

2/3/11

**6-R-11**

**A RESOLUTION**

**Authorizing the City Manager to Enter into Renewals of Resident Artist Leases for spaces at the Noyes Cultural Arts Center**

BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF EVANSTON, COUNTY OF COOK, STATE OF ILLINOIS:

**SECTION 1:** That the City Manager is hereby authorized and directed to sign, and the City Clerk hereby authorized and directed to attest on behalf of the City of Evanston, twenty-three (23) renewals of studio leases and one (1) theater lease by and between the City and Resident Artists of the Noyes Cultural Arts Center. Such Resident Artists leases shall be in substantial conformity with the leases marked as Exhibit A (Master Studio Lease) and Exhibit B (Master Theater Lease) attached hereto and incorporated herein by reference.

**SECTION 2:** That the City Manager is hereby authorized and directed to negotiate any additional terms and conditions of the leases as may be determined to be in the best interests of the City.

**SECTION 3:** That this Resolution 6-R-11 shall be in full force and effect from and after its passage and approval in the manner provided by law.

  
Elizabeth B. Tisdahl, Mayor

Attest:

  
Rodney Greene, City Clerk

Adopted: February 28, 2011

**EXHIBIT A**  
**MASTER STUDIO LEASE**

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
2/16/2011

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).

<b>PRODUCER</b> Paczolt Financial Group 913 Hillgrove Ave. P.O. Box 694 LaGrange IL 60525		<b>CONTACT NAME:</b> Stephen Paczolt <b>PHONE (A/C, No, Ext):</b> (708) 579-3128 <b>FAX (A/C, No):</b> (708) 579-0236 <b>E-MAIL ADDRESS:</b> Steve@Paczolt.com <b>PRODUCER CUSTOMER ID #:</b> 00007302	
<b>INSURED</b> The Actors Gymnasium Inc 927 Noyes St Evanston IL 60201		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> First Nonprofit Mutual Ins Co <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	

**COVERAGES**      **CERTIFICATE NUMBER:** CL1121605704      **REVISION NUMBER:**

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 LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		TMP1219076-10	7/25/2010	7/25/2011	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE \$ RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES** (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
The Certificate Holder is listed as an additional insured with regard to the above policy, ATIMA.

<b>CERTIFICATE HOLDER</b> City of Evanston 927 Noyes Street Evanston, IL 60201	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Stephen Paczolt/STEVE
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**NOYES CULTURAL ARTS CENTER  
LEASE**

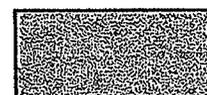
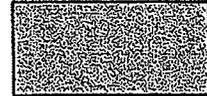
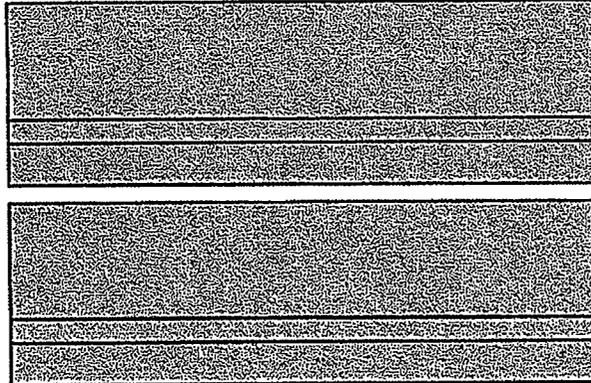
**LESSOR:** City of Evanston  
2100 Ridge Avenue  
Evanston, IL 60201

**LESSEE:** The Actors Gymnasium  
Larry Distasi, Agent  
1111 Noyes Street  
Evanston, IL, 60201  
Phone: 328-2795  
email@actorsgymnasium.com

Studio Space No.		Great Hall ; 104
Location		1st Floor
Square Feet	2779.60; 442	3221.6
Additional Space		B Storage
Location		Basement
Square Feet		138.4

<b>Lease Year 1</b>		<b>03/01/2011 - 12/31/2011</b>	
Rate(s) by location	\$ 14.01	\$	10.90
Annual Rent (Sq. ft. x rate)		\$	45,134.62
Additional Space Annual Rent (Sq. ft. x rate)		\$	1,519.46
<b>Total Annual Rent - 10 Months</b>		<b>\$</b>	<b>38,878.40</b>
Monthly Rent		\$	3,887.84
Community Service Year 3 15% of Annual Rent		\$	5,831.76

<b>Rate per sq. ft. 2011 12 Months</b>	
Basement	\$ 10.90
1st Floor	\$ 14.01
2nd Floor	\$ 12.45



**PURPOSE:** For and in consideration of the terms of this lease, Lessor agrees to lease Lessee space as diagramed in Appendix "A"

**LESSEE:** 

**DATE:** 2-14-11

## IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

## DISCLAIMER

The Certificate of Insurance does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

Client#: 2882

ARTENCOU

DATE (MM/DD/YYYY)  
1/21/2011

# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

<b>PRODUCER</b> Richard P. Mrotek LLC The Rockwood Company 20 N Wacker Drive, Suite #960 Chicago, IL 60606	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
	<b>INSURERS AFFORDING COVERAGE</b>	<b>NAIC #</b>
<b>INSURED</b> Art Encounter Inc 927 Noyes Street Evanston, IL 60201	INSURER A: Hartford Casualty Insurance Co	29424
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

**COVERAGES**

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR AND LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	83SBAPM8593	03/01/2011	03/01/2012	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	83SBAPM8593	03/01/2011	03/01/2012	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
	EXCESS / UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ RETENTION \$				\$ \$ \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input checked="" type="checkbox"/> Y If yes, describe under SPECIAL PROVISIONS below	83WECKD0437	03/01/2011	03/01/2012	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$500,000 E.L. DISEASE - EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$500,000
	OTHER				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS  
**Additional Insured as respects General Liability:**  
 City of Evanston

**CERTIFICATE HOLDER**

City of Evanston  
 Noyes Cultural Art Center  
 927 Noyes Street  
 Evanston, IL 60201

**CANCELLATION**

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 IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

*John H. [Signature]*

**NOYES CULTURAL ARTS CENTER  
LEASE**

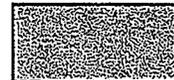
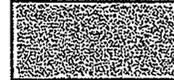
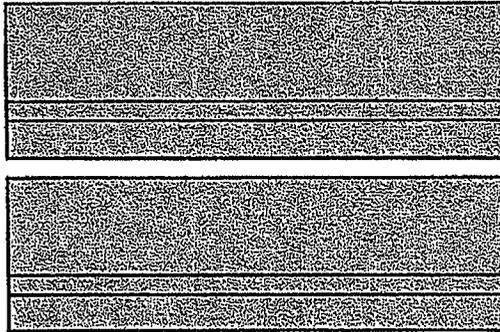
**LESSOR:** City of Evanston  
2100 Ridge Avenue  
Evanston, IL 60201

**LESSEE:** Art Encounter  
Joanna Pinsky  
1223 Grant Street  
Evanston, IL 60201  
Phone: 328-9222  
artencounter@yahoo.com

Studio Space No.	109
Location	1st Floor
Square Feet	220.8
Additional Space	N/A
Location	N/A
Square Feet	N/A

<b>Lease Year 1</b>	<b>03/01/2011 - 12/31/2011</b>	
Rate(s) by location	\$	14.01
Annual Rent (Sq. ft. x rate)	\$	3,093.41
Additional Space Annual Rent (Sq. ft. x rate)	N/A	
<b>Total Annual Rent - 10 Months</b>	\$	<b>2,677.84</b>
<b>Monthly Rent</b>	\$	<b>267.78</b>
Community Service Year 1		
15% of Annual Rent	\$	386.68

Rate per sq. ft. 2011 12 Months	
Basement	\$ 10.90
1st Floor	\$ 14.01
2nd Floor	\$ 12.45



**PURPOSE:** For and in consideration of the terms of this lease, Lessor agrees to lease Lessee space as diagramed in Appendix "A"

**LESSEE:** Carlyn Beaman      **DATE:** 2/10/11  
for Art Encounter



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
08/07/2010

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:** When 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 this certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Beau Parenti, Agent State Farm Insurance Companies 1902 Waukegan Road Glenview, IL 60025	<b>AGENT</b> Beau Parenti Lic. No. Exp: 047-729-0047 FAX (630) 947-729-0641
	<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: State Farm Fire and Casualty Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
<b>INSURED</b> SHEILA OETTINGER & BARBARA GOLDSMITH, 827 NOYES ST STE B10, EVANSTON, IL 60201-6205	<b>NAIC #</b> 28143

**COVERAGES**      **CERTIFICATE NUMBER:**      **REVISION NUMBER:**

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.

TYPE	TYPE OF INSURANCE	INSURER	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YYYY)	POLICY EXP. DATE (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> YEAR <input type="checkbox"/> 100		93-75-0705-0 F	03/01/2011	03/01/2012	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$ 0 MED EXP (Per person) \$ 5,000 PERSONAL & ADV INJURY \$ 0 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS-COMP/OP AGG \$ 2,000,000 Building Property \$ 35,000
	<b>AUTOMOBILE LIABILITY</b> ALL OWNED AUTOS SOLE AND AUTO HIRED AUTOS NON-OWNED AUTOS					
	<b>UMBRELLA LAR</b> <input type="checkbox"/> OCCUR <b>EXCESS LAR</b> <input type="checkbox"/> CLAIMS-MADE <b>DEFENSIBLE</b> <input type="checkbox"/> <b>RETENTION</b> \$					EACH OCCURRENCE \$ AGGREGATE \$ RETENTION \$
	<b>WORKERS COMPENSATION AND EMPLOYERS LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/SHARED EMPLOYER (Inactivity in RIG) SPECIAL EMPLOYER					WORKERS COMPENSATION AND EMPLOYERS LIABILITY \$ SPECIAL EMPLOYER \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 827 NOYES ST, STE B10  
 EVANSTON, IL 60201-6205

<b>CERTIFICATE HOLDER</b> CITY OF EVANSTON 2100 RIDGE AVE EVANSTON, IL 60201-2716	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE:  Beau Parenti
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HOME OFFICE • NORTHBROOK, ILLINOIS

**CERTIFICATE OF INSURANCE - LIABILITY**

Master Policy Number 922006165	Certificate Number 922006165
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Insured's Name	Sarah Kaiser and Elena Kaiser
Location of Premises	927 Noyas St B9, Evanston, Il 60201
Mailing Address	1930 Ridge Ave Apt A407
Address	Evanston, Il 60201

