

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/24/2009

PRODUCER
 JMB Insurance
 900 N. Michigan Avenue #1500
 Chicago IL 60611
 (312) 915-2200 (312) 915-2245

INSURED
 The Park Monroe Condominium Homes Association
 65 E. Monroe Street
 Chicago IL 60603

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Federal Insurance Company	
INSURER B: Continental Casualty Co	
INSURER C:	
INSURER D:	
INSURER E:	

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADDL LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (M/D/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	35892085	12/29/2009	12/31/2010	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ Included in
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
A	EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$	79847038	12/29/2009	12/31/2010	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	OTHER Directors & Officers	0251189872	12/29/2009	12/31/2010	1,000,000 Limit Directors & Officers 500,000 Limit Employee Dishonesty
B	Employee Dishonesty	0251189869	12/29/2009	12/31/2010	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

RE: 65 E Monroe Street, Chicago, IL 60603.
 Draper & Kramer, Inc. is named as Additional Insured in respect to General Liability as required by written contract.

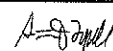
CERTIFICATE HOLDER

Draper & Kramer, Inc.
 65 East Monroe Street
 Chicago IL 60603

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE



IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

ACORD™ EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY)

12/24/2009

THIS IS EVIDENCE THAT INSURANCE AS IDENTIFIED BELOW HAS BEEN ISSUED, IS IN FORCE, AND CONVEYS ALL THE RIGHTS AND PRIVILEGES AFFORDED UNDER THE POLICY.

PRODUCER NAME, CONTACT PERSON AND ADDRESS JMB Insurance 900 N. Michigan Avenue #1500 Chicago IL 60611		PHONE (A/C, No, Ext): (312) 915-2200 FAX (A/C, No): (312) 915-2245 E-MAIL ADDRESS:	COMPANY NAME AND ADDRESS Affiliated FM Insurance Company	NAIC NO: 10014
CODE: AGENCY CUSTOMER ID #:	SUB CODE:	IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH		
NAMED INSURED AND ADDRESS The Park Monroe Condominium Homes Association 65 E. Monroe Street Chicago IL 60603		LOAN NUMBER	POLICY NUMBER EJ241	
ADDITIONAL NAMED INSURED(S)		EFFECTIVE DATE 12/29/2009	EXPIRATION DATE 12/31/2010	CONTINUED UNTIL TERMINATED IF CHECKED
THIS REPLACES PRIOR EVIDENCE DATED:				

PROPERTY INFORMATION (Use additional sheets if more space is required)

LOCATION/DESCRIPTION

COVERAGE INFORMATION	CAUSE OF LOSS FORM	BASIC	BROAD	<input checked="" type="checkbox"/> SPECIAL	OTHER
COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE:	\$ 96,967,500				DED: 10,000
BUSINESS INCOME / RENTAL VALUE		<input checked="" type="checkbox"/>			Actual Loss Sustained # of months:
BLANKET COVERAGE		<input checked="" type="checkbox"/>			If YES, indicate amount of insurance on properties identified above: \$ 96,967,500
TERRORISM COVERAGE		<input checked="" type="checkbox"/>			Attach signed Disclosure Notice / DEC
IS COVERAGE PROVIDED FOR "CERTIFIED ACTS" ONLY?		<input checked="" type="checkbox"/>			IF YES, SUB LIMIT: DED:
IS COVERAGE A STAND ALONE POLICY?		<input checked="" type="checkbox"/>			IF YES, LIMIT: DED:
DOES COVERAGE INCLUDE DOMESTIC TERRORISM?		<input checked="" type="checkbox"/>			IF YES, SUB LIMIT: Incl above DED:
COVERAGE FOR MOLD		<input checked="" type="checkbox"/>			IF YES, LIMIT: 1,000,000 DED: 10,000
MOLD EXCLUSION (if "YES", specify organization's form used)					
REPLACEMENT COST		<input checked="" type="checkbox"/>			
AGREED AMOUNT		<input checked="" type="checkbox"/>			
COINSURANCE			<input checked="" type="checkbox"/>		IF YES, %
EQUIPMENT BREAKDOWN (If Applicable)		<input checked="" type="checkbox"/>			IF YES, LIMIT: Included DED: 10,000
LAW AND ORDINANCE - Coverage for loss to undamaged portion of building		<input checked="" type="checkbox"/>			IF YES, LIMIT: Policy Limit DED: 10,000
- Demolition Costs		<input checked="" type="checkbox"/>			IF YES, LIMIT: 1,000,000 DED: 10,000
- Incr. Cost of Construction		<input checked="" type="checkbox"/>			IF YES, LIMIT: 1,000,000 DED: 10,000
EARTHQUAKE (If Applicable)		<input checked="" type="checkbox"/>			IF YES, LIMIT: 50,000,000 DED: 100,000
FLOOD (If Applicable)		<input checked="" type="checkbox"/>			IF YES, LIMIT: 50,000,000 DED: 100,000
WIND / HAIL (If Separate Policy)			<input checked="" type="checkbox"/>		IF YES, LIMIT: DED:
PERMISSION TO WAIVE SUBROGATION PRIOR TO LOSS					

REMARKS - Including Special Conditions (Use additional sheets if more space is required)

RE: 65 E Monroe Street, Chicago, IL 60603.
 This certificate is issued as Evidence of Coverage.

CANCELLATION

THE POLICY IS SUBJECT TO THE PREMIUMS, FORMS, AND RULES IN EFFECT FOR EACH POLICY PERIOD. SHOULD THE POLICY BE TERMINATED, THE COMPANY WILL GIVE THE ADDITIONAL INTEREST IDENTIFIED BELOW 30 DAYS WRITTEN NOTICE, AND WILL SEND NOTIFICATION OF ANY CHANGES TO THE POLICY THAT WOULD AFFECT THAT INTEREST, IN ACCORDANCE WITH THE POLICY PROVISIONS OR AS REQUIRED BY LAW.

ADDITIONAL INTEREST

NAME AND ADDRESS Draper & Kramer, Inc. 65 East Monroe Street Chicago IL 60603	LENDER SERVICING AGENT NAME AND ADDRESS
MORTGAGEE <input checked="" type="checkbox"/> CERTIFICATE HOLDER LOSS PAYEE <input type="checkbox"/>	AUTHORIZED REPRESENTATIVE 