

ACORD **CERTIFICATE OF LIABILITY INSURANCE** Date (MM/DD/YYYY) 4/5/2013

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 OR 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).

Rosenthal Bros., Inc. 740 Waukegan Road P.O. Box 700 Deerfield, IL 60015 Phone:847-940-4300 Fax:847-940-4315	Contact Name
	Phone (A/C No. Ext):
	FAX (A/C, No):
	Email Address:
	Producer Customer ID #:

Insured	INSURER(S) AFFORDING COVERAGE		NAIC#
	INSURER A:		
Shoreline Towers Condo Association 6301 N. Sheridan 378 unit condo building Chicago, IL 60660 Contact: Wolin Levin	INSURER A:	Greater New York Mutual Insurance	
	INSURER B:	Great American Insurance Company	
	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 LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY			6112M10532	4/1/2013	4/1/2014	EACH OCCURRENCE FIRE DAMAGE(ANY ONE FIRE) MEDICAL EXPENSE PERSONAL & ADV. INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	1,000,000 1,000,000 5,000 1,000,000 2,000,000 2,000,000
	X COMMERCIAL GENERAL CLAIMS MADE X OCCURRENCE AGGREGATE POLICY AGGREGATE PROJECT AGGREGATE LOC							
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT BODILY INJURY (PERSON) BODILY INJURY (ACCIDENT) PROPERTY DAMAGE (PER ACCIDENT)	
	ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS							
B	EXCESS LIABILITY			UM4433561	4/1/2013	4/1/2014	EACH OCCURRENCE AGGREGATE	25,000,000 25,000,000
	X OCCUR CLAIMS MADE DEDUCTIBLE RETENTION							
	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER /EXECUTIVE OFFICER/MEMBER EXCLUDED						WC STATUTORY LIMITS OTHER EL EACH ACCIDENT EL DISEASE - POLICY LIMIT EL DISEASE - EA EMPLOYEE	
A	Building			6112M10532	4/1/2013	4/1/2014	\$72,100,000 100% Replacement Cost \$10,000 Ded.	
B	D&O Liability			EPP2814472-04	4/1/2013	4/1/2014	D&O \$1,000,000	
B	Fidelity			SAA-554-38-21-7922-0	4/1/2013	4/1/2014	Fidelity \$2,000,000 \$10,000 Ded.	
A	Flood/Quake			6112M10532	4/1/2013	4/1/2014	\$5,000,000 each /\$25k Flood Ded/\$250k Quake Ded	

DESCRIPTION OF OPERATION/LOCATIONS/VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Shoreline
 Unit # x
 6301 N Sheridan RD
 Chicago
 IL
 60660

CERTIFICATE HOLDER	CANCELLATION
ad adf	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.