

2702 Ireland Grove Road
Bloomington, IL 61709-0001

AT2

N-01- 3989-F026

H 6 F

000119 0001

WITT, EILEEN
1405 E CENTRAL RD UNIT 309B
ARLINGTON HTS IL 60005-3311STI-
0107-C10G1H

Location: Same as Mailing Address

Loss Settlement Provisions (See Policy)

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

Forms, Options, and Endorsements

Condominium Unitowners Policy
Civil Union Endorsement
Condo Unit Policy EndorsementFP-7956 .IL
FE-8790
* FE-3453

*Effective: NOV 30 2012

RENEWAL CERTIFICATE

POLICY NUMBER 13-GX-8946-6

Condominium Unitowners Policy
NOV 30 2012 to NOV 30 2013

DATE DUE

SEE BALANCE DUE NOTICE

NOV 30 2012

\$178.00

Coverages and Limits

Section I

A Building Property	\$26,200
B Personal Property	51,900
C Loss of Use	Actual Loss Sustained
D Loss Assessment	1,000

Deductibles - Section I

All Losses 500

Section II

L Personal Liability	\$100,000
Damage to Property of Others	500
M Medical Payments to Others (Each Person)	1,000

Annual Premium
Amount Due\$178.
\$178.

Premium Reductions

Home Alert Discount	7.
Home/Auto Discount	46.
Claim Record Discount	46.

Inflation Coverage Index: 230.1

TAX DEDUCTIBLE ITEM ☐

2373

gent if

Track Your Expenses...

<input type="checkbox"/> Auto/Travel	<input type="checkbox"/> Education	<input type="checkbox"/> Medical/Dental
<input type="checkbox"/> Business	<input type="checkbox"/> Entertainment	<input type="checkbox"/> Savings
<input type="checkbox"/> Charities	<input type="checkbox"/> Food	<input type="checkbox"/> Taxes
<input type="checkbox"/> Clothing	<input type="checkbox"/> Home	<input type="checkbox"/> Utilities
<input type="checkbox"/> Dependent Care	<input type="checkbox"/> Insurance	<input type="checkbox"/> Other

For enhanced security your account
number will not be printed on this copy

Memo

BAL.	
FOR'D	
ITEM	
AMOUNT	
BALANCE	
DEPOSIT	
FOR'D	

NOT NEGOTIABLE

See your State Farm agent.
Free for important information.
Prepared SEP 20 2012