

DECLARATIONS

We will provide the insurance described in this policy in return for the premium and compliance with all applicable provisions of this policy.

Coverage afforded by this policy is provided by:

State Farm Fire and Casualty Company
PO BOX 88049
Atlanta GA 30356-9901

A Stock Company with Home Offices in Bloomington, Illinois.

Policy Number	
Named Insured and Mailing Address	
The Policy Period begins and ends at 12:01 a.m. Standard Time at the residence premises. 08/01/2021 Effective Date 12 months - Policy Period 08/01/2022 Expiration of Policy Period	Automatic Renewal - If the Policy Period is shown as 12 months , this policy will be renewed automatically subject to the premiums, rules and forms in effect each succeeding policy period. If this policy is terminated, we will give you and the Mortgagee/Lienholder written notice in compliance with the policy provisions or as required by law.
Limit of Liability - Section 1 \$10,400 Personal Property Limit of Liability - Section 2 \$100,000 Personal Liability \$5,000 Medical Payments to Others Policy Type Renters	Deductibles - Section I \$1,000 ALL LOSSES In case of loss under this policy, the deductible will be applied per occurrence and will be deducted from the amount of the loss. Earthquake:
Location of Premises	Policy Premium \$ 115
Forms, Options, & Endorsements	
Mortgagee & Addl. Interests	Agent Name & Address