

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. |

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

| COVERAGE | LIMIT OF LIABILITY |
|-------------------------------|--------------------|
| E. PERSONAL LIABILITY | |
| F. MEDICAL PAYMENTS TO OTHERS | |

RESIDENCE PREMISES INFORMATION

| | |
|---------|--|
| ADDRESS | |
|---------|--|

SCHEDULE OF LIENHOLDER OR ADDITIONAL INTERESTS

| NAME | ADDRESS | DESCRIPTION OF INTEREST | EFFECTIVE DATE OF INTEREST |
|------|---------|-------------------------|----------------------------|
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| | | | |

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 |
|------|---------|-------------------------|
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| | | |
| | | |

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 |

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|--------------------------------|--|
| Amended Declaration effective: | |
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For payments and payment-related inquiries, please contact AsperaPay at the following:

| | |
|-------------------|---|
| On the Web | https://www.gotopbs.com/asperapay/ |
| By Email | asperapay@input1.com |
| By Mail | Aspera Pay, 1 Baxter Way, Suite 270, Westlake, CA 91362 |

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