PROPERTY INSURANCE (Bids)	POLICY TYPE	GENERAL LIABILITY INSURANCE																
Coverage Amount	<input checked="" type="checkbox"/> Special Form (All Risk) <input type="checkbox"/> Named Peril	Limit of Liability																
Deductible	<input type="checkbox"/> Replacement Cost Safeguard <input checked="" type="checkbox"/> Replacement Cost <input type="checkbox"/> Actual Cash Value	<table border="1"> <tr> <th>COVERAGE</th> <th>EACH OCCURRENCE</th> <th>COMBINED SINGLE LIMIT</th> </tr> <tr> <td>Bodily Injury</td> <td>\$100,000.00</td> <td></td> </tr> <tr> <td>Fire &amp; Specified Peril Legal Liability</td> <td></td> <td></td> </tr> <tr> <td>Property Damage</td> <td></td> <td></td> </tr> <tr> <td>Medical Payments</td> <td>\$1,000</td> <td></td> </tr> </table>	COVERAGE	EACH OCCURRENCE	COMBINED SINGLE LIMIT	Bodily Injury	\$100,000.00		Fire & Specified Peril Legal Liability			Property Damage			Medical Payments	\$1,000		
COVERAGE	EACH OCCURRENCE	COMBINED SINGLE LIMIT																
Bodily Injury	\$100,000.00																	
Fire & Specified Peril Legal Liability																		
Property Damage																		
Medical Payments	\$1,000																	
Additional Coverages	Fire Following Terrorism Coverage, Loss Of Income, Building Laws, Board of Managers Liability, Employee Dishonesty, Water Damage.																	

**NOTICE TO OWNER**  
 This policy does not include coverage for household contents or individual personal property of individual unit owners or individual unit owners personal liability

Additional Insured	CITY OF EVANSTON NOYES S CENTER
Address	927 Noyes St, Evanston, Il 60201

**GENERAL TERMS**  
 This certificate will remain in force from the inception of the policy until the policy is cancelled or expires.

POLICY INCEPT-EXP DATE 01/07/2011 to 01/07/2012

This form is not the contract of insurance, but attests that a policy as identified above has been issued. The provisions of the policy shall prevail in all respects.

**note to Mortgagee:** Mortgage clause updated in lieu of actual change. Please contact agent with Mortgagee and Loan # info.

his replaces the Certificate issued on \_\_\_\_\_ in the name of \_\_\_\_\_

is agreed that should the insurance protection evidenced herein terminate for any reason, a thirty day written notice of such termination will be given to the mortgagee.

ILEEN B SUTZ	<i>ILEEN B SUTZ</i> Authorized Agent/Representative	773-868-1400 Phone Number	18-Feb-11 Date
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## NOYES CULTURAL ARTS CENTER LEASE

**LESSOR:** City of Evanston  
2100 Ridge Avenue  
Evanston, IL 60201

**LESSEE:** Elena Kaiser Sarah Kaiser  
3140 Harrison 1930 Ridge Ave. #A407  
Evanston, IL 60201 Evanston, IL 60201  
847-332-2377 773-318-0163 (cell)  
847-337-2377 312-461-0800 (work)  
[kaiser.elena@comcast.net](mailto:kaiser.elena@comcast.net) [sarahkaiser@hotmail.com](mailto:sarahkaiser@hotmail.com)

Studio Space No.	B9
Location	Basement
Square Feet	865.9
Additional Space	N/A
Location	N/A
Square Feet	N/A

Lease Year 1	03/01/2011 - 12/31/2011	
Rate(s) by location	\$	10.90
Annual Rent (Sq. ft. x rate)	\$	9,438.31
Additional Space Annual Rent (Sq. ft. x rate)		N/A
Total Annual Rent - 10 Months	\$	7,865.26
<b>Monthly Rent</b>	\$	<b>786.53</b>
Community Service Year 1		
15% of Annual Rent	\$	1,179.79

Rate per sq. ft. 2011 12 Months	
Basement	\$ 10.90
1st Floor	\$ 14.01
2nd Floor	\$ 12.45


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**PURPOSE:** For and in consideration of the terms of this lease, Lessor agrees to lease Lessee space as diagramed in Appendix "A"

LESSEE: Sarah Kaiser  
[Signature]

DATE: 2/11/11  
2/11/11



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
02/14/2011

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).

PRODUCER	<b>PHILLIP M BLUME INS AGCY INC</b> 9547 N CRAWFORD AVE EVANSTON IL 60203	CONTACT NAME: <b>LAUREN PORT</b>	PHONE (A/C, No, Ext): <b>847 677-8511</b>	FAX (A/C, No): <b>847 677-0860</b>
		E-MAIL ADDRESS: <b>LAUREN.PORT.ILG2@STATEFARM.COM</b>		
INSURED	<b>OCKWELL, ELIZABETH</b> 813 HAMLIN ST EVANSTON IL 60201-3205	INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A: State Farm Fire and Casualty Company		25143
		INSURER B:		
		INSURER C:		
		INSURER D:		
		INSURER E:		
		INSURER F:		

COVERAGES      CERTIFICATE NUMBER:      REVISION NUMBER:

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.

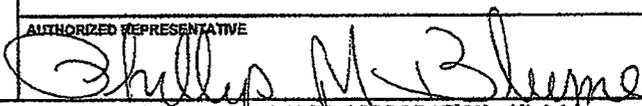
INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			93-T4-9053-1	03/01/2011	03/01/2012	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	<input checked="" type="checkbox"/> Y	<input type="checkbox"/>				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	<input type="checkbox"/>	<input type="checkbox"/>				
	UMBRELLA LIAB      OCCUR EXCESS LIAB      CLAIMS-MADE DEDUCTIBLE RETENTION \$	<input type="checkbox"/>	<input type="checkbox"/>				EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> N/A				WC STATU-TORY LIMITS      OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

LOCATION 927 NOYES ST STE 212  
ADDITIONAL INSURED: CITY OF EVANSTON

## CERTIFICATE HOLDER

## CANCELLATION

CITY OF EVANSTON 2100 RIDGE AVE RM 3300 EVANSTON IL 60201-2716	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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## NOYES CULTURAL ARTS CENTER LEASE

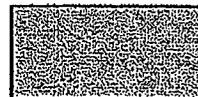
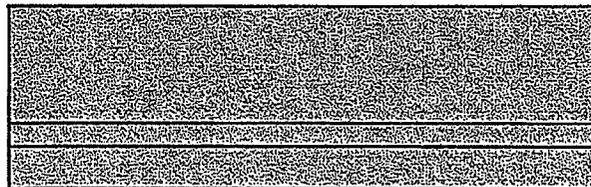
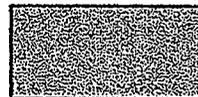
**LESSOR:** City of Evanston  
2100 Ridge Avenue  
Evanston, IL 60201

**LESSEE:** Elizabeth Ockwell  
813 Hamlin  
Evanston, IL 60201  
475-3978  
elizabethockwell@comcast.net

Studio Space No.	212
Location	2nd Floor
Square Feet	298.8
Additional Space	N/A
Location	N/A
Square Feet	N/A

Lease Year 1	03/01/2011 - 12/31/2011	
Rate(s) by location	\$	12.45
Annual Rent (Sq. ft. x rate)	\$	3,720.06
Additional Space Annual Rent (Sq. ft. x rate)		N/A
Total Annual Rent - 10 Months	\$	3,100.05
Monthly Rent	\$	310.01
Community Service Year 1 of Annual Rent	15%	\$ 465.01

Rate per sq. ft. 2011 12 Months	
Basement	\$ 10.90
1st Floor	\$ 14.01
2nd Floor	\$ 12.45



**PURPOSE:** For and in consideration of the terms of this lease, Lessor agrees to lease Lessee space as diagramed in Appendix "A"

**LESSEE:** *Elizabeth Ockwell*

**DATE:** 2/10/11

**CERTIFICATE OF INSURANCE**

This certifies that  STATE FARM FIRE AND CASUALTY COMPANY, Bloomington, Illinois  
 STATE FARM GENERAL INSURANCE COMPANY, Bloomington, Illinois  
 insures the following policyholder for the coverages indicated below:  
 Name of policyholder BARON, ENID L

Address of policyholder 999 MICHIGAN AVE APT 1D  
EVANSTON IL 60202-1445

Location of operations 927 NOYES ST STE 220 EVANSTON IL 60201

Description of operations BUSINESS-OFFICE BPC: Office Policy

The policies listed below have been issued to the policyholder for the policy periods shown. The insurance described in these policies is subject to all the terms, exclusions, and conditions of those policies. The limits of liability shown may have been reduced by any paid claims.

POLICY NUMBER	TYPE OF INSURANCE	POLICY PERIOD		LIMITS OF LIABILITY (at beginning of policy period)
		Effective Date	Expiration Date	
93-T5-4883-9	Comprehensive Business Liability	03/01/11	03/01/12	BODILY INJURY AND PROPERTY DAMAGE  Each Occurrence \$ <u>1,000,000</u>  General Aggregate \$ <u>2,000,000</u> Products - Completed Operations Aggregate \$ <u>2,000,000</u>
This insurance includes:				
<input type="checkbox"/> Products - Completed Operations <input type="checkbox"/> Contractual Liability <input type="checkbox"/> Underground Hazard Coverage <input type="checkbox"/> Personal Injury <input type="checkbox"/> Advertising Injury <input type="checkbox"/> Explosion Hazard Coverage <input type="checkbox"/> Collapse Hazard Coverage <input type="checkbox"/> General Aggregate Limit applies to each project <input checked="" type="checkbox"/> B-BUSN PROP \$6,700 <input type="checkbox"/>				
	EXCESS LIABILITY	POLICY PERIOD		BODILY INJURY AND PROPERTY DAMAGE
	<input type="checkbox"/> Umbrella <input type="checkbox"/> Other	Effective Date	Expiration Date	(Combined Single Limit) Each Occurrence \$ _____ Aggregate \$ _____
	Workers' Compensation and Employers Liability			Part 1 STATUTORY Part 2 BODILY INJURY  Each Accident \$ _____ Disease Each Employee \$ _____ Disease - Policy Limit \$ _____
POLICY NUMBER	TYPE OF INSURANCE	POLICY PERIOD		LIMITS OF LIABILITY
		Effective Date	Expiration Date	(at beginning of policy period)

If any of the described policies are canceled before its expiration date, State Farm will try to mail a written notice to the certificate holder 10 days before cancellation. If, however, we fail to mail such notice, no obligation or liability will be imposed on State Farm or its agents or representatives.

