



**Endorsement Declaration  
Personal Home Policy**

**Endorsement reason : Change in Coverage  
Endorsement effective date : 00/00/0000  
Endorsement premium : \$00.00**

( Supercedes any previous declaration bearing the same number for this policy period. )

Policy Number	Policy Period	Coverage Provided By	Agency Code	Producer Code
00000000000	00/00/0000 to 00/00/0000 12:01 a.m. Standard Time	XXXXXXXXXXXXXX	0000	000

Insured Name and Address	Agency Name and Address
<b>ANDY HANKS KATE JOHN 1234 STREET NAME QUEBEC, CA 00000</b>	<b>Insurance Service 0000 Road QUEBEC, CA 00000 (000) 000 0000</b>

Location of Property Insured	Program	Pay Plan	Payor
0000 STREET NAME QUEBEC, CANADA 000 000	XXXXXXXXXXXXXXXXXXXXXX	One Pay	XXXXXXXXXX
<b>Total Policy Premium:</b>			000

Coverage Information					
Property Coverage Section				Liability Coverage Section	
A. RESIDENCE	B. RELATED PRIVATE STRUCTURES	C. PERSONAL PROPERTY	D. ADDITIONAL LIVING COSTS & LOSS OF RENT	L. PERSONAL LIABILITY	M. MEDICAL PAYMENTS
00,000	0,000	00,000	00,000	000,000	0,000
For losses arising under the property section, we will pay only that part of the loss in excess of the deductible(s)					

Rating Information					
DEDUCTIBLE	TERRITORY	CONSTRUCTION	YEAR BUILT	PROTECTION CLASS	
000	0	Frame	0000	0	

Mobile Home Information (if applicable)					
YEAR	MAKE	MODEL	ID / VIN	LENGTH	WIDTH

DISCOUNTS / SURCHARGES	
Alarm Credit	0%
New Home Credit	0%

EXCLUSIONS / RESTRICTIONS / COMMENTS

Additional Interests: Mortgagee, Loss Payee or Other Interests			
TYPE	NAME AND ADDRESS	DESCRIPTION	LOAN NUMBER
XXXXXXXXXX	BANK QC, PO BOX 000 0000000000		
XXXXXXXXXX	BANK PO BOX 598 AMELIA, OH 45102 0000		