Liberty Mutual 158-14 Northern Blvd Flushing, NY 11358



Chris Kuo Frances Kuo 10 Wasserman Hts Merrimack, NH 03054-4763

Date: August 21, 2014

Dear Chris & Frances,

Please see the enclosed form(s) from Liberty Mutual.

- "Review & Keep" forms for you to file with your insurance documents.
- Certificate of Property Insurance (Binder)

Thank you for insuring with Liberty Mutual. We look forward to providing you with quality coverage and outstanding service.

Sincerely,

Ming Cheung Prudential Financial Professional



Please review and keep with your insurance documents.

Liberty Mutual 158-14 Northern Blvd Flushing, NY 11358 Fax: 1-718-886-3848



CONTACT US

For questions, please call us at 1-718-637-5881.



Liberty Guard Deluxe Homeowner Policy Declarations Liberty Insurance Corporation

FAX:	ATTN:				
POLICY NUMBER:		THESE DE	CLARATIONS EFFE	ECTIVE	
H37-228-242720-40		09/05/2014			
NAME & ADDRESS					
Chris Kuo					
Frances Kuo					
10 Wasserman Hts					
Merrimack, NH 03054-47	763				
RESIDENCE PREMISI	ES INSUREI	D Same as	s Residence		
6913 67th Pl					
Glendale, NY 11385-662	4				
POLICY PERIOD 09	/05/2014 thro	ough 09/05/2015			
RESIDENCE PREMISI	ES				
6913 67th Pl					
Glendale, NY 11385-6624					
SECTION I AND II: COV	VERAGES AN	ND LIMITS UNDE	ER YOUR LIBERTYGUA	ARD HOMEOV	WNERS POLICY
I: COVERAGE A - YOU	R DWELLING	3		\$	296,000
COVERAGE B - OTHER STRUCTURES ON RESIDENCE PREMISES				\$	29,600
COVERAGE C - PERS	ONAL PROPE	ERTY		\$	118,400
COVERAGE D - LOSS	OF USE OF	YOUR RESIDEN	CE PREMISES	\$	59,200
· · · · · · · · · · · · · · · · · · ·					300,000
COVERAGE F - MEDI	CAL PAYME	NTS TO OTHERS	S (EACH PERSON)	\$	1,000
DEDUCTIBLE: LOSSES	COVERED U	NDER SECTION	I ARE SUBJECT TO A I	DEDUCTIBLE	OF \$1,000.
Hurricane Deductible (if app	plicable) 5%		Wind Deductible (if ap	plicable) \$1,00	0
NET PREMIUM: \$960.0	0		PAID IN FULL	YES	
Replacement Cost Coverage	Yes	X No	Expanded Replace	ment Cost	X 25% □ No
Functional Replacement					
Mortgagee 1 CENTRAL LOAN ADMIN & REPOR' Loan #: 81370551 Isaoa / Atima PO Box 202028 Florence, SC 29502-2028	ΓING				
	Dexter R.	Layn			
President	Secretary				
Countersigned by: Step	hen J. UC	Anna			

Date: August 21, 2014



CERTIFICATE (BINDER)	OF PROPERTY INSURAN	CE		
This is to certify that Ch	hris Kuo ances Kuo		is insured for the coverage	
	Name of Police	cyholder(s)		
and Provisions of a		under <u>H37-228-242720-40</u> (Policy number)		
Subject to a deductible of	of <u>\$1,000</u> for a pe (Amount)	eriod of one year from <u>09/05</u> [5/2014 to <u>09/05/2015</u> Date Date	
For property located at	6913 67th Pl			
<u>.</u>	Glendale NY 11385-6624	4		
Hurricane Deductible (if	applicable) 5%	Wind Deductible (if applic	eable) \$1,000	
Annual Premium	\$960.00	PAID IN FULL	YES	
Replacement Cost Cover	age ☐ Yes ☒ No	Endorsement Effective Date	e 09/05/2014	
Expanded Replacement	Cost	Functional Replacement [
Loss, if any, payable to the insured and the "Mortgagee/Loss Payee" Shown below as their interest may appear.		Mail address if different from property address.		
CENTRAL LOAN ADMIN Loan #: 81370551 Isaoa / Atima PO Box 202028 Florence, SC 29502-202		10 Wasserman Hts Merrimack, NH 03054-4	763	

This certification or verification of insurance is not an insurance policy and does not amend, extend or alter the coverage afforded by the policies listed here. Not withstanding any requirement, term or condition of any contract or other document with respect to which this certificate or verification of insurance may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions and conditions of such policies.

Billing Address:

LIBERTY MUTUAL PO BOX 8400

DOVER NH 03821-8400

For mortgage company and loss payee

inquiries call or write: 1-800-409-0733

PO BOX 29017

PHOENIX, AZ 85038

Secretary

Dexter R. Lay

Dated: 08/21/2014 at:

Stephen J. M. Anna

Countersigned **AUTHORIZED REPRESENTATIVE**