

DATE: 12-17-2012

By my signature below, I affirm that the information provided above is true and correct as of the date shown next to my signature. I understand if any information is left blank that this form may be returned for completion. I understand that this form is used for Association purposes only.

NAME: RANDI LAUREN KLINEZKI	EMERGENCY CONTACT INFORMATION
ADDRESS: 7827 CLIPPER STREET DR	HOME PHONE: (708) 453-8738
CITY/STATE/ZIP CODE: ELMWOOD PARK IL	CELL PHONE: (708) 769-2629
BUSINESS PHONE: (708) 455-0855	

Occasionally the need arises to contact a resident in an emergency situation. This information is only used to provide you with more efficient service. We strongly recommend this person have a key to your unit.

NAME:	BREED:	CAT/DOG:
PETS:		

YEAR: 2010	MAKE: HONDA	MODEL: CR-V	COLOR: SILVER	LICENSE PLATE #: L55-Q855
VEHICLE(S) ON THE PROPERTY				

NAME: HALINA KLINEZKI	NAME:
(Those who reside in the residence, but are not the owners of listed on the lease.)	
ADDITIONAL OCCUPANT(S)	

TENANT INFORMATION FOR RENTED RESIDENCES	
NAME:	TENANT #1
HOME PHONE:	WORK PHONE:
WORK PHONE:	HOME PHONE:
EMAIL ADDRESS:	CELL PHONE:
EMAIL ADDRESS:	WORK PHONE:
Please submit a copy of any current lease for your residence to Lieberman Management Services, Inc.	

NAME(S): RANDI LAUREN KLINEZKI	UNIT ADDRESS: 615 E. CENTRAL RD. 301A
(This section must contain information concerning the OWNER of the account.)	
OWNER CONTACT INFORMATION	
NAME(S): RANDI LAUREN KLINEZKI	
MAILING ADDRESS (if different):	
CITY/STATE/ZIP CODE: ARlington HEIGHTS IL 60005	
HOME PHONE: - - - - - CELL PHONE: 1-224-520-3310	
EMAIL ADDRESS (E-mail addresses are kept confidential):	
STORAGE SPACE # (if applicable): 13A	
PARKING SPACE # (if applicable): 301	

CONTACT AND EMERGENCY INFORMATION FORM	
COMPLETE ALL FIELDS	
PLEASE PRINT CLEARLY	

RD CARLSON INS AGENCY INC
773-545-2999

FP-802C

Your policy consists of this page, any endorsements
and the policy form. Please keep these together.Other limits and exclusions may apply - refer to your policy

POLICY PREMIUM		\$ 142.00	Forms, Options & Endorsements
A	Building Property	\$ 1,000	Inflation Coverage Index: 261.0
B	Personal Property	\$ 30,000	Deductibles - Section I
C	Loses of Rents	\$ 2,000	Basic
D	Loses Assessment	\$ 1,000	Section II
E	Business Liability	\$ 300,000	Annual Aggregate
F	Permits	\$ 600,000	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 policy.
G	Medical Payments	\$ 5,000	M. Premiums Medical Payments (each person)
H	Residential Alter	\$ 5,486	I. Loss Assessment
I	Residential Endorsement	\$ 5903	Amendatory Endorsement
J	Commercial Endorsement	\$ 6131	Nonadatory Reporting Endorsement
K	Commercial Property	\$ 1213	Civil Union Endorsement
L	Business (including Mold)	\$ 5486	Unitowner Property Amender
M	Residential Alter	\$ 5903	Loss Assessment
N	Residential Endorsement	\$ 6131	Special Form 3
O	Commercial Endorsement	\$ 1213	Forms, Options & Endorsements
P	Commercial Property	\$ 5486	
Q	Residential Alter	\$ 5903	
R	Residential Endorsement	\$ 6131	
S	Residential Alter	\$ 5903	
T	Residential Endorsement	\$ 6131	
U	Residential Alter	\$ 5903	
V	Residential Endorsement	\$ 6131	
W	Residential Alter	\$ 5903	
X	Residential Endorsement	\$ 6131	
Y	Residential Alter	\$ 5903	
Z	Residential Endorsement	\$ 6131	

Named Insured: Individual

ARLINGTON HTS IL 60005-3348
1615 E CENTRAL RD APT 301A
Location of Premises

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 for each succeeding policy period. If this policy is terminated, we will give you and the mortgagor/lienholder written notice in compliance with the policy provisions or as required by law.

RENTAL CONDOMINIUM OWNERS POLICY

S105-U200H

Policy Period	Effective Date	Expiration Date
12 Months	FEB 8 2012	FEB 8 2013
The policy period begins and ends at 12:01 am standard time at the residence premises.		

ELMWOOD PARK IL 60707-1342
7827 W CRESSET DR
KILIMUSZKO, RAJMOND & JADMISIA
006007 0046AT2
Name of Insured2702 Ireland Grove Road
Bloomington, IL 61709-0001

A Stock Company With Home Offices in Bloomington, Illinois

DECLARATIONS PAGE

