



Stock Deliverables

Declaration

logoispsum 123 Main St
Springfield, MD 12345
80012345678
www.britecore.com
Policy ID: 123456789
Please read your policy closely

PREVIEW DECLARATION (THIS IS NOT A LEGAL COPY)

DECLARATION, Homeowners Form 3 RC

Mail To: John Smith
444 E. Main Street
Springfield, WV 12345

Named Insured(s): John Smith
444 E. Main Street
Springfield, WV 12345

Agency: United Financial Center, LLC
P.O. Box 270
Thomson, WV 26290
Work: (204) 463-4007
Fax: (204) 463-4008

Policy Term Effective Date: 01/25/2020, 12:01 AM Standard Time
Policy Term Expiration Date: 01/25/2021, 12:01 AM Standard Time

The current Declaration replaces all previously issued policy Declarations, if any. Each policy period of one year beginning on the policy effective date and ending on the policy expiration date constitutes the policy period.

This policy applies only to those coverages indicated below for the limit of coverage as shown and for which a premium has been charged. The limit for each coverage shall not be more than the amount stated for such coverage, subject to all the terms and conditions of this policy. Coverage limit column in Section 8 containing "*" means the indicated liability/medical payment limit applies for this limit.

The policy Deductible reflected on this Declaration Page applies to all property coverages unless otherwise stipulated within the policy language. Only one Deductible applies per occurrence.

** Contained in the limit field indicates either limits do not apply or is included in another coverage limit.

Form	Description	Amount	Limit
Coverage A - Dwelling		\$100,000	\$400,000
Coverage B - Other Structures		\$10,000	INC.
Coverage C - Personal Effects		\$50,000	INC.
Coverage D - Additional Living Expense		\$50,000	INC.
Service Line Coverage		\$10,000	\$20,000
Fire Department Service Fee Coverage	Fire Department Service Fee Limit	\$1,000	\$3.00
Coverage L - Professional Liability	(Liability Limit)	\$100,000	\$9.00

Policy Subject to the Following Terms and Endorsements:
PE 11, 2011, RE-147 1-0, Form 3 2-0, RL-0116 01-07, RL-223 6-0, RL-435 1-0, RL-504 1-0, RL-525 1-0, RL-512 06-14, RL-155 1-0, RL-55 2-0, 2009 SCD 2-0, RL-669 10-03, RL-154 1-0

Invoice Date: 04/08/2020
Due Date: 05/07/2020
Policy ID: 123456789
Policy Type: Example Policy

Mail To: John Smith
444 E. Main Street
Springfield, WV 12345

Named Insured(s): John Smith
444 E. Main Street
Springfield, WV 12345

Agency: United Financial Center, LLC
P.O. Box 270
Thomson, WV 26290
Work: (204) 463-4007
Fax: (204) 463-4008

Policy Term Effective Date: 01/25/2019, 12:01 AM Standard Time
Policy Term Expiration Date: 01/25/2020, 12:01 AM Standard Time
Account Activity: Last Received: \$50.00, Date Received: 03-24-2020

Bill Date	Description	Due Date	Amount
Apr 08, 2020	Premium	May 07, 2020	\$100.00
	Dividend Credit		\$100.00
Currently Due:			\$100.00

Insured Premises:
Test House
809 Main
APT 201
Jackson, WV 68111

logoispsum
Invoice Date: 04-08-2020
Due Date: 05-07-2020
Policy ID: 123456789

Mail Check Payable to: Initiative Web Solutions
Oliver St
Suite 101
Springfield, MD 68807

Total Amount Due: \$100.00
Total Payment Enclosed: \$

0000010000000000123456789

Installment Billing Statement

logoispsum 123 Main St
Springfield, MD 12345
80012345678
www.britecore.com
Policy ID: 123456789
Please read your policy closely

INSTALLMENT BILLING STATEMENT - COPY - DO NOT PAY

Mail To: John Smith
444 E. Main Street
Springfield, WV 12345

Named Insured(s): John Smith
444 E. Main Street
Springfield, WV 12345

Agency: Agency #1234567
505 S. Street
Suite 101
Jackson, WV 12345
Work: (444) 444-4444

Policy Term Effective Date: 04/08/2020, 12:01 AM Standard Time
Policy Term Expiration Date: 01/25/2020, 12:01 AM Standard Time
Account Activity: Last Received: \$50.00, Date Received: 03-24-2020

Bill Date	Description	Due Date	Amount
Apr 08, 2020	Premium	May 07, 2020	\$100.00
	Dividend Credit		\$100.00
Currently Due:			\$100.00

