullprop.com	, fax & email		INSURERS AFFORDING COVERAGE			NAIC#	
	RED	per to. Towcamprop.com			KFFORDING COV	LRAGE		INAIC#	
				INSURER A:	INSURER B:				
					INSURER C:				
				INSURER D:					
					INSURER E:				
co	VER	AGES		INSURER E.					
TI Al M	HE PO NY R AY P	OLICIES OF INSURANCE LISTED BELG REQUIREMENT, TERM OR CONDITION RETAIN, THE INSURANCE AFFORDE IES. AGGREGATE LIMITS SHOWN MA	N OF ANY CONTRACT OR OT D BY THE POLICIES DESCRIBE	HER DOCUMENT WITH ED HEREIN IS SUBJEC	H RESPECT TO WI	HICH THIS CERTIFICATE	MAY	BE ISSUED OR	
NSR LTR	ADD'I	L TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIM	LIMITS		
E11X	J	GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY CLAIMS MADE OCCUR		511.5.1111115551.11	DATE IMM/DDC111	EACH OCCURRENCE	\$	1,000,000	
	•					DAMAGE TO RENTED PREMISES (Ea occurence)	\$	100,000	
						MED EXP (Any one person)	\$	5,000	
			REQUIRED	policy period		PERSONAL & ADV INJURY	\$	1,000,000	
				, , , ,	400	GENERAL AGGREGATE	\$	2,000,000	
		GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- POLICY PRO- JECT LOC		4		PRODUCTS - COMP/OP AGG	\$	2,000,000	
	✓	AUTOMOBILE LIABILITY ANY AUTO	REQUIRED	policy period		COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
		ALL OWNED AUTOS SCHEDULED AUTOS			10	BODILY INJURY (Per person)	\$		
		HIRED AUTOS NON-OWNED AUTOS	NEQUINED			BODILY INJURY (Per accident)	\$		
			: 5. l		•	PROPERTY DAMAGE (Per accident)	\$		
		GARAGE LIABILITY	9			AUTO ONLY - EA ACCIDENT	\$		
		ANY AUTO				OTHER THAN AUTO ONLY: EA ACC			
	./	EXCESS/UMBRELLA LIABILITY OCCUR CLAIMS MADE	REQUIRED	policy period		EACH OCCURRENCE	\$	2,000,000	
	•					AGGREGATE	\$	2,000,000	
		DEDUCTIBLE					\$		
		✓ RETENTION \$ 10,000				/ WC STATU OTH	\$		
		RKERS COMPENSATION AND PLOYERS' LIABILITY	Acres 1			WC STATU- TORY LIMITS OTH ER		4 000 000	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	REQUIRED	policy period		E.L. EACH ACCIDENT	\$	1,000,000	
		ICER/MEMBER EXCLUDED? s, describe under		, ,,		E.L. DISEASE - EA EMPLOYEE		1,000,000	
	OTH	CIAL PROVISIONS below				E.L. DISEASE - POLICY LIMIT	\$	1,000,000	
		ION OF OPERATIONS / LOCATIONS / VEHICLE	S / EXCLUSIONS ADDED BY ENDORS	SEMENT / SPECIAL PROVISI	ONS				
C b	uincy enefic	r, use this verbiage: y-Cullinan, LLC; Cullinan Properties, L ciaries, stockholders, employees, agents, ontributory to any other insurance. A V	parents, affiliates, successors and	d assigns of each of the f	oregoing are named	Additional Insureds. Cove	rage	is primary and	
		Be sure to X all boxes including	ng additional insured, pe			Attach any r	efer	renced forms.	
CEF	RTIF	ICATE HOLDER		CANCELLAT					
		-Cullinan, LLC n Properties, Ltd.		DATE THEREOF,	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL				
		n Companies, L.L.C.		IMPOSE NO OBL	IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR				
12 0	ΝN	Vlain Street		1	REPRESENTATIVES.				
Ēas	t Pe	eoria, IL 61611			AUTHORIZED REPRESENTATIVE				