



**PLEASE PRINT CLEARLY  
COMPLETE ALL FIELDS**

### CONTACT AND EMERGENCY INFORMATION FORM

#### OWNER CONTACT INFORMATION

(This section must contain information concerning the OWNER of the account.)

NAME(S):	<i>Mary K HAFER TEPE</i>		
UNIT ADDRESS:	<i>1415 ECENTRAL Rd # 121C</i>		
MAILING ADDRESS (If Different):			
CITY/STATE/ZIP CODE:	<i>ARLINGTON HTS, IL 60005</i>		
HOME PHONE:	<i>847-952-0966</i>	WORK PHONE:	<i>Florida 339-3771</i>
EMAIL ADDRESS (E-mail addresses are kept confidential):	<i>Hafseniors@Aol.com</i>		
PARKING SPACE # (If Applicable):	<i>5A</i>	STORAGE SPACE # (If Applicable):	<i>121C (444)</i>

#### TENANT INFORMATION FOR RENTED RESIDENCES

##### TENANT #1

##### TENANT #2

NAME:	NAME:
HOME PHONE:	HOME PHONE:
WORK PHONE:	WORK PHONE:
CELL PHONE:	CELL PHONE
EMAIL ADDRESS:	EMAIL ADDRESS:

\*Please submit a copy of any current lease for your residence to Lieberman Management Services, Inc.

#### ADDITIONAL OCCUPANTS

(Those who reside in the residence but are not the owners or listed on the lease.)

NAME:	NAME:
NAME:	NAME:

#### VEHICLE(S) ON THE PROPERTY

YEAR	MAKE	MODEL	COLOR	LICENSE PLATE #
<i>2010</i>	<i>Subaru</i>	<i>FORRESTER</i>	<i>RED</i>	<i>N20 1020</i>

#### PETS

NAME	BREED	CAT/DOG

Occasionally the need arises to contact a resident in an emergency situation. This information is only used to provide you with more efficient service. We strongly recommend this person have a key to your unit.

#### EMERGENCY CONTACT INFORMATION

NAME: <i>Jeanne Hamilton</i>	HOME PHONE:
ADDRESS: <i>1509 Hickory</i>	BUSINESS PHONE:
CITY/STATE/ZIP CODE: <i>Arlington HTS, IL 60004</i>	CELL PHONE: <i>847-609-9194</i>

By my signature below, I affirm that the information provided above is true and correct as of the date shown next to my signature. I understand if any information is left blank that this form may be returned for completion. I understand that this form is used for Association purposes only.

SIGNATURE: *Mary K Hafertepe*

DATE: *12-21-12*

#### PLEASE RETURN THIS FORM TO:

The Dana Point Condominium Association  
c/o Lieberman Management Services  
25 Northwest Point Blvd, Ste 330  
Elk Grove Village, IL 60007

Fax: (847) 459-3003

Email: service@lmsnet.com

 A Stock Company With Home Offices in Bloomington, Illinois

2702 Ireland Grove Road  
Bloomington, IL 61709-0001

## Named Insured

AT1

E-01-3847-F025

H F

000409 0046  
HAFERTEPE, MARY  
1415 E CENTRAL RD UNIT 121C  
ARLINGTON HTS IL 60005-3317

## DECLARATIONS PAGE

Policy Number 13-TS-5553-4

Policy Period	Effective Date	Expiration Date
12 Months	AUG 19 2012	AUG 19 2013
The policy period begins and ends at 12:01 am standard time at the residence premises.		

*Od 7/21  
2785 7260 50*

STI-  
00014-0018

## CONDOMINIUM UNITOWNERS POLICY

**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 for 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.

Location of Residence Premises  
Same as Insured's Address

Your policy is amended AUG 19 2012  
SECTION I COVERAGE LIMITS CHANGED

Coverages & Property	Limits of Liability	Inflation Coverage Index: 230.1
SECTION I		Deductibles - Section I
A Building Property	\$ 35,000	All Losses \$ 500
B Personal Property	\$ 38,700	
C Loss of Use	Actual Loss Sustained	
D Loss Assessment	\$ 1,000	
SECTION II		
L Personal Liability (Each Occurrence)	\$ 300,000	In case of loss under this policy, the deductibles will be applied per occurrence and will be deducted from the amount of the loss. Other deductibles may apply - refer to policy.
Damage to Property of Others	\$ 500	
M Medical Payments to Others (Each Person)	\$ 5,000	
<b>Loss Settlement Provision (See Policy)</b>		<b>Endorsement Premium</b>
A1 Replacement Cost - Similar Construction		INCREASE \$ 17.00
B1 Limited Replacement Cost - Coverage B		
Forms, Options, & Endorsements		Discounts Applied:
Condominium Unitowners Policy	FP-7956. IL	Home Alert
Civil Union Endorsement	FE-8790	Home/Auto
Condo Unit Policy Endorsement	FE-3453	Claim Record
Jewelry and Furs \$1,500 Each Article/\$2,500 Aggregate	Option JF	

Other limits and exclusions may apply - refer to your policy

Your policy consists of this page, any endorsements and the policy form. Please keep these together.

FP-7017C

1519 151 1

TODD MARKMAN  
847-266-8633

JULY 2012

455-7000 # 1000-1 Rev 10/2009 (A1102R16)