



DECLARATIONS

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

13-B6-1802-7	Policy Number
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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.

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

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

Location of Premises

1615 E. CENTRAL RD UNIT 321C
 ARLINGTON HTS, IL 60005-3351

Forms, Options & Endorsements

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

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.

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.

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.

Policy Premium

\$324.00

1st MORTGAGEE:

LOAN#

Agent Name & Address

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