|  |  |
| --- | --- |
|  | **[Year]** |
|  | [Name] |

|  |
| --- |
| **Homeowners Policy** |
| Coverage and Limits of Liability |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Homeowners Policy** | | | | | | | | | | | | | | |
|  | | | **[Name]**  **[Street]**  **[CityState] [Zip]**  [Phone] | | | | | | | |  | | | |
| Policy Number: [Policy Number]  Account Number: [Account Number] | | | |
| Agency | | | **[Name]**  **[CityState]** | | | | |  | | | Policy Period  From: [From] To: [To]  12:01 A.M. Standard Time | | | |
| **Amended Declarations** | | | | | | | | | | | Effective Date  [Effective Date Of Change] | | | |
|  | | | Name Insured and Address  **[LastName], [FirstName]**  **[Street]**  **[CityState] [Zip]** | | | | | | | | **Insured info** | | | |
| The described residence premises covered hereunder is located at the above address, unless otherwise stated herein. (No., Street, City, State, Zip Code) | | | | | | | | Previous policy number [Previous Policy Number] | | | | | | |
|  | | | **[Street]**  **[CityState] [Zip]** | | | | | **[Name]**  **[Name 2]**  **[PO Box]**  **[City State] [Zip]** | | | | | | |
| **Coverage and limits liability** | | | | | | | | | | | | | | |
| A. Dwelling | | | | B. Other Structures | C. Personal Property | D. Loss of Use | | | | | | E. Personal Liability | F. Medical Pay Each Person | |
| **[Dwelling]** | | | | **[Other Structures]** | **[Personal Property]** | **[LossOfUse]** | | | | | | **[Personal Liability]** | **[Medical Pay Each Person]** | |
| For loses arising under Section I, We will pay only that part of the loss in excess of $500 | | | | | | | | | | | | | | |
| Coverage | | | | Description | Premium | Coverages | | | | | | Description | Premium | |
| Basic Coverage | | | |  |  |  | | | | | |  |  | |
| **[Row Loop][Coverage1]** | **[Num1]** | | | **[Description1]** | **[Premium1]** | **[Coverage2]** | | | **[Num2]** | | | **[Description2]** | **[Premium2]** | |
| **[End Row Loop]** | | | |  |  |  | | | | | |  |  | |
|  | | | |  |  |  | | | | | | **Total Premium** | **[TotalPremium]** | |
| Additional Residence Occupied By Insured | |  | | | | | | | | **[AdditionalPremiums]** | | | | |
| Mortgage Loss Payee or Other Interest | | | | | | | | | | | | | | |
| Loan Number | | **[Loan Number]** | | | | | | | |  | | | | |
|  | | **[Name]**  **[Name2]**  **[POBox]**  **[CityState] [Zip]** | | | | | **[Version]** | | |  | | | | |
|  | | | **[Name]** | | | | |
| Authorized Representative | | | |  |
| **DIrect Bill** | | **[Form Number1]** | | | | | **INSURED COPY** | | | **[Form Number2]** | | | | **[Form Number3]** |