

Renters Declarations Page

This is your proof of insurance.

Policy Number

[REDACTED]

Named Insured[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]**Additional Insured**

[REDACTED]

Policy Premium**\$29.25**
/month

\$351.00/year

Policy PeriodFrom 09/24/2021 05:00PM
To 09/24/2022 12:00AM

Property Coverage

Coverage	Limit	Single item max
Blanket	\$1,000	\$1,000
Technology	\$1,000	\$1,000
Furniture + Appliances	\$0	\$0
Fashion + Jewelry	\$1,000	\$1,000
Creative + Maker	\$1,000	\$1,000
Active	\$1,000	\$1,000
Collectibles	\$1,000	\$1,000

Additional coverages

Coverage	On/Off
Pet Parent	On
Replacement Cost	On
Temporary Living Cost	\$150/day
Side-Hustle	On
Identity Protector	Off

Your deductible is \$100

Liability Coverage

Coverage	Limit
Personal liability	\$300,000
Medical Payments To Others	\$1,000

Information on this declaration is effective 10/12/2021 02:15PM.

Underwritten By: Toggle Insurance Company, 3 Beaver Valley Road, Wilmington, DE 19803. If you have any complaints as to this insurance, you may contact: support@gettogggle.com or the State Department Office: [REDACTED]