

2702 Ireland Grove Road
Bloomington, IL 61709-0001

AT2 N-01- 3989-F026 H 6 F
 000119 0001
WITT, EILEEN
1405 E CENTRAL RD UNIT 309B
ARLINGTON HTS IL 60005-3311

STI-
0107-C1061H**RENEWAL CERTIFICATE****POLICY NUMBER** 13-GX-8946-6Condominium Unitowners Policy
NOV 30 2012 to NOV 30 2013

DATE ISSUED	BEST PAYABLE DATE	AMOUNT
NOV 30 2012		\$178.00

Coverages and Limits**Section I**

A Building Property	\$26,200
B Personal Property	\$1,900
C Loss of Use	Actual Loss Sustained
D Loss Assessment	1,000

Deductibles - Section I

All Losses	500
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Location: Same as Mailing Address

Loss Settlement Provisions (See Policy)

- A1 Replacement Cost - Similar Construction
 B1 Limited Replacement Cost - Coverage B

Forms, Options, and Endorsements

Condominium Unitowners Policy FP-7956.IL
 Civil Union Endorsement FE-8790
 Condo Unit Policy Endorsement * FE-3453

*Effective: NOV 30 2012

Section II

L Personal Liability	\$100,000
Damage to Property of Others	500
M Medical Payments to Others (Each Person)	1,000

Annual Premium Amount Due
 \$178.
 \$178.

Premium Reductions

Home Alert Discount	7.
Home/Auto Discount	46.
Claim Record Discount	46.

Inflation Coverage Index: 230.1TAX DEDUCTIBLE ITEM

2373

gent if

Trade Your Expenses...

<input type="checkbox"/> Auto/Travel	<input type="checkbox"/> Education	<input type="checkbox"/> Medical/Dental
<input type="checkbox"/> Business	<input type="checkbox"/> Entertainment	<input type="checkbox"/> Savings
<input type="checkbox"/> Charities	<input type="checkbox"/> Food	<input type="checkbox"/> Taxes
<input type="checkbox"/> Clothing	<input type="checkbox"/> Home	<input type="checkbox"/> Utilities
<input type="checkbox"/> Dependent Care	<input type="checkbox"/> Insurance	<input type="checkbox"/> Other

For enhanced security your account number will not be printed on this copy

Memo: _____

014 03

BAL	178.00
FOR'D	
ITEM AMOUNT	
BALANCE	
DEPOSIT	
FOR'D	

NOT NEGOTIABLE

See your State Farm agent or
 insurance for important information.
 Prepared SEP 20 2012