

**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 GENERAL INSURANCE COMPANY**  
PO Box 853907  
Richardson TX 75085-3907  
A Stock Company with Home Offices in  
Bloomington, Illinois.

71-Q2-8555-7                      **Policy Number**

**Named Insured and Mailing Address**

GARCIA, JAIME T  
4031 WEIK AVE  
BELL, CA 90201-3433

For your protection California law requires the following to appear on this form: 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.

The Policy Period begins and ends at 12:01 a.m. Standard Time at the residence premises.

03/09/2021    **Effective Date**  
                    **12months-Policy Period**  
03/09/2022    **Expiration of Policy Period**

**Limit of Liability - Section 1**

\$ 369,800      Dwelling (Coverage A)

**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.

**Policy Type**

Homeowners Policy  
Dwell Repl Cost - Similar Construction  
Increase Dwlg Up to \$73,960 - Option ID

**Deductibles - Section 1** \$500  
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. Other deductibles may apply - refer to your policy.

**Location of Premises**

4031 WEIK AVE  
BELL, CA 90201-3433

**Policy Premium**              \$1,032.00

**Forms, Options, & Endorsements**

FP-7955.CA	HOMEOWNERS POL	OPT JF	J&F 2500/5000
LSP A1	SMLR CONST-A	LSP B1	LMT RPLC COST-B
OPT ID	COV A-INCR DWLG	OPT OL	BLD ORD/LAW-25%
FE-3422	HO-W POL END	FE-3247	AMENDATORY END
FE-1386	STATE OF EMERG		

**Agent Name & Address**

GARCIA, ENRIQUE  
0659975  
3026 E. FLORENCE AVENUE  
HUNTINGTON PARK, CA  
90255-5828 (323)588-1411

Loan Number:

Prepared:              January 11, 2022

559-916.5

8576

Agent's Code

**MORTGAGEE COPY**

**PREMIUM NOTICE  
STATE FARM INSURANCE COMPANIES  
AGENT ISSUED DECLARATIONS**

<b>POLICY NUMBER</b>	<b>BILLING PERIOD</b>	<b>AGENT CODE</b>
71-Q2-8555-7	FROM 03/09/2021   TO 03/09/2022	8576

**LOCATION**

4031 WEIK AVE  
BELL, CA 90201-3433

**INSURED**

GARCIA, JAIME T  
4031 WEIK AVE  
BELL, CA 90201-3433

**PREMIUM \$ 1,032.00**

**AMOUNT PAID** SFPP

**AMOUNT DUE** SFPP

**DATE DUE**

Loan Number:

**AGENT NAME & ADDRESS**

GARCIA, ENRIQUE  
0659975  
3026 E. FLORENCE AVENUE  
HUNTINGTON PARK, CA  
90255-5828 (323)588-1411

This is the only notice you will receive. Please make check payable to **STATE FARM** and return it with this notice to the address shown below. Your canceled check is your receipt. Thanks for letting us serve you.

**STATE FARM INSURANCE COMPANIES**  
PO Box 650436  
Dallas, TX 75265-0436