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ALLSTATE INDEMNITY COMPANY

Calendar Date: 02/17/2023

Home Office

Policy Number: 808562502 03/05

Northbrook, Illinois

Insured : SARAH I JACKSON

Address : 8023 PROVINCETOWN DR

City : NORTH CHESTERFIELD

St.: VA Zip

Code: 23235

SECTION I AND II COVERAGES LIMITS

Personal Property Protection: \$15000

NAME/ADDRESS CHANGE

MAILING ADDRESS

First Name: SARAH I Last Name: JACKSON

Suffix and Other Names/Info: Address: 8023 PROVINCETOWN DR

Apt#: Building: PO Box: RR#: Suite:

City: NORTH CHESTERFIELD State: VA Zip: 23235 DBA:

County Code: 021 Reason for Change:

MAILING ADDRESS STANDARDIZED

Conditions respecting Binder - Such insurance as may be bound by this service request:

1. is afforded in reliance by the Company on the statements made by the Insured;
2. shall be effective on the date, and at the time stated, but in no event sooner than such date and time.
3. is subject to the terms, exclusions and conditions of the Company's policy form, and of the forms and endorsements approved for use with such policy.
4. is limited to a period of thirty (30) days, beginning with the effective date hereof and expires at 12:01 A.M. Standard Time with respect to the designated property insurance policy on the last day of such limited period; provided, however, that the Company may sooner terminate such insurance by mailing to the Insured, at the address stated, written notice of rejection of this Service Request.

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THIS REQUEST IS SUBJECT TO POLICY TERMS AND IS EFFECTIVE ONLY IF THE POLICY NOTED
ABOVE IS CURRENTLY IN FORCE

Effective 12 :01 AM 2023-03-05

Policyholder's SignatureWendy T. Carter

Agent/Agency Name

Agent #

29C

Location

(804) 730 - 1688

Agent's Phone #

AR417

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