

DECLARATIONS

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

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.

33-GE-V228-6

Policy Number

Named Insured and Mailing Address

LOBSINGER, STEPHEN K
1326 EDENHURST AVE
CARY, NC 27513-8124

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

08/25/2022

Effective Date

12 months - Policy Period

08/25/2023

Expiration of Policy Period

Limit of Liability - Section I

\$22,000 Personal Property (Coverage C)

Limit of Liability - Section II

\$100,000 Personal Liability (Coverage E) each
occurrence

\$1,000 Medical Payments (Coverage F) each
occurrence

Policy Type Renters Policy

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.

Deductibles - Section I \$500

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.

Policy Premium \$ 94.00

Location of Premises

1326 EDENHURST AVE
CARY, NC 27513-8124

Forms & Endorsements

Inflation Guard

FP 7144 Renters Policy

Mortgagee & Addl. Interests

Agent Name & Address

Vela, Antonio
Antonio Vela Ins Agcy Inc
121 Sherron Rd Ste 106
DURHAM, NC 27703-9515
(919)596-2700

Renters Policy

DECLARATIONS

Named Insured: LOBSINGER,
STEPHEN K

Policy Number: 33-GE-V228-6

Mortgage & Addl. Interests (cont.)

BELL PRESTON RESERVE
PO BOX 115009
CARROLLTON, TX 75011-5009

**PREMIUM NOTICE
STATE FARM INSURANCE COMPANIES
AGENT ISSUED DECLARATIONS**

POLICY NUMBER	BILLING PERIOD	AGENT CODE
33-GE-V228-6	FROM 08/25/2022 TO 08/25/2023	1026

LOCATION

1326 EDENHURST AVE
CARY, NC 27513-8124

INSURED

LOBSINGER, STEPHEN K
1326 EDENHURST AVE
CARY, NC 27513-8124

PREMIUM	\$	94.00
AMOUNT PAID	\$	0.00
CREDIT AMOUNT	\$	94.00
AMOUNT DUE	\$	0.00
DATE DUE		09/15/2022

MORTGAGEE & ADDL. INTERESTS

AGENT NAME & ADDRESS

Vela, Antonio
121 Sherron Rd Ste 106
DURHAM, NC 27703-9515
(919)596-2700

This is the only notice you will receive. Please make check payable to **STATE FARM** and return it with this notice to the address shown below. Your canceled check is your receipt. Thanks for letting us serve you.

**STATE FARM INSURANCE COMPANIES
Lender Service Center - Payments
PO Box 588002
North Metro, GA 30029-8002**