



FARMERS

DECLARATIONS

HOMEOWNERS

Replaces all prior Declarations, if any.

TOWNHOUSE/CONDOMINIUM OWNERS
 ILLINOIS FARMERS INSURANCE COMPANY, AURORA, ILLINOIS
 A Stock Company

TRANSACTION TYPE: OFFER OF RENEWAL

The Policy Period is effective (not prior to time applied for) at described residence premises.

POLICY NUMBER	FROM:	TO:	POLICY PERIOD	POLICY EDITION
93315-75-26	06-14-2012	06-14-2013	STANDARD TIME 12:00 NOON	04

ISSUING OFFICE:
 P.O. BOX 149044
 AUSTIN, TX 78714

This policy will continue for successive policy periods, if: (1) we elect to continue this insurance, and (2) if you pay the renewal premium for each successive policy period as required by our premiums, rules and forms then in effect.

INSURED'S NAME & MAILING ADDRESS:

CELINA TYRKA

LOCATION OR DESCRIPTION OF RESIDENCE PREMISES:
(Same as mailing address unless otherwise stated.)1605 CENTRAL #317 C
ARLNGTN HTS IL 60005-3340

DESCRIPTION OF PROPERTY

YEAR OF CONSTRUCTION	CONSTRUCTION TYPE	ROOF TYPE	NUMBER OF UNITS	OCCUPANCY
1980	FRAME W/ >66% MASONRY VENEER	ASPHALT COMPOSITION	006	OWNER

COVERAGES - We provide insurance only for those coverages indicated by a specific limit or other notation.

SECTION I - PROPERTY		SECTION II - LIABILITY					ANNUAL PREMIUM
A - DWELLING OR MOBILE HOME	B - SEPARATE (OTHER) STRUCTURES	C - PERSONAL PROPERTY	D - LOSS OF USE	E - PERSONAL LIABILITY	F - MEDICAL PAY TO OTHERS		
NOT COV	NOT COV	\$20,000	\$8,000	\$100,000 Each Occurrence	\$1,000 Each Person		\$177.47

ENDORSEMENTS

ENDORSEMENT NUMBER	EDITION NUMBER	DESCRIPTION
E4041	1ED	ENDORSEMENT AMENDING SECTION II - EXCLUSION
E6120	2ED	CONTENTS REPLACEMENT COST COVERAGE
E6161	1ED	BUILDING PROPERTY - LOSS ASSESSMENTS
E6268	1ED	AMENDING DEBRIS REMOVAL COVERAGE AND POLLUTION EXCLUSION
H4166	1ED	AMEND DEFINITIONS, SECTION I-LOSSES INSURED & NOT INSURED
H6106	1ED	SPECIAL LIMITS ON SPORTS CARDS
J6003	1ED	ADDING LOCKSMITH SERVICES TO SECTION I - ILLINOIS
J6071	1ED	END AMENDING ADD. COVERAGES - UNIT OWNERS BUILD PROPERTY
S2212	2ED	SPECIAL STATE PROVISIONS - ILLINOIS
S2230	1ED	CHILD MOLESTATION EXCLUSION - ILLINOIS
		IMPORTANT NOTICE ADDITIONAL ENDORSEMENTS SEE E0052

DISCOUNTS

50 PLUS, AUTO/HOME, HOME SECURITY, AND LOCAL BURGLAR ALARM DISCOUNTS HAVE BEEN APPLIED TO YOUR POLICY.

DEDUCTIBLES

Deductible applicable to each covered loss:
 \$500

POLICY ACTIVITY Do not pay - invoice sent separately

\$ NONE	Previous Balance	
177.47	Premium Fees *	ANY "TOTAL" BALANCE OR CREDIT \$7.00 OR LESS WILL BE APPLIED TO YOUR NEXT BILLING. BALANCES OVER \$7.00 ARE DUE UPON RECEIPT.
	Payments or Credits	
\$ NONE	Total *	INSURED PAYS

*SEE ADDITIONAL FEE INFORMATION BELOW

This Declarations page is part of your policy. It supersedes and controls anything to the contrary. It is otherwise subject to all other terms of the policy.

Countersignature

Authorized Representative

AGENT: MAGDALENA WORONIECKI

AGENT PHONE: (847) 621-0888 AGENT NUMBER: 22 22 308

56-5279 8TH EDITION 10-11

93315-75-26

(Continued on the Reverse Side)

04-23-2012

(5279B11)

Additional Premises Section II - Purpose of use is residential, unless stated otherwise.

Outboard Motor over 25 horsepower (Singly or Combined) - Section II

MOTOR A:

MOTOR B:

MESSAGES

**IN ACCORDANCE WITH ILLINOIS LAW, AS OF JUNE 1, 2011, A PARTY TO A RECOGNIZED CIVIL UNION IS NOW AFFORDED THE SAME COVERAGE AS A SPOUSE UNDER YOUR POLICY.
INSURED PAYS PREMIUM.**

IN THE EVENT OF A LOSS, AT ANY TIME, CALL US AT 1-800-HELPPOINT (1-800-435-7764)

MORTGAGEE OR OTHER INTEREST:

LOAN NUMBER 2320080128
PROVIDENT FUNDING ASSOCIATES LP
1SAOA
PO BOX 5914
SANTA ROSA, CA 95402-5914

ADDITIONAL MORTGAGEE OR OTHER INTEREST:

Additional Fee Information

The "Fees" identified in the "Policy Activity" section above apply on a per-policy, not an account basis. The following additional fees also apply.

In consideration of our agreement to allow you to pay in installments, the following service fee(s) will apply:

For the Monthly Recurring Electronic Funds Transfer (EFT) and fully enrolled in on-line billing (paperless) option, a service charge of \$0.00 per installment is applied per account.

For other Monthly EFT payment plans, a service charge of \$2.00 per installment is applied per account.

For all payment plans other than those listed above, a service charge of \$5.00 per installment is applied per account.

If your account is for the payment of premiums on more than one policy, any change in these fees will not be effective until the updated service fee information is provided for each of the policies.

In addition, the following fees also apply:

LATE FEE:\$10.00 (applied per account)

RETURNED PAYMENT CHARGE:\$25.00 (applied per each check, electronic transaction or other remittance which is not honored by your financial institution for any reason including but not limited to insufficient funds or a closed account)

REINSTATEMENT FEE:\$25.00 (applied per policy)

One or more of the fees or charges described above may be deemed a part of premium under applicable law.