



551

AMENDED

Condominium Owners Policy Declarations

Summary

NAMED INSURED(S)

Kiyohiko and Yuko
Shirataki Unit 321C
1515 E Central Rd
Arlington Hts IL 60005-3359

YOUR ALLSTATE AGENT IS:

James Delaney
807 W Jefferson #R
Shorewood IL 60431

CONTACT YOUR AGENT AT:

(815) 725-5652

POLICY NUMBER

9 22 726127 05/01

POLICY PERIOD

Begins on May 1, 2012
at 12:01 A.M. standard time,
with no fixed date of expiration

PREMIUM PERIOD

May 1, 2012 to May 1, 2013
at 12:01 A.M. standard time

LOCATION OF PROPERTY INSURED

1515 E Central Rd, Arlington Hts. IL 60005-3359 *321C*

ADDITIONAL INTERESTED PARTY

- The Dana Point Condo Association CO Lieberman
Management Services Inc
25 Northwest Pt Blvd #330 Elk Grove Village IL 60007-1033

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

Premium for Property Insured

\$267.00

TOTAL

\$267.00

Your policy change(s) are effective as of Dec. 18, 2012



Allstate Indemnity Company

Policy Number: 9 22 726127 05/01 Your Agent: James Delaney (815) 725-5652
For Premium Period Beginning: May 1, 2012

COVERAGE AND APPLICABLE DEDUCTIBLES

(See Policy for Applicable Terms, Conditions and Exclusions)

LIMITS OF LIABILITY

Building Property Protection	\$45,000	
• \$500 All Peril Deductible Applies		
Personal Property Protection - Reimbursement Provision	\$75,000	
• \$500 All Peril Deductible Applies		
Additional Living Expense	Up To 12 Months	
Family Liability Protection	\$300,000	each occurrence
Guest Medical Protection	\$1,000	each person
Loss Assessments	\$1,000	each occurrence
• \$250 All Peril Deductible Applies		

DISCOUNTS

Your premium reflects the following discounts on applicable coverage(s):

Protective Device	5 %	Home and Auto	20 %
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RATING INFORMATION

The dwelling is of Frame construction and is occupied by 25 families

Your dwelling is 2 mile(s) to the fire department



Policy Number: 9 22 726127 05/01

Your Agent: James Delaney (815) 725-5652

For Premium Period Beginning: May 1, 2012

Your Policy Documents

Your Condominium Owners policy consists of this Policy Declarations and the documents listed below. Please keep these together.

- Condominium Owners Policy form AP894
- Standard Fire Policy Provisions form AU277-2
- Illinois Amendatory Endorsement form AP1168-2
- Amendment of Policy Provisions form AP4710

Important Payment and Coverage Information

The Property Insurance Adjustment condition applies using the Marshall Swift Boeckh publications personal property cost estimating index.

Please note: This is not a request for payment. Any adjustments to your premium will be reflected on your next scheduled bill which will be mailed separately.

In the meantime, if you have any outstanding or unpaid bills, please pay at least the minimum amount due to assure your policy continues in force. If you have any questions, please contact your agent.

IN WITNESS WHEREOF, Allstate has caused this policy to be signed by two of its officers at Northbrook, Illinois, and if required by state law, this policy shall not be binding unless countersigned on the Policy Declarations by an authorized agent of Allstate.

