



State Farm Fire and Casualty Company

## Premium Notice Declarations

Premium: \$106.00  
Amount paid: \$0.00  
Credit amount: \$0.00

**Amount due: \$106.00**

**Due date: 11/23/2023**

**Policy number:** 33-LL-5189-3  
**Billing period from:** 11/04/2023  
**to:** 11/04/2024

**State Farm agent**  
**Newton, Danny**

(919)875-1955

**Agent code:** 6338

### Location of residence premises

202 N WEST ST APT 421  
RALEIGH, NC 27603-6184

### Important messages

This is the only notice you will receive. *Your canceled check is your receipt.*

**Please make check payable to State Farm® and return it with this entire page or only the payment slip below.**

When you provide a check as payment, you authorize us either to use the information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. When we use information from your check to make an electronic funds transfer, funds may be withdrawn from your account as soon as the same day we receive your payment, and you will not receive your check back from your financial institution.

**Thanks for letting us serve you!**

559-916.5  
Prepared: 10-23-2023

1000007 2023 127534 223 10-13-2023  
Page 1 of 3

Please cut on line to send payment slip only or fold to send the entire page. Face outward the panel below in a #10 window envelope.

#### Ways to pay

**Online**  
[statefarm.com/pay](https://statefarm.com/pay)

**Mobile**  
State Farm mobile app

**Call**  
1-800-440-0998

**Mail**  
Send us a check

**Agent**  
Visit or call (919)875-1955



**Insured's name:** MCCARTHY, RYAN

**Policy number:** 33-LL-5189-3

*Please make check payable to State Farm.*

**Policy type:** Renters Policy

**Amount due: \$106.00**

**Please pay by 11/23/2023.**

State Farm  
Lender Service Center - Payments  
PO Box 588002  
North Metro, GA 30029-8002

Agent issued  
Prepared: 10-23-2023



Coverage afforded by this policy is provided by:

**State Farm Fire and Casualty Company**  
PO Box 88049  
Atlanta GA 30356-9901

*A Stock Company with Home Offices in Bloomington, Illinois.*

# Declarations

We will provide the insurance described in this policy in return for the premium and compliance with all applicable provisions of this policy.

**Policy number:** 33-LL-5189-3

**Effective date from:** 11/04/2023 **to:** 11/04/2024 **(Policy period - 12 months)**

*The Policy Period begins and ends at 12:01 a.m. Standard Time at the residence premises.*

**Location of residence premises:** 202 N WEST ST APT 421  
RALEIGH, NC 27603-6184

**Named insured and mailing address:** MCCARTHY, RYAN  
202 N WEST ST APT 421  
RALEIGH, NC 27603-6184

## Mortgagee and additional interests

LINK APARTMENTS GLENWOOD SOUTH  
PO BOX 3712  
ALBANY, NY 12203-0712

## Coverages and limits

**Policy type:** Renters Policy

### Limit of Liability - Section I

Coverage	Limit
Personal Property (Coverage C)	\$29,700

### Limit of Liability - Section II

Coverage	Limit
Personal Liability (Coverage E) each occurrence	\$300,000
Medical Payments (Coverage F) each occurrence	\$1,000

## Deductibles

**Section I Deductible:** \$1,000

**All losses** - In case of loss under this policy, the deductible will be applied per occurrence and will be deducted from the amount of the loss. Other deductibles may apply - refer to your policy.

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**Policy premium \$ 106.00**

## Forms and Endorsements

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Inflation Guard

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FP 7144 Renters Policy

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## Automatic renewal

If the Policy Period is shown as 12 months, this policy will be renewed automatically subject to the premiums, rules and forms in effect each succeeding policy period. If this policy is terminated, we will give you and the Mortgagee/Lienholder written notice in compliance with the policy provisions or as required by law.

## State Farm agent

**Newton, Danny**

7810 Middle Poyner Dr Ste 105

RALEIGH, NC 27616-3398

(919)875-1955

Agent code: 6338