KINSALE INSURANCE COMPANY
2035 Maywill Street, Suite 100
Richmond, VA 23230

MISSISSIPPI DECLARATIONS - HOMEOWNERS POLICY

Policy Number:
Producer Number:
Name and Address:

NAMED INSURED:	
MAILING ADDRESS:	
POLICY PERIOD:	**FROM TO at 12:01 AM at the address of the named insured as shown above.**

COVERAGE IS PROVIDED ONLY WHERE A LIMIT OF LIABILITY IS SHOWN FOR COVERAGE

Coinsurance Percentage	80%

SECTION I PROPERTY COVERAGES	
COVERAGE	**LIMIT OF LIABILITY**
A. DWELLING	
B. OTHER STRUCTURES	
C. PERSONAL PROPERTY	
D. ADDITIONAL LIVING EXPENSE	

SECTION I PROPERTY COVERAGE DEDUCTIBLES	
WIND OR HAIL	% of COVERAGE A LIMIT OF LIABILITY
WILDFIRE	% of COVERAGE A LIMIT OF LIABILITY
ALL OTHER PERILS	% of COVERAGE A LIMIT OF LIABILITY
For loss under SECTION I, we cover only that part of loss in excess of the Deductible stated above.	

SECTION II LIABILITY COVERAGES	
COVERAGE	**LIMIT OF LIABILITY**
E. PERSONAL LIABILITY	
F. MEDICAL PAYMENTS TO OTHERS	

RESIDENCE PREMISES INFORMATION	
ADDRESS	

SCHEDULE OF LIENHOLDER OR ADDITIONAL INTEREST			
NAME	ADDRESS	DESCRIPTION OF INTEREST	EFFECTIVE DATE OF INTEREST
If we decide to cancel or not to renew this Policy, the Person(s) or Organization(s) named in the Schedule above will be notified in writing in accordance with the terms of this Policy.			

SCHEDULE OF ADDITIONAL INSURED(S)		
NAME	ADDRESS	DESCRIPTION OF INTEREST
Additional Insured(s) terms, conditions, and restrictions are identified and further described on a separate endorsement attached to this Policy.		

IMPORTANT NOTICES:

THIS POLICY CONTAINS A FLOOD EXCLUSION. FLOOD COVERAGE MAY BE PURCHASED SEPARATELY FROM THE NATIONAL FLOOD INSURANCE PROGRAM, IF AVAILABLE IN YOUR AREA.

THIS POLICY CONTAINS AN EARTHQUAKE EXCLUSION. CONTACT YOUR AGENT FOR INFORMATION CONCERNING THE AVAILABILITY OF EARTHQUAKE COVERAGE.

PREMIUM SUMMARY	
TOTAL POLICY PREMIUM	
MINIMUM EARNED PREMIUM	
COMPANY FEES	
TOTAL DUE AT INCEPTION	

SCHEDULE OF FORMS
Refer to ADF4001

Amended Declarations Effective	

THESE DECLARATIONS, TOGETHER WITH THE COMMON POLICY CONDITIONS AND COVERAGE FORM(S) AND ANY ENDORSEMENT(S), COMPLETE THE ABOVE NUMBERED POLICY.