

AMERICAN NATIONAL PROPERTY AND CASUALTY CO



1849 E. SUNSHINE
SPRINGFIELD, MISSOURI 65808-0001
(417) 887-0220

POLICY NUMBER
12-H-Y11-552-5
POLICY TERM
10-06-2012 TO 10-06-2013
AND SUBSEQUENT RENEWALS
AT 12:01 A.M. (STD)

THIS AMENDED DECLARATION
REPLACES ALL PRIOR DECLARATIONS, IF ANY, AND WITH POLICY PROVISIONS
AND ANY ENDORSEMENTS ISSUED TO FORM A PART THEREOF COMPLETES THIS
HOMEOWNERS POLICY

EASY PAY: 0243065 CASHBACK

NAMED INSURED AND P.O. ADDRESS
HILGERS, MARION
1615 E CENTRAL RD UNIT 319C
ARLINGTON HTS IL 60005-3350

LIENHOLDER/MORTGAGEE

PREMIUM TO BE PAID BY
YOUR EASYPAY ACCOUNT

AGENT
FOR CUSTOMER SERVICE, CALL PH #630-307-3666
DIANE FLAHERTY S8665-T 1-173

1615 E CENTRAL RD UNIT 319C ARLINGTON HTS IL 600053350

SECTION I -	\$500 ALL PERIL DEDUCTIBLE	LIMITS
COVERAGE A - DWELLING		\$20,000
COVERAGE C - PERSONAL PROPERTY		\$69,540
COVERAGE D - LOSS OF USE		\$27,820
SECTION II		
COVERAGE E - PERSONAL LIABILITY	(EACH OCCURRENCE)	\$300,000
COVERAGE F - MEDICAL PAYMENTS TO OTHERS	(EACH PERSON)	\$2,000

RATING INFORMATION
CONSTRUCTION: BRICK OR MASONRY PROTECTION: 02 ZONE: 59
1 FAMILY DWELLING, BUILT IN 1985. FIRE DIST: ARLINGTON HEIGHTS
DISCOUNTS: 'CLAIM FREE +', HOME ADVAN

SH6.12 07-06 SH6035 08-03 01 \$1.00 SH91596 01-10
SH9381 04-06 \$9.00

\$167.00 \$10.00 \$177.00

DIANE FLAHERTY

AUTHORIZED REPRESENTATIVE

ENDORSEMENT DESCRIPTIONS

SH6.12	0706	IL CONDOMINIUM UNIT-OWNERS POL
SH6035	0803	LOSS ASSESSMENT COVERAGE
SH91596	0110	IL AMENDATORY ENDORSEMENT
SH9381	0406	BROADND JEWELRY, WATCH, FUR COVG

Special Notice to Lienholders and Mortgagees:

This is a continuous form policy. Coverage for the lienholder and/or mortgagee will continue in force until cancelled by written notice.

The company reserves the right to cancel this policy giving the lienholder and/or mortgagee a ten day notice of cancellation.

COMPLAINT PROCEDURE

Please direct any inquiries or complaints to the ANPAC Home Office at 1-800-333-2860 between 8:00 a.m. and 4:30 p.m. weekdays.

IMPORTANT INFORMATION ON HOW TO REPORT A CLAIM

Should you need to report a claim under this policy, please call (Toll-Free) 1-800-333-2860.

Please be prepared to furnish the following information:

- 1) Date and Time of Loss
- 2) Facts of Occurrence
- 3) Location of Loss if other than the residence premises
- 4) Name, Address, and Phone Number of any injured parties
- 5) If applicable, name of law enforcement agency or fire department and the incident number

As a Policyholder, you are required to protect your property from further damage, make reasonable and necessary temporary repairs, and keep an accurate record of repair expenditures.

SM-128B (2-96) IL