

**CERTIFICATE OF INSURANCE CONDOMINIUM
ALLSTATE INSURANCE COMPANY**

COVERAGE AFFORDED BY THE POLICY IS PROVIDED BY THE ALLSTATE INSURANCE COMPANY.

MASTER POLICY NUMBER: **048404342**
INSURED NAME: **QUINCY PARK CONDOMINIUM ASSOCIATION
C/O LIEBERMAN MANAGEMENT**
MAILING ADDRESS: **1592 QUAKER LANE
PROSPECT HEIGHTS, IL 60070**

UNIT OWNER NAME:
MAILING ADDRESS:
LOCATION OF PREMISES: Same As Above
COVERAGE SUMMARY: Consult master policy for specific coverages and exclusions.

PROPERTY INSURANCE (151 BLDGS) COVERAGE AMOUNT: **\$54,760,500**
DEDUCTIBLE: **\$5,000**
POLICY TYPE—SPECIAL FORM (ALL RISK)—REPLACEMENT COST
BUSINESS LIABILITY: **\$1,000,000** EACH ACCIDENTAL EVENT
MEDICAL PAYMENTS **\$5,000** EACH PERSON

ADDITIONAL COVERAGES:

FIDELITY	\$1,000,000
BUILDING LAWS & ORDINANCE	✓
WATER BACKUP	✓
BOILER & MACHINERY	
BOARD OF DIRECTORS, MANAGERS & OFFICERS	✓
DEMOLITION	✓

NOTICE TO UNIT OWNER: This policy does not include coverage for household contents, personal property of individual unit owner, or individual unit owner's personal liability.

MORTGAGE CLAUSE: This policy contains a Mortgage Clause in favor of:

MORTGAGE:

ADDRESS:

LOAN NUMBER:

CERTIFICATE PERIOD: This certificate will remain in force from the inception of the policy until the policy is cancelled or not renewed.

POLICY INCEPTION DATE: **03/01/2009** **12:01 A.M.**

PROVISIONS: This form is not the contract of insurance, but attests that the policy identified above has been issued. The provisions of the policy shall prevail in all respects.

NOTE TO MORTGAGEE: It is agreed that should the insurance protection evidenced herein terminate for any reason, a thirty-day written notice of such termination will be given to the mortgagee.

IL CYY _____ 847.681.1700 847.681.8772
Authorized Agency—Manny Marczak, Inc. Phone Fax Date

To: _____ Fax: _____