



# CERTIFICATE OF LIABILITY INSURANCE

DANPO-1 OP ID: CW

DATE (MM/DD/YYYY)

05/01/12

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 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 Bradish Associates Ltd. 215 N. Arlington Heights Road Arlington Heights, IL 60004 WILLIAM BRADISH	847-259-2400 847-259-0400	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS:	FAX (A/C, No):	
INSURED <b>DANA POINT CONDO. ASSOC.</b> 1519 E. CENTRAL RD. ARLINGTON HTS., IL 60005	INSURER(S) AFFORDING COVERAGE			
	INSURER A: HANOVER INS. CO.			NAIC # 10212
	INSURER B: GREAT AMERICAN INSURANCE			
	INSURER C:			
	INSURER D:			
	INSURER E:			
INSURER F:				

## COVERAGES

## CERTIFICATE NUMBER:

## 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 LIR	TYPE OF INSURANCE	ADD'L INSUR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY  X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		ZCC 9530968	05/01/12	05/01/13	EACH OCCURRENCE	\$ 1,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
						MED EXP (Any one person)	\$ 10,000
						PERSONAL & ADV INJURY	\$ 1,000,000
						GENERAL AGGREGATE	\$ 2,000,000
						PRODUCTS - COMPI/OP AGG	\$ 2,000,000
							\$
A	AUTOMOBILE LIABILITY  ANY AUTO ALL OWNED AUTOS  X HIRED AUTOS	SCHEDULED AUTOS  <input checked="" type="checkbox"/> NON-OWNED AUTOS	ZCC 9530968	05/01/12	05/01/13	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
							\$
B	UMBRELLA LIAB	X OCCUR	UM2388462	05/01/12	05/01/13	EACH OCCURRENCE	\$ 25,000,000
	EXCESS LIAB	CLAIMS-MADE				AGGREGATE	\$ 25,000,000
	DED X RETENTION \$ 10,000						\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A	8247M47	10/16/11	10/16/12	WC STATUTORY LIMITS	OTH-ER
						E.L. EACH ACCIDENT	\$ 500,000
						E.L. DISEASE - EA EMPLOYEE	\$ 500,000
						E.L. DISEASE - POLICY LIMIT	\$ 500,000
A	PROPERTY		ZCC 9530968	05/01/12	05/01/13	BLDG (RC)	123,250,000
A	CRIME		ZCC 9530968	05/01/12	05/01/13	FIDELITY	1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

DANA POINT CONDOMINIUM ASSOCIATION, 1605 CENTRAL, #108A, ARLINGTON HEIGHTS, IL

VERIFICATION OF INSURANCE

## CERTIFICATE HOLDER

## CANCELLATION

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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