



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): Scott + Jocelyn Bosch	
UNIT ADDRESS: 1615 E. Central Rd. #222C	
MAILING ADDRESS (if different):	
CITY/STATE/ZIP CODE: Arlington Heights, IL 60005	HOME PHONE: 847-719-2989
CELL PHONE: 847-285-9609	WORK PHONE:
EMAIL ADDRESS (E-mail addresses are kept confidential): comfortking@comcast.net	
PARKING SPACE # (if Applicable): 20	
STORAGE SPACE # (if Applicable):	

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 OCCUPANT(S)			
(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 #
2011	Ford	Edge	Silver	K948D12

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: Valerie Kalesa	HOME PHONE: 847-795-1017
ADDRESS: 1405 E. Central Rd #10617	BUSINESS PHONE:
CITY/STATE/ZIP CODE: Arlington Heights, IL 60005	CELL PHONE:

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: Jocelyn Bosch

DATE: 12-15-12

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

## AMERICAN FAMILY MUTUAL INSURANCE COMPANY

MADISON, WISCONSIN 53783-0001

## BUSINESSOWNERS POLICY

## DECLARATIONS

CUSTOMER BILLING ACCOUNT  
015-620-856 88POLICY NUMBER  
12XJ269201NAMED  
INSURED  
SCOTT KOCHMAILING  
ADDRESS  
1615 E CENTRAL RD UNIT 222C  
ARLINGTON HTS, IL 60005-3348POLICY PERIOD  
FROM 02-09-2012 TO 02-09-2013  
12:01 A.M. Standard Time at your mailing address shown above.

## FORM OF BUSINESS INDIVIDUAL

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.

## SECTION I PROPERTY

COVERAGE PROVIDED INSURANCE AT THE FOLLOWING DESCRIBED PREMISES ONLY FOR COVERAGES FOR WHICH A LIMIT OF INSURANCE IS SHOWN UNLESS COVERAGE IS PROVIDED BY AN ENDORSEMENT.

## DESCRIPTION OF PREMISES

PREMISES NO. 0001 BUILDING NO. 001

LOCATION  
1405 E CENTRAL RD UNIT 106A  
ARLINGTON HTS, IL 60005-3305BUILDING INTEREST  
COMMERCIAL CONDOMINIUM UNIT OWNER - LEASED TO OTHERS  
PREDOMINANT OCCUPANCY CONDOMINIUM UNIT - RESIDENTIAL RENTALNUMBER OF UNITS 1  
CONSTRUCTION JOISTED MASONRY  
YEAR BUILT 1970CERTIFIED ACTS OF TERRORISM  
EXCLUSION - FIRE EXCEPTION

PROPERTY DEDUCTIBLE \$500

OTHER PROPERTY DEDUCTIBLE(S)

OPTIONAL COVERAGE/GLASS DEDUCTIBLE

LIMIT OF INSURANCE

PREMIUM  
\$365.00COVERAGE  
BUSINESS PERSONAL PROPERTY  
REPLACEMENT COST  
AUTOMATIC INCREASE IN COVERAGE 4%ADDITIONAL COVERAGE  
BUSINESS INCOME  
LIMIT OF INSURANCE  
ACTUAL LOSS SUSTAINEDPREMIUM  
INCLUDED

PHONE

847-279-8780

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BRANCH UNATRE RENN

ENTRY DATE 11-11-2011

1020 MILWAUKEE AVE STE 155  
DEERFIELD, IL 60015-3554

AGENT 163-802

LEN P KAZMER

INSURED

BP AF 01 07 09

Includes annotated material of Insurance Service Office Inc. with the annotation  
SCOTTKOCH  
8477494008Stock No. 15141  
12/19/2012 15:47  
1004 UNATRE

## AMERICAN FAMILY MUTUAL INSURANCE COMPANY

MADISON, WISCONSIN 53783-0001

## BUSINESSOWNERS POLICY

## DECLARATIONS

CUSTOMER BILLING ACCOUNT  
015-620-856 88POLICY NUMBER  
12XJ269201

Property forms and endorsements applying to this premises and made part of this policy at time of issue:  
BP 84 10 07 98  
BP 85 11 12 08  
Any endorsement followed by a state abbreviation will only apply to coverages within this state.

MORTGAGEHOLDER

PREMISE NO. BUILDING NO.

FIRST FEDERAL SAVINGS BANK  
ITS SUCCESSORS AND/OR ASSIGNS  
633 LA SALLE ST  
OTTAWA, IL 61350-2931

## TOTAL ADVANCE PROPERTY PREMIUM

\$367.00

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

## SECTION II LIABILITY AND MEDICAL EXPENSES

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

## COVERAGE

LIMIT OF INSURANCE  
\$2,000,000  
\$2,000,000  
\$2,000,000  
DAMAGE TO PREMISES RENTED TO YOU  
LIABILITY AND MEDICAL EXPENSES  
PREM 0001 BLDG 001  
MEDICAL EXPENSES - ANY ONE PERSON  
\$5,000  
\$1,000,000  
\$5,000

## PREMIUM BASIS

RATE

ADVANCE PREMIUM

1 UNITS

\$14.00

## CERTIFIED ACTS OF TERRORISM

\$1.00

## TOTAL ADVANCE BUSINESS LIABILITY PREMIUM

\$15.00

Liability 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.

BP 04 17 07 02  
BP 05 77 01 06  
BP 85 04 07 10  
BP 85 35 10 01  
BP 04 54 01 06  
BP 05 98 01 06  
BP 85 10 07 98  
BP 04 93 01 06  
BP 10 05 07 02  
BP 85 12 01 06  
BP 05 17 01 06  
BP 84 24 01 07  
BP 85 15 09 07

AGENT 163-802

LEN P KAZMER

1020 MILWAUKEE AVE STE 155  
DEERFIELD, IL 60015-3554

PHONE 847-279-8780

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ENTRY DATE 11-11-2011