

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	L Bodily Injury & Property Damage	M Medical Payments Each Person Each Accident	
Limit of Liability								

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

Vandalism Applies (Form FL-1R)		
Loc No.	Yes	No

Feet from Fire Hydrant Deductible \$

Miles from Fire Department Basic Premium: \$

Fire District

	Coverage Description	Premium
Subject to following forms and endorsements		

Total Prepaid Premium \$

Total Annual Premium \$

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