

## CERTIFICATE OF LIABILITY INSURANCE

WIZAR-1 OP ID: MJ

> DATE (MM/DD/YYYY) 07/24/15

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

Transport   Tran			rms and conditions of the policy, icate holder in lieu of such endors				naorse	ment. A stat	ement on th	is certificate does not coi	nter right	s to the
RABRE INTURFACE STORP, INC. 40/16 N. Lincoln Ave. Chicago, IL 60618  Wizard Elactric, Inc. 3455 N. Eiston 3455 N. Eiston Chicago, IL 60618  Wizard Elactric, Inc. 3455 N. Eiston 3455 N. Eiston This is To Certify THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN INSURED TO THE INSURED ARMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN INSURED TO THE INSURED MANDE ABOVE FOR THE POLICY PERIOD INDICATED. NOTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN INSURED TO THE INSURED MANDE ABOVE FOR THE POLICY PERIOD INDICATED. NOTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN INSURED TO THE INSURED MANDE ABOVE FOR THE POLICY PERIOD INDICATED. NOTIFY THAT THE POLICIES OF INSURED THAT THE POLICIES OF INSURED TO HAVE THE POLICY PERIOD INDICATED. NOTIFY THAT THE POLICIES OF INSURED THAT THE POLICIES OF INSURED TO HAVE THE POLICY PERIOD INDICATED. NOTIFY THAT THE POLICIES OF INSURED THAT THE POLICIES OF INSURED TO HAVE THE POLICY PERIOD INDICATED. NOTIFY THAT THE POLICIES OF INSURED TO HAVE THE POLICY PERIOD INDICATED. NOTIFY THE POLICIES OF INSURED TO HAVE THE POLICY PERIOD INDICATED. NOTIFY THE POLICIES OF INSURED TO HAVE THE POLICY PERIOD INDICATED. NOTIFY THE POLICY PERIOD INDICATED. NOTIFY THAT THE POLICIES OF INSURED TO HAVE THE POLICY PERIOD INDICATED. NOTIFY THE POLICY	PRO	DUCE	:R		(0)		CONTA	СТ				
4016 N. Lincoln Ave. Chicago, I. L 60618  Wizard Electric, Inc. 3485 N. Eleton Chicago, I. L 60618  Wizard Electric, Inc. 3485 N. Eleton Chicago, I. L 60618  COVERAGES  CENTIFICATE NUMBER: INSURER R: INSURER R							PHONE	PHONE FAX				
NSURER A MAUTILUS INSURER DE COMPANY  Wizard Electric, Inc.  Wizard Electric  Wizard Electric, Inc.  Wizard Electric, Inc.  Wizard Electric  Wizard	401	8 N.	Lincoln Ave.				E-MAIL					
Wizard Electric, Inc Sales N. Elston Chicago, IL 60618    MISURER D.   MISURER D.   MISURER D.	Unicago, IL 60618											
3485 N. Elston Chicago, IL 60618    BISURER D     BISURER								INSURER A: Nautilus Insurance Company				
COVERAGE  CERTIFICATE NUMBER:  SINGURER E:  INSURER EN AMED ABOVE FOR THE POLICY PERIOR INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES LIMITS SHOWN MAY HAVE BEEN INSURED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOR INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.  A COMMENCAL LIMITY  A X COMMENCAL CREATER LIMITS APPLIES PERE  X POLICY NUMBER:  A COMMENCAL CREATER LIMITS APPLIES PERE  X POLICY NUMBER:  A COMMENCAL CREATER LIMITS APPLIES PERE  X POLICY NUMBER:  A LOWNED	3485 N. Elston						INSURER B: Travelers Indemnity Company					
NOURCE S CERTIFICATE NUMBER: REVISION NUMBER:  THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED ANAMED ABOVE FOR THE POLICY PERIOD INSURANCE AND CONDITIONS ANY FEOTAM. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERM EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN ISSUED TO THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERM EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAPA IC LAMBS.  THE TYPE OF INSURANCE AND THE POLICY BEEN REDUCED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERM EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAPA IC LAMBS.  THE TYPE OF INSURANCE AND THE POLICY BEEN REDUCED BY THE POLICY BEEN TO ALL THE TERM EXCLUSIONS AND CONDITIONS OF SUBJECT TO ALL THE TERM EXCLUSIO							INSURER C:					
COVERAGES  CERTIFICATE NUMBER:  THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURANCE DABOYE FOR THE POLICY PERIOD CONTROL OF CONTROL			Cilicago, iL 60618				INSURE	RD:				
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED TO THE POLICIES OF THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED MEDITAL POLICIES OF THE POLICIES OF T								INSURER E :				