Name and Address of Certificate Holder  
 ADDL INSURED - CITY OF EVANSTON  
 NOYES CULTURAL ARTS CENTER  
 927 NOYES ST  
 EVANSTON IL 60201-6206

Signature of Authorized Representative

Title

Date

*[Handwritten Signature]*  
 Chief Manager  
 3/3/2011

**NOYES CULTURAL ARTS CENTER  
LEASE**

**LESSOR:** City of Evanston  
2100 Ridge Avenue  
Evanston, IL 60201

**LESSEE:** Enid Baron  
999 Michigan Ave., Apt 1D  
Evanston, IL 60202  
Phone: 328-6524  
Phone: 328-9222  
[Enidbaron@sbcglobal.net](mailto:Enidbaron@sbcglobal.net)

Studio Space No.	220
Location	2nd Floor
Square Feet	254.1
Additional Space	N/A
Location	N/A
Square Feet	N/A

<b>Lease Year 1</b>	<b>03/01/2011 - 12/31/2011</b>	
Rate(s) by location	\$	12.45
Annual Rent (Sq. ft. x rate)	\$	3,163.55
Additional Space Annual Rent (Sq. ft. x rate)	N/A	
<b>Total Annual Rent - 10 Months</b>	\$	<b>2,636.29</b>
<b>Monthly Rent</b>	\$	<b>263.63</b>
Community Service Year 1		
15% of Annual Rent	\$	395.44

<b>Rate per sq. ft. 2011 12 Months</b>	
Basement	\$ 10.90
1st Floor	\$ 14.01
2nd Floor	\$ 12.45


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**PURPOSE:** For and in consideration of the terms of this lease, Lessor agrees to lease Lessee space as diagramed in Appendix "A"

**LESSEE:** Enid Baron

**DATE:** 3/4/11



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12-17-2010

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).

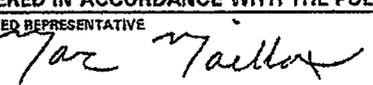
<b>PRODUCER</b> TOTAL INSURANCE SERVICES INC/PHS 552429 P: (866) 467-8730 F: (877) 538-5295 PO BOX 29611 CHARLOTTE NC 28229	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): (866) 467-8730 FAX (A/C, No): (877) 538-5295 E-MAIL ADDRESS: PRODUCER CUSTOMER ID #:
	<b>INSURER(S) AFFORDING COVERAGE</b> NAIC #
<b>INSURED</b> ESTHER WILLIAMS HAYS D/B/A THE ARTS 4 LIFE 927 NOYES ST STE 219 EVANSTON IL 60201	<b>INSURER A:</b> Hartford Casualty Ins Co
	<b>INSURER B:</b>
	<b>INSURER C:</b>
	<b>INSURER D:</b>
	<b>INSURER E:</b>
	<b>INSURER F:</b>

**COVERAGES**                      **CERTIFICATE NUMBER:**                      **REVISION NUMBER:**

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 LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> General Liab	X	83 SBA RX2587	03/01/2011	03/01/2012	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A			<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
Those usual to the Insured's Operations. Certificate holder is an Additional Insured per the Business Liability Coverage Form SS0008.

<b>CERTIFICATE HOLDER</b>  The City of Evanston 2100 RIDGE AVE EVANSTON, IL 60201	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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## NOYES CULTURAL ARTS CENTER LEASE

**LESSOR:** City of Evanston  
2100 Ridge Avenue  
Evanston, IL 60201

**LESSEE:** Esther Williams-Hays  
612-A South Boulevard  
Evanston, IL 60202  
338-7105  
emwharts@gmail.com

Studio Space No.	249
Location	2nd Floor
Square Feet	283.9
Additional Space	N/A
Location	N/A
Square Feet	N/A

Lease Year 1		03/01/2011 - 12/31/2011	
Rate(s) by location	\$	12.45	
Annual Rent (Sq. ft. x rate)	\$	3,534.56	
Additional Space Annual Rent (Sq. ft. x rate)		N/A	
<b>Total Annual Rent - 10 Months</b>	<b>\$</b>	<b>2,945.46</b>	
<b>Monthly Rent</b>	<b>\$</b>	<b>294.55</b>	
Community Service Year 1			
15% of Annual Rent	\$	441.82	

Rate per sq. ft. 2011 12 Months	
Basement	\$ 10.90
1st Floor	\$ 14.01
2nd Floor	\$ 12.45


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**PURPOSE:** For and in consideration of the terms of this lease, Lessor agrees to lease Lessee space as diagramed in Appendix "A"

**LESSEE:** 

**DATE:** 2/10/11



# CERTIFICATE OF LIABILITY INSURANCE

OP ID: LH

DATE (MM/DD/YYYY)  
02/11/11

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).

PRODUCER The Owens Group, Inc. 19 S. LaSalle St., Suite 500 Chicago, IL 60603 Rodney Harvey	312-368-5110  312-368-5113	CONTACT NAME: Marcia Levy PHONE (A/C No. Ext): 847-475-5300 FAX (A/C No.): EMAIL ADDRESS: PRODUCER CUSTOMER ID #: EVANS-2
INSURED Evanston Art Center 2603 Sheridan Rd Evanston, IL 60201	INSURER(S) AFFORDING COVERAGE INSURER A: West Bend Mutual Ins Co INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

**COVERAGES**      **CERTIFICATE NUMBER:**      **REVISION NUMBER:**

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 LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: POLICY:    PRO-JECT:    LOC:	X	NSD 1254 926-01	03/01/11	03/01/12	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 200,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		NSD 1254926-01 NSD 1254926-01	03/01/11 03/01/11	03/01/12 03/01/12	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB    OCCUR EXCESS LIAB    CLAIMS-MADE  DEDUCTIBLE RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A	SCD 124 7215-1	03/01/11	03/01/12	<input checked="" type="checkbox"/> WC STATUTORY LIMITS    OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

### GENERAL CERTIFICATE

The certificate holder is an additional insured.

### CERTIFICATE HOLDER

City of Evanston  
2100 Ridge  
Evanston, IL 60201

### CANCELLATION

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

AUTHORIZED REPRESENTATIVE  
Rodney Harvey

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## NOYES CULTURAL ARTS CENTER LEASE

**LESSOR:** City of Evanston  
2100 Ridge Avenue  
Evanston, IL 60201

**LESSEE:** Evanston Art Center  
Norah Delaney, Director  
2803 Sheridan Road  
Evanston, IL 60201

Studio Space No.	B-1, B-2, B-12, B-13
Location	Basement
Square Feet	3185
Additional Space	Cage/Storage, Torch Rm., Kiln/Storage, Cage by B10
Location	Basement
Square Feet	516

<b>Lease Year 1</b>	<b>03/01/2011 - 12/31/2011</b>	
Rate(s) by location	\$	10.90
Annual Rent (Sq. ft. x rate)	\$	34,716.50
Additional Space Annual Rent (Sq. ft. x rate)	\$	5,624.40
<b>Total Annual Rent - 10 Months</b>	<b>\$</b>	<b>33,617.42</b>
<b>Monthly Rent</b>	<b>\$</b>	<b>3,361.74</b>
Community Service Year 1 15% of Annual Rent	\$	5,042.61

Rate per sq. ft. 2011 12 Months	
Basement	\$ 10.90
1st Floor	\$ 14.01
2nd Floor	\$ 12.45


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**PURPOSE:** For and in consideration of the terms of this lease, Lessor agrees to lease Lessee space as diagramed in Appendix "A"

**LESSEE:** The Evanston Art Center      **DATE:** 2.11.11  
                   (EAC), Norah Dredvick

**CERTIFICATE OF LIABILITY INSURANCE**

American Family Insurance Company   
 American Family Mutual Insurance Company If selection box is not checked.  
 6000 American Pky Madison, Wisconsin 53783-0001

Insured's Name and Address  
 Evanston Children's Choir  
 2110 Warren  
 Evanston, IL 60201

Agent's Name, Address and Phone Number (Agt./Dist.)  
 Trevor Pachis (847) 905-1905  
 1634 Payne Street  
 Evanston, IL 60201-3032 (137/806)

This certificate is issued as a matter of information only and confers no rights upon the Certificate Holder.  
 This certificate does not amend, extend or alter the coverage afforded by the policies listed below.

COVERAGES				
This is to certify that 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.				
TYPE OF INSURANCE	POLICY NUMBER	POLICY DATE		LIMITS OF LIABILITY
		EFFECTIVE (Mo, Day, Yr)	EXPIRATION (Mo, Day, Yr)	
Homeowners/ Mobilehomeowners Liability				Bodily Injury and Property Damage Each Occurrence \$ ,000
Boatowners Liability				Bodily Injury and Property Damage Each Occurrence \$ ,000
Personal Umbrella Liability				Bodily Injury and Property Damage Each Occurrence \$ ,000
Farm/Ranch Liability				Farm Liability & Personal Liability Each Occurrence \$ ,000 Farm Employer's Liability Each Occurrence \$ ,000
Workers Compensation and Employers Liability †				Statutory ***** Each Accident \$ ,000 Disease - Each Employee \$ ,000 Disease - Policy Limit \$ ,000
<input checked="" type="checkbox"/> General Liability <input checked="" type="checkbox"/> Commercial General Liability (occurrence) <input type="checkbox"/> <input type="checkbox"/>	12-XH0550-01-01	9/1/2008	until cancel	General Aggregate \$ 4,000,000 Products - Completed Operations Aggregate \$ ,000 Personal and Advertising Injury \$ 2,000,000 Each Occurrence \$ 2,000,000 Damage to Premises Rented to You \$ ,000 Medical Expense (Any One Person) \$ 5,000
Businessowners Liability				Each Occurrence †† \$ ,000 Aggregate †† \$ ,000
Liquor Liability				Common Cause Limit \$ ,000 Aggregate Limit \$ ,000
Automobile Liability <input type="checkbox"/> Any Auto <input type="checkbox"/> All Owned Autos <input type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Auto <input type="checkbox"/> Nonowned Autos <input type="checkbox"/>				Bodily Injury - Each Person \$ ,000 Bodily Injury - Each Accident \$ ,000 Property Damage \$ ,000 Bodily Injury and Property Damage Combined \$ ,000
Excess Liability <input type="checkbox"/> Commercial Blanket Excess <input type="checkbox"/>				Each Occurrence/Aggregate \$ ,000
<b>Other (Miscellaneous Coverages)</b>				
The City of Evanston is Named as Additional Insur				
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / RESTRICTIONS / SPECIAL ITEMS				
Children's Choir				
† The individual or partners shown as insured <input type="checkbox"/> Have <input type="checkbox"/> Have not elected to be covered as employees under this policy. †† Products-Completed Operations aggregate is equal to each occurrence limit and is included in policy aggregate.				
<b>CERTIFICATE HOLDER'S NAME AND ADDRESS</b>			<b>CANCELLATION</b>	
- City of Evanston			<input checked="" type="checkbox"/> Should any of the above described policies be cancelled before the expiration date thereof, the company will endeavor to mail * ( 10 days) written notice to the Certificate Holder named, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives. *10 days unless different number of days shown. <input type="checkbox"/> This certifies coverage on the date of issue only. The above described policies are subject to cancellation in conformity with their terms and by the laws of the state of issue.	
			DATE ISSUED	AUTHORIZED REPRESENTATIVE
			8-12-2010	

