## **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,
A Stock Company with Home Offices in Bloomington,

.sionill

applicable provisions of this policy.

86-CY-F830-6 Policy Number
Named Insured and Mailing Address

HENNING, AMY

(970)482-1936		
FORT COLLINS, CO 80524-2861		
106 E Olive St		
Chip Beake Insurance Agcy Inc		
Beake, Chip		
Agent Name & Address	dl. Interests	Mortgagee & Ad
	H4 2106 Renters Policy	
	Forms, Options, & Endorsements	
		DENNEK' CO 8
		985 N ALBION S
		Location of Pren
Policy Premium \$198.00		
may apply - refer to your policy.	occurrence Renters Policy	Policy Type
deducted from the amount of the loss. Other deductibles	Medical Payments (Coverage M) each	000'9\$
deductible will be applied per occurrence and will be	occurrence	000 34
ALL LOSSES In case of loss under this policy, the	Personal Liability (Coverage L) each	9300,000
Deductibles - Section 1 \$500	- Section 2	Limit of Liability
	Personal Property (Coverage B)	000'08\$
required by law.	- Section 1	Limit of Liability
will give you and the Mortgagee/Lienholder written notice in compliance with the policy provisions or as	Expiration of Policy Period	<del></del>
succeeding policy period. If this policy is terminated, we	12 months - Policy Period	6102/05/90
subject to the premiums, rules and forms in effect each	Effective Date	07.07/06/00
12 months, this policy will be renewed automatically		06/30/2018
Automatic Renewal - If the Policy Period is shown as	l begins and ends at 12:01 a.m. the residence premises.	te emiT bashast2
i the state of the	m c t0.01 te abge bge ggipad l	noined voilod adT
		DENNEB' CO 8
	90 <i>L</i> # T	985 N ALBION S

Agent's Code: 2644
Copy
Copy
Copy

Prepared: 06-25-2018 559-916.5

## PREMIUM NOTICE STATE FARM INSURANCE COMPANIES AGENT ISSUED DECLARATIONS

5644	FROM 06/30/2018 TO 06/30/2019	86-CY-F830-6
AGENT CODE	BILLING PERIOD	POLICY NUMBER

DENVER, CO 80220 985 N ALBION ST # 705 LOCATION

MORTGAGEE & ADDL. INTERESTS

07/22/2018	<b>BUG BTAG</b>
2.00	\$ <b>BUG TNUOMA</b>
00.961	\$ СВЕРІТ АМОЛИТ
00.0	\$ <b>GIA9 TNUOMA</b>
00.891	\$ МUМЭЯЧ

## **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

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

## **DECLARATIONS**

Renters Policy

Mortgage & Addl. Interests (cont.)

DENVER, CO 80220 985 N ALBION ST 995 N ALBION ST