

COUNTRY**HOME INSURANCE
POLICY DECLARATION**COUNTRY Mutual Insurance Company®
P.O. Box 2100, Bloomington, Illinois 61702-2100**FINANCIAL**

POLICY NUMBER A12K8314346	POLICY TERM 12 MONTHS	PAYMENT PLAN ANNUAL	INS. OFFICE / AGENT 12314 CHGON/ 1906
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To report a claim any time day or night, call 1-866-COUNTRY(1-866-268-6879).

ACCOUNT NUMBER 3851735-001-00001

INSURED

MARECKA HENRYKA**1615 E CENTRAL RD APT 218C
ARLINGTON HEIGHTS IL 60005-2012**Policy period beginning Oct 24, 2012
12:01 a.m. standard time at your address.Declarations reason **LIENHOLDER CHANGE**

Effective Nov 24, 2012 12:01 a.m. standard time at your address.

Your policy consists of the policy booklet, applications, declarations pages and any endorsements. Please keep them together.

You have only the coverages and amounts of insurance as stated in this declarations, subject to all provisions of your policy.

TOTAL PREMIUM \$83.99**PREMIUM CHANGE \$0.00****DO NOT PAY THIS AMOUNT, ANY BALANCE DUE WILL BE LISTED ON A SEPARATE INVOICE.
PLEASE CONTACT YOUR FINANCIAL REPRESENTATIVE FOR ANY CHANGES.**

LOCATION OF PROPERTY COVERED

LCTN	STREET ADDRESS/LOT & BLOCK/PHYSICAL DESCRIPTION/QTR, SECTION, TOWNSHIP, RANGE, COUNTY AND STATE
001	1615 E CENTRAL RD APT 218C ARLINGTON HEIGHTS IL

\$1,000 DEDUCTIBLE EACH OCCURRENCE APPLICABLE TO SECTIONS 2, 3, 5 AND 6 CC, DD, EE, HH

DESCRIPTION OF PROPERTY COVERED

ITEM	LCTN	DESCRIPTION OF COVERAGE	SEC/COV (Refer to policy booklet)	PERIL	LOSS STLMT	LIMIT OF LIABILITY	PREMIUM
001-01		LIABILITY	1	A		100,000	30
		MEDICAL PAYMENTS	1	B			
		EACH PERSON				1,000	II
		EACH OCCURRENCE				5,000	II
100-28	001	CONDOMINIUM PERSONAL PROPERTY	2	D	2-19	25,000	40
30	001	ADDITIONAL LIVING EXPENSE	2	E	2-19	5,000	II
		ENDORSEMENTS					
		UNIT OWNERS ADDITIONS SPECIAL COVERAGE					II
101-03	001	LOSS ASSESSMENTS ENDORSEMENT	5	X		2,000	II
999-80		PACKAGE OF SPECIAL COVERAGES	5	K			II
		POLICY DISCOUNTS					
		MULTI-POLICY DISCOUNT					II
		POLICY ENDORSEMENTS					
		ILLINOIS AMENDATORY					

The 2013 annual meeting for COUNTRY Mutual Insurance Company is April 17 at 1:00 pm, 1701 Towanda Ave., Bloomington, Illinois.

FOR SERVICE CALL YOUR FINANCIAL REPRESENTATIVE WOJCIECH BIELASZKA AT (773)427-2851.
INSURED'S COPY