

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
PO BOX 88049
Atlanta GA 30356-9901

A Stock Company with Home Offices in Bloomington, Illinois.

09-BJ-M549-2	Policy Number
Named Insured and Mailing Address Collins, Ben 5204 Kansas Ave Nw Washington, DC 20011-6606	
The Policy Period begins and ends at 12:01 a.m. Standard Time at the residence premises. 10/11/2020 Effective Date 12 months - Policy Period 10/11/2021 Expiration of Policy Period	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.
Limit of Liability - Section 1 \$10,500 Personal Property Limit of Liability - Section 2 \$100,000 Personal Liability \$1,000 Medical Payments to Others Policy Type Renters	Deductibles - Section I \$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. Earthquake:
Location of Premises 5204 Kansas Ave Nw Washington, DC 20011-6606	Policy Premium \$ 173
Forms, Options, & Endorsements H4-2109 Renters Policy	
Mortgagee & Addl. Interests	Agent Name & Address Timothy LaCasse 617 Penn Ave SE Washington, DC 20003-4334 (202)548-4229