

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/10/2024 R

LOWEHOU-01	JBAKE

CB	ERTIFICATE IS ISSUED AS A ERTIFICATE DOES NOT AFFIRMAT ELOW. THIS CERTIFICATE OF IN EPRESENTATIVE OR PRODUCER, A	IVEL SURA	Y OI	R NEGATIVELY AMEND, E DOES NOT CONSTITUT	EXTE	ND OR ALT	ER THE CO	OVERAGE AFFORDED	BY TH	IE POLICIES
lf	MPORTANT: If the certificate holde SUBROGATION IS WAIVED, subje his certificate does not confer rights t	ct to	the	terms and conditions of t	he po	licy, certain	policies may			
PRODUCER Robertson Ryan - Illinois 3880 Salem Lake Dr Suite H			CONTACT NAME: PHONE (A/C, No, Ext): (800) 258-0277 E-MAIL ADDRESS: ADDRESS:					700-0139		
Lon	Long Grove, IL 60047					SS: INS ER A : GREATE	GNY	NAIC #		
INSURED Lowell House Condominium Association					INSURER B : Midvale Indemnity Company INSURER C : Employers Preferred Insurance Company					10346
	C/O Chicagoland Community Management 88 West Schiller Chicago, IL 60610			-	INSURER D : Philadelphia Indemnity Insurance Company INSURER E :					18058
					INSURE	RF:				
TI IN C	HIS IS TO CERTIFY THAT THE POLICII IDICATED. NOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	es o Requi Per Poli	F INS REM TAIN, CIES.	ENT, TERM OR CONDITION , THE INSURANCE AFFORD . LIMITS SHOWN MAY HAVE E	I OF A	ANY CONTRAC Y THE POLICI REDUCED BY	TO THE INSUF CT OR OTHEF IES DESCRIB PAID CLAIMS	R DOCUMENT WITH RESP	ECT TC	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	тѕ	
Α	X COMMERCIAL GENERAL LIABILITY						······	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR			1148M45767		9/30/2024	9/30/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
								MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	Included
A	AUTOMOBILE LIABILITY			1148M45767		9/30/2024	9/30/2025	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person)	\$	1,000,000
	OWNED AUTOS ONLY SCHEDULED AUTOS X HRED AUTOS ONLY NON-OWNED AUTOS ONLY							BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$ \$	
									\$	25 000 000
В		UMBRELLA LIAB OCCUR		PRP-229824000-00-20228	853 9/30/2024	9/30/2025	EACH OCCURRENCE	\$	25,000,000	
	EXCESS LIAB CLAIMS-MADE			FRF-229024000-00-20220			AGGREGATE	\$	25,000,000	
С	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)					9/30/2025	PER OTH- STATUTE ER	\$		
				EIG5045305	45305		E.L. EACH ACCIDENT	\$	500,000	
			/ A				E.L. DISEASE - EA EMPLOYE	Ť	500,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT		500,000
D	Crime			PCAC017048-0322		9/30/2024	9/30/2025	Deductible: \$25,000		3,000,000
Α	Building			1148M45767		9/30/2024	9/30/2025	Deductible: \$10,000		85,342,062
A	Crime	LES (/		1148M45767	e, may b	9/30/2024	9/30/2025	Deductible: \$25,000 Deductible: \$10,000	\$	3,0

Special Form/ Replacement Cost/Agreed Value; Inflation Guard 4%; Waiver of Subrogation; Business Income w/EE + \$2,300,000; Equipment Breakdown -Included; Ordinance or Law - Coverage A - Up to Building Limit; Ordinance or Law - Coverage B - \$5,000,000; Ordinance or Law - Coverage C - \$5,000,000; Earthquake/Flood - \$5,000,000; Wind/Hail - Included; 10 day notice of cancellation provded. HO-6 policy required for unit interior coverage. Employee Dishonesty includes Property Manager. Subject to policy terms and conditions. Units: 252, Separation of insureds; Condominium unit owners are additional insured

CERTIFICATE HOLDER	CANCELLATION
Lowell House Condominium Association 88 W. Schiller st Chicago, IL 60610	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

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