

## Landlord Dwelling Policy

**Named Insured and Mailing Address**

LOUIS OLAVE  
LEAH O OLAVE  
195 COVEY RD  
WESTFORD, VT 05494-9524  
SOUNDFX13@GMAIL.COM

**Your Agency's Name and Address**

AMWINS ACCESS INSURANCE  
1410 ROCKY RIDGE DR STE 335  
ROSEVILLE, CA 95661

**Residence Premises**

195 COVEY RD  
WESTFORD, VT 05494-9524

**Mortgagee Name and Address**

1. UNITED WHOLESALE MORTGAGE LLC  
ISAOA/ATIMA  
PO BOX 202028  
FLORENCE, SC 29502-2028  
LOAN NUMBER: 1221904829

**Policy Information**

<b>Your Policy Number</b>	610917708 653 1	<b>For Policy Service</b>	1.530.274.3102
<b>Your Account Number</b>	610917708	<b>For Claim Service</b>	1.800.252.4633

**Your Insurer:** TRAVELERS PERSONAL INSURANCE COMPANY  
a subsidiary or affiliate of The Travelers Indemnity Company  
One Tower Square, Hartford, CT 06183

The policy period is from December 21, 2022 at 12:01 A.M. STANDARD TIME to December 21, 2023 at 12:01 A.M. STANDARD TIME at the residence premises.

<b>Total Premium for this Policy:</b>	<b>\$1,140.00</b>
This is not a bill. The mortgagee will be billed separately for this policy.	

**Discounts**

The following discounts reduced your premium:

Loss Free	Good Payer	Fire Protective Device
Water Protective Device		

<b>Savings Reflected in Your Total Premium:</b>	<b>\$309.00</b>
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**Coverages and Limits of Liability****Property Coverage Section**

	<b>Limit</b>
Coverage A – Dwelling	\$431,000
Coverage B – Other Structures	\$43,100
Coverage C – Household Furnishings	\$2,198
Coverage D – Loss of Use	\$43,100

## Liability Coverage Section

	Limit
Coverage E – Premises Liability (each occurrence)	\$500,000
Coverage F – Medical Payments to Others (each person)	\$5,000

## Deductibles

Peril Deductible	Deductible
Property Coverage Deductible (All Other Perils)	\$1,000
Windstorm or Hail Deductible	\$2,500

*In case of loss under the Property Coverage Section, only that part of the loss over the applicable deductible will be paid (up to the coverage limit that applies).*

## Additional Coverages

*The limit shown for each of the Additional Coverages is the total limit for each loss in that category.*

### Property – Additional Coverages

	Limit
Debris Removal (Additional % of damaged covered property limit)	5%
Trees, Shrubs and Other Plants (5% of Coverage A - Dwelling Limit)	Per Tree \$500 Per Loss \$21,550
Fire Department Service Charge	\$500
Loss Assessment	\$1,000
Ordinance or Law (10% of Coverage A - Dwelling Limit)	\$43,100
Limited Fungi or Other Microbes Remediation	\$10,000

*The applicable policy deductible applies unless otherwise noted.*

### Liability – Additional Coverages

	Limit
Loss Assessment	\$1,000
Limited Fungi or Other Microbes Liability Coverage	
Coverage E – Aggregate Limit of Liability	\$50,000
Coverage F – Sub Limit of Liability	\$5,000

*Please review your policy for other Personal Property Special Limits of Liability and Additional Coverages that may apply.*

## Optional Coverages and Packages

Optional Coverages	Endorsement	Limit	Premium
Windstorm or Hail Deductible	HQ-313 CW (05-17)		Included*
Additional Replacement Cost Protection Coverage 25% of Coverage A - Dwelling Limit	HQ-420 CW (11-18)	\$107,750	Included*

Named Insured LOUIS OLAVE  
LEAH O OLAVE

Policy Number 610917708 653 1

Policy Period December 21, 2022 to December 21, 2023

Issued On Date November 1, 2022

## Optional Coverages and Packages (continued)

Optional Packages	Endorsement	Limit	Premium
<b>Roof and Siding Matching Package</b>			Included*
Matching of Undamaged Roof Surfacing Additional Coverage	HQ-700 CW (05-18)	\$10,000	
Matching of Undamaged Siding Additional Coverage	HQ-701 CW (05-18)	\$10,000	

**\*Note:** The additional cost or premium reduction for any optional coverage or package shown as "Included" is contained in the Total Policy Premium Amount.

