

DECLARATIONS

We will provide the insurance described in this policy in return for the premium and compliance with all applicable provisions of this policy.

Coverage afforded by this policy is provided by:

State Farm Fire and Casualty Company
2702 Ireland Grove Road
Bloomington, IL 61709-0001

A Stock Company with Home Offices in Bloomington, Illinois.

13-VF-3644-6	Policy Number
Named Insured and Mailing Address Guziak, Bernadette 1405 E Central Rd Unit 312b Arlington Hts, IL 60005-3311	
The Policy Period begins and ends at 12:01 a.m. Standard Time at the residence premises. 08/14/2013 Effective Date 12 months - Policy Period 08/14/2014 Expiration of Policy Period	Automatic Renewal - If the Policy Period is shown as 12 months , this policy will be renewed automatically subject to the premiums, rules and forms in effect each succeeding policy period. If this policy is terminated, we will give you and the Mortgagee/Lienholder written notice in compliance with the policy provisions or as required by law.
Limit of Liability - Section 1 \$5,670 Building Property (Minimum 30% of Personal Property) \$18,900 Personal Property \$1,000 Condominium Loss Assessments Limit of Liability - Section 2 \$500,000 Personal Liability \$1,000 Medical Payments to Others Policy Type Condominium Unitowners A1 - Replacement Cost - Similar Construction	Deductibles - Section 1 \$500 ALL LOSSES In case of loss under this policy, the deductible will be applied per occurrence and will be deducted from the amount of the loss. Other deductibles may apply - refer to your policy.
Location of Premises 1405 E Central Rd Unit 312b Arlington Hts, IL 60005-3311	Policy Premium \$145
Forms, Options, & Endorsements FP-7956.IL Condominium Unitowners Policy Condo Unit Policy Endorsement	
Mortgagee & Addl. Interests	Agent Name & Address Sal Falco 8323d W Lawrence Ave Norridge, IL 60706-3129 (708) 453-7901
Civil Union Endorsement	