

Email: service@lmsnet.com

Fax: (847) 459-3003

EIK Grove Village, IL 60007

25 Northwest Point Blvd, Ste 330

c/o Lieberman Management Services

The Dana Point Condominium Association

PLEASE RETURN THIS FORM TO:

SIGNATURE: *QA* DATE: *12-15-12*

Understand that this form is used for Association purposes only.

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

EMERGENCY CONTACT INFORMATION		
NAME	HOME PHONE	CITY/STATE/ZIP CODE
<i>Vacation Residence</i>	<i>847-745-1017</i>	<i>IL 60025</i>
ADDRESS	BUSINESS PHONE	CELL PHONE
<i>1905 E. Central Rd #106A</i>	<i>(708) 454-106A</i>	<i>(708) 454-106A</i>

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

NAME	BREED	CAT/DOG
<i> </i>	<i> </i>	<i> </i>
<i> </i>	<i> </i>	<i> </i>
<i> </i>	<i> </i>	<i> </i>
<i> </i>	<i> </i>	<i> </i>

YEAR	MAKE	MODEL	COLOR	LICENSE PLATE #
<i>2011</i>	<i>Ford</i>	<i>edg8</i>	<i>Silver</i>	<i>K948P12</i>

VEHICLE(S) ON THE PROPERTY

NAME	NAME
<i> </i>	<i> </i>

ADDITIONAL OCCUPANTS

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

NAME	NAME	*Please submit a copy of any current lease for your residence to Lieberman Management Services, Inc.	
HOME PHONE:	WORK PHONE:	CELL PHONE:	EMAIL ADDRESS:
HOME PHONE:	WORK PHONE:	CELL PHONE:	EMAIL ADDRESS:
HOME PHONE:	WORK PHONE:	CELL PHONE:	EMAIL ADDRESS:
NAME:	NAME:	TENANT #1	TENANT #2

TENANT INFORMATION FOR RENTED RESIDENCES

NAME(S): <i>SCOTT + JOLEEN HODGINS</i>	UNIT ADDRESS: <i>1615 E. Central Rd. #333C</i>	PARKING SPACE # (if applicable): <i>20</i>	STORAGE SPACE # (if applicable): <i> </i>
MAILING ADDRESS (if different): <i> </i>	HOME PHONE: <i>847-749-3989</i>	CELL PHONE: <i>847-875-9609</i>	EMAIL ADDRESS (E-mail addresses are kept confidential): <i>comfor+King@comcast.net</i>
MAILING ADDRESS (if different): <i> </i>	HOME PHONE: <i>847-749-3989</i>	CELL PHONE: <i>847-875-9609</i>	EMAIL ADDRESS (E-mail addresses are kept confidential): <i>comfor+King@comcast.net</i>

OWNER CONTACT INFORMATION

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

NAME(S): <i>SCOTT + JOLEEN HODGINS</i>	UNIT ADDRESS: <i>1615 E. Central Rd. #333C</i>	PARKING SPACE # (if applicable): <i>20</i>	STORAGE SPACE # (if applicable): <i> </i>
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PLEASE PRINT CLEARLY	COMPLETE ALL FIELDS
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lms

Stock No. 15141

BP AF 01 07 09

INSURED

1020 MILWAUKEE AVE STE 155
LEN P KAZMER
847-279-8780
PHONE PAGE 0001
BRANCH UNNATR RENW
ENTRY DATE 11-11-2011
DEERFIELD, IL 60015-3554
1020 MILWAUKEE AVE STE 155
LEN P KAZMER
847-279-8780
PHONE PAGE 0001
BRANCH UNNATR RENW
ENTRY DATE 11-11-2011
DEERFIELD, IL 60015-3554

ADDITIONAL COVERAGE
BUSINESS INCOME
INCURRED PREMIUM
ACTUAL LOSS SUSTAINED
LIMIT OF INSURANCE
PREMIUM
AUTOMATIC INCREASE IN COVERAGE 4%
REPLACEMENT COST
BUSINESS PERSONAL PROPERTY
PREMIUM \$365.00
COVERAGE
LIMIT OF INSURANCE
PREMIUM
OPTIONAL COVERAGE/GLASS DEDUCTIBLE
\$500
OTHER PROPERTY DEDUCTIBLE(S)
PROPERTY DEDUCTIBLE \$500
EXCLUSIONS - FIRE EXCEPTIO
CERTIFIED ACTS OF TERRORISM
\$2.00
NUMBER OF UNITS 1
CONSTRUCTION JOISTED MASONRY
YEAR BUILT 1970
BUILDING INTEREST COMMERCIAL CONDOMINIUM UNIT OWNER - LEASED TO OTHERS
PREDOMINANT OCCUPANCY CONDOMINIUM UNIT - RESIDENTIAL RENTAL
DESCRIPTION OF PREMISES
PREMISES NO. 0001 BUILDING NO. 001
LOCATION 1405 E CENTRAL RD UNIT 106A
ARLINGTTON HTS, IL 60005-3305
IS SHOWN UNLESS COVERAGE IS PROVIDED BY AN ENDORSEMENT.
COVERAGE PROVIDED INSURANCE AT THE FOLLOWING DESCRIBED PREMISES ONLY FOR COVERAGES FOR WHICH A LIMIT OF INSURANCE

SECTION I PROPERTY

In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.

