

**ADDITIONAL REMARKS SCHEDULE**

AGENCY Nelson Brothers Schroder Insurance Inc DBA Nelson Brothers Agency		NAMED INSURED Rebitzer Bar & Grill Illinois LLC DBA Bier Stube	
POLICY NUMBER SEE PAGE 1		415 15th St Moline, IL 61265	
CARRIER SEE PAGE 1	NAIC CODE SEE P 1	EFFECTIVE DATE: SEE PAGE 1	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Description of Operations/Locations/Vehicles:

shall be excess only and non-contributing with this insurance. A waiver of subrogation applies to the Commercial General Liability, Auto Liability, Excess Liability and Workers' Compensation/Employers Liability in favor of the Additional Insured.

417 15th Street Moline, IL 61265
1417 5th Ave Moline, IL 61265
1423 5th Ave Moline, IL 61265



POLICY NUMBER: **BP31035**

EFFECTIVE DATE FOR THIS ENDORSEMENT: **June 29, 2021**

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – AS REQUIRED IN WRITTEN AGREEMENT WITH YOU OR BY ORDINANCE

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS LIABILITY COVERAGE FORM

A. The following are added to Section **C. Who Is An Insured** in the Businessowners Liability Coverage Form:

2. Each of the following is also an insured:

e. Any person or organization you are required by a written agreement to name as an additional insured.

(1) Such person is an insured, but only with respect to liability caused in whole or in part by your acts or omissions, or the acts or omissions of those acting on your behalf in connection with the written agreement.

The written agreement must be:

(a) Currently in effect or become effective during the term of this policy; and

(b) Executed prior to the “bodily injury”, “property damage”, or “personal and advertising injury”.

f. With respect to the insurance afforded to the insured identified herein, this insurance does not apply:

(1) To structural alterations, new construction, or demolition operations performed by or for such insured;
or

(2) After the expiration or termination of the written agreement.

3. State Or Governmental Agency Or Subdivision Or Political Subdivision

Any state or political subdivision if:

a. The state or governmental agency or subdivision or political subdivision has issued a permit in connection with “premises” you own, rent, or control and to which this insurance applies; and

b. The state or governmental agency or subdivision or political subdivision requires in writing or by statute, ordinance or law to be included as an additional insured.

The state or governmental agency or subdivision or political subdivision is an insured only as respects:

(1) The existence, maintenance, repair, construction, erection, or removal of advertising signs, awnings, canopies, cellar entrances, coal holes, driveways, manholes, marquees, hoist-away openings, sidewalks, sidewalk vaults, street banners, or decoration and similar exposures;

(2) The construction, erection, or removal of elevators; or

(3) The ownership, maintenance, or use of any elevators covered by this insurance.

With respect to the insurance afforded to the insured identified herein, this insurance does not apply to any “occurrence” which takes place after the permit is terminated, revoked or has expired.

B. The following is added to Section D. Liability, Medical Expenses And Merchandise Withdrawal Expenses Limits Of Insurance:

9. The Limits Of Insurance for the person or organization included as an insured under this endorsement are those specified in the written contract or written agreement with you, if applicable, or in this Coverage Form, whichever is less. These Limits Of Insurance are inclusive of and are not in addition to the Limits Of Insurance shown in the Declarations.

C. The coverage afforded under this endorsement is excess over:

1. Any other valid and collectible insurance available to the additional insured whether primary, excess, contingent, or on any other basis unless a written agreement specifically requires that this insurance be either primary or primary and non-contributing. Where required by written agreement, we will consider any other insurance maintained by the additional insured for injury or damage covered by this endorsement to be excess and non-contributing with this insurance.

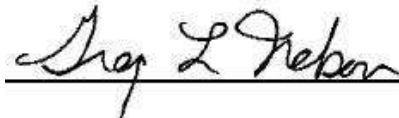
OTHER TERMS

All other terms of your policy remain the same.

Countersigned by:

ILLINOIS CASUALTY COMPANY
225 20th Street, PO Box 5018
Rock Island, IL 61204-5018

By:



Greg L. Nelson

IMPORTANT - ATTACH THIS ENDORSEMENT TO YOUR POLICY



POLICY NUMBER: **BP31035**

EFFECTIVE DATE FOR THIS ENDORSEMENT: **June 29, 2021**

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ADDITIONAL INSURED – AS REQUIRED IN WRITTEN AGREEMENT WITH YOU OR BY ORDINANCE

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(1) Such person is an insured, but only with respect to liability caused in whole or in part by your acts or omissions, or the acts or omissions of those acting on your behalf in connection with the written agreement.

