

**DECLARATIONS - HOMEOWNERS POLICY  
MANUFACTURED HOUSING**

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 LIMIT OF LIABILITY IS SHOWN FOR COVERAGE**

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	
OCCUPANCY	
MAKE/MODEL	
YEAR BUILT	
LENGTH	
WIDTH	
SERIAL NUMBER	

SCHEDULE OF LIENHOLDERS AND ADDITIONAL INTERESTS			
NAME	ADDRESS	DESCRIPTION OF INTEREST	EFFECTIVE DATE OF INTEREST

If we decide to cancel or not 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

Amended Declarations Effective	
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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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