Insured Premises:
Test House
809 Main
APT 201
Jackson, WV 68111

logoispsum
Invoice Date: 04-08-2020
Due Date: 05-07-2020
Policy ID: 123456789

Mail Check Payable to: Initiative Web Solutions
Oliver St
Suite 101
Springfield, MD 68807

Total Amount Due: \$100.00
Total Payment Enclosed: \$

0000010000000000123456789

Renewal Billing Statement

logoispsum 123 Main St
Springfield, MD 12345
80012345678
www.britecore.com
Policy ID: 123456789
Please read your policy closely

RENEWAL BILLING STATEMENT - COPY - DO NOT PAY

Mail To: John Smith
444 E. Main Street
Springfield, WV 12345

Named Insured(s): John Smith
444 E. Main Street
Springfield, WV 12345

Agency: Agency #1234567
505 S. Street
Suite 101
Jackson, WV 12345
Work: (444) 444-4444

Policy Term Effective Date: 01/25/2020, 12:01 AM Standard Time
Policy Term Expiration Date: 01/25/2020, 12:01 AM Standard Time
Account Activity: Last Received: \$50.00, Date Received: 03-24-2020

Bill Date	Description	Due Date	Amount
Apr 08, 2020	Premium	May 07, 2020	\$100.00
	Dividend Credit		\$100.00
Currently Due:			\$100.00

Insured Premises:
Test House
809 Main
APT 201
Jackson, WV 68111

logoispsum
Invoice Date: 04-08-2020
Due Date: 05-07-2020
Policy ID: 123456789

Mail Check Payable to: Initiative Web Solutions
Oliver St
Suite 101
Springfield, MD 68807

Total Amount Due: \$100.00
Total Payment Enclosed: \$

0000010000000000123456789

Initial Billing Statement

logoispsum 123 Main St
Springfield, MD 12345
80012345678
www.britecore.com
Policy ID: 123456789
Please read your policy closely

INITIAL BILLING STATEMENT - COPY - DO NOT PAY

Mail To: John Smith
444 E. Main Street
Springfield, WV 12345

Named Insured(s): John Smith
444 E. Main Street
Springfield, WV 12345

Agency: Agency #1234567
505 S. Street
Suite 101
Jackson, WV 12345
Work: (444) 444-4444

Policy Term Effective Date: 01/25/2019, 12:01 AM Standard Time
Policy Term Expiration Date: 01/25/2020, 12:01 AM Standard Time
Account Activity: Last Received: \$50.00, Date Received: 03-24-2020

Bill Date	Description	Due Date	Amount
Apr 08, 2020	Premium	May 07, 2020	\$100.00
	Dividend Credit		\$100.00
Currently Due:			\$100.00

Insured Premises:
Test House
809 Main
APT 201
Jackson, WV 68111

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Invoice Date: 04-08-2020
Due Date: 05-07-2020
Policy ID: 123456789

Mail Check Payable to: Initiative Web Solutions
Oliver St
Suite 101
Springfield, MD 68807

Total Amount Due: \$100.00
Total Payment Enclosed: \$

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Equity Billing Statement

logoispsum 123 Main St
Springfield, MD 12345
80012345678
www.britecore.com
Policy ID: 123456789
Please read your policy closely

EQUITY BILLING STATEMENT - COPY - DO NOT PAY

Mail To: John Smith
444 E. Main Street
Springfield, WV 12345

Named Insured(s): John Smith
444 E. Main Street
Springfield, WV 12345

Agency: Agency #1234567
505 S. Street
Suite 101
Jackson, WV 12345
Work: (444) 444-4444

Policy Term Effective Date: 04/08/2020, 12:01 AM Standard Time
Policy Term Expiration Date: 01/25/2020, 12:01 AM Standard Time
Account Activity: Last Received: \$50.00, Date Received: 03-24-2020

Bill Date	Description	Due Date	Amount
Apr 08, 2020	Premium	May 07, 2020	\$100.00
	Dividend Credit		\$100.00
Currently Due:			\$100.00

Insured Premises:
Test House
809 Main
APT 201
Jackson, WV 68111

logoispsum
Invoice Date: 04-08-2020
Due Date: 05-07-2020
Policy ID: 123456789

Mail Check Payable to: Initiative Web Solutions
Oliver St
Suite 101
Springfield, MD 68807

