

Mailing Address:

P.O. Box 17478, Irvine, CA 92623-7478 Customer Service: 1-888-205-8118 M-F 6:30am PST to 5:30pm PST

Confirmation

Notice Date:

5136081

# Interested Party: Dwell

| Name and Address of Insured:                                     |            | Additional Insured(s):   |   |
|--|------------|--|---|
| BRYAN SWAGERTY<br>7029 E PALM LN #1<br>SCOTTSDALE, AZ 85257-2725 |            |  |   |
|  |            | Any new resident must be added to the policy in order to be eligible for coverage. Residents can be added or removed by logging onto http://www.eRenterPlan.com  |   |
| Mailing Address:   |            | Policyholder Contact Information:  |   |
|  |            | Telephone #: 480-459-7302  |   |
|  |            | Email Address: brya  | ntee@gmail.com                            |
| Policy Summary:  |            | Insurance Company:   |   |
| Policy Number:   | 0038098408 | Insurance Company:   | American Modern Home Insurance<br>Company |
| Effective Date: 05/10/2014 12:53 PM CST                          |            |  | company                                   |
| Coverage   | Limit      |  |   |
| Personal Property Coverage                                       | \$30,000   | Claims (Toll Free):  | 1-800-375-2075                            |
| Additional Living Expenses                                       |            | NAIC#:   | 23469                                     |
| Personal Liability Coverage                                      | \$100,000  | Agent:   | LeasingDesk Insurance Services            |
| Medical Payments to Others                                       | \$1,000    | Lic#:  | 110934                                    |
| Deductible:  | \$250      |  |   |
| Optional Coverages:  |            | Premium Installments: Your credit/debit card will be debited Monthly for your period premium installments. The debit will occur on or about the following dates: 01/26/2015, 02/23/2015, 03/26/2015, 04/25/2015, 05/26/2015, 06/25/2015, 07/26/2015, 08/26/2015, |   |

#### **Important Information**

Unless otherwise provided, this policy contains a \$1,000 deductible for all Wind and Hail losses.

# **Insuring Agreement:**

Your complete policy will be mailed to you via U.S. Mail within 15 days. The policy is your contract for insurance, not the Insurance Election Form or this Confirmation of Insurance. Please review all information closely for accuracy when received. The information given here is only a summary of coverage to be provided to you by this policy.

## **Policy Cancellation:**

Your policy will NOT automatically terminate when you move-out. You must inform us of your cancellation in writing to avoid any further premium being billed to you or deducted from your account. You may also cancel your policy on-line at http://www.eRenterPlan.com.

### **Notice of Cancellation:**

Your leasing office or apartment community manager may be notified of any notice of cancellation or non-renewal of your policy.

### **Premium Installment Charges:**

If you have chosen to have your periodic premium installment payments debited from your bank account or credit card, please note that these periodic installments will be charged to your account roughly 7 to 14 days prior to your installment due date. This is for your protection and allows us sufficient time to notify you in writing in the event your account is closed or your credit card is declined by your issuing bank.

Revised 09/2005 Form: COI-001