The written agreement must be:

(a) Currently in effect or become effective during the term of this policy; and

(b) Executed prior to the “bodily injury”, “property damage”, or “personal and advertising injury”.

f. With respect to the insurance afforded to the insured identified herein, this insurance does not apply:

(1) To structural alterations, new construction, or demolition operations performed by or for such insured;
or

(2) After the expiration or termination of the written agreement.

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Any state or political subdivision if:

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b. The state or governmental agency or subdivision or political subdivision requires in writing or by statute, ordinance or law to be included as an additional insured.

The state or governmental agency or subdivision or political subdivision is an insured only as respects:

(1) The existence, maintenance, repair, construction, erection, or removal of advertising signs, awnings, canopies, cellar entrances, coal holes, driveways, manholes, marquees, hoist-away openings, sidewalks, sidewalk vaults, street banners, or decoration and similar exposures;

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(3) The ownership, maintenance, or use of any elevators covered by this insurance.

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B. The following is added to Section D. Liability, Medical Expenses And Merchandise Withdrawal Expenses Limits Of Insurance:

9. The Limits Of Insurance for the person or organization included as an insured under this endorsement are those specified in the written contract or written agreement with you, if applicable, or in this Coverage Form, whichever is less. These Limits Of Insurance are inclusive of and are not in addition to the Limits Of Insurance shown in the Declarations.

C. The coverage afforded under this endorsement is excess over:

1. Any other valid and collectible insurance available to the additional insured whether primary, excess, contingent, or on any other basis unless a written agreement specifically requires that this insurance be either primary or primary and non-contributing. Where required by written agreement, we will consider any other insurance maintained by the additional insured for injury or damage covered by this endorsement to be excess and non-contributing with this insurance.

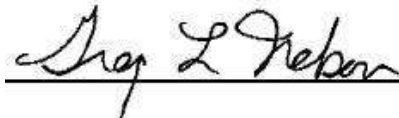
OTHER TERMS

All other terms of your policy remain the same.

Countersigned by:

ILLINOIS CASUALTY COMPANY
225 20th Street, PO Box 5018
Rock Island, IL 61204-5018

By:



Greg L. Nelson

IMPORTANT - ATTACH THIS ENDORSEMENT TO YOUR POLICY



POLICY NUMBER: **BP31035** EFFECTIVE DATE FOR THIS ENDORSEMENT: **June 29, 2021**

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

OTHER INSURANCE - PRIMARY AND NON-CONTRIBUTORY

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS LIABILITY COVERAGE FORM

SCHEDULE

Designated Person Or Organization:

**City of Moline
619 16th St
Moline, IL 61265**

Paragraph **4.a. Other Insurance**, Section **E. Liability, Medical Expenses And Merchandise Withdrawal Expenses General Conditions**, of the Businessowners Liability Coverage Form is amended by the addition of the following:

As respects the person or organization designated in the Schedule of this endorsement that also qualifies as an insured under Section **C. Who Is An Insured** of the Businessowners Liability Coverage Form, this insurance is primary and we will not seek contribution from any other liability insurance available on a primary basis to the person or organization designated in the Schedule of this endorsement.

OTHER TERMS

All other terms of your policy remain the same.

Countersigned by:

ILLINOIS CASUALTY COMPANY
225 20th Street, PO Box 5018
Rock Island, IL 61204-5018

By:

A handwritten signature in black ink, appearing to read 'Greg L. Nelson', is written over a horizontal line.

Greg L. Nelson

IMPORTANT - ATTACH THIS ENDORSEMENT TO YOUR POLICY



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WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS LIABILITY COVERAGE FORM

SCHEDULE

Designated Person Or Organization:

**City of Moline
619 16th St
Moline, IL 61265**

Paragraph **6. Transfer Of Rights Of Recovery Against Others To Us**, Section **E. Liability, Medical Expenses And Merchandise Withdrawal Expenses General Conditions**, of the Businessowners Liability Coverage Form is amended by the addition of the following:

We waive any right of recovery we may have against the person or organization designated in the Schedule of this endorsement because of payments we make for "bodily injury", "property damage" or "personal and advertising injury". This waiver applies only to the person or organization designated in the Schedule of this endorsement.

OTHER TERMS

All other terms of your policy remain the same.

Countersigned by:

ILLINOIS CASUALTY COMPANY
225 20th Street, PO Box 5018
Rock Island, IL 61204-5018

By:

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Greg L. Nelson

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