



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 CONFERNS 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.

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

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	81,000	500
Personal property		
Loss of use	300,000	
Personal liability	1,000	
Medical payments		
Personal prop replacement cost	10	
Multi policy credit		
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		
James Haut/JH		