STATE FARM GENERAL INSURANCE COMPANY

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A STOCK COMPANY WITH HOME OFFICES IN BLOOMINGTON, ILLINOIS DECLARATIONS AMENDED MAY 31 2022

Po Box 2915 Bloomington IL 61702-2915

Named Insured

M-23-6297-FA3C F W

002601 3123 WESLEY, JAMES 1600 4TH AVE LOS ANGELES CA 90019 **Policy Number** 92-J9-S889-6

**Policy Period** 12 Months **Expiration Date** MAY 31 2023 **Effective Date** MAY 31 2022 The policy period begins and ends at 12:01 am standard time at the premises location.

Agent and Mailing Address

ALLEN SARAFYAN 4814 LAUREL CANYON BLVD VALLEY VLG CA 91607-3717

PHONE: (818) 791-4646

ST-0108-0000

# **Apartment Policy**

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 for 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.

**Entity:** Individual

**Reason for Declarations:** Your policy is amended MAY 31 2022

BLDG ORDINANCE/LAW COVERAGE ADDED

FORM CMP-4864 ADDED

**Endorsement Premium** Increase

272.00

This policy includes building code upgrade coverage of \$Notice for possible terms, limits, conditions, or restrictions. 150,000. Refer to the Important

Prepared AUG 31 2022 CMP-4000

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022044 290 I

# **SECTION I - PROPERTY SCHEDULE**

Location Number	Location of Described Premises	Limit of Insurance* Coverage A - Buildings	Limit of Insurance*  Coverage B - Business Personal Property	
001	3670 GREENFIELD AVE LOS ANGELES CA 90034-7025	\$ 1,500,000	\$ 1,000	

<sup>\*</sup> As of the effective date of this policy, the Limit of Insurance as shown includes any increase in the limit due to Inflation Coverage.

# **SECTION I - INFLATION COVERAGE INDEX(ES)**

Inflation Coverage Index: 240.8

#### **SECTION I - DEDUCTIBLES**

Basic Deductible \$5,000

**Special Deductibles:** 

Employee Dishonesty \$250 Equipment Breakdown \$2,500 Lock Replacement \$100

Other deductibles may apply - refer to policy.



# SECTION I - EXTENSIONS OF COVERAGE - LIMIT OF INSURANCE - EACH DESCRIBED PREMISES

The coverages and corresponding limits shown below apply separately to each described premises shown in these Declarations, unless indicated by "See Schedule." If a coverage does not have a corresponding limit shown below, but has "Included" indicated, please refer to that policy provision for an explanation of that coverage.

COVERAGE	LIMIT OF INSURANCE
Collapse	Included
Damage To Non-Owned Buildings From Theft, Burglary Or Robbery	Coverage B Limit
Debris Removal	25% of covered loss
Equipment Breakdown	Included
Fire Department Service Charge	\$5,000
Fire Extinguisher Systems Recharge Expense	\$5,000
Glass Expenses	Included
Increased Cost Of Construction And Demolition Costs (applies only when buildings are insured on a replacement cost basis)	10%
Newly Acquired Business Personal Property (applies only if this policy provides Coverage B - Business Personal Property)	\$100,000
Newly Acquired Or Constructed Buildings (applies only if this policy provides Coverage A - Buildings)	\$250,000
Ordinance Or Law - Equipment Coverage	Included
Preservation Of Property	30 Days

# SECTION I - EXTENSIONS OF COVERAGE - LIMIT OF INSURANCE - EACH COMPLEX

The coverages and corresponding limits shown below apply separately to each complex as described in the policy.

COVERAGE	LIMIT OF INSURANCE
Accounts Receivable On Premises Off Premises	\$50,000 \$15,000
Arson Reward	\$5,000
Forgery Or Alteration	\$10,000
Lock Replacement	\$5,000
Money Orders And Counterfeit Money	\$1,000
Outdoor Property	\$5,000
Personal Effects (applies only to those premises provided Coverage B - Business Personal Property)	\$2,500
Personal Property Off Premises	\$15,000
Pollutant Clean Up And Removal	\$10,000
Property Of Others (applies only to those premises provided Coverage B - Business Personal Property)	\$2,500
Signs	\$2,500
Tenant Move Back Expenses	\$15,000
Valuable Papers And Records On Premises Off Premises	\$10,000 \$5,000

ST-0308-0000

# SECTION I - EXTENSIONS OF COVERAGE - LIMIT OF INSURANCE - PER POLICY

The coverages and corresponding limits shown below are the most we will pay regardless of the number of described premises shown in these Declarations.

