

DECLARATIONS

We will provide the insurance described in this policy in return for the premium and compliance with all applicable provisions of this policy.

13-C8-J209-4

Policy Number

Named Insured and Mailing Address

10247 S BELL AVE
CHICAGO, IL 60643-1901

Coverage afforded by this policy is provided by:

STATE FARM FIRE AND CASUALTY COMPANY

PO Box 853907

Richardson TX 75085-3907

A Stock Company with Home Offices in Bloomington, Illinois.

The Policy Period begins and ends at 12:01 a.m. Standard Time at the residence premises.

06/24/2025 Effective Date

12months-Policy Period

06/24/2026 Expiration of Policy Period

Limit of Liability - Section 1

\$ 866,800 Dwelling (Coverage A)

Automatic Renewal - If the Policy Period is shown as 12 months, this policy will be renewed automatically subject to the premiums, rules and forms in effect each succeeding policy period. If this policy is terminated, we will give you and the Mortgagee/Lienholder written notice in compliance with the policy provisions or as required by law.

Deductibles - Section 1 \$1000

ALL LOSSES In case of loss under this policy, the deductible will be applied per occurrence and will be deducted from the amount of the loss. Other deductibles may apply - refer to your policy.

Policy Premium \$2,216.00

Forms, Options, & Endorsements

HW-2113

HOMEOWNERS POL

LSP A1

SMLR CONST-A

LSP B1

LMT RPLC COST-B

OPT ID

COV A-INCR DWLG

OPT OL

BLD ORD/LAW-10%

HO-2243.2

AMENDATORY END

Agent Name & Address

HOLZHAUER, RANDY

2360 E LINCOLN HWY

NEW LENOX, IL

60451 (815) 485-4434

3050

Agent's Code

MORTGAGEE COPY