



FINANCIAL

COUNTRY Mutual Insurance Company®
P.O. Box 2100, Bloomington, Illinois 61702-2100

POLICY NUMBER A12K32 [REDACTED]	POLICY TERM 12 MONTHS	PAYMENT PLAN ANNUAL	INS. OFFICE / AGENT [REDACTED]
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To report a claim any time day or night, call 1-866-COUNTRY(1-866-268-6879).

ACCOUNT NUMBER [REDACTED]-00001

INSURED

[REDACTED]

LAKE VILLA IL 60046

Policy period beginning **May 29, 2015**
12:01 a.m. standard time at **your** address.

Declarations reason **POLICY RENEWAL**

You have only the coverages and amounts of insurance as stated in this declarations, subject to all provisions of **your** policy.

TOTAL PREMIUM **\$1,919.04**

LOCATION OF PROPERTY COVERED

LCTN	STREET ADDRESS/LOT & BLOCK/PHYSICAL DESCRIPTION/QTR, SECTION, TOWNSHIP, RANGE, COUNTY AND STATE
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001 25223 W SUNSET LN LAKE VILLA IL

\$1,000 DEDUCTIBLE EACH OCCURRENCE APPLICABLE TO SECTIONS 2, 3, 5 AND 6 CC, DD, EE, HH

DESCRIPTION OF PROPERTY COVERED

ITEM	LCTN	DESCRIPTION OF COVERAGE	SEC/COV	PERIL	LOSS STLMT	LIMIT OF LIABILITY	PREMIUM
			(Refer to policy booklet)				
001-01		LIABILITY	1	A		500,000	67.00
		MEDICAL PAYMENTS	1	B			
		EACH PERSON				10,000	INCL
		EACH OCCURRENCE				50,000	INCL
009-10	001	DWELLING (R) HOMEOWNERS	2	C	1	556,600	1,439.04
		ADDITIONAL REPLACEMENT COST **	6	EE			INCL
20	001	PERSONAL PROPERTY	2	D	1	417,450	INCL
		PERSONAL PROPERTY REPLACEMENT COST	6	DD			INCL
30	001	ADDITIONAL LIVING EXPENSE	2	E	1	111,320	INCL
40	001	AUXILIARY PRIVATE STRUCTURES	2	F	1	55,660	INCL
		INFLATION	6	CC			INCL
		DISCOUNTS					
		ALARM CREDIT					INCL
		CENTRAL STATION FIRE ALARM AND CENTRAL STATION BURGLAR ALARM					
		SAFE HEAT					INCL
041-42	001	HOBBY ROOM FOR TRAINS (A)	2	F	1	100,000	388.00
895-95		IDENTITY THEFT	5	A		25,000	25.00

dwl FX64

FOR SERVICE CALL YOUR FINANCIAL REPRESENTATIVE
INSURED'S COPY [REDACTED]

**HOME INSURANCE
POLICY DECLARATIONS**

COUNTRY Mutual Insurance Company®
P.O. Box 2100, Bloomington, Illinois 61702-2100

POLICY NUMBER A12K [REDACTED]	POLICY TERM 12 MONTHS	PAYMENT PLAN ANNUAL	INS. OFFICE / AGENT [REDACTED]
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DESCRIPTION OF PROPERTY COVERED

ITEM	LCTN	DESCRIPTION OF COVERAGE	SEC/COV (Refer to policy booklet)	PERIL	LOSS STLMT	LIMIT OF LIABILITY	PREMIUM
		ENDORSEMENTS					
		END. 239 IDENTITY THEFT EXPENSE/ADVOCACY					
999-80		PACKAGE OF SPECIAL COVERAGES	5	K			INCL
		POLICY DISCOUNTS					
		MULTI-POLICY DISCOUNT					INCL
		POLICY ENDORSEMENTS					
		ILLINOIS AMENDATORY					

**ADDITIONAL REPLACEMENT COST - SUBJECT TO THE POLICY TERMS AND PROVISIONS, THIS COVERAGE WILL INCREASE THE COVERAGE C
LIMIT OF LIABILITY SHOWN IN THE DECLARATIONS TO EQUAL THE CURRENT "REPLACEMENT COST" OF THE BUILDING.

