

DECLARATIONS

We will provide the insurance described in this policy in return for the premium and compliance with all applicable provisions of this policy.

Coverage afforded by this policy is provided by:

State Farm Fire and Casualty Company
2702 Ireland Grove Road
Bloomington, IL 61709-0001
A Stock Company with Home Offices in
Bloomington, Illinois.

13-CF-G089-0	Policy Number
Named Insured and Mailing Address	
PACER, ANDREA SUSAN 1605 E CENTRAL RD UNIT 210B ARLINGTON HTS IL 60005-3337	
The Policy Period begins and ends at 12:01 a.m. Standard Time at the residence premises.	
04/23/2012 Effective Date	
12 months-Policy Period	
04/23/2013 Expiration Date	
Limit of Liability - Section 1	
A-BLDG PROP 50800	
B-PERS PROP 25400	
C-LOSS USE ACT LOSS	
D-LOSS ASEs 1000	
L-PERS LIAB 100000	
DMG TO PROP 500	
M-MED/PERS 1000	
Policy type: CONDOMINIUM	
Location of Premises	
Same as mailing	
Policy Premium \$ 180.00	
FP-7956.IL CONDOMINIUM	
LSP A1 SMLR CONST-A	
FE-3453 HO-6 POL END	
MORTGAGE CLAUSE:	
Wells Fargo Bank NA #936	
ISAOA	
PO Box 100515	
Florence, SC 29502	

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 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 within 30 days

Deductibles - Section 1 \$ 500

ALL LOSSES In case of loss under this policy, the deductible will be applied per occurrence and will be deducted from the amount of the loss. Other deductibles may apply - refer to your policy.

Location of Premises	
Same as mailing	
Policy Premium	\$ 180.00
FP-7956.IL CONDOMINIUM	LSP B1 LMT RPLC COST-B
LSP A1 SMLR CONST-A	FE-8790 CIVIL UNION
FE-3453 HO-6 POL END	
MORTGAGE CLAUSE:	Agent Name & Address
Wells Fargo Bank NA #936	Brian Welch, Agent
ISAOA	1125 S Arlington Hts Rd
PO Box 100515	Arlington Hts, IL 60005
Florence, SC 29502	

Prepared: 12/26/2012

MORTGAGEE COPY

**PREMIUM NOTICE
STATE FARM INSURANCE COMPANIES
AGENT ISSUED DECLARATIONS**

POLICY NUMBER	POLICY PERIOD	EXPIRATION	AGENT CODE
13-CF-G089-0	FROM 04/23/2012	TO 04/23/2013	6048

LOCATION

INSURED

PACER, ANDREA SUSAN
1605 E CENTRAL RD UNIT 210B
ARLINGTON HTS IL 60005-3337

PREMIUM \$ 180.00

AMOUNT PAID \$

MORTGAGE CLAUSE:

Wells Fargo Bank NA #936
ISAOA
PO Box 100515
Florence, SC 29502

CREDIT AMOUNT \$

AMOUNT DUE \$

DATE DUE

AGENT NAME & ADDRESS

Brian Welch, Agent
1125 S Arlington Hts Rd
Arlington Hts, IL 60005

STATE FARM INSURANCE COMPANIES

**Brian Welch State Farm
1125 S Arlington Heights Road
Arlington Heights, IL 60005**