

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			
Limit of Liability								

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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