The 2016 annual meeting for COUNTRY Mutual Insurance Company is April 20 at 1:00 pm, 1701 Towanda Ave., Bloomington, Illinois.

ADDITIONAL INTEREST CONDITIONS

NAME AND ADDRESS	NAME AND ADDRESS
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MORTGAGEE

[REDACTED]

LOAN NUMBER
LIMITED TO

Douglas M Bova

AUTHORIZED REPRESENTATIVE

4/24/2015

DATE COUNTERSIGN

FOR SERVICE CALL YOUR FINANCIAL REPRESENTATIVE [REDACTED]
INSURED'S COPY



COUNTRY Preferred Insurance Company®

P.O. Box 2100, Bloomington, Illinois 61702-2100

Preferred Plan Tier 1

FINANCIAL

POLICY NUMBER P12A [REDACTED]	POLICY TERM 6 MONTHS	PAYMENT PLAN SEMI-ANNUAL	INS. OFFICE / AGENT 121 [REDACTED]
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To report a claim or for roadside assistance any time day or night, call 1-866-COUNTRY(1-866-268-6879)

ACCOUNT NUMBER [REDACTED] 01-00001

INSURED

Policy period beginning Jun 05, 2015 12:01 a.m. standard time at your address ending Dec 05, 2015 12:00 a.m.

[REDACTED]
LAKE VILLA IL 60046 [REDACTED]

Declarations reasons:
AMENDATORY REISSUE
POLICY RENEWAL

Effective Jun 05, 2015 12:01 a.m. standard time at your address.

Your policy consists of the policy booklet, applications, declarations pages and any endorsements. Please keep them together.

0000 0000

TOTAL PREMIUM \$410.88

VEHICLE 2015 CHEVR 275160 VEHICLE, USE AND DRIVER INFORMATION AUTOMOBILE, PLEASURE, FEMALE OVER 64

POLICY COVERAGE LIMITS	EACH PERSON	EACH OCCURRENCE			
LIABILITY-BODILY INJURY	250,000	500,000			
PROPERTY DAMAGE	-	100,000			
UNINSURED MOTORISTS	250,000	500,000			
UNDERINSURED MOTORISTS	250,000	500,000			
	2015 CHEVR Terr 068	Intentionally Left Blank	Intentionally Left Blank	Intentionally Left Blank	Intentionally Left Blank
VEHICLE COVERAGE LIMITS					
MEDICAL PAYMENTS					
EACH PERSON	50,000				
COLLISION - ACTUAL CASH					
VALUE LESS DED	250				
COMPREHENSIVE - ACTUAL					
CASH VALUE LESS DED	250				
ENDORSEMENTS					
THE KEEPER	YES				
AMENDATORY END-IL	YES				
SAFETY GLASS FULL COV	YES				
VEH TRAVEL/TOW	YES				
PREMIUMS					
LIABILITY-BODILY INJURY	142.42				
PROPERTY DAMAGE	included				
UNINSURED MOTORISTS	12.12				
UNDERINSURED MOTORISTS	23.02				
MEDICAL PAYMENTS	18.39				
COLLISION	153.94				
COMPREHENSIVE	46.15				
THE KEEPER	9.32				
AMENDATORY END-IL	included				
SAFETY GLASS FULL COV	incl w/comp				
VEH TRAVEL/TOW	5.52				
VEHICLE PREMIUM	\$410.88				

2015 CHEVR
Terr 068

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The VEHICLE PREMIUM has
already been changed by
the following:

DISCOUNTS	
ANTI-THEFT	included
MULTICAR	included
MULTI-POLICY DISCOUNT	included
NEW VEHICLE	included
TOTAL DISCOUNT	-251.11

- Not applicable to this policy.