LIMIT OF COVERAGE INSURANCE

Employee Dishonesty \$25,000

Loss Of Income And Extra Expense Actual Loss Sustained - 24 Months

#### **SECTION II - LIABILITY**

COVERAGE	LIMIT OF INSURANCE
Coverage L - Business Liability	\$1,000,000
Coverage M - Medical Expenses (Any One Person)	\$5,000
Damage To Premises Rented To You	\$300,000
AGGREGATE LIMITS	LIMIT OF INSURANCE
Products/Completed Operations Aggregate	\$2,000,000
General Aggregate	\$2,000,000

Each paid claim for Liability Coverage reduces the amount of insurance we provide during the applicable annual period. Please refer to Section II - Liability in the Coverage Form and any attached endorsements.

Your policy consists of these Declarations, the BUSINESSOWNERS COVERAGE FORM shown below, and any other forms and endorsements that apply, including those shown below as well as those issued subsequent to the issuance of this policy.

# **FORMS AND ENDORSEMENTS**

CMP-4101 CMP-4864 CMP-4500 CMP-4807 CMP-4502 CMP-4503.1 FE-6999.3 CMP-4746.1 CMP-4260.1 CMP-4261 CMP-4261 CMP-4506.2 CMP-4710 CMP-4828 FE-1313	Businessowners Coverage Form *Building Ordinance or Law Cov Apartment Endorsement Lock Replacement Tenant Move Back Expenses Heating Air Cond Loss Reimburs Terrorism Insurance Cov Notice Hired Auto Liability Amendatory Endorsement-CA Amendatory Endorsement Loss of Income & Extra Expense Employee Dishonesty Extra Replacement Cost Form 438bfu NS Lndr Loss Pay
	•
FD-6007	Inland Marine Attach Dec
	* New Form Attached

# **SCHEDULE OF ADDITIONAL INTERESTS**

Interest Type: Mortgagee Endorsement #: N/A Loan Number: 21435

WEISS INVESTMENTS, A CALIFORNIA LIMITED PARTNERSHIP C/O RTI PROPERTIES, INC 19300 S HAMILTON AVE STE 210 GARDENA CA 90248-4404

This policy is issued by the State Farm General Insurance Company.

### **Participating Policy**

You are entitled to participate in a distribution of the earnings of the company as determined by our Board of Directors in accordance with the Company's Articles of Incorporation, as amended.

In Witness Whereof, the State Farm General Insurance Company has caused this policy to be signed by its President and Secretary at Bloomington, Illinois.

Lynne M. Yourll
Secretary

President

Thomas Couley

#### **IMPORTANT NOTICE:**

California law requires us to provide you with information for filing complaints with the State Insurance Department regarding the coverage and service provided under this policy.

Your agent's name and contact information are provided on the front of this document. Another option is to reach out by mail or phone directly to:

State Farm<sup>®</sup> Executive Customer Service PO Box 2320 Bloomington IL 61702 Phone # 1-800-STATEFARM (1-800-782-8332)

Department of Insurance complaints should be filed only after you and State Farm or your agent or other company representative have failed to reach a satisfactory agreement on a problem.

California Department of Insurance Consumer Services Division 300 South Spring Street Los Angeles, CA 90013 Phone # 1-800-927-HELP (4357) or visit www.insurance.ca.gov/01-consumers

The limit of liability for this structure (Coverage A) is based on an estimate of the cost to rebuild your residential structure, including an approximate cost for labor and materials in your area, and specific information that you have provided about your residential structure.

#### STATE FARM GENERAL INSURANCE COMPANY

A STOCK COMPANY WITH HOME OFFICES IN BLOOMINGTON, ILLINOIS INLAND MARINE ATTACHING DECLARATIONS

Po Box 2915 Bloomington IL 61702-2915

Named Insured

M-23-6297-FA3C F W

WESLEY, JAMES 1600 4TH AVE LOS ANGELES CA 90019

Policy Number 92-J9-S889-6				
Policy Period 12 Months The policy period I time at the premise	Effective Date MAY 31 2022 begins and ends at 1 es location.	Expiration Date MAY 31 2023 2:01 am standard		



# ATTACHING INLAND MARINE

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 for 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.

**Annual Policy Premium** 

Included

The above Premium Amount is included in the Policy Premium shown on the Declarations.