## NOYES CULTURAL ARTS CENTER LEASE

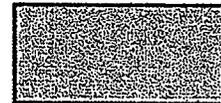
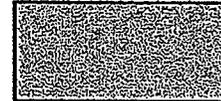
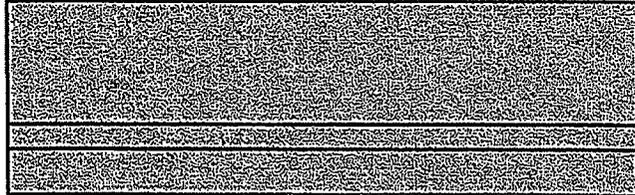
**LESSOR:** City of Evanston  
2100 Ridge Avenue  
Evanston, IL 60201

**LESSEES:** Gary Geiger  
Evanston Children's Choir  
2110 Warren St.  
Evanston, IL 60202  
847-733-0814  
gary.geiger@sbcglobal.net

Studio Space No.	107
Location	1st Floor
Square Feet	987
Additional Space	N/A
Location	N/A
Square Feet	N/A

Lease Year 1	03/01/2011 - 05/31/2011	09/01/2011 - 12/31/2011
Rate(s) by location	\$ 14.01	
Annual Rent (Sq. ft. x rate)	\$ 13,827.87	
Additional Space Annual Rent (Sq. ft. x rate)	N/A	
Total Annual Rent - 10 Months	\$ 8,066.24	
Monthly Rent	\$ 1,152.32	
Community Service Year 1 of Annual Rent	15%	\$ 1,209.94

Rate per sq. ft. 2011 12 Months	
Basement	\$ 10.90
1st Floor	\$ 14.01
2nd Floor	\$ 12.45



**PURPOSE:** For and in consideration of the terms of this lease, Lessor agrees to lease Lessee space as diagramed in Appendix "A"

**LESSEE:** 

**DATE:** 2/9/11



## NOYES CULTURAL ARTS CENTER LEASE

**LESSOR:** City of Evanston  
2100 Ridge Avenue  
Evanston, IL 60201

**LESSEE:** Fay Kaiser  
581 Green Bay Rd.  
Highland Park, IL. 60035  
864-0940  
favkaiser@gmail.com

Studio Space No.	218
Location	2nd Floor
Square Feet	201.7
Additional Space	N/A
Location	N/A
Square Feet	N/A

Lease Year 1	03/01/2011 - 12/31/2011	
Rate(s) by location	\$	12.45
Annual Rent (Sq. ft. x rate)	\$	2,511.17
Additional Space Annual Rent (Sq. ft. x rate)		N/A
Non Resident Surcharge-20%	\$	502.23
Total Annual Rent - 10 Months	\$	2,511.16
Monthly Rent	\$	251.12
Community Service Year 1	\$	376.67

Rate per sq. ft. 2011 12 Months	
Basement	\$ 10.90
1st Floor	\$ 14.01
2nd Floor	\$ 12.45


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PURPOSE: For and in consideration of the terms of this lease, Lessor agrees to lease Lessee space as diagramed in Appendix "A"

LESSEE:

Fay Kaiser

DATE:

2-9-11

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
**02/16/2011**

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).

<b>PRODUCER</b> Adkisson King Munns Insurance Group LLC 3340 Dundee Road, Suite 2S-2 Northbrook, IL 60062-2354	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): <b>847.272.6025</b> FAX (A/C, No): <b>847.272.6052</b> E-MAIL ADDRESS: PRODUCER CUSTOMER ID #:  <table style="width: 100%; border: none;"> <tr> <td style="width: 80%; border: none;">INSURER(S) AFFORDING COVERAGE</td> <td style="width: 20%; border: none;">NAIC #</td> </tr> <tr> <td style="border: none;">INSURER A: <b>Pekin Insurance Company</b></td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">INSURER B:</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">INSURER C:</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">INSURER D:</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">INSURER E:</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">INSURER F:</td> <td style="border: none;"></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: <b>Pekin Insurance Company</b>		INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A: <b>Pekin Insurance Company</b>															
INSURER B:															
INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															
<b>INSURED</b> Gail Cotovsky, Joyce Marcus, Sheila Ganch, Joann Rea DBA Studio 215 c/o Gail Cotovsky 6007 N. Sheridan Road #6B Chicago, IL 60660															

**COVERAGES**      **CERTIFICATE NUMBER:**      **REVISION NUMBER:**

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 LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS								
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			<b>REWRITE OF</b> <b>CL 0117071-0</b>	12/31/2010	12/31/2011	EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>100,000</b> MED EXP (Any one person) \$ <b>5,000</b> PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>2,000,000</b> PRODUCTS - COM/OP AGG \$ <b>2,000,000</b> \$								
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS							COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$							
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$ \$								
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				<table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">WC STATUTORY LIMITS</td> <td style="width: 40%; border: none;">OTHER</td> </tr> <tr> <td style="border: none;">E.L. EACH ACCIDENT</td> <td style="border: none;">\$</td> </tr> <tr> <td style="border: none;">E.L. DISEASE - EA EMPLOYEE</td> <td style="border: none;">\$</td> </tr> <tr> <td style="border: none;">E.L. DISEASE - POLICY LIMIT</td> <td style="border: none;">\$</td> </tr> </table>	WC STATUTORY LIMITS	OTHER	E.L. EACH ACCIDENT	\$	E.L. DISEASE - EA EMPLOYEE	\$	E.L. DISEASE - POLICY LIMIT	\$
WC STATUTORY LIMITS	OTHER														
E.L. EACH ACCIDENT	\$														
E.L. DISEASE - EA EMPLOYEE	\$														
E.L. DISEASE - POLICY LIMIT	\$														

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
**RE: 927 NOYES STREET, STUDIO 215, EVANSTON, IL 60201**

**CERTIFICATE HOLDER IS ADDITIONAL INSURED-MANAGERS OR LESSORS OF PREMISES (FORM CG 20 11 01 96) AS RESPECTS COMMERCIAL GENERAL LIABILITY.**

<b>CERTIFICATE HOLDER</b> CITY OF EVANSTON NOYES CULTURAL ARTS CENTER ATTN: JEFF COREY CULTURAL ARTS DIV. STUDIO #100 927 NOYES STREET EVANSTON, IL 60201	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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**LEASE**

**LESSOR:** City of Evanston  
2100 Ridge Avenue  
Evanston, IL 60201

**LESSEE:** Sheila Ganch - Chicago, IL      Gail Cotovsky - Chicago, IL  
sgsculpture@yahoo.com                      cotovsky@rcn.com  
Joann Rea - Evanston, IL                      Joyce Marcus - Glencoe, IL  
joannrea02@hotmail.com                      jmarcus@hotmail.com

Studio Space No.	215
Location	2nd Floor
Square Feet	833.3
Additional Space	N/A
Location	N/A
Square Feet	N/A

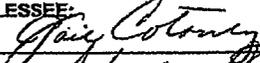
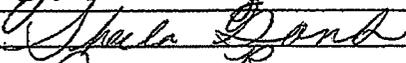
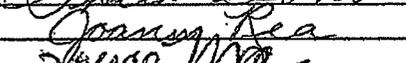
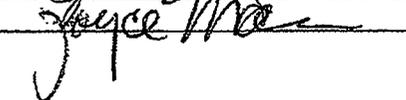
Lease Year 1	03/01/2011 - 12/31/2011	
Rate(s) by location	\$	12.45
Annual Rent (Sq. ft. x rate)	\$	10,374.59
Additional Space Annual Rent (Sq. ft. x rate)	\$	N/A
Non Resident Surcharge - 15%	\$	1,556.19
Total Annual Rent - 10 Months	\$	9,942.31
Monthly Rent	\$	994.23
Community Service Year 1		
15% of Annual Rent	\$	1,491.35

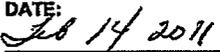
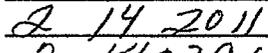
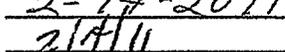
Rate per sq. ft. 2011 12	
Months	
Basement	\$ 10.90
1st Floor	\$ 14.01
2nd Floor	\$ 12.45





**PURPOSE:** For and in consideration of the terms of this lease, Lessor agrees to lease Lessee space as diagramed in Appendix "A"

**LESSEE:**  
  
  
  


**DATE:**  
  
  
  




# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
02/14/2011

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).

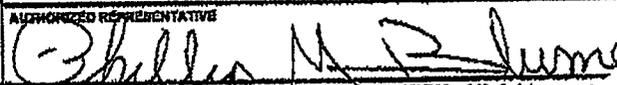
<b>PRODUCER</b> PHILLIP M BLUME INS AGCY INC 8547 N CRAWFORD AVE EVANSTON IL 60203 	<b>CONTACT</b> LAUREN PORT PHONE (A/C No. Ext): 847 677-8511 FAX (A/C No.): 847 677-0860 EMAIL ADDRESS: LAUREN.PORT.JLG2@STATEFARM.COM PRODUCER CUSTOMER ID #:	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> LERMAN, JACK & ELSIE 2412 PARK PL EVANSTON IL 60201-1490	INSURER A: State Farm Fire and Casualty Company	NAIC # 28143
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

**COVERAGES**      **CERTIFICATE NUMBER:**      **REVISION NUMBER:**

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.

