

554

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-CF-G089-0 **Policy Number**

Named Insured and Mailing Address

PACER, ANDREA SUSAN
1605 E CENTRAL RD UNIT 210B
ARLINGTON HTS IL 60005-3337

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

04/23/2012 **Effective Date**
12 months-Policy Period
04/23/2013 **Expiration Date**

Limit of Liability - Section 1

A-BLDG PROP 50800
B-PERS PROP 25400
C-LOSS USE ACT LOSS
D-LOSS ASSES 1000
L-PERS LIAB 100000
DMG TO PROP 500
M-MED/PERS 1000
Policy type: CONDOMINIUM

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 within 30 days

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 mailing

Policy Premium \$ 180.00

FP-7956.IL CONDOMINIUM
LSP A1 SMLR CONST-A
FE-3453 HO-6 POL END

LSP B1 LMT RPLC COST-B
FE-8790 CIVIL UNION

MORTGAGE CLAUSE:

Wells Fargo Bank NA #936
ISAOA
PO Box 100515
Florence, SC 29502

Agent Name & Address

Brian Welch, Agent
1125 S Arlington Hts Rd
Arlington Hts, IL 60005

Prepared: 12/26/2012

MORTGAGEE COPY

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

POLICY NUMBER	POLICY PERIOD	EXPIRATION	AGENT CODE
13-CF-G089-0	FROM 04/23/2012	TO 04/23/2013	6048

LOCATION

INSURED

PACER, ANDREA SUSAN
1605 E CENTRAL RD UNIT 210B
ARLINGTON HTS IL 60005-3337

PREMIUM \$ 180.00

AMOUNT PAID \$

MORTGAGE CLAUSE:

CREDIT AMOUNT \$

Wells Fargo Bank NA #936
ISAOA
PO Box 100515
Florence, SC 29502

AMOUNT DUE \$

DATE DUE

AGENT NAME & ADDRESS

Brian Welch, Agent
1125 S Arlington Hts Rd
Arlington Hts, IL 60005

STATE FARM INSURANCE COMPANIES

Brian Welch State Farm
1125 S Arlington Heights Road
Arlington Heights, IL 60005