Your policy consists of these Declarations, the INLAND MARINE CONDITIONS shown below, and any other forms and endorsements that apply, including those shown below as well as those issued subsequent to the issuance of this policy.

#### Forms, Options, and Endorsements

**Inland Marine Conditions** FE-8739 Amendatory Endorsement FE-6271 FE-8745 Inland Marine Computer Prop

See Reverse for Schedule Page with Limits

Prepared AUG 31 2022 FD-6007

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# **ATTACHING INLAND MARINE SCHEDULE PAGE**

#### ATTACHING INLAND MARINE

ENDORSEMENT NUMBER	COVERAGE		LIMIT OF NSURANCE	DEDU( AMOU	– – –	ANNUAL PREMIUM
FE-8745	Inland Marine Computer Prop Loss of Income and Extra Expense	\$ \$	10,000 10,000	\$	500	Included Included

UG 31 2022

# **IMPORTANT NOTICE Anti-Fraud Disclosure**



For your protection California law requires notification of the following disclosure:

Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

553-4370 CA

ST-

# THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

# CMP-4864 ORDINANCE OR LAW (Business – California)

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

LOSS OF INCOME AND EXTRA EXPENSE

Coverage provided under this endorsement applies only if an "X" is shown in the box for that coverage in the Schedule below.

#### SCHEDULE

X	A. Loss In Value Coverage	
X	B. Increased Cost And Demo	olition Coverage
	X 10 Percent	☐ 50 Percent
	☐ 25 Percent	☐ 100 Percent

# A. Loss In Value Coverage

- 1. In the event of damage by a Covered Cause Of Loss to a building, that is Covered Property, we will pay for the loss in value of the undamaged portion of the building as a consequence of enforcement of any "ordinance or law" that requires demolition of undamaged parts of the same building. However, we will not pay
  - a. Any cost of demolishing or clearing the site of undamaged portions of the covered building: or
  - **b.** Any increased cost to repair, rebuild, replace, or remodel the building caused by enforcement of any "ordinance or law".
- 2. When there is a loss in value of an undamaged portion of a building to which this Loss In Value Coverage applies, the loss payment for that building, including damaged and undamaged portions, will be the lesser of:
  - a. The actual cash value of the building as of the time of loss if the covered building property is not repaired, rebuilt, or replaced;
  - b. The amount you actually spend to repair, rebuild or replace the building if the covered building property is repaired, rebuilt, or replaced on the same or another premises, but not more than a building of the same height, floor area,

- and style on the same or similar premises as the damaged building; or
- c. The Limit Of Insurance shown in the Declarations as applicable to the covered building.
- 3. The terms of this Loss In Value Coverage apply separately to each building to which the policy applies.

### B. Increased Cost And Demolition Coverage

- 1. In the event of damage by a Covered Cause Of Loss to a building that is Covered Property, we will pay the:
  - a. Increased costs incurred to:
    - (1) Repair, rebuild, or replace damaged parts of that property; or
    - (2) Rebuild or remodel undamaged parts of that property, whether or not demolition is required;

when the increased costs are a consequence of enforcement of the minimum requirements of the "ordinance or law".

However, this coverage, for increased costs, applies only if the repaired, rebuilt, replaced, or remodeled property is intended for similar occupancy as the current property, unless such occupancy is not permitted by an "ordinance or law".

If you elect to rebuild at another premises, we will pay the increased cost which would have been incurred had the building been repaired, rebuilt, replaced, or remodeled at the described premises.

However, if the "ordinance or law" requires relocation to another premises, we will pay the increased cost incurred at the new premises; and

- b. Cost to demolish and clear the site of undamaged parts of the same building, as a consequence of enforcement of any "ordinance or law" that requires demolition of such undamaged property.
- 2. We will not pay for:
  - a. Any loss in value for an undamaged portion of a building caused by enforcement of any "ordinance or law"; or
  - **b.** The increased cost:
    - Until the property is actually repaired, rebuilt, replaced, or remodeled, at the described or another premises; and
    - (2) Unless the repairs, rebuilding, replacement, or remodeling are made within two years after our payment of the actual cash value of the property subject to the replacement cost coverage. We may extend this period in writing during the two years.
- 3. The most we will pay under this Increased Cost And Demolition Coverage, for each described premises insured under SEC-TION I — PROPERTY, is the lesser of:
  - a. The amount you actually spend:
    - (1) For the increased cost to repair, rebuild, replace, or remodel the building at the described or another premises in the same general vicinity if relocation is required by any "ordinance or law", but not more than a building of the same height, floor area, and style on the same or similar premises as the damaged building; and
    - (2) To demolish and clear the site of the undamaged parts of the building at the described premises caused by enforcement of any "ordinance or law"; or

b. The percentage for Increased Cost And Demolition Coverage, as shown in the Schedule above, applied to the Limit Of Insurance applicable to that damaged building as shown in the Declarations.

