AMICA MUTUAL INSURANCE COMPANY

LINCOLN, RHODE ISLAND

Page 1 of 2

COINSURANCE CONTRACT DECLARATIONS

HOMEOWNERS POLICY NO. HO 39-001234-5

NAMED INSURED AND MAILING ADDRESS

POLICY PERIOD: 12:01 A.M., Standard Time at the residence premises

John A. Smith and Jane B. Smith 456 Orchard Lane Lincoln, RI 02865

From: March 25, 2023 To: March 25, 2024

County in which premises is located Providence County

The residence premises covered by this policy is located at the above address unless otherwise stated:

COVERAGE IS PRO	VIDED WHERE A PREMIUM	OR LIMIT OF LIABILITY IS SHOWN FOR THE	COVERAGE
Section I Coverages	Limit of Liabilit	ty	Premium
A. Dwelling	\$ 689,000	Basic Policy	\$ 1,712.00
B. Other Structures	\$ 68,900		\$
C. Personal Property	\$ 516,750	SELECTED COVERAGES	\$ 2.00
D. Loss of Use	\$ 137,800		\$
Section II Coverages			\$
E. Personal Liability	\$ 500,000	TOTAL PREMIUM	\$ 1,714.00
	Each Occurrence		
F. Medical Payments to Others	\$ 1,000		
	Each Person		

COINSURANCE CONTRACT

DEDUCTIBLE-SECTION I: \$1,500

Roof Year: 2015

MULTI-LINE CREDIT NEW/REM. HOME CREDIT AGE OF ROOF CREDIT

Special State Provisions:

Section II - Other insured locations: N/A

AS REQUESTED, THE PREMIUM BILL HAS BEEN SENT TO YOUR MORTGAGEE.

Mortgagee

LoanCare

This policy shall not be valid unless countersigned by our authorized agent or representative.

Authorized Representative

AMICA MUTUAL INSURANCE COMPANY LINCOLN, RHODE ISLAND

CONTINUATION OF DECLARATIONS FOR HOMEOWNERS POLICY NO.

NAMED INSURED AND ADDRESS

John A. Smith and Jane B. Smith, 456 Orchard Lane, Lincoln, RI 02865

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N/A

Form and Endorsements made part of this policy at time of issue:

Form: HO 00 03 05 11 SPECIAL FORM

Endorsement(s):

- HO 32 32 01 21 SPECIAL PROVISIONS -
- DL 25 55 04 06 IDENTITY FRAUD EXPENSE COVERAGE
- HO 04 16 10 00 PREMISES ALARM OR FIRE PROTECTION SYSTEM
 - FIRE ALARM: SMOKE DETECTOR(S)
 - BURGLAR ALARM: LOCAL (NOT POLICE/CENTRAL STATION)
 - SPRINKLERS: NO
- HO 04 84 06 12 LIMITED WATER BACK UP AND SUMP DISCHARGE OR OVERFLOW TOTAL LIMIT OF LIABILITY \$5,000
- HO 04 90 05 11 PERSONAL PROPERTY REPLACEMENT COST LOSS SETTLEMENT
- HO 04 98 05 11 REFRIGERATED PROPERTY COVERAGE
- HO 32 01 06 05 SPOUSE ACCESS -
- HO 32 20 06 12 SPECIFIED ADDITIONAL AMOUNT OF INSURANCE FOR COV A-DWELLING-ADDITIONAL AMOUNT OF INSURANCE 25%