



Date: December 17, 2012

To: Lieberman Management Services
Fax number: 1-847-459-3003

From: Pricilla Mendez
Fax number: 1-800-225-8285

Number of pages
including cover sheet: 3

Dear Louis,

Please see the enclosed form(s) from Liberty Mutual.

- "Review & Keep" forms for you to file with your insurance documents.
- Certificate of Property Insurance (Binder)

Thank you for insuring with Liberty Mutual. We look forward to providing you with quality coverage and outstanding service.

Sincerely,

Liberty Mutual



**ACTION
REQUIRED:**

Please review and keep
with your insurance
documents.

Liberty Mutual
555 W Pierce Rd Ste 100
Itasca, IL 60143
Fax: 1-630-250-7397



CONTACT US

For questions, please call us
at 1-800-613-5724.

This fax, and any attachments thereto, is intended only for the use of the addressee(s) named herein and may contain legally privileged and/or confidential information. If you are not the intended recipient of this fax, you are hereby notified that any dissemination, distribution or copying of this fax, and any attachments thereto, is strictly prohibited. If you have received this fax in error, please permanently destroy the original and any copy thereof.



LibertyGuard Condominium Policy Declarations
Liberty Mutual Fire Insurance Company

FAX:**ATTN:****POLICY NUMBER:**

H62-248-625185-70

THESE DECLARATIONS EFFECTIVE

03/01/2012

NAME & ADDRESS

Louis E Ruttkay

1505 E Central Rd 207a

Arlington Heights, IL 60005-3327

RESIDENCE PREMISES INSURED ☐ Same as Residence

1505 E Central Rd 207a

Arlington Heights, IL 60005-3327

POLICY PERIOD 03/01/2012 through 03/01/2013**RESIDENCE PREMISES**

1505 E Central Rd 207a

Arlington Heights, IL 60005-3327

SECTION I AND II: COVERAGES AND LIMITS UNDER YOUR LIBERTYGUARD HOMEOWNERS POLICY

I: COVERAGE A - YOUR DWELLING	\$	48,820
COVERAGE B - OTHER STRUCTURES ON RESIDENCE PREMISES		
COVERAGE C - PERSONAL PROPERTY	\$	62,290
COVERAGE D - LOSS OF USE OF YOUR RESIDENCE PREMISES	\$	24,920
II: COVERAGE E - PERSONAL LIABILITY (EACH OCCURRENCE)	\$	300,000
COVERAGE F - MEDICAL PAYMENTS TO OTHERS (EACH PERSON)	\$	1,000

DEDUCTIBLE: LOSSES COVERED UNDER SECTION I ARE SUBJECT TO A DEDUCTIBLE OF \$250.

Wind/Hail (if applicable)

NET PREMIUM: \$269.00**PAID IN FULL** YESReplacement Cost Coverage ☐ Yes ☒ NoExpanded Replacement Cost ☐ Yes ☒ NoFunctional Replacement ☐

David M. Gray *Dexter R. Legg*
President Secretary

Countersigned by: *Stephen J. McAnnis*

Date: December 17, 2012

**CERTIFICATE (BINDER) OF PROPERTY INSURANCE**This is to certify that Louis E Ruttkay is insured for the coverage

Name of Policyholder(s)

and Provisions of a Condominium under H62-248-625185-70 for \$48,820
(Type of policy) (Policy number) (Amount)Subject to a deductible of \$250 for a period of one year from 03/01/2012 to 03/01/2013
(Amount) Date DateFor property located at 1505 E Central Rd 207aArlington Heights IL 60005-3327

Hurricane Deductible (if applicable) _____ Wind/Hail (if applicable) _____

Annual Premium \$269.00 **PAID IN FULL** YESReplacement Cost Coverage ☐ Yes ☒ NoEndorsement Effective Date 03/01/2012Expanded Replacement Cost ☐ Yes ☒ NoFunctional Replacement ☐Loss, if any, payable to the insured and the
"Mortgagee/Loss Payee" Shown below as their
interest may appear.

Mail address if different from property address.

1505 E Central Rd 207a
Arlington Heights, IL 60005-3327

This certification or verification of insurance is not an insurance policy and does not amend, extend or alter the coverage afforded by the policies listed here. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate or verification of insurance may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions and conditions of such policies.

Billing Address:

LIBERTY MUTUAL
PO BOX 8400
DOVER NH 03821-8400For mortgage company and loss payee
inquiries call or write:1-800-409-0733
PO BOX 29017
PHOENIX, AZ 85038
Secretary
PresidentDated: 12/17/2012 at: _____Countersigned
AUTHORIZED REPRESENTATIVE