If a damaged building is covered under a blanket Limit Of Insurance which applies to more than one building, then the most we will pay, is the amount determined by applying the percentage, as shown in the Schedule above, to the risk amount shown in our records as of the most recent Declarations applicable to that damaged building.

The amount we pay under this Increased Cost And Demolition Coverage is in addition to the applicable Limit Of Insurance.

- 4. The amount payable, as stated in Paragraph 3. above, is not subject to Paragraph e.(4)(a)iii. under Loss Payment of SECTION I CONDITIONS.
- 5. The following will amend the Loss Of Income And Extra Expense endorsement if Loss Of Income And Extra Expense is shown in the Declarations:

Paragraph **6.** under the Loss Of Income And Extra Expense Definitions, is replaced by the following:

- **6.** "Period of restoration":
  - a. Means the period of time that:
    - (1) Begins immediately after the time of accidental direct physical loss caused by any Covered Cause Of Loss at the described premises; and
    - (2) Ends on the earlier of:
      - (a) The date when the property at the described premises should be repaired, rebuilt, or replaced with reasonable speed and similar quality; or
      - **(b)** The date when business is resumed at a new permanent location.

b. Does not include any increased period required due to the enforcement of any "ordinance or law" that requires any insured or others to test for, monitor, clean up, remove, contain, treat, detoxify or neutralize, or in any way respond to or assess the effects of "pollutants".

The expiration date of this policy will not cut short the "period of restoration".

- C. The following apply to both Loss In Value Coverage and Increased Cost And Demolition Coverage provided by this endorsement:
  - 1. We will not pay for:
    - a. Loss due to any "ordinance or law" that:
      - (1) You were required to comply with before the loss, even when the building was undamaged; and
      - (2) You failed to comply with;
    - b. The enforcement of any "ordinance or law" which requires the demolition, repair, rebuilding, replacement, remodeling or remediation, of property due to contamination by "pollutants", or due to the presence, growth, proliferation,

- spread or any activity of "fungi", wet or dry rot, virus, bacteria or other microorganism; or
- c. Any costs associated with the enforcement of any "ordinance or law" which requires any insured or others to test for, monitor, clean up, remove, contain, treat, detoxify or neutralize, or in any way respond to, or assess the effects of "pollutants", "fungi", wet or dry rot, virus, bacteria or other microorganism.
- 2. The coverage provided by this endorsement is not subject to the terms of the Ordinance Or Law Exclusion, to the extent that such Exclusion would conflict with the provisions of this endorsement.
- 3. "Ordinance or law" as referred to in this endorsement, means any ordinance or law that is in force at the time of loss and regulates the demolition, repair, rebuilding, replacement, or remodeling of buildings or establishes zoning or land use requirements at:
  - **a.** The described premises; or
  - **b.** Another premises, if such ordinance or law requires relocation.

All other policy provisions apply.

CMP-4864

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STATE FARM GENERAL INSURANCE COMPANY

A STOCK COMPANY WITH HOME OFFICES IN BLOOMINGTON, ILLINOIS DECLARATIONS AMENDED MAY 31 2022

Po Box 2915 Bloomington IL 61702-2915

Mortgagee

M-23-6297-FA3C F W

002602 3123
WEISS INVESTMENTS, A
CALIFORNIA LIMITED PARTNERSHIP
C/O RTI PROPERTIES, INC
19300 S HAMILTON AVE STE 210
GARDENA CA 90248-4404

Policy Number 92-J9-S889-6

Policy Period Effective Date MAY 31 2022 MAY 31 2023
The policy period begins and ends at 12:01 am standard time at the premises location.

Named Insured

WESLEY, JAMES

ST-0105-0001

# -իքկենյութույին կիրհան իկրակն կվորդիկների

Loan # 21435

# **Apartment Policy**

**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 for 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.

Entity: Individual

Reason for Declarations: Your policy is amended MAY 31 2022

BLDG ORDINANCE/LAW COVERAGE ADDED

FORM CMP-4864 ADDED

Endorsement Premium Increase

\$ 272.00

This policy includes building code upgrade coverage of \$ 150,000. Refer to the Important Notice for possible terms, limits, conditions, or restrictions.