OTHER INTERESTS - LIENHOLDER


Douglas M Bova

AUTHORIZED REPRESENTATIVE

May 01, 2015

DATE COUNTERSIGNED

FOR SERVICE CALL YOUR FINANCIAL REPRESENTATIVE
INSURED'S COPY 



COUNTRY Preferred Insurance Company®

P.O. Box 2100, Bloomington, Illinois 61702-2100

Preferred Plan Tier 1

FINANCIAL

POLICY NUMBER P12 [REDACTED]	POLICY TERM 6 MONTHS	PAYMENT PLAN SEMI-ANNUAL	INS. OFFICE / AGENT [REDACTED]
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To report a claim or for roadside assistance any time day or night, call 1-866-COUNTRY(1-866-268-6879)

ACCOUNT NUMBER [REDACTED] 00001

INSURED

Policy period beginning Jun 05, 2015 12:01 a.m. standard time at your address ending Dec 05, 2015 12:00 a.m.

[REDACTED]

LAKE VILLA IL 60046 [REDACTED]

Declarations reasons:
AMENDATORY REISSUE
POLICY RENEWAL

Effective Jun 05, 2015 12:01 a.m. standard time at your address.

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TOTAL PREMIUM \$490.52

VEHICLE	VEHICLE, USE AND DRIVER INFORMATION
2013 CADIL 121238	AUTOMOBILE, PLEASURE, MALE OVER 64

POLICY COVERAGE LIMITS	EACH PERSON	EACH OCCURRENCE			
LIABILITY-BODILY INJURY	250,000	500,000			
PROPERTY DAMAGE	-	100,000			
UNINSURED MOTORISTS	250,000	500,000			
UNDERINSURED MOTORISTS	250,000	500,000			
	2013 CADIL Terr 068	Intentionally Left Blank	Intentionally Left Blank	Intentionally Left Blank	Intentionally Left Blank
VEHICLE COVERAGE LIMITS					
MEDICAL PAYMENTS					
EACH PERSON	50,000				
COLLISION - ACTUAL CASH					
VALUE LESS DED	250				
COMPREHENSIVE - ACTUAL					
CASH VALUE LESS DED	250				
ENDORSEMENTS					
THE KEEPER	YES				
AMENDATORY END-IL	YES				
SAFETY GLASS FULL COV	YES				
VEH TRAVEL/TOW	YES				
PREMIUMS					
LIABILITY-BODILY INJURY	112.08				
PROPERTY DAMAGE	included				
UNINSURED MOTORISTS	12.12				
UNDERINSURED MOTORISTS	23.02				
MEDICAL PAYMENTS	21.22				
COLLISION	237.00				
COMPREHENSIVE	65.42				
THE KEEPER	14.14				
AMENDATORY END-IL	included				
SAFETY GLASS FULL COV	incl w/comp				
VEH TRAVEL/TOW	5.52				
VEHICLE PREMIUM	\$490.52				

2013 CADIL
Terr 068

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The VEHICLE PREMIUM has
already been changed by
the following:

DISCOUNTS	
ANTI-THEFT	included
GOOD DRIVER	included
MULTICAR	included
MULTI-POLICY DISCOUNT	included
TOTAL DISCOUNT	-453.98

- Not applicable to this policy.

Douglas M Bova

AUTHORIZED REPRESENTATIVE

May 01, 2015

DATE COUNTERSIGNED

FOR SERVICE CALL YOUR FINANCIAL REPRESENTATIVE
INSURED'S COPY

6090

PREMIUM NOTICE

Umbrella

YOUR PREMIUM DETAILS**UMBRELLA INSURANCE****Policy number**
AUB1 [REDACTED]**Policy**
Personal Umbrella
Insurance**Your policy activity**
Policy renewal
effective date 05/24/15**Amount billed**
\$459.00**Policy term**
05/24/15-05/24/16**CONTACT US**Did you know you can
pay online?**Contact COUNTRY****Phone**
1-866-COUNTRY (1-866-268-6879)**Mailing Address**
COUNTRY Mutual Insurance Company®
P.O. Box 2100
Bloomington, IL 61702-2100**COUNTRY Web**
www.countryfinancial.com**Contact your COUNTRY
Financial® representative**[REDACTED]
Prairie View, IL 60069
(8 [REDACTED] 666Email: [REDACTED]@countryfinancial.com
Web: www.countryfinancial.com [REDACTED]