

## DECLARATIONS

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

13-BW-A319-2	Policy Number
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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.

### Named Insured and Mailing Address

SCHALLER, JEAN  
1405 E CENTRAL RD UNIT 110B  
ARLINGTON HEIGHTS, IL 60005-3306

The Policy Period begins and ends at 12:01 a.m.  
Standard Time at the residence premises.

05/22/2012 Effective Date

12-months-Policy Period

05/22/2013 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

\$ 51,700	Dwelling
\$ 300,000	Personal Liability
\$ 5,000	Medical Payments to Others

**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.

**Policy Type**  
HO- CONDO UNIT

**Policy Premium** 224.00

### Forms & Endorsements

FP-7956.IL CONDOMINIUM  
LSP A1 SMLR CONST-A  
FE-8790 CIVIL UNION

LSP B1 LMT RPLC COST-B  
FE-3453 HO-6 POL END

### MORTGAGE:

### Agent Name & Address

Jennifer Burnidge  
220 E Northwest Highway  
Arlington heights, IL 60004  
(847) 253-5678

Countersigned: 12/10/2012

By Jennifer Burnidge  
13-9A8A Agent's Code Agent

**MORTGAGEE COPY**

**PREMIUM NOTICE  
STATE FARM INSURANCE COMPANIES  
AGENT ISSUED DECLARATIONS**

POLICY NUMBER	BILLING PERIOD	AGENT CODE
13-BW-A319-2	FROM 05/22/2012 TO 05/22/2013	13-9A8A

**LOCATION SAME AS MAILING ADDRESS**

**INSURED PREMIUM \$ 224.00**

SCHALLER, JEAN  
1405 E CENTRAL RD UNIT 110B  
ARLINGTON HEIGHTS, IL 60005-3306

**AMOUNT PAID  
\$224.00**

**CREDIT AMOUNT**

**AMOUNT DUE  
\$0.00**

**DATE DUE**

**AGENT NAME & ADDRESS**

Jennifer Burnidge  
220 E Northwest Highway  
Arlington heights, IL. 60004

This is the only notice you will receive. Please make check payable to N/A  
And return it with this notice to the address shown below. Your canceled check is your  
Receipt. Thanks for letting us serve you.

**STATE FARM INSURANCE COMPANIES**