

**DECLARATIONS**

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

**Policy Number**  
13-PQ-3516-2 F

Coverage afforded by this policy is provided by:

State Farm Fire and Casualty Company  
2702 Ireland Grove Road  
Bloomington, IL 61709-0001  
A Stock Company with Home Offices in Bloomington, Illinois.

**Named Insured and Mailing Address**

GULLIFORD, LOUISE M  
1505 E CENTRAL RD UNIT 201A  
ARLINGTON HTS IL 60005-3327

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

10/01/12              Effective Date  
                        12 months-Policy Period  
10/01/13              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.

**Type: HO - CONDO UNIT****Coverage information**

A-BLDG PROP	12800
B-PERS PROP	21700
C-LOSS USE ACT LOSS	
D-LOSS ASEs	1000
L-PERS LIAB	100000
DMG TO PROP	500
M-MED/PERS	1000

**Deductibles – Section 1 \$500.00**

**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**

**Policy Premium**      \$135.00

**Forms, OPTIONS, & Endorsements****MORTGAGEE**

BEN FRANKLIN BANK OF ILLINOIS  
ITS SUCCESSORS AND/OR ASSIGNS  
ATIMA  
830 E KENSINGTON RD  
ARLINGTON HTS IL 60004-6215  
LOAN NO: 9089006104

**Agent Name & Address**

FREDDIE VILLACCI STATE FARM  
2241 W IRVING PARK RD  
CHICAGO, IL 60618  
(773)463-7733