

AMENDED**Condominium Owners
Policy Declarations**

0554

Summary

NAMED INSURED(S) James & Susan Ayers 825 S Walnut Arlington Hts IL 60005-2307	YOUR ALLSTATE AGENT IS: Michael Imm 800 S Northwest 102 Barrington IL 60010	CONTACT YOUR AGENT AT: (847) 842-4900
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POLICY NUMBER 9 11 122710 05/20	POLICY PERIOD Begins on May 20, 2014 at 12:01 A.M. standard time, with no fixed date of expiration	PREMIUM PERIOD May 20, 2014 to May 20, 2015 at 12:01 A.M. standard time
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LOCATION OF PROPERTY INSURED 1605 E Central Rd 111-B, Arlington Hts, IL 60005-3335
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ADDITIONAL INTERESTED PARTY

- Dana Point Condominium Assoc C/O Lieberman
Management Services Suite 330
25 Northwest Point Blvd Elk Grove Village IL 60007-1056

Total Premium for the Premium Period *(Your bill will be mailed separately)*

Premium for Property Insured	\$191.00
TOTAL	\$191.00

Your policy change(s) are effective as of Aug. 2, 2014

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Information as of
August 1, 2014
IL079AMD

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Allstate Indemnity Company

Policy Number: 9 11 122710 05/20 Your Agent: Michael Imm (847) 842-4900
For Premium Period Beginning: May 20, 2014

COVERAGE AND APPLICABLE DEDUCTIBLES

(See Policy for Applicable Terms, Conditions and Exclusions)

LIMITS OF LIABILITY

Building Property Protection	\$10,000
• \$500 All Peril Deductible Applies	
Personal Property Protection - Actual Cash Value	\$10,000
• \$500 All Peril Deductible Applies	
Additional Living Expense	Up To 12 Months
Loss Assessments	\$50,000 each occurrence
• \$250 All Peril Deductible Applies	
Condominium Unit Owners' Extended Protection	\$1,000

DISCOUNTS Your premium reflects the following discounts on applicable coverage(s):
Protective Device 5 % Secondary Residence credit

RATING INFORMATION

The dwelling is of Brick construction and is occupied by 150 families
Your dwelling is 2 mile(s) to the fire department