



DECLARATIONS HOMEOWNERS

Replaces all prior Declarations, if any

TOWNHOUSE/CONDOMINIUM OWNERS
FIRE INSURANCE EXCHANGE, LOS ANGELES, CALIFORNIA

TRANSACTION TYPE: NEW BUSINESS

The Policy Period is effective (not prior to time applied for) at described residence premises.

Table with columns: POLICY NUMBER, POLICY PERIOD (FROM, TO, STANDARD TIME), POLICY EDITION. Values: 91726-13-44, 09-01-1999, 09-01-2000, 12:01 A.M., 04

ISSUING OFFICE: P.O. BOX 9073 VAN NUYS, CA 91409

This policy will continue for successive policy periods, if: (1) we elect to continue this insurance, and (2) if you pay the renewal premium for each successive policy period as required by our premiums, rules and forms then in effect.

INSURED'S NAME & MAILING ADDRESS: BRENDAN PEGG, 1007 INSPIRATION WAY, VENTURA CA 93001-3080. LOCATION OR DESCRIPTION OF RESIDENCE PREMISES: (Same as mailing address unless otherwise stated.)

DESCRIPTION OF PROPERTY

Table with columns: YEAR OF CONSTRUCTION, CONSTRUCTION TYPE, ROOF TYPE, NUMBER OF UNITS, OCCUPANCY. Values: 1985, FRAME, ASPHALT COMPOSITION, 004, OWNER

COVERAGES - We provide insurance only for those coverages indicated by a specific limit or other notation.

Table with columns: SECTION I - PROPERTY (A-DWELLING OR MOBILE HOME, B-SEPARATE (OTHER) STRUCTURES, C-PERSONAL PROPERTY, D-LOSS OF USE), SECTION II - LIABILITY (E-PERSONAL LIABILITY, F-MEDICAL PAY TO OTHERS), ANNUAL PREMIUM. Values: NOT COV, NOT COV, \$25,000, \$10,000, \$100,000, \$1,000, \$79.77

ENDORSEMENTS

Table with columns: ENDORSEMENT NUMBER, EDITION NUMBER, DESCRIPTION. Lists various amendments like SPECIAL LIMITS ON SPORTS CARDS, AMENDING DEBRIS REMOVAL COVERAGE, etc.

DISCOUNTS

AUTO/HOME, NON SMOKER, AND HOME SECURITY DISCOUNTS HAVE BEEN APPLIED TO YOUR POLICY.

DEDUCTIBLES

Table with columns: DEDUCTIBLE AMOUNT, DESCRIPTION. Value: \$500, Deductible is applicable to covered losses under Coverage A, B, C.

POLICY ACTIVITY (SUBMIT AMOUNT DUE WITH ENCLOSED INVOICE)

Table with columns: AMOUNT, DESCRIPTION. Values: \$ 79.77 Premium, \$ 10.00 Fees, \$ 89.77 Total DUE. Includes note: ANY 'TOTAL' BALANCE OR CREDIT \$7.00 OR LESS WILL BE APPLIED TO YOUR NEXT BILLING.

This Declarations page is part of your policy. It supersedes and controls anything to the contrary. It is otherwise subject to all other terms of the policy.

AGENT: Lisa Bernard
AGENT PHONE: (805) 654-8382 AGENT NUMBER: 30 22 337

Countersignature
[Signature]
Authorized Representative