




EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
December 17, 2012

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THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

AGENCY  Ken Bobbe Insurance Agcy Inc 3409 Kirchoff Rd Rolling Meadows, IL 60008		PHONE (A/C, No, Ext): 847-255-4535		COMPANY State Farm Fire and Casualty Company		NAIC # 25143	
FAX (A/C, No): 847-253-4535		E-MAIL ADDRESS: Alice.glennon.lru@statefarm.com					
CODE: 3022		SUB CODE:					
AGENCY CUSTOMER ID #:				LOAN NUMBER		POLICY NUMBER	
INSURED Ansley, James 1415 E. Central Rd, Unit 201A Arlington Heights, IL 60005-3317						13-B8-S914-9	
EFFECTIVE DATE 08/05/2012		EXPIRATION DATE 08/05/2013		<input checked="" type="checkbox"/>		CONTINUED UNTIL TERMINATED IF CHECKED	
THIS REPLACES PRIOR EVIDENCE DATED:							

PROPERTY INFORMATION

LOCATION/DESCRIPTION
1415 E. Central Road, Unit 201A, Arlington Heights, IL 60005-3317

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 EVIDENCE OF PROPERTY INSURANCE 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.

COVERAGE INFORMATION

COVERAGE / PERILS / FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
Building Coverage	\$76,500	\$1,000
Liability	\$300,000	
Medical	\$1,000	

REMARKS (Including Special Conditions)

CANCELLATION

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

ADDITIONAL INTEREST

NAME AND ADDRESS	<input type="checkbox"/>	MORTGAGEE	<input type="checkbox"/>	ADDITIONAL INSURED
	<input type="checkbox"/>	LOSS PAYEE		
	LOAN #			
	AUTHORIZED REPRESENTATIVE			