MARK	TYPE OF INSURANCE	ADDITIONAL	POLICY NUMBER	POLICY EFF	POLICY EXP	LIMITS
TYPE		COVER		(MM/DD/YYYY)	(MM/DD/YYYY)	
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	Y	93-T4-B053-1	03/01/2011	03/01/2012	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (See schedule) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/>					
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Per accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE					EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
	DEDUCTIBLE \$ RETENTION \$					
	WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N/A					V.C. STATUTORY LIMITS <input type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 LOCATION 827 NOYES ST STE 211 & 927 NOYES ST STE 216  
 ADDITIONAL INSURED: CITY OF EVANSTON

<b>CERTIFICATE HOLDER</b> CITY OF EVANSTON 2100 RIDGE AVE RM 3300 EVANSTON IL 60201-2716	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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# CERTIFICATE OF LIABILITY INSURANCE

OP ID BK  
ARLEN-1

DATE (MM/DD/YYYY)  
04/01/10

<b>PRODUCER</b> Premier Insurance Brokerage 127 N. Walnut Itasca IL 60143 Phone: 630-595-5300 Fax: 630-595-6237	<b>THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.</b>	
	<b>INSURERS AFFORDING COVERAGE</b>	<b>NAIC #</b>
<b>INSURED</b>  Arlen Music Consultants, Inc. 927 Noyes Street Studio 222 Evanston IL 60201	INSURER A: Cincinnati Insurance Company	311990
	INSURER B: Hartford Insurance Group	22357
	INSURER C:	
	INSURER D:	
	INSURER E:	

### COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	EPP0016467	04/01/10	04/01/11	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A		AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	EPP0016467	04/01/10	04/01/11	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
A		EXCESS / UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$	EPP0016467	04/01/10	04/01/11	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 \$ \$
B		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below	83WECJI4769	04/01/10	04/01/11	<input checked="" type="checkbox"/> TORY LIMITS <input type="checkbox"/> OIR-ER E.L. EACH ACCIDENT \$ 100000 E.L. DISEASE - EA EMPLOYEE \$ 100000 E.L. DISEASE - POLICY LIMIT \$ 500000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

<b>CERTIFICATE HOLDER</b>  EVANS-4  City of Evanston Noyes Cultural Arts Center 927 Noyes Street Evanston IL 60201	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE <i>Bonnie Kristoffersen</i>
---	--

ACORD 25 (2009/01)

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**NOYES CULTURAL ARTS CENTER  
LEASE**

**LESSOR:** City of Evanston  
2100 Ridge Avenue  
Evanston, IL 60201

**LESSEE:** Ken Arlen Orchestra  
Ken Arlen  
2734 Park Place  
Evanston, IL 60201  
Phone: 869-8826  
info@arlenmusic.com

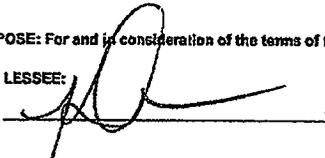
Studio Space No.	222
Location	2nd Floor
Square Feet	884
Additional Space	N/A
Location	N/A
Square Feet	N/A

<b>Lease Year 1</b>	<b>03/01/2011 - 12/31/2011</b>	
Rate(s) by location	\$	12.45
Annual Rent (Sq. ft. x rate)	\$	11,005.80
Additional Space Annual Rent (Sq. ft. x rate)	N/A	
<b>Total Annual Rent - 10 Months</b>	\$	9,171.50
<b>Monthly Rent</b>	\$	917.15
Community Service Year 1 15% of Annual Rent	\$	1,375.72

Rate per sq. ft. 2011 12 Months	
Basement	\$ 10.90
1st Floor	\$ 14.01
2nd Floor	\$ 12.45




PURPOSE: For and in consideration of the terms of this lease, Lessor agrees to lease Lessee space as diagramed in Appendix "A"

**LESSEE:** 

**DATE:** 2/10/11



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
02/14/2011

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PRODUCER	PHILLIP M BLUME INS AGCY INC 9547 N CRAWFORD AVE EVANSTON IL 60203	CONTACT NAME	LAUREN PORT	
		PHONE (A/C No, Ext)	847 677-8511	FAX (A/C No)
		E-MAIL ADDRESS	LAUREN.PORT.ILG2@STATEFARM.COM	
		PRODUCER CUSTOMER ID #:		
INSURED	THE GALLERY WORKSHOP INC 927 NOYES ST EVANSTON IL 60201-6206	INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A	State Farm Fire and Casualty Company	25143
		INSURER B		
		INSURER C		
		INSURER D		
		INSURER E		

COVERAGES      CERTIFICATE NUMBER:      REVISION NUMBER:

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 LTR	TYPE OF INSURANCE	ADDL SUBR INSR	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY			93-T4-9053-1	03/01/2011	03/01/2012	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	Y					MED EXP (Any one person)	\$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							PERSONAL & ADV INJURY
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COM/POP AGG	\$ 2,000,000
								\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS							\$
	<input type="checkbox"/> NON-OWNED AUTOS							\$
								\$
	UMBRELLA LIAB						EACH OCCURRENCE	\$
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE	\$
	<input type="checkbox"/> CLAIMS-MADE							\$
	DEDUCTIBLE							\$
	RETENTION \$							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS	OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below	Y/N		N/A			E.L EACH ACCIDENT	\$
							E.L DISEASE - EA EMPLOYEE	\$
							E.L DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

LOCATION 927 NOYES ST  
ADDITIONAL INSURED: CITY OF EVANSTON

## CERTIFICATE HOLDER

CITY OF EVANSTON  
2100 RIDGE AVE RM 3300  
EVANSTON IL 60201-2716

## CANCELLATION

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

AUTHORIZED REPRESENTATIVE

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**NOYES CULTURAL ARTS CENTER  
LEASE**

**LESSOR:** City of Evanston  
2100 Ridge Avenue  
Evanston, IL 60201

**LESSEE:** Laura and Leslie Hirshfield  
3318 Noyes Street  
Evanston, IL. 60201  
Phone: 869-3730

Studio Space No.	B-6
Location	Basement
Square Feet	932.7
Additional Space	N/A
Location	N/A
Square Feet	N/A

<b>Lease Year 1</b>	<b>03/01/2011 - 12/31/2011</b>	
Rate(s) by location	\$	10.90
Annual Rent (Sq. ft. x rate)	\$	10,166.43
Additional Space Annual Rent (Sq. ft. x rate)		N/A
<b>Total Annual Rent - 10 Months</b>	<b>\$</b>	<b>8,472.02</b>
<b>Monthly Rent</b>	<b>\$</b>	<b>847.20</b>
Community Service Year 1		
15% of Annual Rent	\$	1,270.80

<b>Rate per sq. ft. 2011 12 Months</b>	
Basement	\$ 10.90
1st Floor	\$ 14.01
2nd Floor	\$ 12.45




**PURPOSE:** For and in consideration of the terms of this lease, Lessor agrees to lease Lessee space as diagramed in Appendix "A"

**LESSEE:**  
Leslie Hirshfield  
Laura Hirshfield

**DATE:**  
February 11, 2011

**ACORD**

**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)  
03/18/2011

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).

<b>PRODUCER</b> Adkisson King Munns Insurance Group LLC 3340 Dundee Road, Suite 25-2 Northbrook, IL 60062-2354		<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): (847)272-6025      FAX (A/C, No): (847)272-6052 E-MAIL ADDRESS: PRODUCER CUSTOMER ID #:	
<b>INSURED</b> Light Opera Works, Inc. 927 Noyes Street Studios 225, 224 and 4 Evanston, IL 60201		INSURER(S) AFFORDING COVERAGE      NAIC # INSURER A: General Insurance Co. of America INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

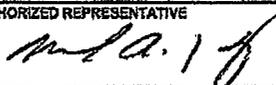
**COVERAGES      CERTIFICATE NUMBER:      REVISION NUMBER:**

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 LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		24-CC-291893-10	03/01/2011	12/31/2011	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A			WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

THE CITY OF EVANSTON IS NAMED AS ADDITIONAL INSURED AS RESPECTS COMMERCIAL GENERAL LIABILITY.

<b>CERTIFICATE HOLDER</b> CITY OF EVANSTON NOYES CULTURAL ARTS CENTER ATTN: JILL SILVERMAN CULTURAL ARTS DIV. STUDIO #100 927 NOYES STREET EVANSTON, IL 60601	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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## NOYES CULTURAL ARTS CENTER LEASE

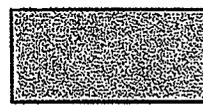
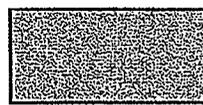
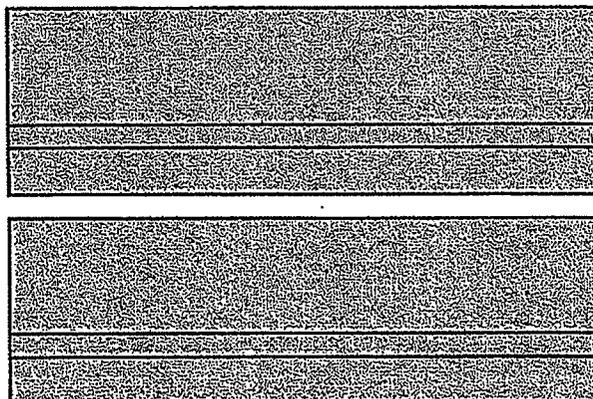
**LESSOR:** City of Evanston  
2100 Ridge Avenue  
Evanston, IL 60201

**LESSEE:** Light Opera Works  
Bridget McDonough  
1336 W. Catalpa  
Chicago, IL 60640  
869-7936; 869-6388 fax  
bridget@light-opera-works.org

Studio Space No.	225
Location	2nd Floor
Square Feet	883.3
Additional Space	B 4
Location	Basement
Square Feet	103.7

Lease Year 1		03/01/2011 - 12/31/2011	
Rate(s) by location	\$ 12.45	\$ 10.90	
Annual Rent (Sq. ft. x rate)	\$	10,997.09	
Additional Space Annual Rent (Sq. ft. x rate)	\$	1,130.33	
Total Annual Rent - 10 Months	\$	10,106.18	
Monthly Rent	\$	1,010.62	
Community Service Year 1			
15% of Annual Rent	\$	1,515.93	

Rate per sq. ft. 2011	
12 Months	
Basement	\$ 10.90
1st Floor	\$ 14.01
2nd Floor	\$ 12.45



PURPOSE: For and in consideration of the terms of this lease, Lessor agrees to lease Lessee space as diagramed in Appendix "A"

LESSEE: *Bridget McDonough* DATE: 2/14/11  
For Light Opera Works

**CERTIFICATE OF INSURANCE**



This certifies that

- STATE FARM FIRE AND CASUALTY COMPANY, Bloomington, Illinois
- STATE FARM GENERAL INSURANCE COMPANY, Bloomington, Illinois
- STATE FARM FIRE AND CASUALTY COMPANY, Scarborough, Ontario
- STATE FARM FLORIDA INSURANCE COMPANY, Winter Haven, Florida
- STATE FARM LLOYDS, Dallas, Texas

insures the following policyholder for the coverages indicated below:

Policyholder: Maggie Weiss  
 Address of policyholder: 927 Noyes Street  
 Location of operations: Evanston, IL 60201  
 Description of operations: artist studio

The policies listed below have been issued to the policyholder for the policy periods shown. The insurance described in these policies is subject to all the terms, exclusions, and conditions of those policies. The limits of liability shown may have been reduced by any paid claims.

