

This CONTINUATION Page With the Forms And Endorsements
Listed Below CONTINUES Your HOMEOWNERS POLICY.



INSURER: HARTFORD INSURANCE COMPANY OF ILLINOIS
200 WEST MADISON STREET, CHICAGO, ILLINOIS 60606

DECLARATIONS

CUST CTR POL PLAN

POLICY NO. 83 RBA290464 CC

Named Insured and
RESIDENCE PREMISES

BERNGEN DAWN R
1405 E CENTRAL 212B
ARLINGTON HEIGHTS IL 60005

RD

Policy Period 12:01 A.M. Standard Time
at the Residence Premises →

FROM 12-01-12 TO 12-01-13 TERM: 1 YEAR

Producer Name: MESIROW INSURANCE SERVICES INC

CODE: 555351

TOTAL POLICY PREMIUM: \$ 660.00

COVERAGE IS PROVIDED WHERE A LIMIT OF LIABILITY IS SHOWN FOR THE COVERAGE.

COVERAGES

LIMIT OF LIABILITY

SECTION I

A. DWELLING	\$ 12,600
B. OTHER STRUCTURES	\$ 183,000
C. PERSONAL PROPERTY	\$ 73,200
D. LOSS OF USE	

SECTION II

E. PERSONAL LIABILITY: EACH OCCURRENCE	\$ 300,000
F. MEDICAL PAYMENTS TO OTHERS: EACH PERSON	\$ 1,000

DEDUCTIBLE - SECTION I : WE COVER ONLY THAT PART OF A LOSS OVER \$ 500

RATING INFORMATION: OWNER OCCUPIED FIRE RESISTIVE BUILDING WITH 88 APARTMENTS
STATE 12 TERR. 00012 PROTECTION CLASS 2
FIRE PROTECTION PROVIDER ARLINGTON HEIGHTS
WITHIN 1000 FEET OF A FIRE HYDRANT AND WITHIN 2 MILES OF A FIRE STATION
INSIDE CITY LIMITS PREMIUM GROUP 0.90

MESIROW INSURANCE SERVICES INC

COUNTERSIGNED BY ----- AUTHORIZED AGENT

----CONTINUED ON PAGE 2-

DECLARATIONS (CONTINUED)

POLICY NO. 83 RBA290464 CC

NAMED INSURED: BERNGEN DAWN R

FORMS AND ENDORSEMENTS NOW MADE PART OF THIS POLICY:

(ENTRIES ON ENDORSEMENTS MAY BE LEFT BLANK IF SHOWN ELSEWHERE IN THE POLICY)

HO 00 06	10 00	UNIT OWNERS FORM	BASIC PREMIUM \$	548.00
HO 04 96	10 00	NO SECT II COV-HOME DAY CARE BUSINESS	PREMIUM	NIL
HW 01 03	06 03	AMENDATORY ENDORSEMENT	PREMIUM	NIL
HW 01 07	06 03	HOMEOWNERS POLICY POLLUTION EXCLUSION	PREMIUM	NIL
HW 01 47	06 12	SPECIAL PROVISIONS - ILLINOIS	PREMIUM	NIL
HO 17 32	10 00	UNIT-OWNERS COV A - SPECIAL COVERAGE	PREMIUM \$	14.00
HO 04 90	10 00	PERS PROP REPLACEMENT COST LOSS STLMNT	PREMIUM \$	104.00
HO 04 16	10 00	PREMISES ALARM OR FIRE PROT. SYSTEM	CREDIT \$	10.00
2 PERCENT CREDIT				
HO 04 28	04 02	LIMITED FUNGI, ROT OR BACTERIA COV	PREMIUM	NIL
\$5,000 PROPERTY DAMAGE			\$50,000 LIABILITY	
COVERAGE E OR F INCREASE			PREMIUM \$	4.00
			TOTAL PREMIUM	\$ 660.00

ACCT NO. 60497548 FOUR PAY SINGLE BILL -----

- PLEASE NOTE -

A LOSS SURCHARGE OF 30% APPLIES TO YOUR POLICY
 05% MATURE/RETIREES CREDIT APPLIES - INCLUDED IN BASIC PREMIUM
 FORM HW 01 47 06-12 REPLACES CURRENT VERSION

THE FOLLOWING ITEMS ARE ENCLOSED FOR YOUR REVIEW.

CAF-1445-4	IF YOU NEED SERVICE OR HAVE A PROBLEM
CPF-405-0	ILLINOIS EARTHQUAKE COVERAGE NOTICE
CPF-355-0	PROPERTY INS EXPERIENCE RATING FACTOR
PLA-131-0	NOTICE OF OUR INSURANCE INFORMATION
PLA-203-0	PRODUCER COMPENSATION NOTICE
PLA-342-0	IL NOTICE-CIVIL UNION AND EQUALITY ACT
THE LIMIT OF LIABILITY FOR SECTION I COVERAGES MAY BE ADJUSTED ANNUALLY BASED ON THE INFLATION RATE IN YOUR AREA.	

"PLEASE CALL US TOLL FREE AT 1-800-624-5578 IF YOU HAVE ANY QUESTIONS OR
CHANGES TO YOUR POLICY OR A COMPLAINT."