

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.	Effective Date 12 months - 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.
10/11/2020		
10/11/2021	Expiration of Policy Period	
Limit of Liability - Section 1		
\$10,500	Personal Property	
Limit of Liability - Section 2		
\$100,000	Personal Liability	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.
\$1,000	Medical Payments to Others	Earthquake:
Policy Type	Renters	Policy Premium \$173
Location of Premises		
5204 Kansas Ave Nw Washington, DC 20011-6606		
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