POLICY NUMBER	TYPE OF INSURANCE	POLICY PERIOD		LIMITS OF LIABILITY (at beginning of policy period)
		Effective Date	Expiration Date	
93-VY-1041-9 F	Comprehensive Business Liability	03/18/2011	03/18/2012	BODILY INJURY AND PROPERTY DAMAGE
This insurance includes:				
<input checked="" type="checkbox"/> Products - Completed Operations <input checked="" type="checkbox"/> Contractual Liability <input checked="" type="checkbox"/> Personal Injury <input checked="" type="checkbox"/> Advertising Injury <input checked="" type="checkbox"/> Building Property \$10,900 <input checked="" type="checkbox"/> Medical \$5,000 <input type="checkbox"/>				Each Occurrence \$ 1,000,000. General Aggregate \$ 2,000,000. Products - Completed Operations Aggregate \$ 2,000,000.
	EXCESS LIABILITY	POLICY PERIOD		BODILY INJURY AND PROPERTY DAMAGE
	<input type="checkbox"/> Umbrella <input type="checkbox"/> Other	Effective Date	Expiration Date	(Combined Single Limit)
	Workers' Compensation and Employers Liability	Effective Date	Expiration Date	Part I - Workers Compensation - Statutory Part II - Employers Liability Each Accident \$ Disease - Each Employee \$ Disease - Policy Limit \$
POLICY NUMBER	TYPE OF INSURANCE	POLICY PERIOD		LIMITS OF LIABILITY
		Effective Date	Expiration Date	(at beginning of policy period)

THE CERTIFICATE OF INSURANCE IS NOT A CONTRACT OF INSURANCE AND NEITHER AFFIRMATIVELY NOR NEGATIVELY AMENDS, EXTENDS OR ALTERS THE COVERAGE APPROVED BY ANY POLICY DESCRIBED HEREIN.

Name and Address of Certificate Holder

Additional Insured:

City of Evanston  
 Noyes Cultural Arts Center  
 927 Noyes Street  
 Evanston, IL 60201

"The City of Evanston is additionally insured"

If any of the described policies are canceled before their expiration date, State Farm will try to mail a written notice to the certificate holder days before cancellation. If however, we fail to mail such notice, no obligation or liability will be imposed on State Farm or its agents or representatives.

Signature of Authorized Representative  
State Farm Agent 03/01/11  
 Title Date  
John Roman  
 Agent Name  
 Telephone Number 847-869-0677

Agent's Code Stamp  
 Agent Code 13-3707  
 AFO Code 8025

**NOYES CULTURAL ARTS CENTER  
LEASE**

**LESSOR:** City of Evanston  
2100 Ridge Avenue  
Evanston, IL 60201

**LESSEE:** Maggie Weiss  
2744 Lawndale  
Evanston, IL 60201  
847-571-1385  
msmaggie6@comcast.net

Studio Space No.	221
Location	2nd Floor
Square Feet	898.4
Additional Space	N/A
Location	N/A
Square Feet	N/A

<b>Lease Year 1</b>	<b>03/01/2010 - 02/29/2011</b>	
Rate(s) by location	\$	12.45
Annual Rent (Sq. ft. x rate)	\$	11,160.18
Additional Space Annual Rent (Sq. ft. x rate)		N/A
<b>Total Annual Rent - 10 Months</b>	\$	9,300.15
<b>Monthly Rent</b>	\$	930.02
Community Service Year 1 15% of Annual Rent	\$	1,395.02

<b>Rate per sq. ft. 2011 12 Months</b>	
Basement	\$ 10.90
1st Floor	\$ 14.01
2nd Floor	\$ 12.45


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**PURPOSE:** For and in consideration of the terms of this lease, Lessor agrees to lease Lessee space as diagramed in Appendix "A"

**LESSEE:** Maggie Weiss

**DATE:** 2/11/11



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
5/20/2010

PRODUCER (708)579-3128 FAX: (708)579-0236  
 Paczolt Financial Group  
 913 Hillgrove Ave.  
 P.O. Box 694  
 LaGrange IL 60525

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED  
 NEXT THEATRE COMPANY  
 927 NOYES ST

INSURERS AFFORDING COVERAGE		NAIC #
INSURER A:	Illinois Emasco Insurance Co	32808
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		

EVANSTON IL 60201-6206

## COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADDL LTR ISSD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJ. <input type="checkbox"/> LOC	4031201	3/24/2010	3/24/2011	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	4H31201	3/24/2010	3/24/2011	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ RETENTION \$				<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER EL. EACH ACCIDENT \$ 500,000 EL. DISEASE - EA EMPLOYEE \$ 500,000 EL. DISEASE - POLICY LIMIT \$ 500,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below	4K31201	3/24/2010	3/24/2011	
	OTHER				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS  
 The Certificate holder is listed as an additional insured with regards to the above policies, ATMA.

## CERTIFICATE HOLDER

City of Evanston  
 927 Noyes Street  
 Evanston, IL 60201

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.  
 AUTHORIZED REPRESENTATIVE

ACORD 25 (2009/01)  
 INS025 (200901)

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**NOYES CULTURAL ARTS CENTER  
LEASE**

**LESSOR:** City of Evanston  
2100 Ridge Avenue  
Evanston, IL 60201

**LESSEE:** Next Theatre Company  
c/o Judith Kemp  
475-1875  
[jim@nexttheatre.org](mailto:jim@nexttheatre.org)

Studio Space No.	108
Location	1st Floor
Square Feet	955.9
Additional Space	Lobby Storage
Location	1st Floor
Square Feet	28.8

Lease Year 1	03/01/2011 - 12/31/2011	
Rate(s) by location	\$	14.01
Annual Rent (Sq. ft. x rate)	\$	13,392.16
Additional Space Annual Rent (Sq. ft. x rate)	\$	403.49
Total Annual Rent - 10 Months	\$	11,496.37
Monthly Rent	\$	1,149.64
Community Service Year 1 of Annual Rent	15%	\$ 1,724.46

Rate per sq. ft. 2011 12 Months	
Basement	\$ 10.90
1st Floor	\$ 14.01
2nd Floor	\$ 12.45


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**PURPOSE:** For and in consideration of the terms of this lease, Lessor agrees to lease Lessee space as diagramed in Appendix "A"

**LESSEE:** Jimm A. [Signature]

**DATE:** 3/1/11

**NOYES CULTURAL ARTS CENTER  
LEASE**

**LESSOR:** City of Evanston  
2100 Ridge Avenue  
Evanston, IL 60201

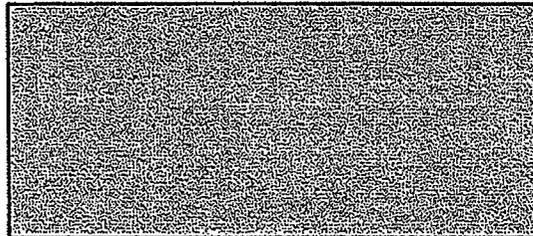
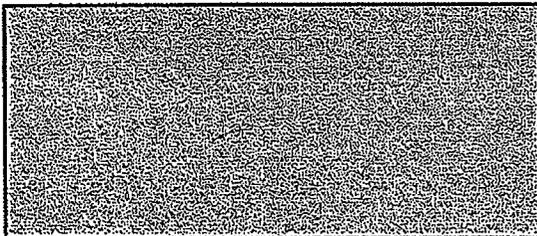
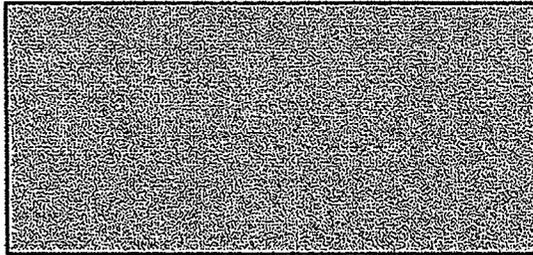
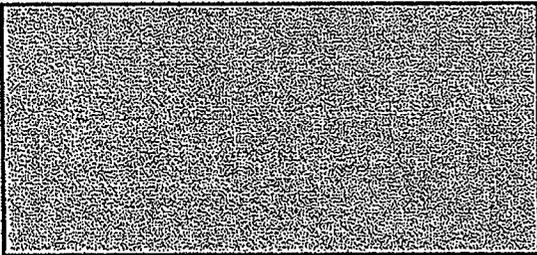
**LESSEE:** Next Theatre Company  
c/o Judith Kemp  
1027 Forest  
Evanston, IL 60203

Leased Space		
Theatre	2,146.70	sq. ft.
Theatre Stage	401	sq. ft.
Greenroom	410.8	sq. ft.
Kitchen	89.2	sq. ft.
Washroom	34.1	sq. ft.
2 Display Cases	26.29	sq. ft.
<b>Total (sq. ft.)</b>	<b>3,108.09</b>	<b>sq. ft.</b>
<b>Previous Security Deposit</b>	\$ 500.00	

Rate per sq. ft. 2011 10 Months		
Basement	\$	10.90
1st Floor	\$	14.01
2nd Floor	\$	12.45

Lease Year 1 - Term 1 03/01/2011 - 05/31/2011		
2011 Rate Per Square Foot	\$	14.01
Total Rent Year 1, Term 1 (Sq. ft. x rate/10 mo. X 3 mo.)	\$	10,886.09
Non Resident Surcharge		N/A
<b>Monthly Rent (Sq.ft x rate per sq. ft/3 months)</b>	<b>\$</b>	<b>3,628.70</b>
Community Service Year 1, Term 1 (15%)	\$	1,832.91

Lease Year 1 - Term 2 09/1/2011 - 12/31/2011		
2011 Rate Per Square Foot	\$	14.01
Total Rent Year 1, Term 2 (Sq. ft. x rate/12 mo. X 4 mo.)	\$	14,514.78
Non Resident Surcharge		N/A
<b>Monthly Rent (Sq.ft x rate per sq. ft/4 months)</b>	<b>\$</b>	<b>3,628.70</b>
Community Service Year 1, Term 2 (15%)	\$	2,177.22



**PURPOSE:** For and in consideration of the terms of this lease, Lessor agrees to lease Lessee space as diagramed in Appendix "A"

**LESSEE:** *Judith Kemp*

**DATE:** 3/1/11



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
2/9/2011

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).

