

Policy Number _____

Loc.	Prot.	Const.	No. of Families			Situated		Zip Code
Coverages	Loc. No.	A Residence	B Related Private Structures	C Personal Property	D Add'l Living Expense and Loss of Rents			
Amount of Insurance								

Residence Replacement Cost Provision		
Loc. No.	Replacement Cost Applies	Replacement Cost Does Not Apply (Actual Cash Value)

	Premiums Loc.
Fire E.C. Vand.	
Basic Premium	\$

Feet from Fire Hydrant Miles from Fire Department Fire District
 Tenant Occupancy Premium Table Number of Apartments Deductible \$

Subject to following forms and endorsements	Coverage Description	Premium
Total Prepaid Premium \$		Total Annual Premium \$

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