



# CNA PARAMOUNT

Endorsement Effective Date: 10/24/2020

**Insured Name:** 

WHEATON PROPERTY PARTNERS, LLC

C/O WAVELAND PROPERTY GROUP, I 117 W WILLOW AVE WHEATON, IL 60187

**Policy Number: 4012853481 Policy Period:** 10/24/2020 – 10/24/2021

**Producer's Information:** 

Producer Code: 078884 MESIROW INSURANCE SERVICES INC

353 NORTH CLARK STREET

CHICAGO, IL 60654 (800)453-0600

**CNA Branch Number: 010** 

### **CNA Branch Name and Address:**

CHICAGO/ILLINOIS BRANCH BRANCH ADMIN 151 N FRANKLIN ST 9TH FL CHICAGO, IL 60606 (630)719 - 3000

# Thank you for choosing CNA!

With your CNA Paramount package policy, you have insurance coverage tailored to meet the needs of your modern business. The international network of insurance professionals and the financial strength of CNA, rated "A" by A.M. Best, provide the resources to help you manage the daily risks of your organization so that you may focus on what's most important to you.

# Claim Services — There When You Need Us

Claims are reported through a single point of entry available 24/7, connecting you to the individuals and information to help you resume your business when you need it most.

To report a claim, please call 877-CNA-ASAP , fax (800) 953-7389, email lossreport@cnaasap.com , or visit www.cna.com/claim.

## Risk Control Services — Help Avoid A Claim Before It Occurs

As a CNA policyholder, you have access to certified risk control professionals, risk mitigation programs and online resources to help identify and manage exposures that may disrupt your operation. We collaborate with business leaders to develop customized programs to assist you in safeguarding your assets and improving the bottom line.

To learn how our award-winning Risk Control services can help your business, please call (866) 262-0540, email us at riskcontrolwebinfo@cna.com or visit www.cna.com/riskcontrol.

When it comes to providing the coverage, service and resources paramount to your business success ... we can show vou more.





# **Amendment of Forms and Endorsements Schedule Addition or Deletion of Endorsements**

It is understood and agreed as follows:

#### I. ADDITION OF FORMS OR ENDORSEMENTS

The Forms and Endorsements Schedule is amended to add the following forms or endorsements effective as of the date set forth in such form or endorsement

Endm't Number	Form or Endorsement Name	Form Number	Form Edition
23	Amendment of Forms and Endorsements Schedule	CNA62673XX	09-12
	Addition or Deletion of Endorsements		
24	Business Property Schedule of Locations (Amended)	CNA62651XX	10-15

#### II. **DELETION OF FORMS OR ENDORSEMENTS**

The Forms and Endorsements Schedule is amended to delete the following forms or endorsements effective as of the "deletion date" indicated below.

The net premium change for Terrorism Risk Insurance Act Endorsement, if any, for the above endorsements in Sections I. and II. is: \$35.00 The net premium change to cover a Fire Loss resulting from a Certified Act of Terrorism, if any, for the above endorsements in Sections I. and II. is: \$51.00 The net premium change, if any, for the above endorsements in Sections I. and II. is: \$2,347.00

Total change is:

\$2,347.00

All other terms and conditions of the Policy remain unchanged.

This endorsement, which forms a part of and is for attachment to the Policy issued by the designated Insurers, takes effect on the effective date of said Policy at the hour stated in said Policy, unless another effective date is shown below, and expires concurrently with said Policy.



CNA62673XX 09-12 4012853481 Policy No: Page 1 of 1 **Endorsement No:** 23 Effective Date: 10/24/2020

CONTINENTAL INSURANCE COMPANY

Insured Name: WHEATON PROPERTY PARTNERS, LLC





# **Business Property Schedule of Locations (Amended)**

In consideration of the premium paid for this Policy, it is agreed that Business Property Schedule of Locations is amended as follows:

Blanket Limits of Insurance						
Blanket Real Property and Personal Property	\$30,050,000					

**B.** For the **locations** shown below, the current coverages or limits specified for the **location** are deleted and replaced with the following:

Location and Coverage Schedule								
COVERAGES AND LIMITS ARE AS SET FORTH IN THE SCHEDULE OF COVERAGES AND LIMITS OR THE BUSINESS PROPERTY SCHEDULE OF LOCATIONS EXCEPT AS SET FORTH BELOW:								
<b>Location</b> Number 1	Location Address: 120 E. LIBERTY DRIVE WHEATON	IL 60187						
Location Base Coverages								
Real Property		Included in Blanket Real Property and Personal Property						
Personal Property		Included in Blanket Real Property and Personal Property						
Business Income and I	Extra Expense	\$2,472,984						
Location Specific Catastrophe Coverages								
Earthquake Endorsem	ent, CNA 62705							
Earthquake L	imit of Insurance (Group A)	\$5,000,000						
Earthquake D	Deductible	\$50,000						
Flood Coverage Endorsement, CNA 62716								
Limit of Insura	ance (Group 1)	\$5,000,000						
Deductible		\$50,000						
	ance (Group 1)							

All other terms and conditions of the Policy remain unchanged.

This endorsement, which forms a part of and is for attachment to the Policy issued by the designated Insurers, takes effect on the effective date of said Policy at the hour stated in said Policy, unless another effective date is shown below, and expires concurrently with said Policy.



CNA62651XX 10-15 Policy No: 4012853481
Page 1 of 1 Endorsement No: 24

CONTINENTAL INSURANCE COMPANY

Insured Name: WHEATON PROPERTY PARTNERS, LLC

LLC

Effective Date: 10/24/2020



Policy Number	From <b>Poli</b>	cy Period To	Coverage Is Provided By	Agency
C4012853481	10/24/20	10/24/21	Continental Insurance Company	078884010
Named Insured And Address			Agent	
WHEATON PROPERTY PARTNERS, LLC C/O WAVELAND PROPERTY GROUP, I 117 W WILLOW AVE WHEATON, IL 60187			MESIROW INSURANCE SERVICES INC 353 NORTH CLARK STREET CHICAGO, IL 60654	

\*\* REVISED PAYMENT PLAN SCHEDULE \*\*

THE BILLING FOR THIS POLICY WILL BE FORWARDED TO YOU DIRECTLY FROM CNA.

THE PREMIUM AMOUNT FOR THIS TRANSACTION IS \$2,347.00 .

THIS PREMIUM WILL BE INVOICED BY CNA ON A SEPARATE STATEMENT ACCORDING TO THE PAYMENT OPTION YOU SELECT.





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