



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): Sarah Bootz		
UNIT ADDRESS: 1515 #260B E. Central Rd.		
MAILING ADDRESS (If Different):		
CITY/STATE/ZIP CODE: Arlington Hts, IL 60005		
HOME PHONE:	WORK PHONE: 847-597-9853	CELL PHONE: 847-815-7986
EMAIL ADDRESS (E-mail addresses are kept confidential): smbbootz@hotmail.com		
PARKING SPACE # (If Applicable): 7	STORAGE SPACE # (If Applicable): 260B	

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: Chris Leszka	NAME:
NAME:	NAME:

VEHICLE(S) ON THE PROPERTY				
YEAR	MAKE	MODEL	COLOR	LICENSE PLATE #
2002	Honda	CR-V	Black	MBA 52
2003	Hyundai	Elantra GT	Black	166 5482

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: Sandy Bootz	HOME PHONE:
ADDRESS: 6042 W. Seward	BUSINESS PHONE:
CITY/STATE/ZIP CODE: Niles, IL 60714	CELL PHONE: 847-977-1750

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: Sarah Bootz

DATE: 1/14/13

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



FARMERS®

TOWNHOUSE/CONDOMINIUM OWNERSILLINOIS FARMERS INSURANCE COMPANY, AURORA, ILLINOIS
A Stock Company**DECLARATIONS**
HOMEOWNERS
Replaces all prior Declarations, if any**TRANSACTION TYPE:** CHANGE IN COVERAGE EFF: 12/21/2012

The Policy Period is effective (not prior to time applied for) at described residence premises.

POLICY NUMBER	POLICY PERIOD			POLICY EDITION
	FROM:	TO:	STANDARD TIME	
93748-46-10	05-30-2012	05-30-2013	12:00 NOON	04

ISSUING OFFICE:

P.O. BOX 149044

AUSTIN, TX 78714

This policy will continue for successive policy periods, if: (1) we elect to continue this insurance, and (2) if you pay the renewal premium for each successive policy period as required by our premiums, rules and forms then in effect.

INSURED'S NAME & MAILING ADDRESS:

SARAH BOOTZ

LOCATION OR DESCRIPTION OF RESIDENCE PREMISES:
(Same as mailing address unless otherwise stated.)1515 E CENTRAL #260B
ARLINGTON HTS IL 60005-3357**DESCRIPTION OF PROPERTY**

YEAR OF CONSTRUCTION	CONSTRUCTION TYPE	ROOF TYPE	NUMBER OF UNITS	OCCUPANCY
1979	BRICK/JOISTED MASONRY	ROCK/TAR/GRAVEL - FLAT	050	OWNER

COVERAGES - We provide insurance only for those coverages indicated by a specific limit or other notation.

SECTION I - PROPERTY				SECTION II - LIABILITY		ANNUAL PREMIUM
A - DWELLING OR MOBILE HOME	B - SEPARATE (OTHER) STRUCTURES	C - PERSONAL PROPERTY	D - LOSS OF USE	E - PERSONAL LIABILITY	F - MEDICAL PAY TO OTHERS	
NOT COV	NOT COV	\$25,000	\$20,000	\$300,000 Each Occurrence	\$1,000 Each Person	\$312.67

ENDORSEMENTS

ENDORSEMENT NUMBER	EDITION NUMBER	DESCRIPTION
E4041	1ED	ENDORSEMENT AMENDING SECTION II - EXCLUSION
E6120	2ED	CONTENTS REPLACEMENT COST COVERAGE
E6161	1ED	BUILDING PROPERTY - LOSS ASSESSMENTS
E6268	1ED	AMENDING DEBRIS REMOVAL COVERAGE AND POLLUTION EXCLUSION
H4166	1ED	AMEND DEFINITIONS, SECTION I-LOSSES INSURED & NOT INSURED
H6106	1ED	SPECIAL LIMITS ON SPORTS CARDS
J6003	1ED	ADDING LOCKSMITH SERVICES TO SECTION 1 - ILLINOIS
J6071	1ED	END AMENDING ADD. COVERAGES - UNIT OWNERS BUILD PROPERTY
J6900A	1ED	ENDORSEMENT AMENDING GENERAL CONDITIONS
B2212	2ED	SPECIAL STATE PROVISIONS - ILLINOIS
		IMPORTANT NOTICE ADDITIONAL ENDORSEMENTS SEE E0052

DISCOUNTS

AUTO/HOME, HOME SECURITY, AND PARTIAL SPRINKLER SYS DISCOUNTS HAVE BEEN APPLIED TO YOUR POLICY.

DEDUCTIBLES

Deductible applicable to each covered loss:

\$500

POLICY ACTIVITY Do not pay - invoice sent separately

\$ NONE	Previous Balance	
31.53	Premium	
	Fees *	
	Payments or Credits	
\$ NONE	Total *	INSURED PAYS
*SEE ADDITIONAL FEE INFORMATION BELOW		

ANY "TOTAL" BALANCE OR CREDIT \$7.00 OR LESS WILL BE APPLIED TO YOUR NEXT BILLING. BALANCES OVER \$7.00 ARE DUE UPON RECEIPT.

This Declarations page is part of your policy. It supersedes and controls anything to the contrary. It is otherwise subject to all other terms of the policy.

AGENT: JOSEPH F. D'ANGELO**AGENT PHONE:** (847) 483-8728**AGENT NUMBER:** 22 25 51F

Countersignature

Authorized Representative