

AMENDED
Condominium Owners
Policy Declarations

0554

Summary

NAMED INSURED(S)
James & Susan Ayers
825 S Walnut
Arlington Hts IL 60005-2307

YOUR ALLSTATE AGENT IS:
Michael Imm
800 S Northwest 102
Barrington IL 60010

CONTACT YOUR AGENT AT:
(847) 842-4900

POLICY NUMBER
9 11 122710 05/20

POLICY PERIOD
Begins on May 20, 2014
at 12:01 A.M. standard time,
with no fixed date of expiration

PREMIUM PERIOD
May 20, 2014 to May 20, 2015
at 12:01 A.M. standard time

LOCATION OF PROPERTY INSURED
1605 E Central Rd 111-B, Arlington Hts, IL 60005-3335

ADDITIONAL INTERESTED PARTY

- Dana Point Condominium Assoc C/O Lieberman
Management Services Suite 330
25 Northwest Point Blvd Elk Grove Village IL 60007-1056

Total Premium for the Premium Period (Your bill will be mailed separately)

Premium for Property Insured	\$191.00
TOTAL	\$191.00

Your policy change(s) are effective as of Aug. 2, 2014



Allstate Indemnity Company

Policy Number: **9 11 122710 05/20** Your Agent: **Michael Imm (847) 842-4900**
For Premium Period Beginning: **May 20, 2014**

COVERAGE AND APPLICABLE DEDUCTIBLES

(See Policy for Applicable Terms, Conditions and Exclusions)

LIMITS OF LIABILITY

Building Property Protection	\$10,000	
• \$500 All Peril Deductible Applies		
Personal Property Protection - Actual Cash Value	\$10,000	
• \$500 All Peril Deductible Applies		
Additional Living Expense	Up To 12 Months	
Loss Assessments	\$50,000	each occurrence
• \$250 All Peril Deductible Applies		
Condominium Unit Owners' Extended Protection	\$1,000	

DISCOUNTS

Your premium reflects the following discounts on applicable coverage(s):
Protective Device 5 % Secondary Residence credit

RATING INFORMATION

The dwelling is of Brick construction and is occupied by 150 families
Your dwelling is 2 mile(s) to the fire department