Prepared AUG 31 2022 CMP-4000

AUG 31 2022

# **DECLARATIONS (CONTINUED)**

# Apartment Policy for WEISS INVESTMENTS, A Policy Number 92-J9-S889-6

# **SECTION I - PROPERTY SCHEDULE**

Location Number	Location of Described Premises	Limit of Insurance* Coverage A - Buildings	Limit of Insurance*  Coverage B - Business Personal Property	
001	3670 GREENFIELD AVE LOS ANGELES CA 90034-7025	\$ 1,500,000	\$ 1,000	

<sup>\*</sup> As of the effective date of this policy, the Limit of Insurance as shown includes any increase in the limit due to Inflation Coverage.

# **SECTION I - INFLATION COVERAGE INDEX(ES)**

Inflation Coverage Index: 240.8

#### **SECTION I - DEDUCTIBLES**

Basic Deductible \$5,000

**Special Deductibles:** 

Employee Dishonesty \$250 Equipment Breakdown \$2,500 Lock Replacement \$100

Other deductibles may apply - refer to policy.

022052

# Apartment Policy for WEISS INVESTMENTS, A Policy Number 92-J9-S889-6



# SECTION I - EXTENSIONS OF COVERAGE - LIMIT OF INSURANCE - EACH DESCRIBED PREMISES

The coverages and corresponding limits shown below apply separately to each described premises shown in these Declarations, unless indicated by "See Schedule." If a coverage does not have a corresponding limit shown below, but has "Included" indicated, please refer to that policy provision for an explanation of that coverage.

COVERAGE	LIMIT OF INSURANCE
Collapse	Included
Damage To Non-Owned Buildings From Theft, Burglary Or Robbery	Coverage B Limit
Debris Removal	25% of covered loss
Equipment Breakdown	Included
Fire Department Service Charge	\$5,000
Fire Extinguisher Systems Recharge Expense	\$5,000
Glass Expenses	Included
Increased Cost Of Construction And Demolition Costs (applies only when buildings are insured on a replacement cost basis)	10%
Newly Acquired Business Personal Property (applies only if this policy provides Coverage B - Business Personal Property)	\$100,000
Newly Acquired Or Constructed Buildings (applies only if this policy provides Coverage A - Buildings)	\$250,000
Ordinance Or Law - Equipment Coverage	Included
Preservation Of Property	30 Days

Prepared AUG 31 2022 CMP-4000

Page 3 of 7

# <u>SECTION I - EXTENSIONS OF COVERAGE - LIMIT OF INSURANCE - EACH COMPLEX</u>

The coverages and corresponding limits shown below apply separately to each complex as described in the policy.

COVERAGE	LIMIT OF INSURANCE
Accounts Receivable On Premises Off Premises	\$50,000 \$15,000
Arson Reward	\$5,000
Forgery Or Alteration	\$10,000
Lock Replacement	\$5,000
Money Orders And Counterfeit Money	\$1,000
Outdoor Property	\$5,000
Personal Effects (applies only to those premises provided Coverage B - Business Personal Property)	\$2,500
Personal Property Off Premises	\$15,000
Pollutant Clean Up And Removal	\$10,000
Property Of Others (applies only to those premises provided Coverage B - Business Personal Property)	\$2,500
Signs	\$2,500
Tenant Move Back Expenses	\$15,000
Valuable Papers And Records On Premises Off Premises	\$10,000 \$5,000

JG 31 2022

# Apartment Policy for WEISS INVESTMENTS, A Policy Number 92-J9-S889-6



ST-0305-0001

# SECTION I - EXTENSIONS OF COVERAGE - LIMIT OF INSURANCE - PER POLICY

The coverages and corresponding limits shown below are the most we will pay regardless of the number of described premises shown in these Declarations.

LIMIT OF COVERAGE INSURANCE

Employee Dishonesty \$25,000

Loss Of Income And Extra Expense Actual Loss Sustained - 24 Months

# **SECTION II - LIABILITY**

COVERAGE	LIMIT OF INSURANCE
Coverage L - Business Liability	\$1,000,000
Coverage M - Medical Expenses (Any One Person)	\$5,000
Damage To Premises Rented To You	\$300,000
AGGREGATE LIMITS	LIMIT OF INSURANCE
Products/Completed Operations Aggregate	\$2,000,000
General Aggregate	\$2,000,000

Each paid claim for Liability Coverage reduces the amount of insurance we provide during the applicable annual period. Please refer to Section II - Liability in the Coverage Form and any attached endorsements.

