



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
03/03/2026

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 #
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: 342934                      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	<b>GENERAL LIABILITY</b>						6308R430221	03/01/2026	03/01/2027	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	<b>AUTOMOBILE LIABILITY</b>						BA8R432945	03/01/2026	03/01/2027	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	<b>UMBRELLA LIAB</b>						IXG676117C	03/01/2026	03/01/2027	EACH OCCURRENCE	\$5,000,000		
	x	<b>EXCESS LIAB</b>								AGGREGATE	\$5,000,000		
		DED	x	RETENTION \$0							\$		
D	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						UB2T069940	03/01/2026	03/01/2027	x	WC STATUTORY LIMIT	OTHER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH).									Y/N	N/A	E.L. EACH ACCIDENT	\$500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below.									N		E.L. DISEASE - EA EMPLOYEE	\$500,000
												E.L. DISEASE - POLICY LIMIT	\$500,000

<b>Other</b>											
A	Boiler & Machinery					6308R430221	03/01/2026	03/01/2027	\$100,000,000/\$25,000 Ded		
E	Crime					0598944456	03/01/2026	03/01/2027	\$4,500,000 / \$15,000 Deductible		
E	Dir's & Offc's Liab					0598944442	03/01/2026	03/01/2027	\$1,000,000 / \$15,000 Retention		
A	Flood/Earthquake					6308R430221	03/01/2026	03/01/2027	\$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. Property: Wind/Hail & Water Damage Deductible: \$100,000  
 Crime & Excess Fidelity includes property manager as an employee.  
 Building Ordinance or Law coverage is included in the property policy.  
 Total number of units - 739...[continued on next page]

<b>CERTIFICATE HOLDER</b>	<b>CANCELLATION</b>
Loan No.: FOR EVIDENCE PURPOSES XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX, IL XXXXXXXXXX	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)**

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

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	03/01/2026	03/01/2027	\$269,008,650/\$25,000 Ded
F	Dir & Offcrs Liab			DO7NACY9JL003	03/01/2026	03/01/2027	\$1,000,000 excess \$1,000,000
G	Excess Liability 5			TSLBEX-0000030-00	03/01/2026	03/01/2027	\$5,000,000 XS \$5,000,000
H	Excess Fidelity			BDCJ101727	03/01/2026	03/01/2027	\$2,500,000 xs over \$4,500,000
I	Excess Liability 6			00141421-2	03/01/2026	03/01/2027	\$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.: