

**Addison Farmers' Insurance Company**  
2500 HIGHLAND AVENUE, SUITE 210, LOMBARD, ILLINOIS 60148

POLICY NO. MC010377

**085409**

PRODUCER TOM WALSH INS. AGENCY, INC.  
5251 W 159TH  
OAK FOREST ILLINOIS 60452

DECLARATIONS RENEWAL  
CRAFTMAN'S PLUS

INSURED AL EMSLANDER  
3319 LOUISE COURT  
LANSING, IL 60438

PRODUCER CODE STATE  
120010471 ILLINOIS  
12:01-AM 10/16/89 TO 10/16/90

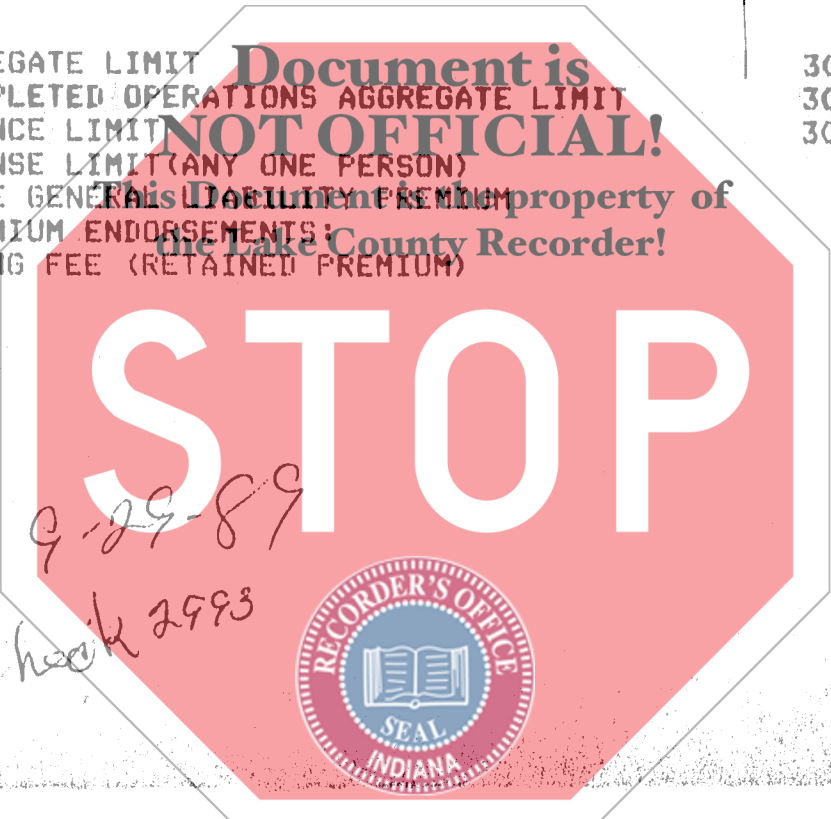
(HOUR AND MINUTE) AT THE RESIDENCE PREMISES  
WE WILL PROVIDE THE INSURANCE DESCRIBED IN THIS POLICY  
IN RETURN FOR THE PREMIUM AND COMPLIANCE WITH ALL APPLICABLE  
POLICY PROVISIONS.

This Declarations page together with Policy Jacket, Coverage Form and Forms attached hereto complete the below numbered policy.

NAMED INSURED IS: INDIVIDUAL OCCUPANCY OF PREMISES: FLOOR COVERING CONTR  
DESIGNATED PREMISES:  
3319 LOUISE COURT \* LANSING, IL 60438

INSURANCE IS PROVIDED ONLY WITH RESPECT TO THOSE OF THE FOLLOWING COVERAGES WHICH ARE INDICATED BY A LIMIT OF LIABILITY OR APPROPRIATE NOTATION.

COVERAGES	LIMITS OF LIABILITY	PREMIUM
COVERAGES: GENERAL AGGREGATE LIMIT	300,000	INC.
PRODUCTS-COMPLETED OPERATIONS AGGREGATE LIMIT	300,000	INC.
EACH OCCURRENCE LIMIT	300,000	INC.
MEDICAL EXPENSE LIMIT (ANY ONE PERSON)	1,000	INC.
COMPREHENSIVE GENERAL LIABILITY PREMIUM		369.00
ADDITIONAL PREMIUM ENDORSEMENTS: POLICY WRITING FEE (RETAINED PREMIUM)		10.00



SECTION I DEDUCTIBLE: TOTAL PREMIUM: 379.00  
SUBJECT TO THE FOLLOWING FORMS AND ENDORSEMENTS (INSERT NO. AND EDITION DATE)  
CG0001(11-85) CG0004(02-86) CG0212(11-85) CG0300(11-85)  
CG2137(11-85) CG2138(11-85) CG2139(11-85) CG2145(11-85)  
CG2234(11-85) IL0021(11-85) IL0118(12-87) MP9991(07-77)

MORTGAGEE OR ADDITIONAL INTEREST:  
POLICY CHANGE DESCRIPTION

COUNTERSIGNED BY: *Pat Jellena* DATE: 9-14-89  
DULY AUTHORIZED OFFICER OR AGENT