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PREVIEW DECLARATION (THIS IS NOT A LEGAL COPY)

**Policy ID: HO413523
 CO-INSURANCE CONTRACT**

DECLARATION, Homeowners

Amended Date: 03/27/2015

Mail To: Named Insured Named Insured Address Springfield, MO 65806	Named Insured(s): Named Insured	Agency: Agent or Agency Agency Address Springfield, MO 65806
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Policy Term Effective Date: 01/29/2015, 12:01AM Standard Time	Policy Term Expiration Date: 01/29/2016, 12:01AM Standard Time
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Your policy is currently on the Annual billing schedule.

Property 1 - Insured's Address - Norlina NC 27563 - Warren County

Property: 1 of 1

Section I	COVERAGE LIMIT	PREMIUM
Coverage A - Dwelling	\$244,000	\$831.00
Coverage B - Other Structures	\$24,400	Incl.
Coverage C - Personal Property	\$170,800	Incl.
Coverage D - Loss of Use	\$48,800	Incl.
Personal Property Replacement Cost	***	\$144.00
Section II	COVERAGE LIMIT	PREMIUM
Coverage E - Liability	\$300,000	\$8.00
Coverage F - Medical Payments	\$2,000	\$3.00
Optional Items	COVERAGE LIMIT	PREMIUM
\$500 ALL Perils Deductible	***	\$0.00
Policy Fee	COVERAGE LIMIT	PREMIUM
Homeowners Policy Fee	***	\$75.00

Coverage Premium: **\$986.00**
 Fees: **\$75.00**
 Total: **\$1,061.00**

Policy Subject to the Following Forms and Endorsements: PP-1 (01-02), HAL-NC-NTP (01-15), HO 00 03 (05 11), HO P 032 (06 12), IL N 001 (09 03), IL P 001 (01 04), HO 32 32 (06 12), HO 32 46 (05 03), HO 04 90 (05 11)

CURTIS D. O'BRIANT 	DATE 03/27/2015
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RATING INFORMATION:

- **Policy Form Selection: *Property 1***
 - Dwelling Type: *Primary Residence*
 - Policy Form and Number of Families: *HO 00 03 - One Family*
- **Homeowners Rating Information: *Property 1***
 - Territory: *Warren (46)*
 - Protection Class: *6*
 - Construction Type: *Masonry Veneer*
- **Coverage A - Dwelling: *Property 1***
 - Limit: \$244,000.00
 - Premium: \$831.00
- **Coverage B - Other Structures: *Property 1***
 - Limit: \$24,400.00
- **Coverage C - Personal Property: *Property 1***
 - Limit: \$170,800.00
 - Replacement Cost - Contents: *Applies*
- **Coverage D - Loss of Use: *Property 1***
 - Limit: \$48,800.00
- **\$500 ALL Perils Deductible: *Property 1***
 - Deductible: \$500.00
- **Application Questions: *Property 1***
- **Underwriting Questions: *Property 1***
- **Prior Coverage/Loss History Questions**
- **General Information Application Questions**

MORTGAGEE(S):

Property 1 - Insured's Address; Norlina NC 27563

- *1st Mortgagee*
 - Crescent Mortgagee Company
 - ISAOA/ATIMA
 - P O Box 28258
 - Atlanta, GA 30358

IMPORTANT NOTIFICATIONS, PLEASE READ

This replaces all previously issued policy declarations, if any. This policy applies only to accidents, occurrences or losses which happen during the policy period. If the policy is written on a continuous basis, each period of one year ending on the annual anniversary date of this policy constitutes a separate policy period. This policy applies only to those coverages for which a limit of liability or premium charge is shown. Our limit of liability for each coverage shall be not more than the amount stated for such coverage, subject to all the terms of this policy.

This policy will be renewed automatically subject to the premiums, rules and forms in effect for each succeeding policy period.

If this policy is terminated, we will give you and the Mortgagee/Leinholder written notice in compliance with the policy provisions or as required by law.

You are hereby advised that you must immediately notify the company of any change concerning this policy, including, but not limited to: a change in ownership, occupancy, or use of the insured property. Your failure to do so may result in loss of insurance coverage herein.

REINSTATEMENT FEE: A \$25.00 charge will apply to your account if your policy with Halifax Mutual Insurance Company has been approved by the "Home Office" to be reinstated for any reason allowed by policy language.

RETURNED PAYMENT FEE: A \$25.00 NSF charge will apply to your account if your check or other payment is returned unpaid by your financial institution.

POLICY FEE: This policy includes a non-refundable policy fee.

MINIMUM PREMIUM: If applicable, a policy writing minimum premium applies.

NOTICE OF RATE CHANGE - NORTH CAROLINA: The premium for this policy **may** reflect changes in rates, applicable to North Carolina, placed into effect under the provisions of Article 36, Chapter 58 of the North Carolina General Statutes.

NOTICE OF DEDUCTIBLE CHANGE: This Declaration **may** contain a deductible change.

Please read your policy carefully and contact your agent at if you have any questions. Thank you



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