



Summary of Insurance

Prepared for:

**111 Morgan Condominium Association
Chicago, IL 60607**

MARKET FINANCIAL GROUP, LTD

240 Commerce Drive

Crystal Lake, IL 60014

Business Phone: (815)459-3300

Fax Phone: (815)459-3360

This presentation is designed to give you an overview of the insurance coverages we are offering for your company. It is meant only as a general understanding of your insurance needs and should not be construed as a legal interpretation of the insurance policies that will be written for you. Please refer to your specific insurance contracts for details on coverages, conditions and exclusions.

Policy Information – Workers' Compensation

Policy #	Term	Writing Co
IHUB1381B745	02/17/2012 -02/17/2013	Travelers Indemnity Co America

Workers' Compensation & Employers Liability

Coverage	WC & Employer's liability
Each Accident	\$500,000
Disease-Policy Limit	\$500,000
Disease-Each Employee	\$500,000

Rating Information

State	Loc #	Class Code	Classifications
IL	00001	9015	BUILDING OPERATION-CONDOMINIUM

Policy Information - Umbrella

Policy #	Term	Writing Co
CUP8345W768	02/17/2012 - 02/17/2013	The Travelers Indemnity Company

Coverages/Limits

Coverage	Limit	Retention Amount
General Aggregate	\$5,000,000	
Products/Completed Ops Aggregate	\$5,000,000	
Personal & Advertising Injury	\$5,000,000	\$5,000

Policy Information – Package Policy including Property & General Liability

Policy #	Term	Writing Co
6801290B245	02/17/2012 - 02/17/2013	Travelers Cas/Surety Co Americ

Coverages/Limits Property

Coverage	Limit
Building (Replacement Cost/Special incl. theft)	\$37,524,245
Personal Property (Replacement Cost/Special incl. theft)	\$106,090
Accounts Receivable	\$25,000
Valuable Papers	\$25,000
Fine Arts	\$25,000
Deductible	\$5,000

Coverages/Limits General Liability

Coverage	Limit
General Aggregate	\$2,000,000
Products/Completed Ops Aggregate	\$2,000,000
Personal & Advertising Injury	\$1,000,000
Each Occurrence	\$1,000,000
Fire Damage	\$300,000
Medical Expense	\$5,000

This coverage also includes Hired/Non-Owned Auto

Policy Information – Directors & Officers

Policy #	Term	Writing Co
104262501	02/17/2010 - 02/17/2013	Travelers Cas/Surety Co Americ

Coverages/Limits

Coverage	Limit
Maximum Aggregate limit for all claims first made in the policy period	\$2,000,000
Retention	\$1,000
Prior Pending & Litigation Date	02/17/2004



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/6/2012

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 MARKET FINANCIAL GROUP, LTD 240 Commerce Drive Crystal Lake IL 60014	CONTACT NAME: Dan Kien PHONE (A/C, No, Ext): (815) 459-3300 FAX (A/C, No): (815) 459-3360 E-MAIL ADDRESS: dkien@marketfinancialgrp.com PRODUCER CUSTOMER ID #: 00040040
INSURED 111 Morgan Condominium Association C/O Foster Premier 111 S. Morgan Chicago IL 60607	INSURER(S) AFFORDING COVERAGE INSURER A: Travelers Cas/Surety Co Americ 31194 INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :

COVERAGES**CERTIFICATE NUMBER: 11-12 Liability****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			6801290B245	2/17/2012	2/17/2013	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		MED EXP (Any one person) \$ 5,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:		PERSONAL & ADV INJURY \$ 1,000,000				
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 2,000,000
							\$
A	AUTOMOBILE LIABILITY			6801290B245	2/17/2012	2/17/2013	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO		BODILY INJURY (Per person) \$				
	<input type="checkbox"/> ALL OWNED AUTOS		BODILY INJURY (Per accident) \$				
	<input type="checkbox"/> SCHEDULED AUTOS		PROPERTY DAMAGE (Per accident) \$				
<input checked="" type="checkbox"/> HIRED AUTOS			\$				
<input checked="" type="checkbox"/> NON-OWNED AUTOS			\$				
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			CUP8345W768	2/17/2012	2/17/2013	EACH OCCURRENCE \$ 5,000,000
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 5,000,000				
	DEDUCTIBLE						\$
	<input checked="" type="checkbox"/> RETENTION \$ 5,000		\$				
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			UB1381B745	2/17/2012	2/17/2013	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input type="checkbox"/> N	E.L. EACH ACCIDENT \$ 500,000				
	If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	E.L. DISEASE - EA EMPLOYEE \$ 500,000				
			E.L. DISEASE - POLICY LIMIT \$ 500,000				
A	Employee Dishonesty			6801290B245	2/17/2012	2/17/2013	Limit: \$250,000
A	Building (RC) 166 UNITS			6801290B245	2/17/2012	2/17/2013	Limit: \$36,070,600 Ded: \$5,000

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

CERTIFICATE HOLDER**CANCELLATION**

Proof of Insurance

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

Anthony Parato/DKIEN