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIODICATED INDICATED. NOTWITHSTANDING ANY REQUIREMENT. TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHITH CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERM EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.  TYPE OF INSURANCE NOW PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERM EXCLUSIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.  AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.  AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.  AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.  AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.  AND CONDITIONS OF SUCH PAID OF SUCH PAID OF SUCH PAID OF SUCH PAID OF SUCH PAID.  AND CONDITIONS OF SUCH PAID OF SUCH PAID OF SUCH PAID.  AND CONDITIONS OF SUCH PAID OF SUCH PAID.  AND CONDITIONS O							INSURER F:					
INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THE CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERM EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN RECOURSE BY PAID CLAIMS.    VIEW   VIEW OF INSURANCE   NORTH AND ADDRESS   NORTH AND ADD	_											
CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DISCRIBED HEREIN IS SUBJECT TO ALL THE TERMIC EXCLUSIONS AND CONDITIONS OF SUCH POLICIES LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAMS.  TYPE OF INSURANCE MARK WITH THE INSURANCE BEEN REDUCED BY PAID CLAMS.  TYPE OF INSURANCE MARK WITH THE INSURANCE BEEN REDUCED BY PAID CLAMS.  TO COMMERCIAL GENERAL LIABILITY  CLAMS-MADE X OCCUR  CERT. ACKNOWN MAY HAVE A COMMERCIAL GENERAL LIABILITY  CLAMS-MADE X OCCUR  CERT. ACKNOWN MAY AND TO THE ABOVE DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMIC SERVING AND STATE OF THE TERMIC SE												
Type of INSURANCE   ADDL SUBR   POLICY NUMBER   POLICY PROMISSION   POLICY PROMISSION   POLICY PROMISSION   POLICY NUMBER   POLICY PROMISSION   POLICY PROMISSION   POLICY NUMBER   POLICY PROMISSION   POLI	С	ERTI	FICATE MAY BE ISSUED OR MAY I	PERT	AIN,	THE INSURANCE AFFORD	ED BY	THE POLICIES	S DESCRIBE	D HEREIN IS SUBJECT TO		
CAMPACIAN   CAMPACING   CAMP			JSIONS AND CONDITIONS OF SUCH				BEEN F			·		
A X COMMERCIAL GENERAL LIABILITY    CLAIMS-MADE   X OCCUR   CREATED   S   100	LTR	TYPE OF INSURANCE			WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)				
A COLMINERCIAL GENERAL LIABILITY    CLAMS-MADE   X OCCUR   No. COLV   PRESCRIPTION OF OPERATIONS / VEHICLES   Additional Remarks Schedule, if more space is required)    CLAMS-MADE   X OCCUR   PRESCRIPTION OF OPERATIONS / VEHICLES   Additional Remarks Schedule, if more space is required)    A COLMINERCIAL GENERAL LIABILITY   Representation of the control of the con		-	IERAL LIABILITY								5	1,000,000
PERSONAL & ADV NJURY S 1,000 GENERAL AGGREGATE LIMIT APPLIES PER Z 2,000 PRODUCT PRO STATE LIMIT APPLIES PER S 2,000 PRODUCT OR STATE S 3 BOOLY NURTY (Per paron) S PROPERTY DAMAGE S PROPERTY	Α	Х				NN585911		06/26/15	06/26/16	PREMISES (Ea occurrence) \$	3	100,000
GENERAL AGGREGATE LIMIT APPLIES PER:    PRODUCY			CLAIMS-MADE X OCCUR							·		5,000
GENTLAGGREGATE LIMIT APPLIES PER:  X POLICY FOR LOC  AUTOMBINED LIABILITY  ANY AUTO  ALL OWNED  AUTOS  AUTOS  HIRED AUTOS												1,000,000
X POLICY SECT LOC  AUTOMOBILE LIABILITY  ANY AUTO  ALL OWNED AUTOS  HIRED AUTOS  HI			J									
AUTOMOBILE LIABILITY  ANY AUTO  AUTONOMED  AUTON  AUTON  HIRED AUTOS  HIRED AUTOS  HIRED AUTOS  AUTONOMED  AUTON										<u> </u>		2,000,000
ANY AUTO ALLOWNED AUTOS										COMBINED SINGLE LIMIT		
ALL OWNED AUTOS AUTOS NON-OWNED NOT		7.0.	1							(		
AUTOS    HIRED AUTOS   AUTOS   AUTOS   AUTOS   AUTOS			ALL OWNED SCHEDULED							\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
UMBRELLA LIAB			AUTOS AUTOS NON-OWNED							PROPERTY DAMAGE		
