



## DECLARATIONS

We will provide the insurance described in this policy in return for the premium and compliance with all applicable provisions of this policy.

Coverage afforded by this policy is provided by:

STATE FARM FIRE AND CASUALTY COMPANY  
2702 IRELAND GROVE RD  
BLOOMINGTON, IL 61709

A Stock Company with Home Offices in  
Bloomington, Illinois.

13-B6-1802-7 **Policy Number**

**Named Insured and Mailing Address**  
LESS, DONALD G & JOYCE C  
1615 E. CENTRAL RD UNIT 321C  
ARLINGTON HTS, IL 60005-3351

The Policy Period begins and ends at 12:01 a.m.  
Standard Time at the residence premises.

08/22/2012 **Effective Date**  
12 months-Policy Period  
06/22/2013 **Expiration of Policy Period**

**Automatic Renewal** - If the Policy Period is shown as 12 months, this policy will be renewed automatically subject to the premiums, rules and forms in effect each succeeding policy period. If this policy is terminated, we will give you and the Mortgagee/Lien holder written notice in compliance with the policy provisions or as required by law.

**Limit of Liability - Section 1**

\$26,610 BLDG PROP (COVERAGE A)  
\$88,700 PERS PROP (COVERAGE B)

**Policy Type**  
HO- CONDO UNIT POLICY  
DWELL REPL COST- SIMILAR CONSTRUCTION

**Deductibles - Section 1** \$1000  
ALL LOSSES In case of loss under this policy, the deductible will be applied per occurrence and will be deducted from the amount of the loss. Other deductibles may apply - refer to your policy.

**Location of Premises**  
1615 E. CENTRAL RD UNIT 321C  
ARLINGTON HTS, IL 60005-3351

**Policy Premium**  
\$324.00

**Forms, Options & Endorsements**

FP-7956.IL	CONDOMINIUM	FE-3453	HO-6 POL END
LSP B1	LMT RPLC COST-B	OPT JF	J&F 2500/5000
LSP A1	SMLR CONST-A		
FE-8790	CIVIL UNION		

1<sup>st</sup> **MORTGAGEE:**

**Agent Name & Address**

GUY J. WINTERS  
570 E. NORTHWEST HWY  
DES PLAINES, IL 60018

**LOAN#**