



# EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

1/3/2013

THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

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| AGENCY<br>Al Haut Agency, Inc<br>5200 Main Street<br>Skokie IL 60077<br>FAX (A/C, No): (847) 673-0676<br>E-MAIL ADDRESS: manager@haut-ins.com<br>CODE: 283607<br>SUB CODE: 28-3607<br>AGENCY CUSTOMER ID #: 00000184<br>INSURED<br>Marguerite Cody<br>1605 E Central Rd Unit 307a<br>Arlington Heights IL 60005 | PHONE (A/C, No, Ext): (847) 673-5473<br>COMPANY<br>Safeco Ins Co of Illinois<br>P O Box 515097<br>Los Angeles CA 90051-5097<br>LOAN NUMBER<br>POLICY NUMBER<br>OZ4350919<br>EFFECTIVE DATE<br>11/1/2012<br>EXPIRATION DATE<br>11/1/2013<br>CONTINUED UNTIL<br>TERMINATED IF CHECKED<br>THIS REPLACES PRIOR EVIDENCE DATED: |
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## PROPERTY INFORMATION

### LOCATION/DESCRIPTION

Loc# 0001  
1605 E CENTRAL RD UNIT 307A  
ARLINGTON HEIGHT, IL 60005-3339

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS EVIDENCE OF PROPERTY INSURANCE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

## COVERAGE INFORMATION

| COVERAGE / PERILS / FORMS             | AMOUNT OF INSURANCE | DEDUCTIBLE |
|---------------------------------------|---------------------|------------|
| 6A, All Peril Condo Owner             |                     |            |
| Personal property                     | 81,000              | 500        |
| Loss of use                           |                     |            |
| Personal liability                    | 300,000             |            |
| Medical payments                      | 1,000               |            |
| Personal prop replacement cost        |                     |            |
| Multi policy credit                   | 10                  |            |
| Longevity credit                      | 1,000               |            |
| Unit owners add & alt increase limits | 21,500              |            |

## REMARKS (Including Special Conditions)

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## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

## ADDITIONAL INTEREST

|                  |  |                    |
|------------------|--|--------------------|
| NAME AND ADDRESS | MORTGAGEE  | ADDITIONAL INSURED |
|                  | LOSS PAYEE   |                    |
|                  | LOAN #   |                    |
|                  | AUTHORIZED REPRESENTATIVE<br>James Haut/JH <i>James Haut</i> |                    |