



117961

HOME OFFICE, NORTHBROOK, ILLINOIS

CERTIFICATE OF INSURANCE — CONDOMINIUM

COVERAGE AFFORDED BY THE POLICY IS PROVIDED BY THE ALLSTATE INSURANCE COMPANY

Master Policy Number	Certificate Number	Condominium Unit Number

MASTER POLICY

Insured's Name

Mailing Address of Premises

**TEXAS DEPT. OF INSURANCE
AUSTIN, TEXAS
APPROVED**

UNIT OWNER

Name

JAN 27 2012

Location of Premises

Mailing Address of Premises

COVERAGE SUMMARY Consult master policy for specific coverages and exclusions:

PROPERTY INSURANCE (Bldgs)	POLICY TYPE	GENERAL LIABILITY INSURANCE
Coverage Amount	<input type="checkbox"/> Special Form <input type="checkbox"/> Broad <input type="checkbox"/> Basic <input type="checkbox"/> Replacement Cost <input type="checkbox"/> Actual Cash Value <input type="checkbox"/> Agreed Value <input type="checkbox"/> Other	Limit of Liability
Deductible		GENERAL AGGREGATE
		(Other than products-Completed Operations) \$
		PRODUCTS COMPLETED OPERATIONS AGGREGATE \$
		EACH OCCURRENCE \$
		PHYSICAL DAMAGE \$ ANY ONE LOSS
	MEDICAL EXPENSE \$ ANY ONE PERSON	

Additional Coverages

NOTICE TO UNIT-OWNER

This policy does not include coverage for household contents or individual personal property of individual unit owners or individual unit owners personal liability.

UNIT OWNER MORTGAGEE

The policy contains a Mortgage Clause in favor of:

Mortgage

Address

Loan #

CERTIFICATE PERIOD

This Certificate will remain in force from the inception of the policy until the policy is cancelled, expires or not renewed.

POLICY INCEPTION DATE 12:01 A.M.

Standard Time at the location of the insured premises

PROVISIONS

This form is not the contract of insurance, but attests that a policy as identified above has been issued. The provisions of the policy shall prevail in all respects

Authorized Agent/Representative
CI TX 08 01 10

Phone Number

Date