## Required Forms and Endorsements Included in Your Policy:

**Form: 653**

Policy Quick Reference	HQ-T88 CW (05-17)
Agreement, Definitions & Policy Conditions	HQ-D88 CW (05-17)
Property Coverage Section	HQ-P53 CW (11-18)
Liability Coverage Section	HQ-L88 CW (08-20)
Signature Page	HQ-S99 CW (05-17)
Limited Fungi or Other Microbes Liability Coverage	HQ-829 CW (05-17)
Special Provisions - Vermont	HQ-300 VT (08-21)
Additional Benefits	HQ-860 CW (08-18)

**The Declarations along with the Optional Coverages, Optional Packages and Required Forms and Endorsements listed above form your Landlord Dwelling Insurance Policy.**  
**Please keep these documents for reference.**

## Information About Your Property

There are many factors that determine the premium on your policy, some of which are displayed below. If you would like a policy review, please contact your agent or Travelers Representative.

Year Built: 2010	Garage Type: Attached	Pool: No
# of Families: 1 Family	Square Footage: 3100	Age of Roof: 12
# of Stories: 2.5	Construction Type: Frame	Roof Material Type: Asphalt-Fiberglass
# of Bathrooms: 2	Siding Type: Clapboard	
# of Employees:	Foundation Type: Basement	
Garage - Number of Cars: 2	Finished Basement: Yes	

Issued on 11-01-2022

## For Your Information

For information about how Travelers compensates independent agents and brokers, please visit [www.Travelers.com](http://www.Travelers.com) or call our toll free telephone number 1-866-904-8348. You may also request a written copy from Marketing at One Tower Square, 2GSA, Hartford, Connecticut 06183.

We want to make sure we are using accurate information to rate your policy. Because you are the most familiar with your home we need your help to make sure that the information on your Declarations is accurate and complete. If any of the information on your Declarations has changed, appears incorrect or is missing, please advise your agent or Travelers representative. We also need you to check our website at [www.mytravelers.com/discounts](http://www.mytravelers.com/discounts) to ensure that you are receiving all of the discounts for which you are eligible. Once at the website, type in your policy number 6109177086531 and product code QH2 to view all available discounts. Should you have any questions about the information on your Declarations or your discounts, please call your agent or Travelers representative.

We have increased the coverage limit on your home by 9.500% to reflect the estimated cost to rebuild your home. This increase is based on information we received from CoreLogic, an independent firm specializing in construction costs. Each home is unique and you know your home best. Your coverage amount may need to be adjusted, higher or lower, based on your home's specific construction details, updates or upgrades. Have you recently made any home improvements, such as upgraded your kitchen or bath, or completed a finished living area in your basement? Have you added an extra room or built a deck? These changes can significantly increase the replacement cost value of your home. It is important to make sure your policy affords appropriate coverage and limits to reflect your home's replacement cost value in the event of a total loss. If you disagree with your coverage limit, please contact your Travelers representative or agent who can work with you to help you decide the appropriate amount of insurance for your home and process any necessary adjustments.

SPECIAL WINDSTORM DEDUCTIBLE APPLIES: SEE ENDORSEMENT HQ-313.

#### GENERAL POLICY RATING INFORMATION:

Agt Cd: 0CKK53	Sub-Agt:	Commissions	\$	%
Terr:	Trans Type: RENEW	Comm-HO:	171.00	.150
Prot Cls: 9	Trans Prem: 1,140.00	Comm-Endt:	0.00	.000
ITV %: 1.000	SPCCase :	Comm-PLUS:	0.00	.000
PSO Ind: AGCYSVC	EDI Copy: No	Comm-VI:	0.00	.000
Rate Plan: C	FRMPREM: 0	Comm-HO Bus:	0.00	.000
TRANSID:	LEADSTG: 0			
TRANTYP:	YRSPRGM: 0			
ORGCHG:	TRANSPREM: 0.00			