EXCESS LIAB CALMIS-MADE  DED RETENTIONS SUPPRISATION AND EMPLOYER'S LIABBILITY ANY PROPRIETOR/PARTINER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under the propertion of OPERATIONS below  DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  CERTIFICATE HOLDER  CANCELLATION  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORM THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.			AUTOS AUTOS							(Per accident)		
EXCESS LAB CLAIMS-MADE    DED   RETENTIONS   S			UMBRELLA LIAB OCCUR							EACH OCCURRENCE \$	<u> </u>	
Wizard Electric  B O1/09/15  O1/09/16  EL. EACH ACCIDENT \$ 500  EL. DISEASE - EA EMPLOYEE \$ 500  EL. DISEASE - POLICY LIMIT \$ 500  EL. DISEASE - POLI			EXOCOLUAD									
B ANY PROPRIETOR PARTNER/EXECUTIVE (Mandatory in NH) (Pyes, describe under the property of the propert			DED RETENTION\$								3	
B ANY PROPRIETOR PARTNER/EXECUTIVE (Mandatory in NH) (Pyes, describe under the property of the propert		AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)				6JUB2E65218-9-15			01/09/16	X WC STATU- TORY LIMITS OTH- ER		
Mindatory in NH)   E.L. DISEASE - EA EMPLOYEE   \$ 500	В							01/09/15			3	500,000
DESCRIPTION OF OPERATIONS below  Commercial Applica  DESCRIPTION OF OPERATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  CERTIFICATE HOLDER  CANCELLATION  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFOR THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED ACCORDANCE WITH THE POLICY PROVISIONS.										E.L. DISEASE - EA EMPLOYEE \$	3	500,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  CERTIFICATE HOLDER  CANCELLATION  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFOR THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED ACCORDANCE WITH THE POLICY PROVISIONS.		DÉS	SCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$	3	500,000
CERTIFICATE HOLDER  CANCELLATION  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFOR THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED ACCORDANCE WITH THE POLICY PROVISIONS.		Cor	nmercial Applica									
CERTIFICATE HOLDER  CANCELLATION  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFOR THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED ACCORDANCE WITH THE POLICY PROVISIONS.												
CERTIFICATE HOLDER  CANCELLATION  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFOR THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED ACCORDANCE WITH THE POLICY PROVISIONS.												
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFOR THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED ACCORDANCE WITH THE POLICY PROVISIONS.	DES	SKIPI	ION OF OPERATIONS / LOCATIONS / VEHICL	.ES (/	Attacn	ACORD 101, Additional Remarks 8	scneaule,	it more space is	requirea)			
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFOR THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED ACCORDANCE WITH THE POLICY PROVISIONS.												
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFOR THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED ACCORDANCE WITH THE POLICY PROVISIONS.												
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFOR THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED ACCORDANCE WITH THE POLICY PROVISIONS.												
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFOR THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED ACCORDANCE WITH THE POLICY PROVISIONS.												
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFOR THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED ACCORDANCE WITH THE POLICY PROVISIONS.												
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFOR THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED ACCORDANCE WITH THE POLICY PROVISIONS.	CF	RTIF	ICATE HOLDER				CANCELLATION					
Wizard Electric  THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED ACCORDANCE WITH THE POLICY PROVISIONS.	JL	X 1 II	IVALE HVEDER			-		LLLAHON				
AGGREANGE WITH THE FOLIOT ROVIGIONS.			Minard Flactuia				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN					
			VVIZATU EIECTFIC				ACC	ORDANCE WI	TH THE POLIC	CY PROVISIONS.		
AUTHORIZED REPRESENTATIVE												