

ACME INSURANCE COMPANY

HO DS 01 (Ed. 01 2026)

HOMEOWNERS POLICY DECLARATIONS

DECLARATIONS PAGE

Policy Number: [Policy Number]

Named Insured: [Named Insured]

Mailing Address: [Mailing Address]

Policy Period: From [Effective Date] to [Expiration Date] at 12:01 A.M. standard time at the residence premises.

PROPERTY ADDRESS

Location of Residence Premises: [Property Address]

Description: [Number of Families] family dwelling

Year Built: [Year Built]

Construction Type: [Construction Type]

Protection Class: [Protection Class]

Territory: [Territory Code]

COVERAGE SUMMARY

Coverage A — Dwelling: \$[Amount]

Coverage B — Other Structures: \$[Amount] (10% of Coverage A)

Coverage C — Personal Property: \$[Amount] (50% of Coverage A)

Coverage D — Loss of Use: \$[Amount] (20% of Coverage A)

Coverage E — Personal Liability: \$[Amount] Each Occurrence

Coverage F — Medical Payments to Others: \$[Amount] Each Person

Section I Deductible: \$[Amount]

FORMS AND ENDORSEMENTS

Forms and endorsements applying to this policy:

HO 00 03 01 2026 — Homeowners 3 – Special Form

HO DS 01 01 2026 — Homeowners Policy Declarations

HO 04 10 01 2026 — Additional Interests

HO 04 61 01 2026 — Scheduled Personal Property

HO 04 90 01 2026 — Personal Property Replacement Cost

HO 17 33 01 2026 — Mold, Fungus or Wet Rot Exclusion

IL 00 17 01 2026 — Common Policy Conditions

PREMIUM SUMMARY

Base Premium: \$[Amount]

Endorsement Premiums: \$[Amount]

Discounts Applied: [Discounts]

Total Annual Premium: \$[Amount]

Installment Plan: [Plan Type]