



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/25/2025

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 Mesiraw 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	
	INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED Park Tower Condominium Association 5415 N. Sheridan Road Chicago, IL 60640	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: Ironshore Specialty Insurance Company	25445

COVERAGES CERTIFICATE NUMBER: 323318 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					6308R430221	03/01/2025	03/01/2026	EACH OCCURRENCE	\$1,000,000
	x	COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTED PREMISES (each occurrence)	\$300,000
		CLAIMS-MADE	x	OCCUR					MED EXP (Any one person)	\$5,000
	GEN'L AGGREGATE LIMIT APPLIES PER:								PERSONAL & ADV INJURY	\$1,000,000
	x	POLICY		PROJECT	LOC				GENERAL AGGREGATE	\$2,000,000
									PRODUCTS - COMP/OP AGG	\$1,000,000

B	AUTOMOBILE LIABILITY					BA8R432945	03/01/2025	03/01/2026	COMBINED SINGLE LIMIT (Each accident)	\$1,000,000
		ANY AUTO							BODILY INJURY (Per person)	\$
		ALL OWNED AUTOS		SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	x	HIRED AUTOS	x	NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$

C		UMBRELLA LIAB	x	OCCUR		IXG676117A	03/01/2025	03/01/2026	EACH OCCURRENCE	\$5,000,000
	x	EXCESS LIAB		CLAIMS-MADE					AGGREGATE	\$5,000,000
		DED	x	RETENTION \$0						\$

D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		N/A	UB2T069940	03/01/2025	03/01/2026	x	WC STATUTORY LIMIT	OTHER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH).						Y/N				
	If yes, describe under DESCRIPTION OF OPERATIONS below.						N				

	Other											
A	Boiler & Machinery					6308R430221	03/01/2025	03/01/2026		\$100,000,000/\$25,000 Ded		
E	Crime					0598944456	03/01/2025	03/01/2026		\$4,500,000 / \$15,000 Deductible		
E	Dirs & Offcrs Liab					0598944442	03/01/2025	03/01/2026		\$1,000,000 / \$15,000 Retention		
A	Flood/Earthquake					6308R430221	03/01/2025	03/01/2026		\$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 & Excess Fidelity includes property manager as an employee.

Building Ordinance or Law coverage is included in the property policy.

Total number of units - 740...[continued on next page]

CERTIFICATE HOLDER CANCELLATION

Loan No.: For Information Only , IL	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

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DESCRIPTIONS (Continued from Page 1)

INSURER(S) AFFORDING COVERAGE	NAIC #
Insurer G: James River Insurance Company	12203
Insurer H: Hanover Insurance Company	22292
Insurer I: MS Transverse Specialty Insurance Company	41807

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	Property			6308R430221	03/01/2025	03/01/2026	\$266,345,200/\$25,000 Ded
F	Dirs & Offcrs Liab			DO7NACY9JL002	03/01/2025	03/01/2026	\$1,000,000 excess \$1,000,000
G	Excess Liability 5			TSLBEX-0000030-00	03/01/2025	03/01/2026	\$5,000,000 XS \$5,000,000
H	Excess Fidelity			BDCJ101727	03/01/2025	03/01/2026	\$2,500,000 xs over \$4,500,000
I	Excess Liability 6			00141421-2	03/01/2025	03/01/2026	\$5,000,000 XS \$10,000,000uctible

DescOp: [continued from previous page]

Unit Owner Information

5415 N. Sheridan Road
Chicago, IL 60640
US
Phone: , Fax:
Unit No.: