



# 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).**

|  |  |                               |
|--|--|-------------------------------|
| <b>PRODUCER</b><br>Mesirow Insurance Services, Inc.<br>353 N. Clark Street<br>Chicago, IL 60654    | CONTACT NAME: Certificate Hotline                  |                               |
|  | PHONE<br>312-595-8109                              | FAX (A/C, No)<br>312-595-4331 |
|  | E-MAIL ADDRESS: condocerts@alliant.com             |                               |
|  | INSURER(S) AFFORDING COVERAGE                      | NAIC #                        |
| <b>INSURED</b><br>Park Tower Condominium Association<br>5415 N. Sheridan Road<br>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: Atlantic Specialty Insurance Company    | 27154                         |

**COVERAGES**                      **CERTIFICATE NUMBER: 302026**                      **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/YY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                      |                          |                        |             |  |  |
|----------|--|-------------------------------------|----------|---------------|-----------------------|-------------------------|---|--------------------------|------------------------|-------------|--|--|
| A        | <b>GENERAL LIABILITY</b>   |                                     |          | 6308R430221   | 03/01/2024            | 03/01/2025              | EACH OCCURRENCE                             | \$1,000,000              |                        |             |  |  |
|          | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY |                                     |          |               |                       |                         | DAMAGE TO RENTED PREMISES (each occurrence) | \$300,000                |                        |             |  |  |
|          | <input type="checkbox"/> CLAIMS-MADE                             | <input checked="" type="checkbox"/> | OCCUR    |               |                       |                         |   |                          |                        |             |  |  |
|          | GEN'L AGGREGATE LIMIT APPLIES PER:                               |                                     |          |               |                       |                         |   | MED EXP (Any one person) | \$5,000                |             |  |  |
|          | <input checked="" type="checkbox"/> POLICY                       | <input type="checkbox"/>            | PROJECT  |               |                       |                         | <input type="checkbox"/>                    | LOC                      | PERSONAL & ADV INJURY  | \$1,000,000 |  |  |
|          |  |                                     |          |               |                       |                         |   |                          | GENERAL AGGREGATE      | \$2,000,000 |  |  |
|          |  |                                     |          |               |                       |                         |   |                          | PRODUCTS - COMP/OP AGG | \$1,000,000 |  |  |

|   |   |                                     |                 |            |            |            |                                       |             |
|---|---|-------------------------------------|-----------------|------------|------------|------------|---------------------------------------|-------------|
| B | <b>AUTOMOBILE LIABILITY</b>                     |                                     |                 | BA8R432945 | 03/01/2024 | 03/01/2025 | COMBINED SINGLE LIMIT (Each accident) | \$1,000,000 |
|   | <input type="checkbox"/> ANY AUTO               |                                     |                 |            |            |            | BODILY INJURY (Per person)            | \$          |
|   | <input type="checkbox"/> ALL OWNED AUTOS        |                                     | SCHEDULED AUTOS |            |            |            |                                       |             |
|   | <input checked="" type="checkbox"/> HIRED AUTOS | <input checked="" type="checkbox"/> | NON-OWNED AUTOS |            |            |            |                                       |             |
|   |   |                                     |                 |            |            |            | BODILY INJURY (Per accident)          | \$          |
|   |   |                                     |                 |            |            |            | PROPERTY DAMAGE (Per accident)        | \$          |

|   |   |                                     |               |            |            |            |                 |              |
|---|---|-------------------------------------|---------------|------------|------------|------------|-----------------|--------------|
| C | <b>UMBRELLA LIAB</b>                            | <input checked="" type="checkbox"/> | OCCUR         | IXG676117A | 03/01/2024 | 03/01/2025 | EACH OCCURRENCE | \$10,000,000 |
|   | <input checked="" type="checkbox"/> EXCESS LIAB |                                     | CLAIMS-MADE   |            |            |            | AGGREGATE       | \$10,000,000 |
|   | <input type="checkbox"/> DED                    | <input checked="" type="checkbox"/> | RETENTION \$0 |            |            |            |                 | \$           |

|   |  |     |     |            |            |            |  |           |  |
|---|--|-----|-----|------------|------------|------------|--|-----------|--|
| D | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>                         |     |     | UB2T069940 | 03/01/2024 | 03/01/2025 | <input checked="" type="checkbox"/> 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 | 03/01/2024 | 03/01/2025 | \$100,000,000/\$25,000 Ded        |  |
| E Crime              |  |  |  | 0598944456  | 03/01/2024 | 03/01/2025 | \$4,500,000 / \$15,000 Deductible |  |
| E Dirs & Offc's Liab |  |  |  | 0598944442  | 03/01/2024 | 03/01/2025 | \$1,000,000 / \$15,000 Retention  |  |
| A Flood/Earthquake   |  |  |  | 6308R430221 | 03/01/2024 | 03/01/2025 | \$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

|                           |  |
|---------------------------|--|
| <b>CERTIFICATE HOLDER</b> | <b>CANCELLATION</b>  |
|                           | 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<br>John Harney   |

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**DESCRIPTIONS (Continued from Page 1)**

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

| 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   | 03/01/2024              | 03/01/2025              | \$253,662,095/\$25,000 Ded      |
| F        | Dir's & Offc's Liab |           |          | MMX04348      | 03/15/2024              | 03/01/2025              | \$1,000,000 excess \$1,000,000  |
| G        | Excess Liability II |           |          | 001414211     | 03/15/2024              | 03/01/2025              | \$5,000,000 XS \$10,000,000     |
| H        | Excess Fidelity     |           |          | BDCJ101727    | 08/16/2024              | 03/01/2025              | \$2,500,000 xs over \$4,500,000 |