



State Farm Fire and Casualty Company

2702 Ireland Grove Road
Bloomington, IL 61709-0001

0554

022102 0001

A-01- 3989-FAE2 C F

THE DANA POINT CONDO ASOC
C/O LIEBERMAN MANAGEMENT CO
25 NW POINT BLVD STE 330
ELK GROVE VLG IL 60007-1056



ST-
0303-0000

Insured: KAECHER, CHRISTOPHER

Location: 1405 E CENTRAL RD APT 322C
ARLINGTON HTS IL
60005-3312

Add Ins: LIEBERMAN MANAGEMENT CO

Forms, Options, and Endorsements

| | |
|---------------------------------|---------|
| Special Form 3 | FP-6131 |
| Replacement Cost-Contents | OPT RC |
| Amendatory Endorsement | FE-1213 |
| Lead Poisoning Exclusion | FE-7783 |
| Unitowner Property Amendatory | FE-5310 |
| Fungus (Including Mold) Excl | FE-5903 |
| Loss Assessment | FE-5486 |
| Mandatory Reporting Endorsement | FE-5801 |
| Civil Union Endorsement | FE-8790 |
| Additional Insured | OPT AI |
| Rental Condominium Unitowners | FE-2402 |

RENEWAL CERTIFICATE

POLICY NUMBER 93-CR-E081-7
Rental Condominium Unitowners Policy
AUG 01 2014 to AUG 01 2015

TO BE PAID BY INSURED

Coverages and Limits

Section I

| | |
|---------------------|-------------|
| A Building Property | \$52,200 |
| B Personal Property | 6,500 |
| C Loss of Rents | Actual Loss |
| D Loss Assessments | 25,000 |

Deductibles - Section I

| | |
|---|-----|
| Basic | 500 |
| Other deductibles may apply - refer to policy | |

Section II

| | |
|---|-----------|
| L Business Liability (Each Occurrence) | \$300,000 |
| Annual Aggregate | 600,000 |
| M Premises Medical Payments (Each Person) | 10,000 |

Annual Premium

| | |
|-------------------------|-----------------|
| Forms, Opts, & Endrsmnt | \$243.00 |
| Bus Liability - Cov L | 13.00 |
| Total Amount | 5.00 |
| | \$261.00 |

Premium Reductions

Residential Alert Disc

Inflation Coverage Index: 172.3

Thanks for letting us serve you...

80007 901 M

Agent NICK JONES

Telephone (847) 364-1640

REB

Moving? See your State Farm agent.
See reverse for important information.

Prepared

MAY 21 2014