

**AMENDED****Condominium Owners  
Policy Declarations**

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**Summary**

<b>NAMED INSURED(S)</b> Kiyohiko and Yuko Shirataki Unit 321C 1515 E Central Rd Arlington Hts IL 60005-3359	<b>YOUR ALLSTATE AGENT IS:</b> James Delaney 807 W Jefferson #R Shorewood IL 60431	<b>CONTACT YOUR AGENT AT:</b> (815) 725-5652
<b>POLICY NUMBER</b> 9 22 726127 05/01	<b>POLICY PERIOD</b> Begins on May 1, 2012 at 12:01 A.M. standard time, with no fixed date of expiration	<b>PREMIUM PERIOD</b> May 1, 2012 to May 1, 2013 at 12:01 A.M. standard time
<b>LOCATION OF PROPERTY INSURED</b> 1515 E Central Rd, Arlington Hts, IL 60005-3359 321C		
<b>ADDITIONAL INTERESTED PARTY</b>		
<ul style="list-style-type: none"><li>• The Dana Point Condo Association CO Lieberman Management Services Inc 25 Northwest Pt Blvd #330Elk Grove Village IL 60007-1033</li></ul>		
<b>Total Premium for the Premium Period</b> <i>(Your bill will be mailed separately)</i>		
Premium for Property Insured	\$267.00	
<b>TOTAL</b>	<b>\$267.00</b>	

*Your policy change(s) are effective as of Dec. 18, 2012*

MCD21-3

PROP \*510001212121753015080401\*

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# Allstate Indemnity Company

Policy Number: 9 22 726127 05/01 Your Agent: James Delaney (815) 725-5652  
For Premium Period Beginning: May 1, 2012

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## COVERAGE AND APPLICABLE DEDUCTIBLES

(See Policy for Applicable Terms, Conditions and Exclusions)

		LIMITS OF LIABILITY
Building Property Protection	• \$500 All Peril Deductible Applies	\$45,000
Personal Property Protection - Reimbursement Provision	• \$500 All Peril Deductible Applies	\$75,000
Additional Living Expense		Up To 12 Months
Family Liability Protection		\$300,000 each occurrence
Guest Medical Protection		\$1,000 each person
Loss Assessments	• \$250 All Peril Deductible Applies	\$1,000 each occurrence

## DISCOUNTS

Your premium reflects the following discounts on applicable coverage(s):

Protective Device                    5 %                    Home and Auto                    20 %

## RATING INFORMATION

The dwelling is of Frame construction and is occupied by 25 families

Your dwelling is 2 mile(s) to the fire department

# Allstate Indemnity Company

Policy Number: 9 22 726127 05/01 Your Agent: James Delaney (815) 725-5652  
For Premium Period Beginning: May 1, 2012



## Your Policy Documents

Your Condominium Owners policy consists of this Policy Declarations and the documents listed below. Please keep these together.

- Condominium Owners Policy form AP894
- Standard Fire Policy Provisions form AU277-2
- Illinois Amendatory Endorsement form AP1168-2
- Amendment of Policy Provisions form AP4710

## Important Payment and Coverage Information

The Property Insurance Adjustment condition applies using the Marshall Swift Boeckh publications personal property cost estimating index.

Please note: This is not a request for payment. Any adjustments to your premium will be reflected on your next scheduled bill which will be mailed separately.

In the meantime, if you have any outstanding or unpaid bills, please pay at least the minimum amount due to assure your policy continues in force. If you have any questions, please contact your agent.

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IN WITNESS WHEREOF, Allstate has caused this policy to be signed by two of its officers at Northbrook, Illinois, and if required by state law, this policy shall not be binding unless countersigned on the Policy Declarations by an authorized agent of Allstate.