<b>PRODUCER</b> Paczolt Financial Group 913 Hillgrove Ave. P.O. Box 694 LaGrange IL 60525		<b>CONTACT NAME:</b> Stephen Paczolt <b>PHONE (A/C No, Ext):</b> (708) 579-3128 <b>FAX (A/C No):</b> (708) 579-0236 <b>E-MAIL ADDRESS:</b> Steve@Paczolt.com <b>PRODUCER CUSTOMER ID#:</b> 00001759	
<b>INSURED</b> THE FIVEN THEATRE WORKSHOP 927 NOYES ST EVANSTON IL 60201-6206		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: Illinois Emasco Insurance Co NAIC # 32808 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

**COVERAGES** CERTIFICATE NUMBER: CL112905661 REVISION NUMBER:

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 LTR	TYPE OF INSURANCE	ADDITIONAL SUBSCRIBER	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		3D20143	2/25/2011	2/25/2012	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC					
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A			WC STATUS/OTHER LIMITS OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 The Certificate holder is listed as an additional insured with regards to the above policies, ATIMA.

<b>CERTIFICATE HOLDER</b> City of Evanston 927 Noyes Street Evanston, IL 60201	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Stephen Paczolt/STEVE
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**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)  
03/11/2011

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).

<b>PRODUCER</b> Adkisson King Munns Insurance Group LLC 3340 Dundee Road, Suite 2S-2 Northbrook, IL 60062-2354		<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): (847)272-6025      FAX (A/C, No): (847)272-6052 E-MAIL ADDRESS: PRODUCER CUSTOMER ID#:	
<b>INSURED</b> Halstead, Richard 927 Noyes St Studio 217 Evanston, IL 60201		INSURER(S) AFFORDING COVERAGE      NAIC # INSURER A: FIRST NATIONAL INS.CO.OF AMERICA (IND.INS.) INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

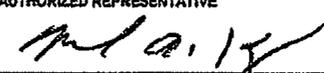
COVERAGES      CERTIFICATE NUMBER: H      REVISION NUMBER:

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 LTR	TYPE OF INSURANCE	ADDL INSR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		01-CL-457503-5	03/01/2011	12/31/2011	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A			WC STATUTORY LIMITS    OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

**CERTIFICATE HOLDER IS ADDITIONAL INSURED-MANAGERS OR LESSORS OF PREMISES (FORM CG 76 35 02 07) AS RESPECTS COMMERCIAL GENERAL LIABILITY.**

<b>CERTIFICATE HOLDER</b> CITY OF EVANSTON NOYES CULTURAL ARTS CENTER ATTN: JILL SILVERMAN CULTURAL ARTS DIV. STUDIO #100 927 NOYES STREET EVANSTON, IL 60601	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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**NOYES CULTURAL ARTS CENTER  
LEASE**

**LESSOR:** City of Evanston  
2100 Ridge Avenue  
Evanston, IL 60201

**LESSEE:** Richard Halstead  
3320 Culver  
Evanston, IL 60201  
Phone: 869-6560  
rshalsteadartist@aol.com

Studio Space No.	217
Location	2nd Floor
Square Feet	841.6
Additional Space	N/A
Location	N/A
Square Feet	N/A

Lease Year 1	03/01/2011 - 12/31/2011	
Rate(s) by location	\$	12.45
Annual Rent (Sq. ft. x rate)	\$	10,477.92
Additional Space Annual Rent (Sq. ft. x rate)		N/A
Total Annual Rent - 10 Months	\$	8,731.60
Monthly Rent	\$	873.16
Community Service Year 1		
15% of Annual Rent	\$	1,309.74

Rate per sq. ft. 2011 12	
Months	
Basement	\$ 10.90
1st Floor	\$ 14.01
2nd Floor	\$ 12.45


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**PURPOSE:** For and in consideration of the terms of this lease, Lessor agrees to lease Lessee space as diagramed in Appendix "A"

**LESSEE:**  
Richard Halstead

**DATE:**  
2/16/11

**CERTIFICATE OF INSURANCE**

This certifies that  STATE FARM FIRE AND CASUALTY COMPANY, Bloomington, Illinois  
 STATE FARM GENERAL INSURANCE COMPANY, Bloomington, Illinois  
insures the following policyholder for the coverages indicated below:

Name of policyholder SALLY PIEPMEIER

Address of policyholder DBA PIEPMEIER INK

927 NOYES STREET, STE B11, EVANSTON, IL 60201

Location of operations SAME

Description of operations STUDIO

The policies listed below have been issued to the policyholder for the policy periods shown. The insurance described in these policies is subject to all the terms, exclusions, and conditions of those policies. The limits of liability shown may have been reduced by any paid claims.

POLICY NUMBER	TYPE OF INSURANCE	POLICY PERIOD		LIMITS OF LIABILITY (at beginning of policy period)
		Effective Date	Expiration Date	
93-UV-2157-9	Comprehensive Business Liability	03/01/11	03/01/12	BODILY INJURY AND PROPERTY DAMAGE
This insurance includes: <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Products - Completed Operations</li> <li><input type="checkbox"/> Contractual Liability</li> <li><input type="checkbox"/> Underground Hazard Coverage</li> <li><input type="checkbox"/> Personal Injury</li> <li><input type="checkbox"/> Advertising Injury</li> <li><input type="checkbox"/> Explosion Hazard Coverage</li> <li><input type="checkbox"/> Collapse Hazard Coverage</li> <li><input type="checkbox"/> General Aggregate Limit applies to each project</li> <li><input checked="" type="checkbox"/> _____</li> <li><input type="checkbox"/> _____</li> </ul>				Each Occurrence      \$ <u>1,000,000</u> General Aggregate    \$ <u>2,000,000</u> Products - Completed Operations Aggregate    \$ <u>2,000,000</u>
	EXCESS LIABILITY <input type="checkbox"/> Umbrella <input type="checkbox"/> Other	POLICY PERIOD Effective Date    Expiration Date		BODILY INJURY AND PROPERTY DAMAGE (Combined Single Limit) Each Occurrence      \$ _____ Aggregate              \$ _____
	Workers' Compensation and Employers Liability			Part 1 STATUTORY Part 2 BODILY INJURY Each Accident        \$ _____ Disease Each Employee \$ _____ Disease - Policy Limit \$ _____
POLICY NUMBER	TYPE OF INSURANCE	POLICY PERIOD		LIMITS OF LIABILITY
		Effective Date	Expiration Date	(at beginning of policy period)

If any of the described policies are canceled before its expiration date, State Farm will try to mail a written notice to the certificate holder 10 days before cancellation. If, however, we fail to mail such notice, no obligation or liability will be imposed on State Farm or its agents or representatives.

Name and Address of Certificate Holder  
**THE CITY OF EVANSTON**  
**IS NAMED ADDITIONAL INSURED**  
 927 NOYES STREET  
 EVANSTON, ILLINOIS 60201-6206

  
 \_\_\_\_\_  
 Signature of Authorized Representative  
Office Associate  
 Title  
3/11/2011  
 Date

**NOYES CULTURAL ARTS CENTER  
LEASE**

**LESSOR:** City of Evanston  
2100 Ridge Avenue  
Evanston, IL 60201

**LESSEE:** Sally Piepmeier  
2780 Sheridan Road  
Evanston, IL 60201  
530-8567(c); 869-3058(h)  
piepss@ameritech.net

Studio Space No.	B11
Location	Basement
Square Feet	505.9
Additional Space	N/A
Location	N/A
Square Feet	N/A

<b>Lease Year 1</b>	<b>03/01/2011 - 12/31/2011</b>	
Rate(s) by location	\$	10.90
Annual Rent (Sq. ft. x rate)	\$	5,514.31
Additional Space Annual Rent (Sq. ft. x rate)	N/A	
<b>Total Annual Rent - 10 Months</b>	\$	4,595.26
<b>Monthly Rent</b>	\$	459.53
Community Service Year 1		
15% of Annual Rent	\$	689.29

Rate per sq. ft. 2011 12	
Months	
Basement	\$ 10.90
1st Floor	\$ 14.01
2nd Floor	\$ 12.45

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PURPOSE: For and in consideration of the terms of this lease, Lessor agrees to lease Lessee space as diagramed in Appendix "A"

LESSEE: Sally Piepmeier

DATE: 2/14/11

ACORD™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
03/04/2011

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).

<b>PRODUCER</b> Adkisson King Munns Insurance Group LLC 3340 Dundee Road, Suite 25-2 Northbrook, IL 60062-2354		<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): 847.272.6025      FAX (A/C, No): 847.272.6052 E-MAIL ADDRESS: PRODUCER CUSTOMER ID #:	
<b>INSURED</b> Saul Lieberman 927 Noyes Street - Studio 224 Evanston, IL 60201		<b>INSURER(S) AFFORDING COVERAGE</b> NAIC # INSURER A: Pekin Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES      CERTIFICATE NUMBER:      REVISION NUMBER:

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 LTR	TYPE OF INSURANCE	ADDL INSR	SUBR	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY				CL0134779	03/01/2011	12/31/2011	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR							MED EXP (Any one person)	\$ 5,000
								PERSONAL & ADV INJURY	\$ 1,000,000
								GENERAL AGGREGATE	\$ 2,000,000
								PRODUCTS - COMP/OP AGG	\$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC								
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO							BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS							BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS							PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS								\$
	<input type="checkbox"/> NON-OWNED AUTOS								\$
	UMBRELLA LIAB							EACH OCCURRENCE	\$
	<input type="checkbox"/> EXCESS LIAB							AGGREGATE	\$
	<input type="checkbox"/> OCCUR CLAIMS-MADE								\$
	DEDUCTIBLE								\$
	RETENTION \$								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							WC STATU-TORY LIMITS	OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in IH)							E.L. EACH ACCIDENT	\$
	if yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE	\$
								E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER IS ADDITIONAL INSURED-MANAGERS OR LESSORS OF PREMISES (FORM CG 20 11 01 96) AS RESPECTS COMMERCIAL GENERAL LIABILITY.

