



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/1/2012

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 <b>MARKET FINANCIAL GROUP, LTD</b> 240 Commerce Drive		CONTACT NAME: Sandra Heinzelmann PHONE (A/C, No. Ext): (815) 459-3300 FAX (A/C, No.): (815) 459-3360 E-MAIL ADDRESS: sheinzemann@marketfinancialgrp.com PRODUCER CUSTOMER ID #: 00040040
Crystal Lake IL 60014		INSURER(S) AFFORDING COVERAGE
INSURED 111 Morgan Condominium Association c/o Lieberman Management Services 111 S. Morgan  Chicago IL 60607		INSURER A: Travelers Cas/Surety Co Americ 31194 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

## COVERS

CERTIFICATE NUMBER: 12-13 Liab

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

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

Proof of Insurance

Building limit is Replacement Cost - no coinsurance penalty applies

CERTIFICATE HOLDER  SAMPLE		CANCELLATION	
		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/SHEIN 	