



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): <u>RAMOND KLIMUSZKO</u>	
UNIT ADDRESS: <u>1615 E. CENTRAL RD. 301H</u>	
MAILING ADDRESS (If Different):	
CITY/STATE/ZIP CODE: <u>ARLINGTON HEIGHTS IL 60005</u>	
HOME PHONE: _____	WORK PHONE: _____
EMAIL ADDRESS (E-mail addresses are kept confidential):	
PARKING SPACE # (If Applicable): <u>13H</u>	
STORAGE SPACE # (If Applicable): <u>301</u>	

TENANT INFORMATION FOR RENTED RESIDENCES

TENANT #1		TENANT #2	
NAME:	NAME:	NAME:	NAME:
HOME PHONE:	HOME PHONE:	HOME PHONE:	HOME PHONE:
WORK PHONE:	WORK PHONE:	WORK PHONE:	WORK PHONE:
CELL PHONE:	CELL PHONE:	CELL PHONE:	CELL PHONE:
EMAIL ADDRESS:	EMAIL ADDRESS:	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: <u>HALINA KLIMUSZKO</u>	NAME: _____
NAME: _____	NAME: _____

VEHICLE(S) ON THE PROPERTY			
YEAR	MAKE	MODEL	COLOR
<u>2010</u>	<u>HONDA</u>	<u>CR-V</u>	<u>SILVER</u>
LICENSE PLATE #			
<u>255-0855</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>JAROSLAW KLIMUSZKO</u>	HOME PHONE: <u>1708/453-8738</u>
ADDRESS: <u>7827 W. CRESSITT DR</u>	BUSINESS PHONE: _____
CITY/STATE/ZIP CODE: <u>ELMWOOD PARK IL 60127</u>	CELL PHONE: <u>(708) 769-2629</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: Ramond Klimusko DATE: 12-17-2012

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
Dec. 18, 2012 9:33AM



A Stock Company With Home Offices in Bloomington, Illinois

DECLARATIONS PAGE

2702 Ireland Grove Road
Bloomington, IL 61709-0001

Named Insured

AT2

000007 0046

KLIMUSZKO, RAJMUND & JADWIGA

7827 W CRESSSETT DR

ELMWOOD PARK IL 60707-1342

A-01-2999-F024 C F

Policy Number	93-CK-W658-8
Policy Period	12 Months
Effective Date	FEB 8 2012
Expiration Date	FEB 8 2013
The policy period begins and ends at 12:01 am standard time at the residence premises.	

STRC-UB0C1H
0105-UB0C1H

RENTAL 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 Premises
1615 E CENTRAL RD APT 301A
ARLINGTON HTS IL 60005-3348

Named Insured: Individual

Coverages & Property		Limits of Insurance		Deductibles - Section I		Inflation Coverage Index: 261.0		Basic		Deductibles		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.		POLICY PREMIUM		Discounts Applied: Residential Alert		Forms, Options, & Endorsements		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.	
A	Building Property		\$ 30,000		\$ 2,000													FP-6131					
B	Personal Property		\$ 2,000		\$ 2,000													FE-1213					
C	Loss of Rents		\$ 1,000		\$ 1,000													FE-5903					
D	Loss Assessment		\$ 1,000		\$ 1,000													FE-5486					
Section II																		FE-5801					
L	Business Liability		\$ 300,000		\$ 300,000													FE-5310					
	Annual Aggregate		\$ 600,000		\$ 600,000													FE-8790					
M	Premises Medical Payments		\$ 5,000		\$ 5,000													FE-6541					
	(each person)																	FE-7783					
Section III																		FE-5486					
	Loss Assessment		\$ 1,000		\$ 1,000													FE-5903					
	Fungus (Including Mold) Excl																	FE-1213					
	Amendatory Endorsement																	FE-5310					
	Mandatory Reporting Endorsement																	FE-8790					
	Unitowner Property Amendatory																	FE-6541					
	Civil Union Endorsement																	FE-7783					
	Ordinance or Law Coverage																	Option RC					
	Lead Poisoning Exclusion																						
	Replacement Cost																						

R D CARLSON INS AGENCY INC

773-545-2999

Prepared FEB 17 2012

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FP-8027C

Dec. 18. 2012 9:34AM

No. 3425 P. 2

555-7020, 1 Rev. 03-2004 (01103948)