CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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 have ADDITIONAL INSURED provisions or 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 Mesirow Insurance Services, Inc. 353 N. Clark Street Chicago, IL 60654	CONTACT NAME: Certificate Hotline PHONE 312-595-8109 FAX (A/C, No) 312-595-4331 E-MAIL ADDRESS: condocerts@alliant.com
INSURED Park Tower Condominium Association 5415 N. Sheridan Road Chicago, IL 60640	INSURER(S) AFFORDING COVERAGE / NAIC # INSURER A: Travelers Property Casualty Co. of Amer 25674 INSURER B: Charter Oak Fire Insurance Company 25615 INSURER C: General Star Indemnity 37362 INSURER D: Travelers Casualty Ins. Co. of America 19046 INSURER E: Continental Casualty Company 20443 INSURER F:

COVERAGES **CERTIFICATE NUMBER:** 282199 **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/YYY)	POLICY EXP (MM/DD/YYY)	LIMITS	
A	**GENERAL LIABILITY** x COMMERCIAL GENERAL LIABILITY CLAIMS-MADE x OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: x POLICY PROJECT LOC			6308R430221	03/01/2023	03/01/2024	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (each occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$1,000,000 $300,000 $5,000 $1,000,000 $2,000,000 $1,000,000
B	**AUTOMOBILE LIABILITY** ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS x HIRED AUTOS x NON-OWNED AUTOS			BA8R432945	03/01/2023	03/01/2024	COMBINED SINGLE LIMIT (Each accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$1,000,000 $ $ $
C	**UMBRELLA LIAB** x OCCUR x **EXCESS LIAB** CLAIMS-MADE DED x RETENTION $0			IXG676117	03/01/2023	03/01/2024	EACH OCCURRENCE AGGREGATE 	$10,000,000 $10,000,000 $
D	**WORKERS COMPENSATION AND EMPLOYERS' LIABILITY** ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? **(Mandatory in NH).** **Y/N** If yes, describe under DESCRIPTION OF OPERATIONS below. N	**N/A**		UB2T069940	03/01/2023	03/01/2024	x WC STATUTORY LIMIT OTHER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $500,000 $500,000 $500,000
	Other							
A	Boiler & Machinery			6308R430221	03/01/2023	03/01/2024		$100,000,000/$25,000 Ded
E	Crime			0598944456	03/01/2023	03/01/2024		$4,500,000 / $15,000 Deductible
E	Dirs & Offcrs Liab			0598944442	03/01/2023	03/01/2024		$1,000,000 / $15,000 Retention
A	Flood/Earthquake			6308R430221	03/01/2023	03/01/2024		$10,000,000/$50,000 Ded

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Special form, replacement cost - agreed amount, separation of Insureds.
Crime includes property manager as an employee.
Building Ordinance or Law coverage is included in the property policy.
Total number of units - 740

CERTIFICATE HOLDER

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
John Harney

DESCRIPTIONS (Continued from Page 1)

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYY)	POLICY EXP (MM/DD/YYY)	LIMITS
A	Property			6308R430221	03/01/2023	03/01/2024	$253,662,095/$25,000 Ded