

<Company Logo>
<Company Address>

<Line of Business>
<NEW/RENEWAL> BUSINESS
DECLARATION
INSURED COPY

DECLARATION EFFECTIVE:
<XX/XX/XXXX>
DATE ISSUED:
<XX/XX/XXXX>

For customer service, call: (XXX) XXX – XXXX
To report a claim, call: (XXX) XXX - XXXX

POLICY		POLICY PERIOD	
XXXXXXXXXXXX X		<Eff Date>	<Exp Date>
		12:01 AM Standard Time at the Residence Premises	
NAMED INSURED AND ADDRESS:		AGENCY:	XXXXXX
<Named Insured> <Names Insured Address>		AGENT: <Agent Name> <Agent Address> <Agent Phone #>	
<i>If you have any questions about your policy, please contact your agent</i>			
RESIDENCE PREMISES:			
<Insured Risk Address>			

PREMIUM SUMMARY				
Basic Coverages	Attached Endorsements Premium	Scheduled Property Premium	Policy Fees and Surcharges	TOTAL POLICY PREMIUM
\$	\$	\$	\$	\$

POLICY COVERAGES		
	Limit of Liability	Premium
SECTION I – PROPERTY		
Coverage C – Personal Property		
Coverage D – Loss of Use		
SECTION II – LIABILITY		
Coverage E – Personal Liability		
Coverage F – Medical Payments		
POLICY PREMIUM for Section I and Section II above		\$

DEDUCTIBLES (APPLIES TO SECTION I COVERAGES ONLY)

Other Perils: \$XX XX Wind/Hail Deductible: \$XX XX Hurricane Deductible: \$XX XX
<(XX%)> of Coverage <C> <(XX%)> of Coverage <C> <(XX%)> of Coverage <C>

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POLICY NUMBER

POLICY PERIOD

XXXXXXXXXXXXX

<Eff Date>

<Exp Date>

12:01 AM Standard Time
At the residence premises

OPTIONAL COVERAGES AND ENDORSEMENTS

\$

POLICY CREDITS AND CHARGES

\$

RATING INFORMATION:

PRODUCT:

TERRITORY:

ADDITIONAL INSURED(S)

Name & Address:

Name & Address:

Name & Address:

MORTGAGEE(S)/ADDITIONAL INTEREST(S)

First Mortgagee:

Second Mortgagee:

Additional Interest(s):

FORMS AND ENDORSEMENTS APPLICABLE TO THIS POLICY

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THIS POLICY CONTAINS A SEPARATE DEDUCTIBLE FOR HURRICANE LOSSES, WHICH MAY RESULT IN HIGH OUT-OF-POCKET EXPENSES TO YOU.

YOU MAY NEED TO CONSIDER THE PURCHASE OF FLOOD INSURANCE FROM THE NATIONAL FLOOD INSURANCE PROGRAM. WITHOUT THIS COVERAGE, YOU MAY HAVE UNCOVERED LOSSES. PLEASE DISCUSS THESE COVERAGES WITH YOUR INSURANCE AGENT.

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<The amount of premium change due to approved rate increase/decrease is \$ _____.>

<The amount of premium change due to coverage change is \$_____.>

This replaces all previously issued Policy Declarations if any.

Authorized Signature of Texas Licensed Agent