

554



This certifies that

Certificate of Insurance

- ☒ State Farm Fire and Casualty Company, Bloomington, Illinois
☐ State Farm General Insurance Company, Bloomington, Illinois
☐ State Farm Fire and Casualty Company, Aurora, Ontario
☐ State Farm Florida Insurance Company, Winter Haven, Florida
☐ State Farm Lloyds, Dallas, Texas

insures the following policyholder for the coverages indicated below:

Policyholder **ELIZABETH SUTTON**Address of policyholder **1605 E CENTRAL RD UNIT 417C, ARLINGTON HTS, IL 60005**Location of operations **SAME**Description of operations **CONDO POLICY**

The policies listed below have been issued to the policyholder for the policy periods shown. The insurance described in these policies is subject to all the terms, exclusions, and conditions of those policies. The limits of liability shown may have been reduced by any paid claims.

Policy Number	Type of Insurance	Policy Period		Limits of Liability (at beginning of policy period)
		Effective Date	Expiration Date	
This insurance includes:	Comprehensive Business Liability			BODILY INJURY AND PROPERTY DAMAGE Each Occurrence \$ General Aggregate \$ Product - Completed Operations Aggregate \$
	<input type="checkbox"/> Products - Completed Operations			
	<input type="checkbox"/> Contractual Liability			
	<input type="checkbox"/> Personal Injury			
	<input type="checkbox"/> Advertising Injury			
Policy Number	EXCESS LIABILITY	Effective Date	Expiration Date	BODILY INJURY AND PROPERTY DAMAGE (Combined Single Limit) Each Occurrence \$ Aggregate \$
	<input type="checkbox"/> Umbrella <input type="checkbox"/> Other			
	Workers' Compensation and Employers Liability	Effective Date	Expiration Date	Part I - Workers Compensation - Statutory Part II - Employers Liability Each Accident \$ Disease - Each Employee \$ Disease - Policy Limit \$
Policy Number	Type of Insurance	Effective Date	Expiration Date	Limits of Liability (at beginning of policy period)
13-C1-9089-1	CONDO POLICY	6/1/12	6/1/13	\$100,000

THE CERTIFICATE OF INSURANCE IS NOT A CONTRACT OF INSURANCE AND NEITHER AFFIRMATIVELY NOR NEGATIVELY AMENDS, EXTENDS OR ALTERS THE COVERAGE APPROVED BY ANY POLICY DESCRIBED HEREIN.

Name and Address of Certification Holder

DANA POINT CONDO ASSOCIATION
ARLINGTON HTS, IL 60005

If any of the described policies are canceled before their expiration date, State Farm® will try to mail a written notice to the certificate holder 30 days before cancellation. If we fail to mail such notice, no obligation or liability will be imposed on State Farm or its agents or representatives.

Nick Jones by Asia Ambra
 Signature of Authorized Representative

AGENT

11/21/12

Title

Date

NICK JONES

Agent Name

Telephone Number (847) 364-1640

Agent's Code Stamp

Agent Code

13-3989

AFO Code

26