Steven P. Sorenson  
President

Mary J. McGinn  
Secretary

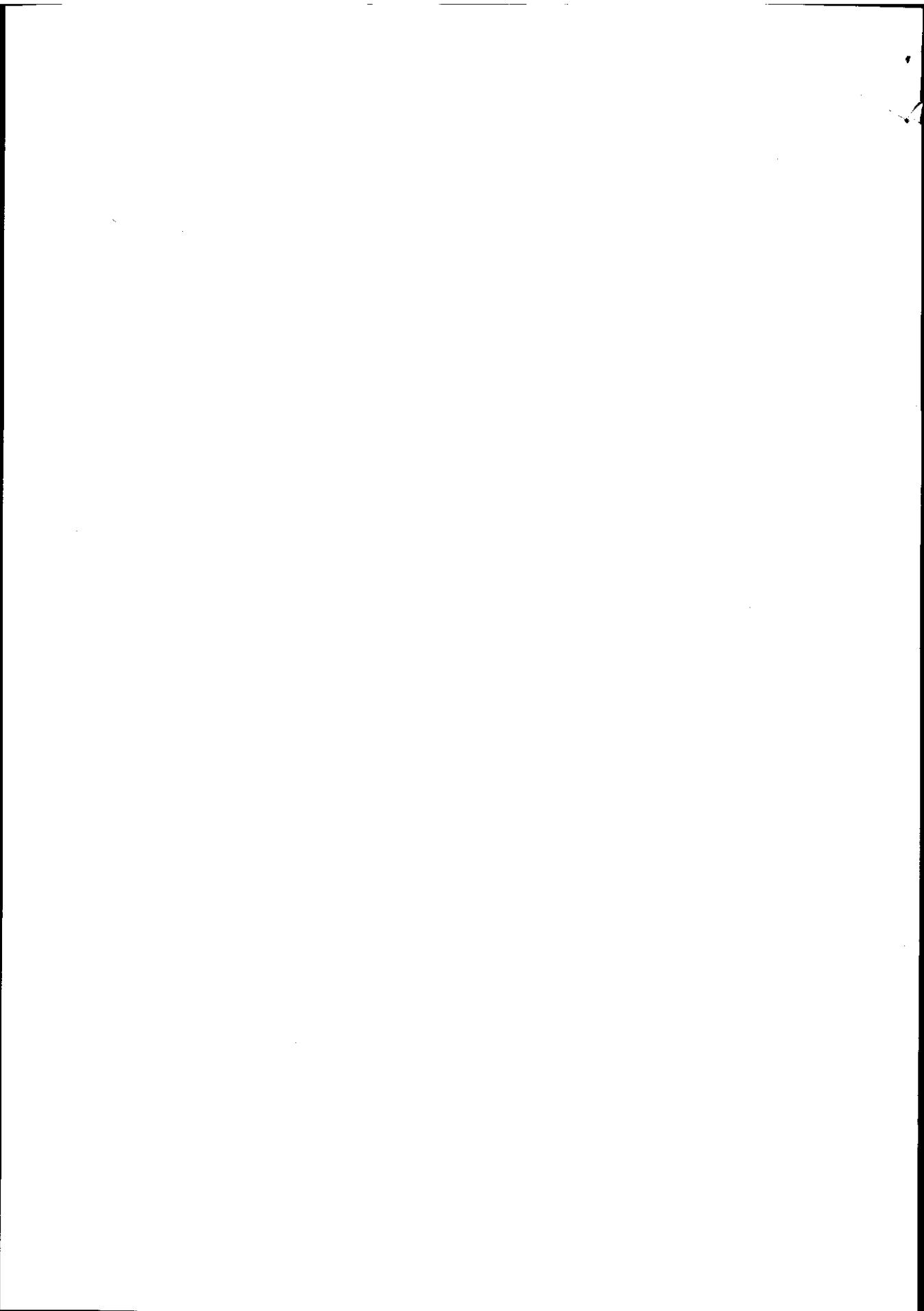
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*Allstate Indemnity Company*  
PO BOX 40047  
ROANOKE, VA 24022



The Dana Point Condo Association CO Lieberman  
Management Services Inc  
25 NW Point Blvd Ste 330  
Elk Grove Vlg IL 60007-1033

Policy number: 92272612705/01  
Reprint key: 1212175301508  
Transaction: ENDORSEMENT

ADDITIONAL THIRD PARTY

PROP \*5100012121753015080401\*

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