



PLEASE PRINT CLEARLY  
COMPLETE ALL FIELDS

### CONTACT AND EMERGENCY INFORMATION FORM

#### OWNER CONTACT INFORMATION

(This section must contain information concerning the OWNER of the account.)

NAME(S): MARY K HAFERTER  
 UNIT ADDRESS: 1415 E CENTRAL Rd #121C  
 MAILING ADDRESS (If Different):  
 CITY/STATE/ZIP CODE: ARLINGTON HTS, IL 60005  
 HOME PHONE: 847-952-0966 WORK PHONE: FLORIDA #339-378 CELL PHONE: 5594  
 EMAIL ADDRESS (E-mail addresses are kept confidential): Hafseniors@aol.com  
 PARKING SPACE # (If Applicable): 5A STORAGE SPACE # (If Applicable): 121C (4th fl)

#### TENANT INFORMATION FOR RENTED RESIDENCES

TENANT #1	TENANT #2
NAME:	NAME:
HOME PHONE:	HOME PHONE:
WORK PHONE:	WORK PHONE:
CELL PHONE:	CELL PHONE:
EMAIL ADDRESS:	EMAIL ADDRESS:

\*Please submit a copy of any current lease for your residence to Lieberman Management Services, Inc.

#### ADDITIONAL OCCUPANT(S)

(Those who reside in the residence, but are not the owners or listed on the lease.)

NAME:	NAME:
NAME:	NAME:

#### VEHICLE(S) ON THE PROPERTY

YEAR	MAKE	MODEL	COLOR	LICENSE PLATE #
<u>2010</u>	<u>SUBARU</u>	<u>FORRESTER</u>	<u>RED</u>	<u>N20 1020</u>

#### PETS

NAME	BREED	CAT/DOG

Occasionally the need arises to contact a resident in an emergency situation. This information is only used to provide you with more efficient service. We strongly recommend this person have a key to your unit.

#### EMERGENCY CONTACT INFORMATION

NAME: <u>JEANNE HAMILTON</u>	HOME PHONE:
ADDRESS: <u>1509 NICKORY</u>	BUSINESS PHONE:
CITY/STATE/ZIP CODE: <u>ARLINGTON HTS, IL 60004</u>	CELL PHONE: <u>847-609-9194</u>

By my signature below, I affirm that the information provided above is true and correct as of the date shown next to my signature. I understand if any information is left blank that this form may be returned for completion. I understand that this form is used for Association purposes only.

SIGNATURE: Mary K Hafertter

DATE: 12-21-12

#### PLEASE RETURN THIS FORM TO:

The Dana Point Condominium Association  
 c/o Lieberman Management Services  
 25 Northwest Point Blvd, Ste 330  
 Elk Grove Village, IL 60007

Fax: (847) 459-3003

Email: service@lmsnet.com



A Stock Company With Home Offices in Bloomington, Illinois

2702 Ireland Grove Road  
Bloomington, IL 61709-0001**Named Insured**

AT1

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E-01-3847-F025

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HAFERTEPE, MARY

1415 E CENTRAL RD UNIT 121C  
ARLINGTON HTS IL 60005-3317**DECLARATIONS PAGE****Policy Number** 13-TS-5553-4

Policy Period	Effective Date	Expiration Date
12 Months	AUG 19 2012	AUG 19 2013

The policy period begins and ends at 12:01 am standard time at the residence premises.

*PA 7/21*  
*2785 7260 50*

**CONDOMINIUM UNITOWNERS POLICY**

**Automatic Renewal** - If the policy period is shown as 12 months, this policy will be renewed automatically subject to the premiums, rules and forms in effect for each succeeding policy period. If this policy is terminated, we will give you and the Mortgagee/Lienholder written notice in compliance with the policy provisions or as required by law.

Location of Residence Premises  
Same as Insured's Address

**Your policy is amended AUG 19 2012**  
**SECTION I COVERAGE LIMITS CHANGED**

Coverages & Property		Limits of Liability	Inflation Coverage Index: 230.1	
SECTION I			Deductibles - Section I	
A - Building Property		\$ 35,000	All Losses	\$ 500
B - Personal Property		\$ 38,700		
C - Loss of Use	Actual Loss Sustained			
D - Loss Assessment		\$ 1,000		
SECTION II			In case of loss under this policy, the deductibles will be applied per occurrence and will be deducted from the amount of the loss. Other deductibles may apply - refer to policy.	
L - Personal Liability (Each Occurrence)		\$ 300,000		
M - Medical Payments to Others (Each Person)		\$ 500		
		\$ 5,000		

**Loss Settlement Provision (See Policy)**

A1 Replacement Cost - Similar Construction  
B1 Limited Replacement Cost - Coverage B

Forms, Options, & Endorsements  
Condominium Unitowners Policy  
Civil Union Endorsement  
Condo Unit Policy Endorsement  
Jewelry and Furs \$1,500 Each  
Article/\$2,500 Aggregate

FP-7956-IL  
FE-8790  
FE-3453  
Option JF

**Endorsement Premium**

INCREASE \$ 17.00

**Discounts Applied:**

Home Alert  
Home/Auto  
Claim Record

Other limits and exclusions may apply - refer to your policy

Your policy consists of this page, any endorsements and the policy form. Please keep these together.

FP-7017C

1519 151 I

**TODD MARKMAN**  
847-256-8633