

CITY OF CHICAGO

LICENSE CERTIFICATE NON-TRANSFERABLE

BY THE AUTHORITY OF THE CITY OF CHICAGO THE FOLLOWING SPECIFIED LICENSE IS HEREBY GRANTED TO:

NAME WINDFREE, WIND + SOLAR ENERGY DESIGN COMPANY

PRINTED ON:
01/29/2011

DBA WINDFREE, WIND + SOLAR ENERGY DESIGN COMPANY
AT 1440 N. ASHLAND AVE., FLOOR 1
CHICAGO, IL 60612

LICENSE NO: 2055254

CODE 1010

FEE \$****250.00

LICENSE Limited Business License

PRESIDENT: DOUGLAS SNOWER
SECRETARY: DOUGLAS SNOWER

This license is a privilege granted and not a property right. This license is the property of the City of Chicago.

THIS LICENSE IS ISSUED AND ACCEPTED SUBJECT TO THE REPRESENTATIONS MADE ON THE APPLICATION THEREFOR AND MAY BE SUSPENDED OR REVOKED FOR CAUSE AS PROVIDED BY LAW. LICENSEE SHALL OBSERVE AND COMPLY WITH ALL LAWS, ORDINANCES, RULES AND REGULATIONS OF THE UNITED STATES GOVERNMENT, STATE OF ILLINOIS, COUNTY OF COOK, CITY OF CHICAGO AND ALL AGENCIES THEREOF.

WITNESS THE HAND OF THE MAYOR OF SAID CITY AND THE CORPORATE SEAL THEREOF

THIS 29 DAY OF MAY, 2013

EXPIRATION DATE

September 15, 2014

ATTEST

Rob Emanuele
MAYOR

Suzanne L. Mudge
CITY CLERK

ACCOUNT NO.

Check No. 355927

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ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/13/2014

PRODUCER (847)292-2200 FAX (847)292-2220
American Financial Concepts, Ltd - East
30 W Higgins Rd.
Park Ridge, IL 60068
Albert Meschino
WINDFREE Wind & Solar Energy Company Inc.
dba: Renewable Energy America
1440 N. Ashland Ave.
Chicago, IL 60622

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.

INSURERS AFFORDING COVERAGE		NAIC #
INSURER A	Hartford Insurance Co.	37478
INSURER B	Liberty Mutual Insurance Co.	
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

ADDL INSURER	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
	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"/> PROJECT <input type="checkbox"/> LOC	83SBAPV4343	12/16/2013	12/16/2014	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (EA OCC/ACC) \$ 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) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY AGG \$
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER	WC534S547125-00	04/08/2014	04/08/2015	<input checked="" type="checkbox"/> WC STATU- TORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

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

CERTIFICATE HOLDER

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

AUTHORIZED REPRESENTATIVE
Catherine Marto=ln

EXHIBIT A

AFFIDAVIT

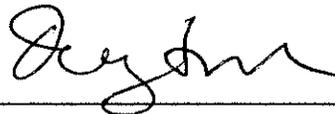
STATE OF [ILLINOIS]
COUNTY OF [COOK]

I, Doug Snower, upon being duly sworn upon my oath state that I have satisfactorily completed at least five installations of distributed generation facilities with respect to electric vehicle charging station.

Listed below are details of some distribution generation facilities I successfully completed:

1. City of Lake Forest (1 Dual EV Charger), installed 12/2013, Lake Forest, IL 60045
2. Village of Skokie (1 Dual Charger), installed 12/2013, 4700 Searle Parkway, Skokie, IL
3. Port Clinton Garage (1 Dual EV Charger), installed 11/2013, Highland Park, IL 60035
4. 3500 Western LLC (1 Dual EV Charger), installed 10/2013, 3500 Western Ave, Highland Park, IL 60035
5. Job Youshaei Rug Company (1 Dual EV Charger), installed 9/2013, 2450 Skokie Valley Road, Highland Park, IL 60035

I certify that the matters stated herein and all of the attachments accompanying and referred to within the application are true, correct and complete to the best of my information, knowledge, and belief.



Doug Snower

To be completed by a Notary Public

Subscribed and sworn to before me
this 23th day of May, 2014



Notary Public

