

This form is issued by:
ILLINOIS FARMERS INSURANCE COMPANY, AURORA, ILLINOIS

554
E0158
1st Edition

Named Insured:
LAWRENCE GOLDFABER / MARY A GOLDFABER

Agent
22 06 38M

90481-48-76

Effective Date: 01-02-2013/14

Policy Number

PART I

CERTIFICATE AS TO EVIDENCE OF INSURANCE

THIS IS NOT AN INSURANCE POLICY. THIS IS ONLY A VERIFICATION OF INSURANCE. IT DOES NOT IN ANY WAY AMEND, EXTEND OR ALTER THE COVERAGE PROVIDED BY THE POLICIES LISTED BELOW.

PROPERTY

☒ APPLICABLE ☐ NOT APPLICABLE

	COVERAGE IS INDICATED BY AN "X"	LIMITS OF LIABILITY
	Coverage A - Dwelling	\$ NOT COV
	Coverage B - Separate Structures	\$ NOT COV
		\$

LIABILITY

☒ APPLICABLE ☐ NOT APPLICABLE

	COVERAGE IS INDICATED BY AN "X"	LIMITS OF LIABILITY
X	Bodily Injury & Property Damage Liability	\$ 300,000 each occurrence

LOCATION OF AND DESCRIPTION PROPERTY OR EQUIPMENT (YEAR/TRADE NAME/IDENTIFICATION NUMBER)

1615 E CENTRAL RD #217C
ARLINGTON HEIGHTS IL 60005-3348

_____ Umbrella Liability \$ \$ \$ retained limit
POLICY NUMBER \$ \$ \$ each occurrence
aggregate

This certificate is subject to all of the terms, conditions and limitations set forth in the policy(ies) and endorsements attached to it. It is furnished as a matter of information only and does not change, modify or extend the policy in any way. It supersedes all previously issued certificates.

PART II

ADDITIONAL INSURED ENDORSEMENT

☐ APPLICABLE ☒ NOT APPLICABLE

We agree with you that the additional insured named below is covered for **Bodily Injury and Property Damage** Liability arising from acts or omissions of the **insured** or **insured person** as owner or who has care, custody or control of the insured property or equipment described above.

The coverage provided by this endorsement will not apply to:

- liability arising out of the negligence of the additional insured named below, its agents or employees, or
- any defect of material, design or workmanship in any property or equipment.

The additional insured shall not be construed or deemed to be a subscriber to the Company issuing this policy.

The additional insured shall not be or become liable for any premium payments due upon this policy.

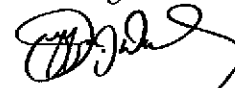
The insurance afforded by the policy described above is subject to all terms of the policy and any endorsements attached to it. This endorsement does not increase the limits of the policy.

Upon cancellation or termination of this policy or policies from any cause we will mail 15 days notice in writing to the other interest shown below.

Other Interest:
DANA PT CONDO ASSOC

25 NORTHWEST POINT BLVD STE 330
ELK GROVE VLG IL
60007-1033

Countersigned



Authorized Representative