

HOMEOWNERS POLICY

ALLIED PROP AND CAS INS CO
1100 LOCUST ST
DES MOINES IA 50391-1100
(800) 282-1446

AGENCY **CRITCHELL-MILLER & PETRUS INC.
ELMHURST IL**

POLICY NUMBER: **HOC 0020829202-4**
ACCOUNT NUMBER: **879942221**

Policy Period
From: **02-06-12** To: **02-06-13**
12:01 A.M. Standard Time

Effective Date of Change

CONTINUATION DECLARATIONS

NAME INSURED AND ADDRESS

**DALY, CHARLES B.
DALY, EVELYN
1615 E CENTRAL RD UNIT 418C
ARLINGTON HEIGHTS, IL 60005-3353**

The described residence premises covered hereunder is located at the above address, unless otherwise stated herein. (No. Street, City, State, Zip Code)

PREVIOUS POLICY NUMBER **HOC 0020829202-3**

TO BE PAID BY NAMED INSURED

Not a bill. Your bill is sent separately.

COVERAGE AND LIMITS OF LIABILITY

SECTION I				SECTION II	
A. DWELLING	B. OTHER STRUCTURES	C. PERSONAL PROPERTY	D. LOSS OF USE <small>ACTUAL LOSSES SUSTAINED</small>	E. PERSONAL LIABILITY	F. MEDICAL PAY EACH PERSON
25,000	NONE	58,300	IN 12 MOS.	300,000	5,000

FOR LOSSES ARISING UNDER SECTION I, WE WILL PAY ONLY THAT PART OF THE LOSS IN EXCESS OF \$500.

COVERAGE	DESCRIPTION	PREMIUM	COVERAGES	DESCRIPTION	PREMIUM
BASIC COVERAGE					
HO6 01/00	Condo-Owner Form	178.36	12748 03/03	Fungi/Bacteria	
12540 11/04	HO-6 Per Prop	14.08	HO35 12/09	Loss Assessment	3.00
HO216 01/00	Prem Alarm Prot	1.91CR	12603IL 01/04	Premier Endrmnt	
HO300IL 09/09	Spec Provisions		IN0000 04/09	Privacy Stmt	
IN0100 01/10	Important Notice		IN2416 06/05	Important Notice	
TOTAL PREMIUM					193.53

Additional
Residence
Occupied
By Insured

Mortgage Loss Payee or Other Interest

Loan Number

Authorized Representative
878942221 74