



**Highland Park Electric, Inc**

3250 Skokie Valley Rd  
Highland Park, IL 60035

OFFICE 847-433-6300

FAX 847-433-6302

www.hpelec.com

Date: March 20, 2014

**EXHIBIT A**

**Affidavit of Jan Grevers**

Name: Jan Grevers

Occupation: Electrician / Owner of Highland Park Electric

I, Jan Grevers, swear or affirm:

1. That I am the owner of Highland Park Electric, located in Highland Park, IL.
2. That Highland Park Electric have completed approximately seven (7) installations of electric vehicle charging stations in the city/villages of Highland Park, Glencoe and Lake Forest.

I SWEAR OR AFFIRM THAT THE ABOVE AND FOREGOING REPRESENTATIONS ARE TRUE AND CORRECT TO THE BEST OF MY INFORMATION, KNOWLEDGE, AND BELIEF.

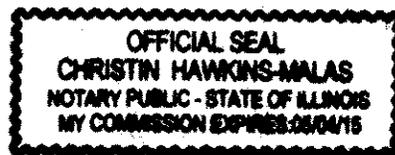
3/20/14  
Date:

Jan W. Grevers  
Jan W. Grevers

STATE OF ILLINOIS  
COUNTY OF LAKE

I, the undersigned Notary Public, do hereby affirm that John Doe personally appeared before me on the 20th day of March 2014, and signed the above Affidavit as his free and voluntary act and deed.

Christin Hawkins-Malas  
Notary Public



**Highland Park Electric, Inc.**



Certificate No: ECC67629-24

Rahm Emanuel, Mayor

# *Certificate of Registration*

*issued by the*

***Department of Buildings***  
***of the City of Chicago***

*This is to Certify that*  
*located at*

**HIGHLAND PARK ELECTRIC - ECC67629**  
**3250 SKOKIE VALLEY RD. HIGHLAND PARK, IL 60035**

*having complied with the requirements of Ordinances passed by the City Council of the City of Chicago*  
*providing for the registration of electrical contractors is hereby recorded as a*

**REGISTERED ELECTRICAL CONTRACTOR**

**General Electrician**

*and is entitled to perform electrical work in the City of Chicago under the Direction of Supervising Electrician*  
*provided that such work permits are subject to the provisions of all the Ordinances of the City of Chicago*  
*now in force or which may be hereafter passed. This certificate EXPIRES May 31, 2014.*

**SUPERVISING ELECTRICIAN: JAN W GREVERS - SE4242**

*In Witness Whereof I have hereunto set my hand on May 8, 2013.*

Michael . Merchant, Commissioner



# CERTIFICATE OF LIABILITY INSURANCE

OP ID: JF

DATE (MM/DD/YYYY)

02/26/14

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> Rand-Tec Insurance Agency Inc. 977 Lakeview Parkway, Ste 105 Vernon Hills, IL 60061 Mary Bowman	847-367-2633 847-367-2636	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): E-MAIL ADDRESS: PRODUCER CUSTOMER ID #: GREVE-1	FAX (A/C, No):
	<b>INSURED</b> Highland Park Electric Grevers Electric d/b/a North Shore Lawn Sprinkler 3250 Skokie Valley Rd. Highland Park, IL 60035	<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>INSURER A:</b> Selective Insurance	
		<b>INSURER B:</b> ICW Group	
		<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	ADDITIONAL SUBROGATION RIGHTS	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		S1773456	03/01/14	03/01/15	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 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
	GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC					
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" 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		S1773456	03/01/14	03/01/15	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
	<b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <b>EXCESS LIAB</b> CLAIMS-MADE DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 0					
A			S1773456	03/01/14	03/01/15	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000 \$ \$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A	WIL5023215	03/01/14	03/01/15	<input checked="" type="checkbox"/> WC STATUTORY LIMITS   <input type="checkbox"/> OTHER 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)					

**CERTIFICATE HOLDER****CANCELLATION**

<b>PROOF OF INSURANCE</b>  PROOF-1	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 <i>Mary Bowman</i>

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