

WEISS INSURANCE AGENCIES INC
31 W 680 ARMY TRAIL RD
WAYNE IL 60184

State of Illinois		
Insurance License		
<i>WEISS INSURANCE AGENCIES INC</i>		
License No: 100293308		
This is to certify that pursuant to requirements of the Illinois Insurance code the above firm is licensed to do business in the state of Illinois with the following authority:		
LICENSE TYPE	LICENSE EFFECTIVE DATE	LICENSE EXPIRATION DATE
BUSINESS ENTITY PRODUCER	06/01/2014	05/31/2016


AUG. 26TH 1818

For questions regarding a license, contact the Illinois Department of Insurance at DOI.licensing@illinois.gov


Andrew Boron
Director of Insurance

WESTPORT INSURANCE CORPORATION

Policy Number: WED4IL009426506

Renewal of Policy: WED4IL009426505

INSURANCE INDUSTRY PROFESSIONAL LIABILITY COVERAGE FOR INSURANCE AGENCIES

DECLARATIONS

THIS IS A CLAIMS MADE POLICY. PLEASE READ CAREFULLY.

A. NAMED INSURED:
Weiss Insurance Agencies Inc.

Address:
31W680 Army Trail Rd.
WAYNE, IL 60184

B. POLICY PERIOD: From 12:01 A.M. February 14, 2015 To 12:01 A.M. February 14, 2016
Local time at the address stated herein

C. Limits of Liability: \$ 5,000,000 Per CLAIM
\$ 5,000,000 Aggregate for the POLICY PERIOD

Sublimit of Liability for
BREACH OF PERSONAL DATA: \$1,000,000 Per CLAIM
\$1,000,000 Aggregate for the POLICY PERIOD

D. DEDUCTIBLE: \$ 10,000 Per CLAIM
\$ 30,000 Aggregate for the POLICY PERIOD

E. Premium: \$ 37,968.00
*Experience Credit Applied

F. RETROACTIVE DATE: Full Prior Acts

Total Premium: \$ 37,968.00

\$ 37,968.00

License No: 2134558

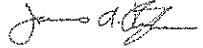
State of Illinois
Insurance License

NPN: 2134558

JOY A THOMPSON

LICENSE TYPE	LINES OF AUTHORITY	LOA EFFECTIVE DATE	LICENSE EFFECTIVE DATE	LICENSE EXPIRATION DATE
PRODUCER	Life	09/22/1984	08/01/2015	07/31/2017
	Casualty	09/08/1984		
	Health	09/22/1984		
	Fire	09/08/1984		

JOY A THOMPSON
623 HUNTINGTON BLVD
WEST DUNDEE IL 60018


James A. Stephens
Acting Director of Insurance

**State of Illinois
Insurance License**

License No: 2134558 NPN: 2134558

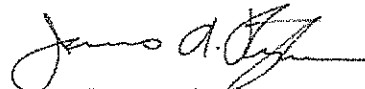
JOY A THOMPSON

This is to certify that pursuant to requirements of the Illinois Insurance code the above individual is licensed to do business in the state of Illinois with the following authority:

LICENSE TYPE	LINES OF AUTHORITY	LOA EFFECTIVE DATE	LICENSE EFFECTIVE DATE	LICENSE EXPIRATION DATE
PRODUCER	Life	09/22/1984	08/01/2015	07/31/2017
	Casualty	09/08/1984		
	Health	09/22/1984		
	Fire	09/08/1984		

This insurance license shall remain in effect until the expiration date unless suspended, revoked or denied. If required, the licensee must complete continuing education, renew the license and pay all applicable renewal fees as required by Illinois administrative code prior to the expiration date.

For questions regarding a license, contact the
Illinois Department of Insurance at
DOI.licensing@illinois.gov


James A. Stephens
Acting Director of Insurance

Request for Taxpayer Identification Number and Certification

Give Form to the
 requester. Do not
 send to the IRS.

Print or type See Specific instructions on page 2.	Name (as shown on your income tax return) WEISS INSURANCE AGENCIES, INC	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification (required): <input type="checkbox"/> Individual/sole proprietor <input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____	
	<input type="checkbox"/> Exempt payee	
Address (number, street, and apt. or suite no.) 31W680 ARMY TRAIL RD.		Requester's name and address (optional)
City, state, and ZIP code WAYNE IL 60184		
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number								

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number									
3	6	-	2	7	6	6	3	0	5

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here	Signature of U.S. person ▶ <i>Michael Caputo</i>	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.