

High Value Homeowners Policy

Declarations

Your Agent

McGriff Insurance Services, Inc. 7701 Airport Center Drive Suite 1800 Greensboro, NC 27409 (800) 320-9006 94685600

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

John W Kirk III C. Shireen Kirk 110 Franklin Rd 9th Floor Roanoke, VA 24011

Policy Number

Policy Period Issuing Company HO249686100

06/07/2024 To 06/07/2025 at 12:01 AM Standard Time

Privilege Underwriters Reciprocal Exchange

800 Corporate Drive, Suite 420 Fort Lauderdale, FL 33334

888-813-7873

INSURED LOCATION

INSURED LOCATION

TYPE OF INSURED LOCATION

Condo/Co-op

3416 Point Chesapeake Way

Unit 3026

Virginia Beach, VA 23451

COVERAGE COVERAGE LIMIT

Dwelling \$110,000
Other Structures \$11,000
Contents \$1,100,000
Loss of Use Reasonable Expenses
Liability \$500,000
Medical Payments \$10,000

Location Premium \$2,808

PHVH-DEC-VA-001 (11/2019) Page 1

High Value Homeowners Policy

Page 3

John W Kirk III C. Shireen Kirk

Policy Number HO249686100

CREDITS & SURCHARGES	
Year Built	2023
Year Renovated	
Protection Class	2
Construction Type	Frame
Flood Zone	PRP - B/C/X
Seasonal Surcharge	Yes
Rented to Others Surcharge	No
Vacancy Surcharge	No
Renovation Surcharge	No
Year Roof Replaced	
Roof Covering Roof Shape	
Central Reporting Burglar Alarm Credit	No
Central Reporting Fire Alarm Credit	No
Guard Gated Community Credit	Yes
Residential Sprinkler System Credit	No
Water Leak Detection System with Master Shut Off	None
Locked or Manned Elevator Credit	
Excess Companion Credit	Yes
Jewelry and Art Companion Credit	Yes
Auto Companion Credit	Yes
24 Hour Doorman	No
Surveillance Camera	
Total Premium	\$2,808
Surplus Contribution	\$0
Grand Total	\$2,808

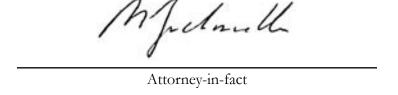
You will be billed separately for any premium due.

Authorized Company Representative

PHVH-DEC-VA-001 (11/2019) Page 3

Privilege Underwriters Reciprocal Exchange

In witness whereof, we have caused this policy to be executed and attested, and if required by state law this policy shall not be valid unless countersigned by our authorized representative.



If you would like to obtain information about your coverage or if you need assistance in resolving an issue relating to your insurance policies with us, please contact us at:

Privilege Underwriters Reciprocal Exchange 44 South Broadway, Suite 301 White Plains, NY 10601 (888) 813-PURE

Please include your name and policy number in any correspondence.