

PO Box 45126 Jacksonville FL 32232-5126 For Service call: (860)812-6300

For Claims call: (877) 679-9835

COVERAGE DECLARATION

POLICY NUMBER CP3048825

HOMEOWNERS 4 CONTENTS BROAD FORM

Client ID 000054880445

06/28/2023 EFFECTIVE DATE EXPIRATION DATE 06/28/2024

NAMED INSURED: **GAURAV SEKHON** 81 ARCH ST #511

HARTFORD CT 06103

AGENT:

GJ AGENCY LLC 372 MIDDLE TURNPIKE W MANCHESTER CT 06040 (860)812-6300

LOCATION OF RESIDENCE PREMISES 81 ARCH ST #511 HARTFORD CT 06103 EFFECTIVE TIME IS 12:01 A.M. STANDARD TIME AT YOUR RESIDENCE

> SECTION I PROPERTY COVERAGES

DEDUCTIBLE

COVERAGE A **COVERAGE B** DWELLING OTHER STRUCTURES \$ NO COVERAGE \$ NO COVERAG

COVERAGE C PERSONAL PROPERTY \$ 15,000

COVERAGE D LOSS OF USE \$6,000

All Peril \$ 250

SECTION II LIABILITY COVERAGES

COVERAGE E - PERSONAL LIABILITY \$ 100,000

EACH OCCURRENCE

\$1,000

COVERAGE F - MED PAY TO OTHERS **EACH PERSON**

PREMIUM / CREDIT

66.00

-7.00

REPLACEMENT COST - CONTENTS FIXED EXPENSE FEE-FULLY EARNED

COVERAGE C - PERSONAL PROPERTY

HOME ALERT PROTECTION

26.00 15.00

INCLUDED COVERAGES: COV D-LOSS USE; COV E-PERS LIAB; COV F-MED PAY; MOLD FUNGUS ROT

DISCOUNTS: COMPANION DISCOUNT

\$ 100.00 TOTAL POLICY PREMIUM

Please refer to the Mortgagee, Additional Insured and Certificateholder page located behind the Declarations Page when applicable.

SEE REVERSE SIDE FOR POLICY FORMS AND ENDORSEMENTS

001 9999 **FRAME**

01 251

05/31/2023 H9X 250 ~000490817 PAGE 1 OF 1 INSURED CTI1515H (08-03) ID46466

AMENDMENT PROVISION

If the Declarations indicates your policy is amended, it will be effective on the date shown, and will provide the indicated insurance. Such amended Declarations replaces all prior Declarations. All other terms, conditions, agreements or limitations of the policy, other than contained on the Declarations shall remain the same.

FORMS AND ENDORSEMENTS

*This is a reprinted, new or revised document that changes your policy. Please read carefully.

***	HO 00 04	5 11	HOMEOWNERS 4 CONTENTS FORM
*	A6121 CT	28	SATELLITE DISH EXCLUSION
*	A6122 CT	7 10	VACANCY OR UNOCCUPANCY EXCL
*	A6144 CT	12 14	AMENDATORY ENDORSEMENT
*	FNIC DN CT	4 11	CONNECTICUT DISCLOSURE NOTICE
*	FN1326 CT	8 12	DEDUCTIBLE PERCENTAGE ENDORSEM
*	FN1507	10 19	CT NOTICE DESIGNATED ADDL PERS
*	FN1565	6 9	NOTICE-VACANCY OR UNOCCUPANCY
*	FN1656	7 11	SUMMARY OF CONSUMER PROTECTION
***	FN1686 04 12	0 0	LIMITED HOME DAY CARE COVERAGE
*	HO 01 06	1 19	SPECIAL PROVISIONS-CONNECTICUT
*	HO 04 10	10 0	ADDITIONAL INTERESTS RES PREM
***	HO 04 16	10 0	PREMISES ALARM SYSTEM
*	HO 04 74 05 11	0 0	LIMITED FUNGI WET OR DRY ROT
***	HO 04 90 05 11	0 0	PERS PROP REPLACEMENT COST
***	IL N 001	93	FRAUD STATEMENT
***	PRIVACY POLICY	1 20	PRIVACY POLICY
*	SP1864 CT	8 21	RATING INFO & THE USE OF CREDT
*	SP2052	6 19	ADVISORY NOTICE-NEW COVERAGES

DATE:	COUNTERSIGNED BY	

POLICY # CP348825 FN1381 01 10

STILLWATER PROPERTY AND CASUALTY INSURANCE COMPANY DISCLOSURE NOTICE - ADVERSE ACTION NOTIFICATION

An adverse underwriting or rating decision has been made by STILLWATER P & C

based in part on the information contained in one or more consumer reports obtained from LexisNexis Risk Solutions, Inc. The decision to take this action was made by Stillwater Insurance. LexisNexis Risk Solutions, Inc. is unable to provide you with the specific reasons why this decision was made.

You may not have received the most favorable outcome due to the information obtained from your consumer credit report. The following is a list of the credit factors that had the greatest impact in preventing you from receiving a higher score.

00103 LENGTH OF TIME ACCOUNTS HAVE BEEN ESTABLISHED

If you would like to obtain additional information on these factors, please go to www.consumerdisclosure.com. Once on the website, select 'reports' on the upper right corner of the screen. Then select "credit reports/insurance scores". There you will find the detailed explanation of these factors.

If you have been adversely affected by information contained in a consumer report provided by LexisNexis Risk Solutions, Inc., you have the right under the Fair Credit Reporting Act to obtain a free copy of such report(s) from LexisNexis Risk Solutions, Inc. within 60 days of receipt of this notice. Please contact them at:

LexisNexis Consumer Center
P. O Box 105108
Atlanta, GA 30348-5108
(800) 456-6004
www.consumerdisclosure.com

Reference Number: 23151044116600

After receiving your consumer report(s), if you disagree with the accuracy or completeness of any information contained therein, you should contact the following:

- 1. For Credit Reports, contact the consumer reporting agency listed on the credit report;
- 2. For all other reports, contact LexisNexis Risk Solutions, Inc.

Policy Number: CP3048825

HOMEOWNERS 4 CONTENTS BROAD FORM

Client ID: 000054880445 Effective: 06/28/2023

MORTGAGEE(S), ADDITIONAL INSURED(S), CERTIFICATE-HOLDER(S)

CERTIFICATE HOLDER(S)
FSD ARCH /TRIO PROPERTIES LLC
57 CHARTER OAK AVE
HARTFORD CT 06106
LOAN NUMBER:

POLICY NUMBER: AHX 636612 HOMEOWNERS HO 04 10 10 00

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INTERESTS

Residence Premises

SCHEDULE*

FSD ARCH /TRIO PROPERTIES LLC 57 CHARTER OAK AVE HARTFORD CT 06106				
Effective Date Of Interest: (Optional)				
Description Of Interest: Certificateholder &/or Property Management Company &/or Additional Interest				
Name And Address Of Person Or Organization:				
Effective Date Of Interest: (Optional)				
Description Of Interest: Certificateholder &/or Property Management Company &/or Additional Interest				
* Entries may be left blank if shown elsewhere in this policy for this coverage.				

In addition to the Mortgagee(s) shown in the Declarations or elsewhere in this policy, the persons or organizations named in the Schedule above also have an interest in the "residence premises".

CANCELLATION AND NONRENEWAL NOTIFICATION

If we decide to cancel or not to renew this policy, the persons or organizations named in the Schedule will be notified in writing.

All other provisions of this policy apply.