

DECLARATIONS

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

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">13-VF-3644-6</td><td style="width: 50%;">Policy Number</td></tr> <tr> <td colspan="2">Named Insured and Mailing Address</td></tr> <tr> <td colspan="2">Guziak, Bernadette 1405 E Central Rd Unit 312b Arlington Hts, IL 60005-3311</td></tr> <tr> <td colspan="2">The Policy Period begins and ends at 12:01 a.m. Standard Time at the residence premises.</td></tr> <tr> <td>08/14/2013</td><td>Effective Date 12 months - Policy Period</td></tr> <tr> <td>08/14/2014</td><td>Expiration of Policy Period</td></tr> <tr> <td colspan="2">Limit of Liability - Section 1</td></tr> <tr> <td>\$5,670</td><td>Building Property (Minimum 30% of Personal Property)</td></tr> <tr> <td>\$18,900</td><td>Personal Property</td></tr> <tr> <td>\$1,000</td><td>Condominium Loss Assessments</td></tr> <tr> <td colspan="2">Limit of Liability - Section 2</td></tr> <tr> <td>\$500,000</td><td>Personal Liability</td></tr> <tr> <td>\$1,000</td><td>Medical Payments to Others</td></tr> <tr> <td>Policy Type</td><td>Condominium Unitowners</td></tr> <tr> <td colspan="2">A1 - Replacement Cost - Similar Construction</td></tr> <tr> <td colspan="2">Location of Premises</td></tr> <tr> <td colspan="2">1405 E Central Rd Unit 312b Arlington Hts, IL 60005-3311</td></tr> <tr> <td colspan="2">Forms, Options, & Endorsements</td></tr> <tr> <td colspan="2">FP-7956.IL Condominium Unitowners Policy</td></tr> <tr> <td colspan="2">Condo Unit Policy Endorsement</td></tr> <tr> <td colspan="2">Mortgagee & Addl. Interests</td></tr> <tr> <td colspan="2">Agent Name & Address</td></tr> </table>	13-VF-3644-6	Policy Number	Named Insured and Mailing Address		Guziak, Bernadette 1405 E Central Rd Unit 312b Arlington Hts, IL 60005-3311		The Policy Period begins and ends at 12:01 a.m. Standard Time at the residence premises.		08/14/2013	Effective Date 12 months - Policy Period	08/14/2014	Expiration of Policy Period	Limit of Liability - Section 1		\$5,670	Building Property (Minimum 30% of Personal Property)	\$18,900	Personal Property	\$1,000	Condominium Loss Assessments	Limit of Liability - Section 2		\$500,000	Personal Liability	\$1,000	Medical Payments to Others	Policy Type	Condominium Unitowners	A1 - Replacement Cost - Similar Construction		Location of Premises		1405 E Central Rd Unit 312b Arlington Hts, IL 60005-3311		Forms, Options, & Endorsements		FP-7956.IL Condominium Unitowners Policy		Condo Unit Policy Endorsement		Mortgagee & Addl. Interests		Agent Name & Address		<p>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.</p>
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