



Allstate Indemnity Company

254

AMENDED
Condominium Owners
Policy Declarations

Summary

NAMED INSURED(S) James & Susan Ayers 825 S Walnut Arlington Hts IL 60005-2307	YOUR ALLSTATE AGENT IS: M Sweazey & Assoc 800 S Northwest 102 Barrington IL 60010	CONTACT YOUR AGENT AT: (847) 842-4900
POLICY NUMBER 9 11 122710 05/20	POLICY PERIOD Begins on May 20, 2012 at 12:01 A.M. standard time, with no fixed date of expiration	PREMIUM PERIOD May 20, 2012 to May 20, 2013 at 12:01 A.M. standard time
LOCATION OF PROPERTY INSURED 1605 E Central Rd 111-B, Arlington Hts, IL 60005-3335		
ADDITIONAL INTERESTED PARTY <ul style="list-style-type: none">Dana Point Condominium Assoc C/O Lieberman Management Services Suite 330 25 Northwest Point Blvd Elk Grove Village IL 60007-1056		

Total Premium for the Premium Period (Your bill will be mailed separately)

Premium for Property Insured	\$166.00
TOTAL	\$166.00

Your policy change(s) are effective as of Dec. 18, 2012

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Information as of
December 17, 2012

Page 1
1L078AMD

Allstate Indemnity Company

Policy Number: 9 11 122710 05/20 Your Agent: M Sweazey & Assoc (847) 842-4900
For Premium Period Beginning: May 20, 2012

Your Policy Documents

Your Condominium Owners policy consists of this Policy Declarations and the documents listed below. Please keep these together.

- Condominium Owners Policy form AP894
- Illinois Amendatory Endorsement form AP1168 -2
- Additional Insureds Endorsement form AU267
- Standard Fire Policy Provisions form AU277-2
- Amendment of Policy Provisions form AP4710
- Secondary Residence Endorsement form AU274

Important Payment and Coverage Information

The Property Insurance Adjustment condition applies using the Marshall Swift Boeckh publications personal property cost estimating index.

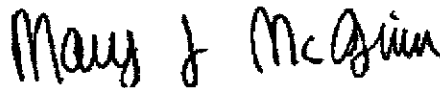
Please note: This is not a request for payment. Any adjustments to your premium will be reflected on your next scheduled bill which will be mailed separately.

In the meantime, if you have any outstanding or unpaid bills, please pay at least the minimum amount due to assure your policy continues in force. If you have any questions, please contact your agent.

IN WITNESS WHEREOF, Allstate has caused this policy to be signed by two of its officers at Northbrook, Illinois, and if required by state law, this policy shall not be binding unless countersigned on the Policy Declarations by an authorized agent of Allstate.



Steven P. Sorenson
President



Mary J. McGinn
Secretary

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Information as of
December 17, 2012

Page 3
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