

**CALIFORNIA DECLARATIONS - HOMEOWNERS POLICY  
(BUILDING CODE UPGRADE COVERAGE)**

Policy Number:

Producer Number:

Name and Address:

<b>NAMED INSURED:</b>	
<b>MAILING ADDRESS:</b>	
<b>POLICY PERIOD:</b>	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**

<b>Coinsurance Percentage</b>	80%
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**SECTION I PROPERTY COVERAGES**

<b>COVERAGE</b>	<b>LIMIT OF LIABILITY</b>
A. DWELLING	
B. OTHER STRUCTURES	
C. PERSONAL PROPERTY	
D. ADDITIONAL LIVING EXPENSE	
The Limit of Liability for this structure (Coverage A) is based on an estimate of the cost to rebuild your home, including an approximate cost for labor and materials in your area, and specific information that you have provided about your home.	

	<b>LIMIT OF LIABILITY</b>
Building Code Upgrade Coverage	
If included, Building Code Upgrade coverage terms, conditions, and restrictions are identified and further described on a separate endorsement attached to this Policy.	

**SECTION I PROPERTY COVERAGE DEDUCTIBLE(S)**

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

**SECTION II LIABILITY COVERAGES**

<b>COVERAGE</b>	<b>LIMIT OF LIABILITY</b>
E. PERSONAL LIABILITY	
F. MEDICAL PAYMENTS TO OTHERS	

**RESIDENCE PREMISES INFORMATION**

ADDRESS	
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**SCHEDULE OF LIENHOLDER OR ADDITIONAL INTERESTS**

<b>NAME</b>	<b>ADDRESS</b>	<b>DESCRIPTION OF INTEREST</b>	<b>EFFECTIVE DATE OF INTEREST</b>

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.

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

SCHEDULE OF FORMS
Refer to ADF4001

For payments and payment-related inquiries, please contact AsperaPay at the following:

On the Web	<a href="https://www.gotopbs.com/asperapay/">https://www.gotopbs.com/asperapay/</a>
By Email	asperapay@input1.com
By Mail	Aspera Pay, 1 Baxter Way, Suite 270, Westlake, CA 91362

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