FORM OF BUSINESS INDIVIDUAL

12:01 A.M. Standard Time at your mailing address shown above.

POLICY PERIOD FROM 02-09-2012 TO 02-09-2013

NAMED SCOTT KOCH
INSURED
MAILING 1615 E CENTRAL RD UNIT 222C
ADDRESS ARLINGTTON HTS, IL 60005-3348
POLICY NUMBER 12XJ269201
CUSTOMER BILLING ACCOUNT 015-620-856 88

BUSINESS OWNERS POLICY

MADISON, WISCONSIN 53783-0001

AMERICAN FAMILY MUTUAL INSURANCE COMPANY

1020 MILWAUKEE AVE STE 155
LEN P KAZMER
PHONE 847-279-8780
PAGE 0002
BRANCH UNNATRE RENW
ENTRY DATE 11-11-2011
DEERFIELD, IL 60015-3554

BP 04 17 07 02 BP 04 54 01 06 BP 04 93 01 06 BP 05 17 01 06
BP 05 77 01 06 BP 05 98 01 06 BP 10 05 07 02 BP 05 17 01 07
BP 05 04 07 10 BP 05 10 07 98 BP 85 12 01 06 BP 84 24 01 07
IL 75 35 10 01 IL 75 35 10 01
Any endorsement followed by a state abbreviation will only apply to coverages within this state.
Any endorsement following to all premises and made part of this policy at time of issue:
Liability forms and endorsements applying to all premises and made part of this policy at time of issue:

TOTAL ADVANCE BUSINESS LIABILITY PREMIUM \$15.00
CERTIFIED ACTS OF TERRORISM \$1.00

\$14.00

1 UNITS

LOCATION	PREMIUM BASIS	RATE	ADVANCE PREMIUM
PREMISES NO. 0001 BUILDING NO. 001			
PREM 0001 BLDG 001 MEDICAL EXPENSES - ANY ONE PERSON	\$5,000		
DAMAGE TO PREMISES RENTED TO YOU	\$1,000,000		
PRODUCTS-COMPLETE OPERATIONS AGGREGATE LIMIT	\$2,000,000		
AGGREGATE LIMIT (OTHER THAN PRODUCTS COMPLETE OPERATIONS)	\$2,000,000		
LIMIT OF INSURANCE	\$50,000		
LIAIBILITY AND MEDICAL EXPENSES			
MEDICAL EXPENSES - ANY ONE PERSON			
PREM 0001 BLDG 001 MEDICAL EXPENSES	\$5,000		

refer to **Section II Liability** in the BUSINESS OWNERS COVERAGE FORM and any attached endorsements.
Each paid claim for the following coverages reduces the amount of insurance we provide during the applicable annual period. Please

SECTION II LIABILITY AND MEDICAL EXPENSES

Property forms and endorsements applying to all premises and made part of this policy at time of issue:
Any endorsement followed by a state abbreviation will only apply to coverages within this state.
Any endorsement followed by a state abbreviation will only apply to coverages within this state.
BP 06 01 01 07 BP 83 01 07 98 BP 83 02 01 07

TOTAL ADVANCE PROPERTY PREMIUM \$367.00

MORTGAGEHOLDER
PREMISE NO. BUILDING NO.
FIRST FEDERAL SAVINGS BANK
ITS SUCCESSORS AND/OR ASSIGNS
633 LA SALLE ST
OTTAWA, IL 61350-2931

Property forms and endorsements applying to this premises and made part of this policy at time of issue:
Any endorsement followed by a state abbreviation will only apply to coverages within this state.
Any endorsement followed by a state abbreviation will only apply to coverages within this state.

POLICY NUMBER 12XJ269201
CUSTODIER BILLING ACCOUNT 015-620-856 88
AMERICAN FAMILY MUTUAL INSURANCE COMPANY
MADISON, WISCONSIN 53783-0001
BUSINESS OWNERS POLICY
DECLARATIONS
12XJ269201
04 000 UNNATRE
505