Total Amount Due: \$100.00
Total Payment Enclosed: \$

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Amended Billing Statement

logoispsum 123 Main St
Springfield, MD 12345
80012345678
www.britecore.com
Policy ID: 123456789
Please read your policy closely

AMENDED BILLING STATEMENT - COPY - DO NOT PAY

Mail To: John Smith
444 E. Main Street
Springfield, WV 12345

Named Insured(s): John Smith
444 E. Main Street
Springfield, WV 12345

Agency: Agency #1234567
505 S. Street
Suite 101
Jackson, WV 12345
Work: (444) 444-4444

Policy Term Effective Date: 01/25/2019, 12:01 AM Standard Time
Policy Term Expiration Date: 01/25/2020, 12:01 AM Standard Time
Account Activity: Last Received: \$50.00, Date Received: 03-24-2020

Bill Date	Description	Due Date	Amount
Apr 08, 2020	Premium	May 07, 2020	\$100.00
	Dividend Credit		\$100.00
Currently Due:			\$100.00

Insured Premises:
Test House
809 Main
APT 201
Jackson, WV 68111


logoispsum
Invoice Date: 04-08-2020
Due Date: 05-07-2020
Policy ID: 123456789

Mail Check Payable to: Initiative Web Solutions
Oliver St
Suite 101
Springfield, MD 68807

Total Amount Due: \$100.00
Total Payment Enclosed: \$

0000010000000000123456789

Quote Summary



123 Main St
Springfield, MO 12345
99912345678
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123 Main St
Springfield, MO 12345
99912345678
www.logoipsum.com

Policy ID: 10-2019-373
Quote Only - Coverage is not provided until Bound

PREVIEW DECLARATION (THIS IS NOT A LEGAL COPY)

QUOTE SUMMARY, HDW Mobile Homeowner Form 2 ACV

Mail To: Hugh Kendall PO Box 777 Thomas, WV 26202	Named Insured(s): Hugh Kendall PO Box 777 Thomas, WV 26202	Agency: United Financial Center, LLC PO Box 576 Thomas, WV 26202 Work: (204) 463-4007 Fax: (204) 463-4008
---	--	---

Policy Term Effective Date: 08/20/2019, 12:01 AM Standard Time
Policy Term Expiration Date: 08/20/2020, 12:01 AM Standard Time

The current Quote Summary replaces all previously issued Quote Summaries, if any. Each policy period of one year beginning on the policy effective date and ending on the policy expiration date would constitute the policy term. This is a quote summary and not a contract. The Declaration Page issued with the application, provided the policy is purchased, will supersede any quote summary previously provided.

This policy applies only to those coverages indicated below for the limit of coverage as shown and for which a premium is reflected. The limit for each coverage shall not be more than the amount stated for all property, subject to all the terms and conditions of this policy. It is issued.


The policy Deductible reflected on this Quote Summary applies to all property coverage unless otherwise stipulated within the actual policy language.

140 Nelson Road - Thomas WV 26202 - Tucker County Property: 1 of 1

Coverage	Amount	Rate
Coverage A - Dwelling	\$25,000	\$408.00
Coverage B - Other Structures	\$2,500	Incl.
Coverage C - Contents	\$10,000	Incl.
Coverage D - Additional Living Expense	\$5,000	Incl.
Coverage E - Fire Department Service Fee Coverage	(\$/Department Service Fee Limit)	\$3.00
Coverage L - Personal Liability	(\$/Policy Limit)	\$20.00
Coverage M - Medical Payments to Others	(\$/Person Limit)	\$5,000
Dogs or Other Animals Limitation-Exclusion	---	\$0.00
Coal Mine Subsidence - Dwelling	\$25,000	\$19.00

Quote Summary Page 1 of 1

Policy Application



123 Main St
Springfield, MO 12345
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123 Main St
Springfield, MO 12345
99912345678
www.logoipsum.com

Application ID: 10-2019-373
Policy Application

PREVIEW DECLARATION (THIS IS NOT A LEGAL COPY)

POLICY APPLICATION, DW Mobile Homeowner Form 2 ACV

Mail To: Hugh Kendall PO Box 777 Thomas, WV 26202	Named Insured(s): Hugh Kendall PO Box 777 Thomas, WV 26202	Agency: United Financial Center, LLC PO Box 576 Thomas, WV 26202 Work: (204) 463-4007 Fax: (204) 463-4008
---	--	---

Policy Term Effective Date: 01/25/2020, 12:01 AM Standard Time
Policy Term Expiration Date: 01/25/2021, 12:01 AM Standard Time
Submission Payment: The first installment of \$882.00 is due on submission.

