



540 WEST MADISON BUILDING INSURANCE REQUIREMENTS

The Service Contractor shall provide the following minimum insurance coverage:

GENERAL LIABILITY INSURANCE

- Each Occurrence \$1,000,000
- Personal & Adv. Injury \$1,000,000
- General Aggregate \$2,000,000
- Products – Comp/Op Agg. \$2,000,000

AUTOMOTIVE LIABILITY

Combined Single Limit - \$1,000,000
(any auto/owned, non-owned/hired)

UMBRELLA LIABILITY

- Each Occurrence \$2,000,000
- Minimum Required \$2,000,000

WORKERS COMPENSATION

- Each Accident \$1,000,000
- Disease (Each Employee) \$1,000,000
- Disease (Policy Limit) \$1,000,000

This policy shall name the Owner and Managing Agent as additional insured.

Evidence of products coverage must be shown for a minimum of two years following the completion of the work described in the contract.

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

Contractor is to assure that the description of operations, etc. is listed as follows:

540 West Madison Owner LLC, 590 Land Group, 540 General Manager LLC, Jones Lang LaSalle Americas, Inc., Jones Lang LaSalle Americas (Illinois), LP., Goldman Sachs Mortgage Company and their respective subsidiaries, affiliates and assigns are named as additional insured.

CERTIFICATE HOLDER

Contractor is to assure that the certificate holder is listed as follows:

***Jones Lang LaSalle, as Manager for
540 West Madison Owner, LLC
540 West Madison
Chicago, IL 60661
Attention: Property Manager***



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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 Sample Certificate	CONTACT NAME:		
	PHONE:	(513) 333-0700	FAX: (513) 333-0735
	(A/C. No. Ext):		(A/C. No):
	E-MAIL ADDRESS:		
	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : Sample		23035
INSURED Vendor Name Vendor Address Anywhere, IL 60661	INSURER B : Sample		22136
	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 ENDORSEMENTS AND CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXPI (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY	X			1/1/2014	1/1/2015	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MEMBER EXP (Any one person) \$
							PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 2,000,000
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 2,000,000
							\$
A	AUTOMOBILE LIABILITY	X			1/1/2014	1/1/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS						\$
	<input type="checkbox"/> NON-OWNED AUTOS						\$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB				1/1/2014	1/1/2015	EACH OCCURRENCE \$ 2,000,000
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE \$
	<input type="checkbox"/> CLAIMS-MADE						minimum require \$ 2,000,000
	DED <input checked="" type="checkbox"/> RETENTION \$						
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				1/1/2014	1/1/2015	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000

SAMPLE

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

540 West Madison Owner, LLC
590 Land Group
540 General Manager, LLC
Jones Lang LaSalle Americas, Inc.
Jones Lang LaSalle Americas (Illinois), L.P.
Goldman Sachs Mortgage Company
& Their respective subsidiaries, affiliates and assigns are named as additional insured.
Notice of Cancellation will be provided to Certificate Holder

CERTIFICATE HOLDER

CANCELLATION

Jones Lang LaSalle, as manager for 540 West Madison Owner, LLC 540 West Madison, Suite 120 Chicago, IL 60661	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 