<b>CERTIFICATE HOLDER</b> CITY OF EVANSTON NOYES CULTURAL ARTS CENTER ATTN: JEFF COREY CULTURAL ARTS DIV. STUDIO #100 927 NOYES STREET EVANSTON, IL 60201	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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**NOYES CULTURAL ARTS CENTER  
LEASE**

**LESSOR:** City of Evanston  
2100 Ridge Avenue  
Evanston, IL 60201

**LESSEE:** Saul Lieberman  
1818 Brummel Street  
Evanston, IL 60202  
866-8219; 773-844-5093  
saulieberman@hotmail.com

Studio Space No.	224
Location	2nd Floor
Square Feet	134.8
Additional Space Location	
Square Feet	

<b>Lease Year 1</b>	<b>03/01/2011 - 12/31/2011</b>	
Rate(s) by location	\$	12.45
Annual Rent (Sq. ft. x rate)	\$	1,678.26
Additional Space Annual Rent (Sq. ft. x rate)		N/A
<b>Total Annual Rent - 10 Months</b>	\$	<b>1,398.55</b>
<b>Monthly Rent</b>	\$	<b>139.86</b>
Community Service Year 1 15% of Annual Rent	\$	209.78

<b>Rate per sq. ft. 2011 12 Months</b>	
Basement	\$ 10.90
1st Floor	\$ 14.01
2nd Floor	\$ 12.45

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PURPOSE: For and in consideration of the terms of this lease, Lessor agrees to lease Lessee space as diagramed in Appendix "A"

LESSEE: *Saul Lieberman*

DATE: 2/13/2011

**CERTIFICATE OF INSURANCE**

This certifies that  STATE FARM FIRE AND CASUALTY COMPANY, Bloomington, Illinois  
 STATE FARM GENERAL INSURANCE COMPANY, Bloomington, Illinois  
insures the following policyholder for the coverages indicated below:

Name of policyholder THEATRE ZARKO INC

Address of policyholder 927 NOYES ST

EVANSTON IL 60201-6206

Location of operations SAME

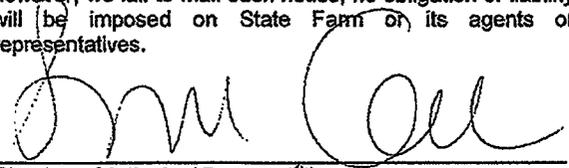
Description of operations BUSINESS - MISC

The policies listed below have been issued to the policyholder for the policy periods shown. The insurance described in these policies is subject to all the terms exclusions, and conditions of those policies. The limits of liability shown may have been reduced by any paid claims.

POLICY NUMBER	TYPE OF INSURANCE	POLICY PERIOD		LIMITS OF LIABILITY (at beginning of policy period)
		Effective Date	Expiration Date	
93-BQ-W258-1	Comprehensive Business Liability	02/01/11	02/01/12	BODILY INJURY AND PROPERTY DAMAGE  Each Occurrence \$ <u>2,000,000</u> General Aggregate \$ <u>4,000,000</u> Products - Completed Operations Aggregate \$ <u>4,000,000</u>
This insurance includes:				
<input checked="" type="checkbox"/> Products - Completed Operations <input type="checkbox"/> Contractual Liability <input type="checkbox"/> Underground Hazard Coverage <input type="checkbox"/> Personal Injury <input type="checkbox"/> Advertising Injury <input type="checkbox"/> Explosion Hazard Coverage <input type="checkbox"/> Collapse Hazard Coverage <input checked="" type="checkbox"/> General Aggregate Limit applies to each project <input checked="" type="checkbox"/> MED/PERSON \$10,000 <input type="checkbox"/>				
	EXCESS LIABILITY	POLICY PERIOD		BODILY INJURY AND PROPERTY DAMAGE
	<input type="checkbox"/> Umbrella <input type="checkbox"/> Other	Effective Date	Expiration Date	(Combined Single Limit) Each Occurrence \$ _____ Aggregate \$ _____
	Workers' Compensation and Employers Liability			Part 1 STATUTORY Part 2 BODILY INJURY  Each Accident \$ _____ Disease Each Employee \$ _____ Disease - Policy Limit \$ _____
POLICY NUMBER	TYPE OF INSURANCE	POLICY PERIOD		LIMITS OF LIABILITY
		Effective Date	Expiration Date	(at beginning of policy period)

If any of the described policies are canceled before its expiration date, State Farm will try to mail a written notice to the certificate holder 10 days before cancellation. If, however, we fail to mail such notice, no obligation or liability will be imposed on State Farm or its agents or representatives.

Name and Address of Certificate Holder  
ADDL INSURED - SECTION II  
THE CITY OF EVANSTON  
2100 RIDGE AVE  
EVANSTON IL 60201-2716

  
Signature of Authorized Representative  
Title \_\_\_\_\_  
Date 2/1/11

JOHN TYLER CARLSON 13-3848  
CHICAGO NORTHSORE FD25

**NOYES CULTURAL ARTS CENTER  
LEASE**

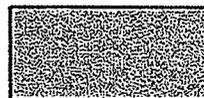
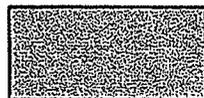
**LESSOR:** City of Evanston  
2100 Ridge Avenue  
Evanston, IL 60201

**LESSEES:** Theatre Zarko, Inc.  
1700 Crain  
Evanston, IL 60202  
Michael Montengro  
847-526-4330  
[michaelmontenegro@sbcglobal.net](mailto:michaelmontenegro@sbcglobal.net)

Studio Space No.	213
Location	2nd Floor
Square Feet	946.3
Additional Space	N/A
Location	N/A
Square Feet	N/A

Lease Year 1	03/01/2011 - 5/31/2011	09/01/2011 - 12/31/2011
Rate(s) by location	\$ 12.45	
Annual Rent (Sq. ft. x rate)	\$ 11,781.44	
Additional Space Annual Rent (Sq. ft. x rate)	N/A	
<b>Total Annual Rent (7 months)</b>	<b>\$ 6,872.53</b>	
<b>Monthly Rent</b>	<b>\$ 981.79</b>	
Community Service Year 1 of Annual Rent	15%	\$ 1,030.88

Rate per sq. ft. 2011 12 Months	
Basement	\$ 10.90
1st Floor	\$ 14.01
2nd Floor	\$ 12.45



**PURPOSE:** For and in consideration of the terms of this lease, Lessor agrees to lease Lessee space as diagramed in Appendix "A"

**LESSEE:**

*Margaret Downey*  
Board Chair  
Theatre Zarko

**DATE:**

*2/17/11*

**ACORD**<sup>TM</sup>

**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)  
02/09/2011

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).

<b>PRODUCER</b> Adkisson King Munns Insurance Group LLC 3340 Dundee Road, Suite 2S-2 Northbrook, IL 60062-2354	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): 847.272.6025      FAX (A/C, No): 847.272.6052	
	<b>E-MAIL ADDRESS:</b> PRODUCER CUSTOMER ID #:	
<b>INSURED</b> Valerie Schiff and Zafar Malik 1640 Maple Ave. - Unit 806 Evanston, IL 60201	<b>INSURER(S) AFFORDING COVERAGE</b>	
	INSURER A: <b>Pekin Insurance Company</b>	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E: INSURER F:	

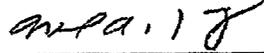
**COVERAGES**      **CERTIFICATE NUMBER:**      **REVISION NUMBER:**

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 LTR	TYPE OF INSURANCE	ADDL SUBR INSR   WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		REWRITE OF CL 0117286-0	12/31/2010	12/31/2011	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJ <input type="checkbox"/> LOC					
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A			WC STATL-TORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 RE: 927 NOYES STREET, STUDIO 214, EVANSTON, IL 60201

CERTIFICATE HOLDER IS ADDITIONAL INSURED-MANAGERS OR LESSORS OF PREMISES (FORM CG 20 11 01 96) AS RESPECTS COMMERCIAL GENERAL LIABILITY.

<b>CERTIFICATE HOLDER</b> CITY OF EVANSTON NOYES CULTURAL ARTS CENTER ATTN: JEFF COREY CULTURAL ARTS DIV. STUDIO #100 927 NOYES STREET EVANSTON, IL 60201	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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## NOYES CULTURAL ARTS CENTER LEASE

**LESSOR:** City of Evanston  
2100 Ridge Avenue  
Evanston, IL 60201

**LESSEE:** Valerie Engel Schiff Zafar Malik  
1640 Maple Avenue 420 Linden Avenue #202  
Evanston, IL 60201 Wilmette, IL 60091  
275.6909 (c) 920.9548 (h)  
866.6486 (h) 312.939.0111xt1817 (w)

Studio Space No.	214
Location	2nd Floor
Square Feet	483.8
Additional Space	N/A
Location	N/A
Square Feet	N/A

Lease Year 3		03/01/2011 - 12/31/2011	
Rate(s) by location	\$	12.45	
Annual Rent (Sq. ft. x rate)	\$	6,023.31	
Additional Space Annual Rent (Sq. ft. x rate)		N/A	
Non Resident Surcharge-10%	\$	602.33	
<b>Total Annual Rent - 10 Months</b>	<b>\$</b>	<b>5,521.37</b>	
Monthly Rent	\$	552.14	
Community Service Year 1			
15% of Annual Rent	\$	828.21	

Rate per sq. ft. 2011 12 Months	
Basement	\$ 10.90
1st Floor	\$ 14.01
2nd Floor	\$ 12.45


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**PURPOSE:** For and in consideration of the terms of this lease, Lessor agrees to lease Lessee space as diagramed in Appendix "A"

**LESSEE:**  
*Valerie Engel Schiff*  
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**DATE:**  
*Feb. 10, 2011*  
*FEB 12, 2011*