|  |  |
| --- | --- |
|  | **[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 PeriodFrom: [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]** |