Coverage is bound on this application and will be for a period of 30 days from the effective date shown on the Quote Summary. Coverage being bound is subject to the collection of premium and the terms, conditions and limitations contained within the policy language of the selected coverage currently being requested. Coverage is conditional on no misrepresentation being made or material facts being withheld as it relates to insurability. If the binder is not replaced by a policy Parhamville Farmers Mutual is entitled to a pro-rata share of the earned premium during the period with which coverage was in effect.


140 Nelson Road - Thomas WV 26202 - Tucker County Property: 1 of 1

Coverage	Amount	Rate
Coverage A - Dwelling	\$25,000	\$200.00
Coverage B - Other Structures	\$2,500	Incl.
Coverage C - Contents	\$25,000	Incl.
Coverage D - Additional Living Expense	\$20,000	Incl.
Fire Department Service Fee Coverage	(\$/Department Service Fee Limit)	\$3.00
Coverage L - Personal Liability	(\$/Policy Limit)	\$20.00
Coverage M - Medical Payments to Others	(\$/Person Limit)	\$5,000
Dogs or Other Animals Limitation-Exclusion	---	\$0.00
Coal Mine Subsidence - Dwelling	\$25,000	\$19.00

Application Subject to the Following Terms and Endorsements:
 78-11-2011, 80-15-1-0, Form 2-2-0, 80-435-1-0, 81-116-01-07, 80-147-1-0, 80-223-6-0, 80-544-1-0, 08-325-1-0, 80WS-1-04-2016, 80-5689-10-03

Policy Number 10-2019-373 Page 1 of 4

Continuation of Coverage - NonPay



123 Main St
Springfield, MO 12345
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123 Main St
Springfield, MO 12345
99912345678
www.logoipsum.com

Policy ID: 10-2019-373
Policy Type: DW Mobile Homeowner Form 2 ACV

PREVIEW DECLARATION (THIS IS NOT A LEGAL COPY)

CONTINUATION OF COVERAGE - NONPAY

Mail To: Zac Phillips PO Box 576 Thomas, WV 26202	Named Insured(s): Hugh Kendall PO Box 777 Thomas, WV 26202	Agency: United Financial Center, LLC PO Box 576 Thomas, WV 26202 Work: (204) 463-4007 Fax: (204) 463-4008
---	--	---

Policy Term Effective Date: 08/20/2019, 12:01 AM Standard Time
Policy Term Expiration Date: 08/20/2020, 12:01 AM Standard Time

This notice is being sent to acknowledge receipt of your policy premium payment with our company. The policy was previously in Non-Pay Cancellation pending status while awaiting receipt of your payment. By returning this notice you are assured that policy number 10-2019-373 carried with our company has been paid and currently in good standing.

In the event the payment for premium is returned for NSF your policy will lapse on the Expiration Date or 10 days after the Due Date if an withdrawal cannot be made as a result of non-payment of premium. There is a fee of \$25.00 for any NSF event and this will be added to your premium due and will be collectible when incurred.

Thank you for allowing us to be of service to you.


President/CEO

Name	Date
Zac Phillips	04/14/2020

Dear Member: As a policyholder you can now access your policy information through our newly created "web portal" or "mobile app" which allows you to perform many functions as if you were being a policyholder. The web portal can be accessed through our website at www.logoipsum.com and the mobile app can be downloaded from the App Store or Google Play. The mobile app is available for Apple and Android devices in the app store under the name Parhamville Ins. Through the web portal and the mobile app you can pay your premium, apply for the auto pay change your payment method, see your documents such as policy, invoice, receipts, policy notices, etc. You can also file a claim, request a change, update profile, contact the company, contact your agent and may even be able to receive your documents electronically, if that method is desired. Everyone who sets up an account either in the web portal or mobile app will be entered into a monthly drawing for a \$50.00 Visa gift card through 8/31/20.

Continuation of Coverage - Nonpay Page 1 of 1

Continuation of Coverage - Other



123 Main St
Springfield, MO 12345
99912345678
www.logoipsum.com

123 Main St
Springfield, MO 12345
99912345678
www.logoipsum.com

Policy ID: 10-2019-373
Policy Type: DW Mobile Homeowner Form 2 ACV

PREVIEW DECLARATION (THIS IS NOT A LEGAL COPY)

CONTINUATION OF COVERAGE - OTHER

Mail To: Zac Phillips PO Box 576 Thomas, WV 26202	Named Insured(s): Hugh Kendall PO Box 777 Thomas, WV 26202	Agency: United Financial Center, LLC PO Box 576 Thomas, WV 26202 Work: (204) 463-4007 Fax: (204) 463-4008
---	--	---

Policy Term Effective Date: 08/20/2019, 12:01 AM Standard Time
Policy Term Expiration Date: 08/20/2020, 12:01 AM Standard Time

This notice is being sent to acknowledge that the issue creating the Notice of Cancellation has been corrected and the cancellation is being rescinded. By returning this notice you are assured that policy number 10-2019-373 carried with our company is currently in good standing. Please contact your agent United Financial Center, LLC or our company if you have any questions.


