PARTNERS

HAMILTON PARTNERS, INC. 300 Park Boulevard Suite 201 Itasca, Illinois 60143

PHONE: 630-250-9700 FAX: 630-250-8521

RE: CERTIFICATE OF INSURANCE

333 Pierce Road, Itasca, Illinois 60143

333 Pierce Tenant:

In reference to the above captioned address, please note that per the terms of your lease we require a current Certificate of Insurance for our files. Listed below are our requirements:

Insurance should be carried to the minimum of the amounts listed below:

COMMERCIAL GENERAL LIABILITY

\$1,000,000.00

WORKMEN'S COMPENSATION Statutory Amounts As Required Employer's Liability

\$500,000.00

"ADDITIONAL INSURED" must be listed **EXACTLY** as follows:

333 Pierce Road:

Hamilton Lakes #1 LLC (Owner)
Hope #1 Limited Partnership (Managing Member)
CUNA Mutual Life Insurance Company (Mortgage Holder)

Please send the certificate of insurance to my attention Hamilton Partners, Inc. (Certificate Holder) 300 Park Blvd. Suite 201 Itasca, Illinois 60143 Fax #630-250-8521

Please feel free to contact us if you have any questions at 630-250-9700.

Sincerely,

Jennifer Brock
HAMILTON PARTNERS

PARTNERS

HAMILTON PARTNERS, INC. 300 PARK BOULEVARD SUITE 201 ITASCA, ILLINOIS 60143

630-250-9700 FAX: 630-250-8521

RE: CERTIFICATE OF INSURANCE

333 Pierce Road, Itasca, Illinois 60143

To Whom It May Concern:

In reference to the work you will be performing at the above captioned address, please note that we we need a current Certificate of Insurance in our files. Listed below are our requirements:

Insurance should be carried to the minimum of the amounts listed below:

Commercial General Liability including products and completed operations coverage, premises liability, blank contractual liability including Contractor's indemnity agreements contained in this Agreement, personal inju (employees' exclusion deleted) \$2,000,000.00 combined single limit for bodily injury and property damage p occurrence.

General Contractor Subcontractors \$2,000,000.00 \$2,000.000.00

Worker's Compensation & Employer's Liability: Statutory limits required by applicable Worker Compensation Law and \$100,000.00 per occurrence for employers liability arising under any other applicable Act governmental enactment for the protection of employees.

Comprehensive Auto Liability

\$2,000,000.00 /per occurrence

"ADDITIONAL INSURED" must be listed **EXACTLY** as follows:

333 Pierce Road:

Hamilton Lakes #1 LLC (Owner)
Hope #1 Limited Partnership (Managing Member)
CUNA Mutual Life Insurance Company (Mortgage Holder)

Please send the certificate of insurance to my attention

Hamilton Partners, Inc. (Certificate Holder)

300 Park Blvd. Suite 201

Itasca, Illinois 60143

Fax #630-250-8521

Please feel free to contact us if you have any questions at 630-250-9700.

Sincerely,

Jennifer Brock