

# 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  
1555 Promontory Circle  
Greeley, CO 80638-0001  
A Stock Company with Home Offices in Bloomington, Illinois.

## Named Insured and Mailing Address

HENNING, AMY  
985 N ALBION ST # 705  
DENVER, CO 80220

86-CY-F830-6 Policy Number

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

06/30/2018

Effective Date

12 months - Policy Period

06/30/2019

Expiration of Policy Period

**Limit of Liability - Section 1**  
Personal Property (Coverage B)  
\$30,000

**Limit of Liability - Section 2**  
Personal Liability (Coverage L) each occurrence  
\$300,000

Medical Payments (Coverage M) each occurrence  
\$5,000

**Policy Type**

Renters Policy

**Location of Premises**

985 N ALBION ST # 705  
DENVER, CO 80220

**Forms, Options, & Endorsements**

H4 2106 Renters Policy

**Mortgagee & Addl. Interests**

**Agent Name & Address**  
Beake, Chip  
Chip Beake Insurance Agcy Inc  
106 E Olive St  
FORT COLLINS, CO 80524-2861  
(970)482-1936

Prepared: 06-25-2018  
559-916.5

Agent's Code:2644  
LANDLORD/LEASING AGENT  
COPY

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

<b>POLICY NUMBER</b> 86-CY-F830-6	<b>BILLING PERIOD</b> FROM 06/30/2018 TO 06/30/2019	<b>AGENT CODE</b> 2644
--------------------------------------	--	---------------------------

**LOCATION**  
985 N ALBION ST # 705  
DENVER, CO 80220

**INSURED**  
HENNING, AMY  
985 N ALBION ST # 705  
DENVER, CO 80220

<b>PREMIUM</b>	\$	198.00
<b>AMOUNT PAID</b>	\$	0.00
<b>CREDIT AMOUNT</b>	\$	196.00
<b>AMOUNT DUE</b>	\$	2.00
<b>DATE DUE</b>		07/22/2018

**MORTGAGEE & ADDL. INTERESTS**

**AGENT NAME & ADDRESS**  
Beake, Chip  
106 E Olive St  
FORT COLLINS, CO 80524-2861  
(970)482-1936

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**  
2700 South Sunland Drive  
Tempe, AZ 85282-3387

**Renters Policy**

**DECLARATIONS**

**Named Insured:** HENNING, AMY  
**Policy Number:** 86-CY-F830-6

**Mortgage & Addl. Interests (cont.)**

9TH AVENUE (DENVER) RESIDENTIAL I, LLC  
985 N ALBION ST  
DENVER, CO 80220