

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.

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Policy Number
13-PQ-3516-2 F

Named Insured and Mailing Address
GULLIFORD, LOUISE M
1505 E CENTRAL RD UNIT 201A
ARLINGTON HTS IL 60005-3327

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

10/01/12 Effective Date
 12 months-Policy Period
10/01/13 Expiration of Policy Period

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/Lien holder written notice in compliance with the policy provisions or as required by law.

Type: HO - CONDO UNIT
Coverage information
A-BLDG PROP 12800
B-PERS PROP 21700
C-LOSS USE ACT LOSS
D-LOSS ASES 1000
L-PERS LIAB 100000
DMG TO PROP 500
M-MED/PERS 1000

Deductibles - Section 1 \$500.00
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

Policy Premium \$135.00

Forms, OPTIONS, & Endorsements

MORTGAGEE
BEN FRANKLIN BANK OF ILLINOIS
ITS SUCCESSORS AND/OR ASSIGNS
ATIMA
830 E KENSINGTON RD
ARLINGTON HTS IL 60004-6215
LOAN NO: 9089006104

Agent Name & Address
FREDDIE VILLACCI STATE FARM
2241 W IRVING PARK RD
CHICAGO, IL 60618
(773)463-7733