



This certifies that

- STATE FARM FIRE AND CASUALTY COMPANY, Bloomington, Illinois
 STATE FARM GENERAL INSURANCE COMPANY, Bloomington, Illinois
 STATE FARM FIRE AND CASUALTY COMPANY, Scarborough, Ontario
 STATE FARM FLORIDA INSURANCE COMPANY, Winter Haven, Florida
 STATE FARM LLOYDS, Dallas, Texas

ESX

insures the following policyholder for the coverages indicated below:

Policyholder	OLHAVA, CHESTER O
Address of policyholder	1515 E CENTRAL RD UNIT 164 B ARLINGTON HTS IL 60005-3354
Location of operations	1515 E CENTRAL RD UNIT 164 B ARLINGTON HTS IL 60005-3354
Description of operations	HO - CONDO UNIT

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		LIMITS OF LIABILITY (at beginning of policy period)
		Effective Date	Expiration Date	
	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 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			Each Occurrence \$ General Aggregate \$ Products – Completed Operations Aggregate \$
	EXCESS LIABILITY	POLICY PERIOD		BODILY INJURY AND PROPERTY DAMAGE (Combined Single Limit)
	<input type="checkbox"/> Umbrella <input type="checkbox"/> Other	Effective Date	Expiration Date	Each Occurrence \$ Aggregate \$
	Workers' Compensation and Employers Liability	POLICY PERIOD		Part I - Workers Compensation - Statutory
		Effective Date	Expiration Date	Part II - Employers Liability Each Accident \$ Disease - Each Employee \$ Disease - Policy Limit \$
POLICY NUMBER	TYPE OF INSURANCE	POLICY PERIOD		LIMITS OF LIABILITY (at beginning of policy period)
		Effective Date	Expiration Date	
13-N3-5612-4 F	HO - CONDO	06/29/2012	06/29/2013	BUILDING: \$25,600 BUSINESS LIABILITY: \$100,000 DEDUCTIBLE: \$500

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 Certificate Holder

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 14 days before cancellation. If however, we fail to mail such notice, no obligation or liability will be imposed on State Farm or its agents or representatives.

Agata Bielski

Signature of Authorized Representative
office rep.

12/20/2012

Title
Agata, Bielski

Date

Agent Name
Telephone Number 847-392-4080

Agent's Code Stamp
Agent Code 3614
AFO Code D30

A. BIELSKI

13-3614

FIRE 13

MAFO ARIINGTON HEIGHTS 01-FN26