Steven P. Sorenson
President

Mary J. McGinn
Secretary

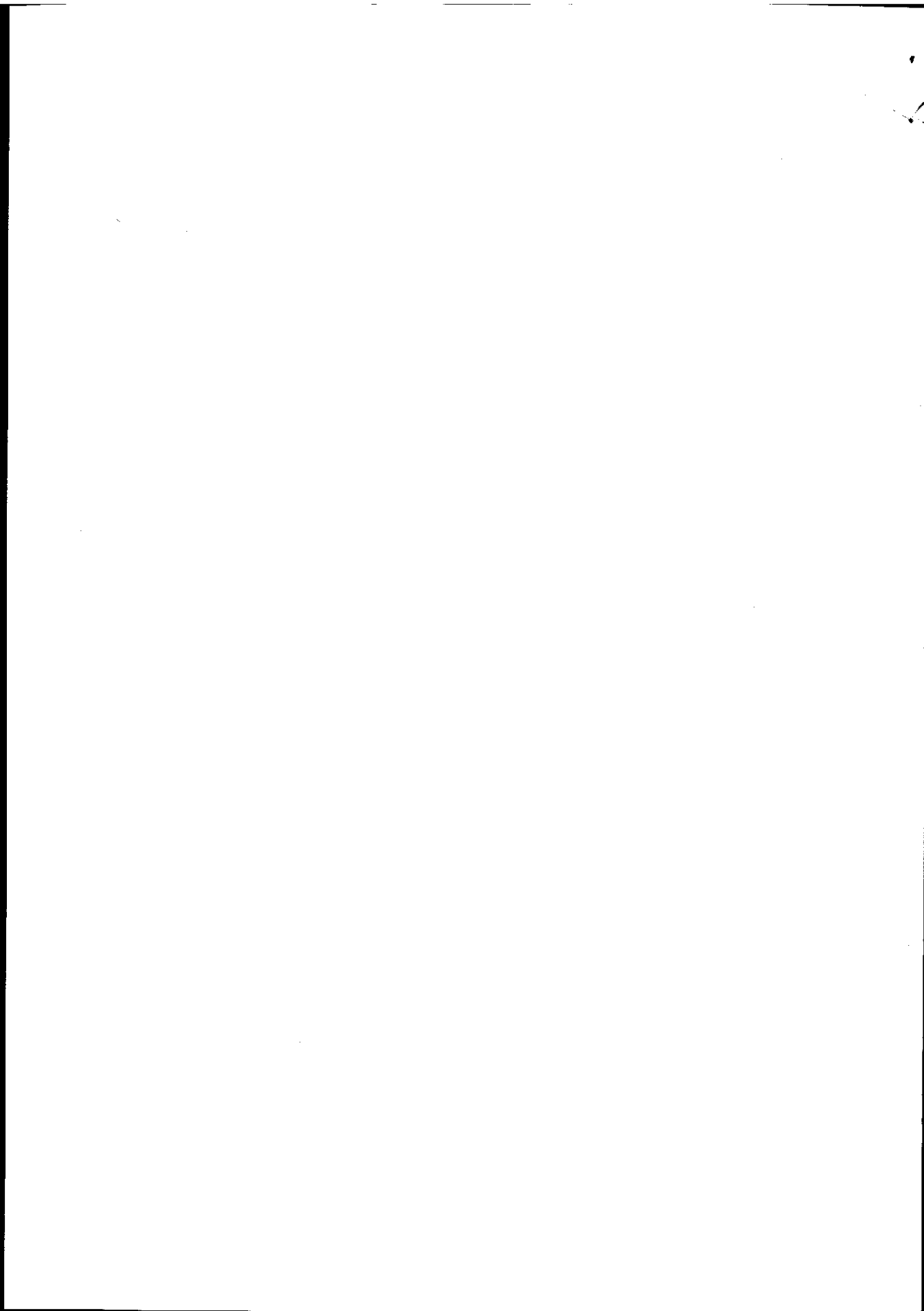
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Information as of
December 17, 2012

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Allstate.
You're in good hands.

*Allstate Indemnity Company
PO BOX 40047
ROANOKE, VA 24022*



The Dana Point Condo Association CO Lieberman
Management Services Inc
25 NW Point Blvd Ste 330
Elk Grove Vlg IL 60007-1033

Policy number: 9 22 726127 05/01
Reprint key: 1212175301508
Transaction: ENDORSEMENT

ADDITIONAL THIRD PARTY

PROP *510001212121753015080401*

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