

LMS

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): *LORRAINE A. WAGNER*UNIT ADDRESS: *1405 E. CENTRAL RD. # 207-A*

MAILING ADDRESS (If Different):

CITY/STATE/ZIP CODE: *ARLINGTON HEIGHTS IL 60005*HOME PHONE: *847.818.1606* WORK PHONE: *—* CELL PHONE: *630.215.6369*EMAIL ADDRESS (E-mail addresses are kept confidential): *—*PARKING SPACE # (If Applicable): *N/A* STORAGE SPACE # (If Applicable): *207*

## TENANT INFORMATION FOR RENTED RESIDENCES

## TENANT #1

## TENANT #2

NAME: *N/A*NAME: *N/A*

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: *N/A*NAME: *—*NAME: *—*NAME: *—*

## VEHICLE(S) ON THE PROPERTY

YEAR	MAKE	MODEL	COLOR	LICENSE PLATE #
<i>N/A</i>				

## PETS

## NAME

## BREED

## CAT/DOG

*N/A*

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: *LYNN MARTIN*HOME PHONE: *—*ADDRESS: *41603 MAGNOLIA DRIVE*BUSINESS PHONE: *847.282.8558*CITY/STATE/ZIP CODE: *ROLLING MEADOWS 60008*CELL PHONE: *847.644.6056*

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: *Lorraine Wagner*DATE: *12/27/12*

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

Policy Number: 1137024050 Policy Term: From 11/14/2012 to 11/14/2013, 12:01 A.M. Standard Time at the location of the property insured as stated in the policy.	Page 1 of 2 Renewal Effective Date: 11/14/2012 Bill To: Insured
Named Insured: LORRAINE WAGNER 1405 E CENTRAL 207A ARLINGTON HEIGHTS IL 60005	

The residence premises covered by this policy is located at:  
1405 E CENTRAL 207A ARLINGTON HEIGHTS IL 60005

Basic Policy Coverages	Limits	Premiums
A - Dwelling	\$ 39,060	\$ 36.00
B - Private Structures	\$ 3,940	
C - Personal Property	\$ 78,800	\$ 151.00
F - Personal Liability: Each Occurrence	\$ 500,000	\$ 31.00
G - Medical Payments to Others: Each Person	\$ 2,500	\$ 5.00
Loss of Use	\$ 39,400	

#### Causes of Property Loss

Special Perils

#### Building Property Loss Settlement

Replacement Cost

#### Personal Property Loss Settlement

Replacement Cost on Contents Incl

#### Optional Coverages

Increased Loss Assessment: \$250 Deductible \$ 25,000 \$ 8.00  
Current Annual Premium: \$ 231.00

#### Deductible(s)

\$250 deductible applies to each loss.

**Forms and Endorsements:** HP1000 0902 HP2000 0902 HP3300 0904 HP4000 0902  
HP5100 0105 HP6000 0902 HP7000 0902 HA01IL 0705 HA1001 0305 HE0200 0902

**Newly Added Endorsements:** C116A 0611

**Discounts** for the following have been included in the current annual premium:

\* 10% MetRewards Discount

#### Rating Information

Territory 2 Composition Roof Roof Age 35 Years	088 Units Insured DOB 01/01/1923	Fire Resistive Construction Built in 1977
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**Policy Number:** 1137024050**Policy Term:** From 11/14/2012 to  
11/14/2013, 12:01 A.M. Standard Time  
at the location of the property  
insured as stated in the policy.

Page 2 of 2

**Renewal Effective Date:** 11/14/2012**Bill To:** Insured**Messages**

Your policy has been renewed. Please read all items shown on this renewal Declarations Page to ensure that you have your desired protection.

**Inflation Protection:** Your limits have been revised to reflect the consumer price index increase of 5.0%.

As per your Policy Contract's Insurance Agreement and Declarations and General Conditions, Paragraph 2, Concealment or Fraud, this policy is issued based on your true and accurate representations of all the information contained in your application, and which you provided to the Company during the application process, including but not limited to the following regarding your prior losses:

No loss(es) in the past 5 years as provided on your new business application.

The cost of any coverage indicated as "Incl" is included in the Basic Policy Coverages premium amount.

This Policy Does Not Provide Coverage for Flood Damage.

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For claims, see Claim Directory.

Your agency is:  
MAVCO INSURANCE AGENCY INC  
Tel: 630-655-2410  
7SJ-095-1

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