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This certifies that

- 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 Effective Date	Expiration Date	Limits of Liability (at beginning of policy period)
	Comprehensive Business Liability			BODILY INJURY AND PROPERTY DAMAGE
This Insurance includes:	<input type="checkbox"/> Products - Completed Operations <input type="checkbox"/> Contractual Liability <input type="checkbox"/> Personal Injury <input type="checkbox"/> Advertising Injury			Each Occurrence \$ General Aggregate \$ Product - Completed Operations Aggregate \$
Policy Number	EXCESS LIABILITY	Policy Period Effective Date	Expiration Date	BODILY INJURY AND PROPERTY DAMAGE (Combined Single Limit)
	<input type="checkbox"/> Umbrella <input type="checkbox"/> Other			Each Occurrence \$ Aggregate \$
	Workers' Compensation and Employers Liability	Policy Period 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	Policy Period 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 [Signature]

Signature of Authorized Representative

AGENT

112/17/12

Title

Date

NICK JONES

Agent Name

Telephone Number (847) 364-1640

Agent's Code Stamp

Agent Code 13-3989

APO Code 26