

Certificate of Insurance

554



This certifies that

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|-------------------------------------|---|
| <input checked="" type="checkbox"/> | State Farm Fire and Casualty Company, Bloomington, Illinois |
| <input type="checkbox"/> | State Farm General Insurance Company, Bloomington, Illinois |
| <input type="checkbox"/> | State Farm Fire and Casualty Company, Aurora, Ontario |
| <input type="checkbox"/> | State Farm Florida Insurance Company, Winter Haven, Florida |
| <input type="checkbox"/> | State Farm Lloyds, Dallas, Texas |

insures the following policyholder for the coverages indicated below:

Policyholder

MARILYN COURTER

Address of policyholder

1505 E CENTRAL RD UNIT 405A, ARLINGTON HTS, IL 60005

Location of operations

SAME

Description of operations

CONDO POLICY

The policies listed below have been issued to the policyholder for the policy periods shown. The insurance described in these policies is subject to all the terms, exclusions, and conditions of those policies. The limits of liability shown may have been reduced by any paid claims.

Policy Number	Type of Insurance	Policy Period Effective Date	Period Expiration Date	Limits of Liability (at beginning of policy period)
	Comprehensive Business Liability			BODILY INJURY AND PROPERTY DAMAGE
This insurance includes:	<input type="checkbox"/> Products - Completed Operations <input type="checkbox"/> Contractual Liability <input type="checkbox"/> Personal Injury <input type="checkbox"/> Advertising Injury <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			Each Occurrence \$ General Aggregate \$ Product - Completed Operations Aggregate \$
Policy Number	EXCESS LIABILITY	Policy Period Effective Date	Period Expiration Date	BODILY INJURY AND PROPERTY DAMAGE (Combined Single Limit)
	<input type="checkbox"/> Umbrella <input type="checkbox"/> Other			Each Occurrence \$ Aggregate \$
	Workers' Compensation and Employers Liability			Part I - Workers Compensation - Statutory Part II - Employers Liability Each Accident \$ Disease - Each Employee \$ Disease - Policy Limit \$
Policy Number	Type of Insurance	Policy Period Effective Date	Period Expiration Date	Limits of Liability (at beginning of policy period)
13-Q1-0539-3	CONDO POLICY	5/15/12	05/15/13	\$300,000

THE CERTIFICATE OF INSURANCE IS NOT A CONTRACT OF INSURANCE AND NEITHER AFFIRMATIVELY NOR NEGATIVELY AMENDS, EXTENDS OR ALTERS THE COVERAGE APPROVED BY ANY POLICY DESCRIBED HEREIN.

Name and Address of Certification Holder

**DANA POINT CONDO ASSOCIATION
ARLINGTON HTS, IL 60005**

If any of the described policies are canceled before their expiration date, State Farm® will try to mail a written notice to the certificate holder 30 days before cancellation. If we fail to mail such notice, no obligation or liability will be imposed on State Farm or its agents or representatives.


Signature of Authorized Representative
AGENT 11/2/17/12
Title Date
NICK JONES
Agent Name
Telephone Number **(847) 364-1640**

Agent's Code Stamp

Agent Code **13-3989**

AFO Code **26**