



High Value Homeowners Policy

Declarations

Your Agent

Undercode
5623 Hwy 72 W
Calhoun Falls, SC 29628
123-123-1231
747290200

Your Declarations summarizes your coverage and premium. Please read your policy, any attached forms and endorsements and your Declarations for a full description of your coverage.

NAME & ADDRESS OF INSURED

Dillon Atkinson
440 Inglewood Dr
Santa Rosa, CA 95407

Policy Number	HO119140200
Policy Period	10/30/2023 To 10/30/2024 at 12:01 AM Standard Time
Issuing Company	Privilege Underwriters Reciprocal Exchange 800 Corporate Drive, Suite 420 Fort Lauderdale, FL 33334 888-813-7873

LIABILITY COVERAGE	COVERAGE LIMIT
Personal Liability	\$300,000
Medical Payments to Others	\$25,000

INSURED LOCATION	TYPE OF INSURED LOCATION
440 Inglewood Dr Santa Rosa, CA 95407	Homeowner

COVERAGE	COVERAGE LIMIT
Dwelling	\$1,500,000
Other Structures	\$300,000
Contents	\$750,000
Loss of Use	300,000
Location Premium	\$7,849

DEDUCTIBLE

All Other Peril	\$5,000 per covered loss
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FORMS & ENDORSEMENTS

The following forms and endorsements are attached for the location.

NAME	FORM NUMBER	EDITION DATE
Home Owners Declarations Page	PHVH-DEC-CA-001	05/01/2019
OFAC Notice	PURE-DSC-GEN-001	08/01/2015
Consumer Services Notice - California	PURE-DSC-CA-001	08/01/2019
Additional Insured	PHVH-END-GEN-034	04/01/2018
California Residential Property Insurance Bill of Rights and Claim Reporting Disclosure	PHVH-DSC-CA-003	12/01/2019
High Value Homeowners Policy	PHVH-PCF-CA-001	04/01/2021
Fraud and Cyber Defense Coverage	PHVH-END-GEN-029	03/01/2021
Designated Additional Person Notice - CA	PHVH-END-CA-001	07/01/2016
Additional Insured	PHVH-END-GEN-046	02/01/2020
Additional Interests	PHVH-013-GEN	07/01/2010
Additional Insured	PHVH-012-GEN	03/01/2008
Basic Earthquake Extension for Dwellings - California	PHVH-020-CA	06/01/2013
Loss Payable Clause	PHVH-026-GEN	07/01/2010
Extended Replacement Cost Coverage - California	PHVH-END-CA-007	04/01/2019
Fire and Lightning Extension for Landscaping	PHVH-END-GEN-025	07/01/2016
Workers Compensation Residence Employees - California	PHVH-063-CA	06/01/2013
California Earthquake Coverage	PHVH-RETRO-CA	06/01/2013
Discount Notice		
Privacy Notice	PURE-038-GEN	03/01/2014
Important Notice Regarding Flood Insurance	PHVH-043-GEN	03/01/2008

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MORTGAGEE INFORMATION

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440 Inglewood Dr

Santa Rosa, CA 95407

Loan Number 10000

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CREDITS & SURCHARGES

Major Renovation Surcharge	No
Year Built	2000
Vacancy Surcharge	No
Central Reporting Burglar Alarm Credit	Yes
Central Reporting Fire Alarm Credit	Yes
Guard Gated Community Credit	No
External Perimeter Security Protection Credit	No
Gas Leak Detector Credit	No
Lightning Protection System Credit	No
Residential Sprinkler System Credit	No
Full Time Live-in Caretaker Credit	No
24 Hour Signal Continuity Protection Credit	No
Year Renovated	
Sprinkler System with Water Flow Alarm Credit	No
External Perimeter Gate Credit	No
Low Temperature Monitoring Device Credit	No
Permanently Installed Generator Credit	No
Water Leak Detection System with Master Shut Off	None
Automatic Seismic Shut-Off Valve Credit	No
Gated Community Patrol Service Credit	No
Exterior Sprinkler Credit	No
Ember Resistant Venting Credit	No
Protection Class	1
No Eaves or Enclosed Eaves Credit	No
Annual Brush Removal Contract Credit	No
Permanently Installed Wildfire Spray System Credit	No
Portable Fire Break System Credit	No
Monitored Heat Sensors Credit	No
Shelter-in-Place Credit	No
Jewelry and Art Companion Credit	No
Auto Companion Credit	No
Excess Companion Credit	No
PURE Marketing Group Credit	N/A
Construction Type	Reinforced Poured Concrete
LEED® Certified Home Credit	No
Flood Zone	PRP - B/C/X
Seasonal Surcharge	No
Rented to Others Surcharge	No
Minor Renovation Surcharge	No

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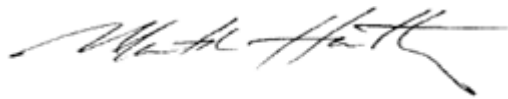
Workers Compensation Schedule of Employees				
Class	Description	No. of Employee	Rate per Employee	Premium
0910	Less than full time classification	1	\$100	\$100
0912	Full time Outside Residence Employee working 10 or more hours per week	0	\$286	\$0
0913	Full time Inside Residence Employee working 20 or more hours per week	0	\$464	\$0

Total Premium	\$7,849
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Surplus Contribution	\$785
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Grand Total	\$8,634
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YOU WILL BE BILLED SEPARATELY FOR ANY PREMIUM DUE.



Authorized Company Representative



Additional Insured

This endorsement changes the policy. Please read it carefully.

Schedule

Name and Address of Person or Organization:

Mariko
440 Inglewood Dr
Santa Rosa, CA 95407

SECTION I – DEFINITIONS

It is agreed and understood that an **insured** is extended to include the person or organization named in the Schedule above, but only for the coverages provided under **SECTION III – LIABILITY COVERAGE** and only for **bodily injury** or **property damage** arising out of the ownership, maintenance or use of the following location:

10000

CANCELLATION AND NONRENEWAL NOTIFICATION

If we decide to cancel or not to renew this policy, the person or organization named in the Schedule will be notified in writing.

This endorsement is issued as part of Policy **HO119140200**. Except as it expressly states, it does not (i) modify any of the terms and provisions of the policy, (ii) modify any prior endorsements, (iii) extend the Policy Expiration Date, or (iv) increase the Amount of Insurance. To the extent a provision of the policy or a previous endorsement is inconsistent with an express provision of this endorsement, this endorsement controls. Otherwise, this endorsement is subject to all of the terms and provisions of the policy and of any prior endorsements.