

**LexisNexis is not the Insurance Company.
Do not send premium payments to LexisNexis/FIRST.**

LexisNexis/FIRST
PO Box 10680
Peoria, IL 61612-0680

**IMPORTANT:
INSURANCE COVERAGE NOTIFICATION(S)**



891909-5388127-1-M 04379 S1/M

LIEBERMAN MANAGEMENT SERVICES
25 NORTHWEST POINT BLVD STE 330
ELK GROVE VILLAGE, IL 60007-1033



- For any and all policy changes you must contact the Insurance Company, Carrier, or Producer listed in the detail below.
- For all cancellation, non-renewal, expiration, and lapse notices - all coverage will cease at 12:01AM local time at the premises, unless otherwise shown in the item detail provided.
- Premium Bill and Renewal Bill items require action on the part of the Loss Payee/Mortgagee listed.
- If you want to receive future notifications electronically, email firstsupport@lexisnexis.com.
- This Insurance notice is sent to you as the Loss Payee/Mortgagee/Additional Interested Party on behalf of the carrier listed.

6554

Total Property Notifications with this Document: 2

June 13, 2014

Notifications may print on back of page and on subsequent pages.

Policy: 9521437650	REASON: Policy Change	Carrier: Metropolitan Casualty Insurance Company		
Insured: NITCH JENNIFER -1615 E CENTRAL RD UNIT 114B-ARLINGTON HTS-IL-60005		Pol. Type: Condominium Unit		
Mortgagee/Add.Party: LIEBERMAN MANAGEMENT SERVICES -25 NW POINT BLVD #330-ELK GROVE-IL-60007		Eff. Dte: 06/12/2014		
Insurance: MetLife Auto & Home-P.O. Box 48020-Dayton-OH-45475		Pol. From: 04/24/2014 Pol. To: 04/24/2015		
Producer: COM CO INSURANCE AGENCY COM 847.673.1212		Total Policy Premium: 316.00		
Prop. Loc: 1615 E CENTRAL RD UNIT 114B-ARLINGTON HTS-IL 60005		PremiumAmount: 0.00		
Loan #:				
Coverage	Coverage Amt/Deduct	Coverage	Coverage Amt/Deduct	This is not an Invoice/Bill
Dwelling	28,780/500	Other Structures	1,795/500	
Personal Property	35,900/500	Loss of Use	17,950	
Liability	500,000	Med Pay	5,000	
Notes: JENNIFER L NITCH FIRST Id: 40169-I187-5388127-215539348				

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