Prepared AUG 31 2022 CMP-4000

# DECLARATIONS (CONTINUED)

Apartment Policy for WEISS INVESTMENTS, A Policy Number 92-J9-S889-6

Your policy consists of these Declarations, the BUSINESSOWNERS COVERAGE FORM shown below, and any other forms and endorsements that apply, including those shown below as well as those issued subsequent to the issuance of this policy.

#### FORMS AND ENDORSEMENTS

CMP-4101	Businessowners Coverage Form
CMP-4864	*Building Ordinance or Law Cov
CMP-4500	Apartment Endorsement
CMP-4807	Lock Replacement
CMP-4502	Tenant Move Back Expenses
CMP-4503.1	Heating Air Cond Loss Reimburs
FE-6999.3	Terrorism Insurance Cov Notice
CMP-4746.1	Hired Auto Liability
CMP-4260.1	Amendatory Endorsement-CA
CMP-4261	Amendatory Endorsement
CMP-4506.2	Loss of Income & Extra Expense
CMP-4710	Employee Dishonesty
CMP-4828	Extra Replacement Cost
FE-1313	Form 438bfu NS Lndr Loss Pay
FD-6007	Inland Marine Attach Dec
	* New Form Attached

This policy is issued by the State Farm General Insurance Company.

**Participating Policy** 

You are entitled to participate in a distribution of the earnings of the company as determined by our Board of Directors in accordance with the Company's Articles of Incorporation, as amended.

In Witness Whereof, the State Farm General Insurance Company has caused this policy to be signed by its President and Secretary at Bloomington, Illinois.

Lynne M. Yourll
Secretary

President

Thomas Conley

# Apartment Policy for WEISS INVESTMENTS, A Policy Number 92-J9-S889-6

**IMPORTANT NOTICE:** 

California law requires us to provide you with information for filing complaints with the State Insurance Department regarding the coverage and service provided under this policy.

Your agent's name and contact information are provided on the front of this document. Another option is to reach out by mail or phone directly to:

State Farm<sup>®</sup> Executive Customer Service PO Box 2320 Bloomington IL 61702 Phone # 1-800-STATEFARM (1-800-782-8332)

Department of Insurance complaints should be filed only after you and State Farm or your agent or other company representative have failed to reach a satisfactory agreement on a problem.

California Department of Insurance Consumer Services Division 300 South Spring Street Los Angeles, CA 90013 Phone # 1-800-927-HELP (4357) or visit <u>www.insurance.ca.gov/01-consumers</u>

The limit of liability for this structure (Coverage A) is based on an estimate of the cost to rebuild your residential structure, including an approximate cost for labor and materials in your area, and specific information that you have provided about your residential structure.

ST-0405-0 **92-J9-S889-6** M 22052

#### STATE FARM GENERAL INSURANCE COMPANY

A STOCK COMPANY WITH HOME OFFICES IN BLOOMINGTON, ILLINOIS INLAND MARINE ATTACHING DECLARATIONS

Po Box 2915 Bloomington IL 61702-2915

Named Insured

M-23-6297-FA3C F W

WESLEY, JAMES

Policy Number	nber 92-J9-S889-6			
Policy Period 12 Months The policy period betime at the premise	Effective Date MAY 31 2022 Degins and ends at as societion.	Expiration Date MAY 31 2023 2:01 am standard		



# ATTACHING INLAND MARINE

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 for 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.

**Annual Policy Premium** 

Included

The above Premium Amount is included in the Policy Premium shown on the Declarations.

Your policy consists of these Declarations, the INLAND MARINE CONDITIONS shown below, and any other forms and endorsements that apply, including those shown below as well as those issued subsequent to the issuance of this policy.

#### Forms, Options, and Endorsements

**Inland Marine Conditions** FE-8739 Amendatory Endorsement FE-6271 FE-8745 Inland Marine Computer Prop

See Reverse for Schedule Page with Limits

Prepared AUG 31 2022 FD-6007

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# **ATTACHING INLAND MARINE SCHEDULE PAGE**

# ATTACHING INLAND MARINE

ENDORSEMENT	COVERAGE		LIMIT OF		CTIBLE	ANNUAL
NUMBER			INSURANCE		NT	PREMIUM
FE-8745	Inland Marine Computer Prop Loss of Income and Extra Expense	\$ \$	10,000 10,000	\$	500	Included Included

NG 31 2022