## 2007

Humongous Insurance Company

## **HOMEOWNERS POLICY**

Coverage and Limits of Liability

## **HOMEOWNERS POLICY**

**HUMONGOUS INSURANCE COMPANY** 1234 MOUNTAIN ST

80301-4321 **BOULDER CA** 

(800)499-2544

WINDWARD INSURANCE SPECIALISTS **AGENCY** 

**BOULDER, CO** 

Policy Number: HA0011932179-5 Account Number: 674242419

Policy Period

From: 05-31-07 To: 05-31-08 12:01 A.M. Standard Time

> Effective Date 112907

**INSURED INFO** 

**AMENDED DECLARATIONS** 

NAME INSURED AND ADDRESS FUTTERKISTE, DALE

911 WINDWARD ST BOULDER, CO 80301-3303

The described residence premises covered hereunder is located at the above address, unless otherwise stated herein.

(No., Street, City, State, Zip Code)

3443 WINDWARD LN **BOULDER, CO** 80301-2413 PREVIOUS POLICY NUMBER

HA 0011914379-4

Contoso Mutual Bank FA ITS Successors and/or Assigns

PO Box 123456 Anytown, CO

80123-0563

**COVERAGE AND LIMITS LIABILITY** 

A. DWELLING	B. OTHER STRUCTURES	C. PERSONAL PROPERTY	D. LOSS OF USE	E. PERSONAL LIABILITY	F. MEDICAL PAY EACH PERSON
241,900	21,190	212,872	IN 12 MOS.	300,000	2,000

FOR LOSES ARISING UNDER SECTION I, WE WILL PAY ONLY THAT PART OF THE LOSS IN EXCESS OF \$500  $\,$ 

LEXR 07333

Direct Bill

COVERAGE		DESCRIPTION	PREMIUM	COVERAGES		DESCRIPTION	PREMIUM
BASIC COVERAGE HO3 12601 HO300 CO IN2471 IN2006 12559 HO216	01/00 11/03 05/06 05/06 01/04 01/00	Special Form Premier Endrsmnt Spec Provisions Important Notice Insurance Info Per Prop Repl Prem Alarm Prot	895 -19	12550 IN0000 IN2376 IN2481 12747 12567 HO61	01/80 01/05 09/04 12/06 12/01 04/06	Other Structures Privacy Stmt  Important Notice  Important Notice Fungi/Bacteria Replacements Cost Sched Pers Prop	32 188
Additional I			<u> </u>			Total Premium  NO ADDL PREMIUM	\$1,096.00
	,		Mortgage Loss Pa	ayee or Othe	r Interest		
Loan Number		64900124					
		CONTOSO MUTUAL BA ITS SUCCESSORS AND PO BOX 123456 ANYTOWN, CO		18	Γ MORT	HUMONGOUS INSURANC COMPANY Authorized Representativ	_

INSURED

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