



INSURER: PROPERTY & CASUALTY INS. COMPANY OF HARTFORD
200 HOPMEADOW STREET, SIMSBURY, CT 06089

DECLARATIONS
PLIC 2000 HO

POLICY NO. 55 RBB708610

Named Insured and
RESIDENCE PREMISES

GUTH DECLARATION OF TRUST
1615 E CENTRAL RD UNIT 220C
ARLINGTON HEIGHTS IL 60005

Policy Period 12:01 A.M. Standard Time
at the Residence Premises →

FROM 07-22-12 TO 07-22-13 TERM: 1 YEAR

Producer Name:

CODE: 759999 JPX

CUSTOMER SERVICE: 1-800-423-0567

CLAIM SERVICE: 1-877-805-9918

TOTAL POLICY PREMIUM: \$ 558.00

COVERAGE IS PROVIDED WHERE A LIMIT OF LIABILITY IS SHOWN FOR THE COVERAGE.

COVERAGES

LIMIT OF LIABILITY

SECTION I

A. DWELLING	\$ 14,000
B. OTHER STRUCTURES	\$
C. PERSONAL PROPERTY	\$ 186,500
D. LOSS OF USE	\$ 74,600

SECTION II

E. PERSONAL LIABILITY: EACH OCCURRENCE	\$ 300,000
F. MEDICAL PAYMENTS TO OTHERS: EACH PERSON	\$ 2,000

DEDUCTIBLE - SECTION I: WE COVER ONLY THAT PART OF A LOSS OVER \$ 100

RATING INFORMATION:

OWNER OCCUPIED MASONRY BUILDING WITH 80 OR MORE APARTMENTS
STATE 12 TERR. 00012 PROTECTION CLASS 2 TAX CODE 4008
FIRE PROTECTION PROVIDER ARLINGTON HEIGHTS
WITHIN 1000 FEET OF A FIRE HYDRANT AND WITHIN 2 MILES OF A FIRE STATION
INSIDE CITY LIMITS PREMIUM GROUP 0.90 T 1

COUNTERSIGNED BY

Christine R. Gas

AUTHORIZED AGENT

DECLARATIONS (CONTINUED)

POLICY NO. 55 RBB708610

NAMED INSURED: GUTH DECLARATION OF TRUST

FORMS AND ENDORSEMENTS NOW MADE PART OF THIS POLICY:

(ENTRIES ON ENDORSEMENTS MAY BE LEFT BLANK IF SHOWN ELSEWHERE IN THE POLICY)

HO 00 06	10 00	UNIT OWNERS FORM	BASIC PREMIUM \$	278.00
HO 04 96	10 00	NO SECT II COV-HOME DAY CARE BUSINESS	PREMIUM	NIL
HW 01 03	06 03	AMENDATORY ENDORSEMENT	PREMIUM	NIL
HW 01 02	06 03	LIFETIME CONTINUATION AGREEMENT	PREMIUM	NIL
HW 01 07	06 03	HOMEOWNERS POLICY POLLUTION EXCLUSION	PREMIUM	NIL
HW 05 44	04 05	PROTECTORPLUS ZERO DEDUCTIBLE	PREMIUM	NIL
HW 01 47	11 07	SPECIAL PROVISIONS - ILLINOIS	PREMIUM	NIL
HO 17 32	10 00	UNIT-OWNERS COV A - SPECIAL COVERAGE	PREMIUM \$	15.00
HO 04 16	10 00	PREMISES ALARM OR FIRE PROT. SYSTEM	CREDIT \$	9.00
		4 PERCENT CREDIT		
HO 04 61	10 00	SCHED PERS PROP-ACT CASH VALUE	PREMIUM \$	114.00
	CL 1	JEWELRY	AMT \$ 11,450 PRM \$	114.00
HO 04 28	04 02	LIMITED FUNGI, ROT OR BACTERIA COV	PREMIUM	NIL
		\$5,000 PROPERTY DAMAGE	\$50,000 LIABILITY	
HO 04 90	10 00	PERS PROP REPLACEMENT COST LOSS STLMNT	PREMIUM \$	56.00
HO 05 43	10 00	RESIDENCE HELD IN TRUST	PREMIUM \$	97.00
		GRANTOR/BENEFICIARY NAME		
		TRUSTEE 1		
		GRANTOR/BENEFICIARY COV 3		

COVERAGE E OR F INCREASE

PREMIUM \$ 7.00

TOTAL PREMIUM \$ 558.00

AUTOMATED LINE 1-800-423-0567

BILLING ID 83815846

- PLEASE NOTE -

04% MATURE RETIREES CREDIT APPLIES - INCLUDED IN BASIC PREMIUM

15% AUTOMOBILE CREDIT APPLIES - INCLUDED IN BASIC PREMIUM

04% RENEWAL CREDIT APPLIES - INCLUDED IN BASIC PREMIUM

THE FOLLOWING ITEMS ARE ENCLOSED FOR YOUR REVIEW.

DRH-5-2	FLOOD INSURANCE NOTICE
DRA-229-1	IMPORTANT NOTICE ABOUT YOUR INSURANCE
DRH-243-0	ILLINOIS EARTHQUAKE COVERAGE NOTICE
DRA-928-1	OPT-OUT NOTICE
PLA-131-0	NOTICE OF OUR INSURANCE INFORMATION

THE LIMIT OF LIABILITY FOR SECTION I COVERAGES MAY BE ADJUSTED
ANNUALLY BASED ON THE INFLATION RATE IN YOUR AREA.