



STATEMENT

TRUCK INSURANCE EXCHANGE

° GLENSHIRE DEVONSHIRE RESIDENT
15726 GLENSHIRE DR
TRUCKEE CA 96161-1303

APRIL 15, 2015

Date

95-49-322

Agent's Number

60622-82-65

Policy Number

Loan Number

This Statement Reflects:

Effective Date: 04/14/15

New Business Reinstatement Change Of Coverage Added Coverage

\$		Previous Balance Owing	
\$	17,411.00	Premium	
\$	250.00	Membership, Policy, Reinstatement, Reissue or Service Fees	
\$		Pro Rata Premium Due	
\$		Premium For Renewing Entire Present Coverage From _____ To _____	
\$			
\$			
\$			
\$			
\$			
\$	<u>17,661.00</u>	Total Charges	
\$			
\$		Payments	
\$		Other Credits _____	
\$		Total Credits	
\$	<u>- NONE -</u>	BALANCE DUE UPON RECEIPT	

\$ _____ Optional Amount
\$ _____ Refund

WE WANT TO BE YOUR FIRST CHOICE FOR BUSINESS AND PERSONAL LINES INSURANCE. IF YOU PLACE A PERSONAL LINES POLICY WITH FARMERS YOU MAY BE ELIGIBLE TO RECEIVE A DISCOUNT, CONTACT YOUR AGENT TODAY.

**DO NOT PAY THE AMOUNT DUE
ALL PREMIUM CHARGES OR REDUCTIONS IN PREMIUM WILL BE DIVIDED INTO EQUAL PORTIONS FROM EFFECTIVE MONTH TO THE RENEWAL MONTH AND WILL BE INCLUDED ON YOUR BILLING STATEMENT.**



FARMERS
INSURANCE

TRUCK INSURANCE EXCHANGE
(A RECIPROCAL COMPANY)

Members Of The Farmers Insurance Group Of Companies
Home Office: 6301 Owensmouth Ave., Woodland Hills, CA 91367

**Common Policy
Declarations**

CONDOMINIUM - PREMIER

1. Named Insured	GLENSHIRE DEVONSHIRE RESIDENT	F004933930-001-00001	
Address	15726 GLENSHIRE DR	Account Number	Prod. Count
Mailing Address	TRUCKEE CA 96161-1303	95-49-322	60622-82-65
		Agent No.	Policy Number

The named insured is an individual unless otherwise stated:

Partnership Corporation Joint Venture Organization (Any other)

Type of Business CONDOMINIUM

2. Policy Period from 04/14/15 (not prior to time applied for) to 04/14/16 12:01 a.m. Standard Time

If this policy replaces other coverage that ends at noon standard time of the same day this policy begins, this policy will not take effect until the other coverage ends. **This policy will continue for successive policy periods as follows:** If we elect to continue this insurance, we will renew this policy if you pay the required renewal premium for each successive policy period subject to our premiums, rules and forms then in effect.

This Policy Consists Of The Following Coverage Parts Listed Below And For Which A Premium Is Indicated. This Premium May Be Subject To Change.

	Premium After Applicable Discount and Modification
CONDOMINIUMS OWNERS POLICY	\$13,720.00
DIRECTORS AND OFFICERS LIABILITY COVERAGE PART	\$3,691.00
CERTIFIED ACTS OF TERRORISM - SEE DISCLOSURE ENDORSEMENT	INCLUDED
Total *see Additional Fee Information below	See Invoice Attached

Countersigned _____ (Date) By _____ (Authorized Representative)

Agent: **RICHARD VOTAW**
Agent Phone: **530-583-0294**

TRUCK INSURANCE EXCHANGE

Members Of The Farmers Insurance Group Of Companies
 Home Office: 4680 Wilshire Blvd., Los Angeles, California 90010

Policy Declarations

1. **CONDOMINIUM - PREMIER**
 Named · **GLENSHIRE DEVONSHIRE RESIDENT** F004933930-001-00001
 Insured · Account Number Prod. Count
 Mailing · **15726 GLENSHIRE DR** 95-49-322 60622-82-65
 Address · **TRUCKEE CA 96161-1303** Agent No. Policy Number

The named insured is an individual unless otherwise stated:

Partnership Corporation Joint Venture Organization (Any other)

Type of Business CONDOMINIUM

2. Policy Period from 04/14/15 (not prior to time applied for) to 04/14/16 2:01 a.m. Standard Time
 If this policy replaces other coverage that ends at noon standard time of the same day this policy begins, this policy will not take effect until the other coverage ends. **This policy will continue for successive policy periods as follows:** If we elect to continue this insurance, we will renew this policy if you pay the required renewal premium for each successive policy period subject to our premiums, rules and forms then in effect.

3. Insured location same as mailing address unless otherwise stated:

001 001 SEE ITEM 1. ABOVE

4. We provide insurance only for those coverages described below and for which a specific limit of insurance is shown.

Property	
Coverages And Limits Of Insurance	
COVERAGES	PREMISE NO. 001
BUILDINGS	\$1,400,000
BUSINESS PERSONAL PROPERTY	\$100,000
BUILDING ORDINANCE AND LAW	COV 1 COVERED
	COV 2 \$50,000
	COV 3 \$25,000
SPECIFIED PROPERTY	\$250,000
ASSOCIATION FEE AND EXTRA EXPENSE	\$100,000
AUTOMATIC BUILDING INCREASE	8%
PROPERTY DEDUCTIBLE	\$1,000

Additional Coverages	
Coverage	All Premises
MASTER KEY	\$100/\$10,000
HIRED AUTO LIABILITY	\$2,000,000
NON-OWNED AUTO LIABILITY	\$2,000,000



FARMERS
 INSURANCE

Coverage Extensions - Optional Higher Limits of Insurance Per Occurrence

Coverage	All Premises
ACCOUNTS RECEIVABLE	\$5,000
VALUABLE PAPERS	\$5,000
EDP	\$10,000
NEWLY ACQ PROP OR CONST BLDG	\$250,000
PERS PROP AT NEWLY ACQ PREMISE	\$100,000

Optional Coverages: We provide insurance for those Optional Coverages described below.

Coverage	All Premises
OUTDOOR SIGNS	\$50,000 \$500 DEDUCTIBLE
EMPLOYEE DISHONESTY	\$800,000 \$5,000 DEDUCTIBLE
MONEY AND SECURITIES	\$10,000 \$500 DEDUCTIBLE
OUTDOOR PROPERTY	\$50,000
DIRECTORS & OFFICERS LIABILITY	\$2,000,000EACH CLAIM \$2,000,000ANNUAL AGGREGATE

Liability And Medical Payments - Except for Fire Legal Liability, each paid claim for the following coverage reduces the amount of insurance we provide during the applicable annual period. Please refer to Paragraph D.4. of the Liability Coverage Form.

Coverage	Limits Of Insurance
LIABILITY	\$2,000,000 PER OCC/ \$4,000,000 GEN AGG
MEDICAL EXPENSES	\$5,000 PER PERSON
TENANTS LIABILITY	\$75,000 PER OCCURRENCE

Mortgage Holders:

Premises No.	Mortgage Holder Name, Address

Countersigned _____ By _____
 (Date) (Authorized Representative)