



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
December 18, 2012

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERNS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

If this certificate is being prepared for a party who has an insurable interest in the property, do not use this form. Use ACORD 27 or ACORD 28.

PRODUCER		CONTACT NAME:	
		PHONE (A/C. No. Ext.):	FAX (A/C. No.):
		E-MAIL ADDRESS:	
		PRODUCER CUSTOMER ID:	
		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A: State Farm Fire and Casualty Company	25143
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER:
LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)		

1605 E. CENTRAL RD, ARLINGTON HTS, IL 60005-3368

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS
	PROPERTY				<input checked="" type="checkbox"/> BUILDING	\$ 41200
	CAUSES OF LOSS	DEDUCTIBLES			<input checked="" type="checkbox"/> PERSONAL PROPERTY	\$ 4100
	BASIC	BUILDING 500			<input type="checkbox"/> BUSINESS INCOME	\$
	BROAD	CONTENTS 500			<input type="checkbox"/> EXTRA EXPENSE	\$
	SPECIAL				<input type="checkbox"/> RENTAL VALUE	\$
	EARTHQUAKE				<input type="checkbox"/> BLANKET BUILDING	\$
	WIND				<input type="checkbox"/> BLANKET PERS PROP	\$
	FLOOD				<input type="checkbox"/> BLANKET BLDG & PP	\$
					<input checked="" type="checkbox"/> BUSN LIABILITY	\$ 300000
					<input checked="" type="checkbox"/> GEN AGGRGT	\$ 600000
	INLAND MARINE	TYPE OF POLICY				\$
	CAUSES OF LOSS					\$
	NAMED PERILS	POLICY NUMBER				\$
	CRIME					\$
	TYPE OF POLICY					\$
	BOILER & MACHINERY / EQUIPMENT BREAKDOWN					\$
						\$
						\$

SPECIAL CONDITIONS / OTHER COVERAGES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

ADDITIONAL INSURED:
DANA POINT CONDOMINIUM ASSOCIATION, 1519 E. CENTRAL RD, ARLINGTON HTS, IL 60005-3302

CERTIFICATE HOLDER	CANCELLATION
DANA POINT CONDOMINIUM ASSOCIATION 1519 E. CENTRAL RD #402C ARLINGTON HTS, IL 60005-3302	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <i>Guy J. Winters</i>

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