Thank you for allowing us to be of service to you.

President/CEO

Name	Date
Zac Phillips	04/14/2020

Continuation of Coverage - Other Page 1 of 1

Reminder Notice - Renewal Billing Offer



123 Main St
Springfield, MO 12345
99912345678
www.logoipsum.com

123 Main St
Springfield, MO 12345
99912345678
www.logoipsum.com

Policy ID: 123456789
Policy Type: Example Policy

PREVIEW DECLARATION (THIS IS NOT A LEGAL COPY)

REMINDER NOTICE - RENEWAL BILLING OFFER

Mail To: John Smith 444 E. Main Street Springfield, WV 12345	Named Insured(s): John Smith 444 E. Main Street Springfield, WV 12345	Agency: Agency #1234567 555 S. Street Suite 101 Jackson, WV 12345 Work: (444) 444-4444
--	---	--

Policy Term Effective Date: 08/20/2020, 12:01 AM Standard Time
Policy Term Expiration Date: 08/20/2021, 12:01 AM Standard Time

Please return this with your payment.

Invoice

Invoice Date: 04-08-2020	Due Date: 07-07-2020	Policy ID: 123456789
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Bill To: John Smith


Make Checks Payable to: **Insurance Web Solutions**
Suite 51
Springfield, MO 65807

Total Amount Due: **\$100.00**

Total Payment Enclosed: **\$**

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Endorsement Summary



123 Main St
Springfield, MO 12345
99912345678
www.logoipsum.com

123 Main St
Springfield, MO 12345
99912345678
www.logoipsum.com

Policy ID: 10-2019-373
Policy Type: DW Mobile Homeowner Form 2 ACV

PREVIEW DECLARATION (THIS IS NOT A LEGAL COPY)

ENDORSEMENT SUMMARY

Mail To: John Smith 444 E. Main Street Springfield, WV 12345	Named Insured(s): John Smith 444 E. Main Street Springfield, WV 12345	Agency: Agency #1234567 555 S. Street Suite 101 Jackson, WV 12345 Work: (444) 444-4444
--	---	--

Policy Term Effective Date: 08/20/2019, 12:01 AM Standard Time
Policy Term Expiration Date: 08/20/2020, 12:01 AM Standard Time
Return Premium: \$200.00
Amount Returned: \$50.00
Date Generated: 04/13/2020

A recent change was made to your policy number 10-2019-373. The Endorsement Summary outlines the variances in the before the change and after the change. Please contact your agent (agent name) at Work: (204) 463-4007; Fax: (204) 463-4008 if you have any questions regarding this change. It was effective on 08/20/2019.

President/CEO

Name	Date
Zac Phillips	04/09/2020

Please confirm the first change below:

Item	From	To
Coverage L - Personal Liability (coverage item)	\$100,000.00	\$300,000.00
Coverage M - Medical Payments to Others (coverage item)	\$1,000.00	\$5,000.00

Please confirm the other changes below:

Added the Property property to the 02/20/2019 revision of this policy.
 Zac Phillips is now listed as the Agent on the 02/20/2019 revision of this policy.
 Now listed as the Agent on the 02/20/2019 revision of the 10-2019-373 policy.
 Zac Phillips is now listed as the Creator on the 02/20/2019 revision of this policy.
 Now listed as the Creator on the 02/20/2019 revision of the 10-2019-373 policy.
 Hugh Kendall is now listed as a named insured on the 02/20/2019 revision of this policy.
 Now listed as a named insured on the 02/20/2019 revision of the 10-2019-373 policy.
 As part of the policy type change, all policy items that were associated with the 02/20/2019 revision of this policy before the change have been removed.
 The Fire Department Service Fee Coverage policy coverage item has been added to the 02/20/2019 revision of this policy.
 The Homeowner Liability policy liability item has been added to the 02/20/2019 revision of this policy.

Endorsement Summary Page 1 of 1