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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-BW-A319-2 **Policy Number**

Named Insured and Mailing Address

SCHALLER, JEAN
1405 E CENTRAL RD UNIT 110B
ARLINGTON HEIGHTS, IL 60005-3306

The Policy Period begins and ends at 12:01 a.m.
Standard Time at the residence premises.

05/22/2012 **Effective Date**
12 months-Policy Period
05/22/2013 **Expiration of Policy Period**

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.

Limit of Liability - Section 1

\$ 51,700 Dwelling
\$ 300,000 Personal Liability
\$ 5,000 Medical Payments to Others

Policy Type
HO- CONDO UNIT

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 ABOVE

Policy Premium 224.00

Forms & Endorsements

FP-7956.IL CONDOMINIUM
LSP A1 SMLR CONST-A
FE-8790 CIVIL UNION

LSP B1 LMT RPLC COST-B
FE-3453 HO-6 POL END

MORTGAGE:

Agent Name & Address

Jennifer Burnidge
220 E Northwest Highway
Arlington heights, IL. 60004

(847) 253-5678

Countersigned: 12/10/2012

By Jennifer Burnidge
13-9A8A Agent's Code Agent

MORTGAGEE COPY

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

POLICY NUMBER	BILLING PERIOD	AGENT CODE
13-BW-A319-2	FROM 05/22/2012 TO 05/22/2013	13-9A8A

LOCATION SAME AS MAILING ADDRESS

INSURED

SCHALLER, JEAN
1405 E CENTRAL RD UNIT 110B
ARLINGTON HEIGHTS, IL 60005-3306

PREMIUM \$ 224.00

AMOUNT PAID
\$224.00

CREDIT AMOUNT

AMOUNT DUE
\$0.00

DATE DUE

AGENT NAME & ADDRESS

Jennifer Burnidge
220 E Northwest Highway
Arlington heights, IL. 60004

This is the only notice you will receive. Please make check payable to N/A
And return it with this notice to the address shown below. Your canceled check is your
Receipt. Thanks for letting us serve you.

STATE FARM INSURANCE COMPANIES