



Policy Number: <XXXXXXXXXXXXXXXXXXXX>

For Claims Customer Service: <1-877-505-3040>

For Policy Customer Service: <1-800-262-1780>

<New/Renewal/Amended> Policy Declarations

<Writing Company Name>

<Amendment Reason: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX>

Total Annual Premium:

<\$XXX,XXX>

<Total Pro-Rated Premium Change:>

<\$XXX,XXX>

Insured Information

Named Insured: <Insert Name>
Mailing Address: <123 Any St.>
<Anytown, SS XXXXX>
<Additional Space if Needed>
Issued Date: <mm/dd/yyyy>

Policy Number: <XXXXXXXXXXXXXXXXXXXX>
Policy Period: From: <mm/dd/yyyy> To: <mm/dd/yyyy>
12:01 AM Standard Time at the Described Location
Declarations Effective: <mm/dd/yyyy>

Agent Information

(Please contact your agent if there are any questions pertaining to your policy.)

Agent Name: <Insert Name>
Agent Address: <123 Any St.>
<Anytown, SS XXXXX>
<Additional Space if Needed>

Telephone: <XXX-XXX-XXXX>

Premium Summary

(THIS IS NOT A BILL. You will receive a separate invoice if a premium charge or return is due.)

Payment Plan: <XXXXXXXXXXXX> Bill To: <XXXXXXXXXXXXXXXXXXXX>
Basic Coverages Premium: <\$XXX,XXX> Assessments / Surcharges: <\$XXX,XXX>
Attached Endorsements Premium: <\$XXX,XXX> MGA Fee: <\$XXX,XXX>
Total Policy Premium: <\$XXX,XXX>

# Weston Insurance Company

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**Location Information** **Premises Number: <XXXXX>** **Item Number: <XXXXX>**

Described Location: <123 Any St.> <Additional Location Identification:>  
 <Suite 123>  
 <Anytown, SS XXXXX>

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**Coverage Information**

(Coverage is provided where premium and limit of liability are shown.)

SECTION I COVERAGES	LIMIT	DEDUCTIBLE*	PREMIUM
<Coverage A. Dwelling>	<\$X,XXX,XXX>	} <XX% (\$XXXXX) Per Occ.>	<\$XXX,XXX>
<Coverage B. Other Structures**>	<XX>% of Cov. A		<INCLUDED>
<Coverage C. Personal Property>	<\$X,XXX,XXX>	} <XX% (\$XXXXX) Per Occ.>	<INCLUDED>
<Coverage D. Additional Living Expense>	<\$X,XXX,XXX>	} <NOT APPLICABLE>	<INCLUDED>

<\* In each loss, separate deductibles apply to the Dwelling/Other Structures and Personal Property.>

<\*\*This is not additional insurance and is included within the Cov A. limit. Cannot exceed 10% of Cov. A>

<Your property coverage limits have been adjusted at renewal for inflation.>

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**<3<sup>rd</sup> Party Interest Schedule>**

<<1<sup>st</sup>>

Mortgagee/Additional Interest/Additional Insured Name:>	<Any Lender>	<Loan or Account Number:>	<XXXXXXXXXXXXXXXXXX>
Mortgagee/Additional Interest/Additional Insured Address:>	<123 Any St.>	<Premises Number:>	<XXXXXXXXXXXXXXXXXX>
	<Suite 123>	<Item Number:>	<XXXXXXXXXXXXXXXXXX>
	<Anytown, SS XXXXX>		

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## Rating Information

**Premises Number: <XXXXX>**

**Item Number: <XXXXX>**

Form:	<XXXXX>	Construction:	<XXXXX>	Date Built:	<XXXXX>
Coinsurance:	<XXXXX>	Square Feet:	<XXXXX>	Territory:	<XXXXX>
Occupancy:	<XXXXX>	Number of Families:	<XXXXX>	First Loss:	<XXXXX>
Increased Cost of Construction:	<XXXXX>	of Cov. A Limit		Risk Type:	<XXXXX>

## Windstorm Mitigation

<Location of Risk:>	<XXXXX>	<Building Code:>	<XXXXX>	<Building Code Standard:>	<XXXXX>
<WPI-8 Waiver Surcharge:>	<XXXXX>				

**A premium adjustment of <\$XXXX> is included to reflect the building's wind loss mitigation features or construction techniques that exist.**

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**<Flood Endorsement Schedule>      Premises Number: <XXXXX>      Item Number: <XXXXX>**

<(Coverage is provided where premium and limit of liability are shown.)>

<b>&lt;FLOOD COVERAGES&gt;</b>	<b>&lt;LIMIT&gt;</b>	<b>&lt;DEDUCTIBLE*&gt;</b>	<b>&lt;PREMIUM&gt;</b>
<Flood Coverage A. Building>	<\$X,XXX,XXX>	<\$X,XXX,XXX>	<INCLUDED>
<Flood Coverage B. Personal Property>	<\$X,XXX,XXX>	<\$X,XXX,XXX>	<INCLUDED>

**<\*In each loss from flood, separate deductibles apply to the building and personal property.>**

**<Total Limit of Liability for All Covered Perils>**

<b>&lt;ALL OTHER COVERED PERILS&gt;</b>	<b>&lt;FLOOD PERIL&gt;</b>	<b>&lt;TOTAL LIMIT OF LIABILITY*&gt;</b>
<Coverage A. Dwelling>	<Flood Coverage A. Building>	<\$X,XXX,XXX>
<Coverage B. Other Structures>	<NOT COVERED>	<\$X,XXX,XXX>
<Coverage C. Personal Property>	<Flood Coverage B. Personal Property>	<\$X,XXX,XXX>
<Coverage D. Additional Living Expense>	<NOT COVERED>	<\$X,XXX,XXX>

**<\*The maximum amount of recovery for any loss, whether caused by one or more covered perils.>**

**<Flood Rating Information>**

<b>&lt;Flood Zone:&gt;</b>	<b>&lt;XXXXX&gt;</b>	<b>&lt;Flood Elevation Difference:&gt;</b>	<b>&lt;XXXXX&gt;</b>	<b>&lt;Pre/Post-FIRM:&gt;</b>	<b>&lt;XXXXX&gt;</b>
<b>&lt;Community Number:&gt;</b>	<b>&lt;XXXXX&gt;</b>	<b>&lt;Elevated:&gt;</b>	<b>&lt;XXXXX&gt;</b>		

**<Primary Flood Insurance>**

<The limit of liability stated in the Declarations for the flood peril is based on the flood primary policy limits reported by you and shown below. It is represented by you that the flood primary policy limits reported and shown below are true and correct. You must promptly notify us of any changes made to the flood primary policy limits reported. Regardless of the accuracy or actual existence of the reported flood primary policy limits shown below, we will not pay more than the limit of liability shown in the Declarations, and the flood insurance primary policy limits reported below will be deemed to be in place when determining coverage under this policy.>

<b>&lt;Primary Carrier Name:&gt;</b>	<b>&lt;XXXXXXXXXXXXXXXXXX&gt;</b>	<b>&lt;Building Limit of Liability:&gt;</b>	<b>&lt;\$X,XXX,XXX&gt;</b>
<b>&lt;Primary Policy Number:&gt;</b>	<b>&lt;XXXXXXXXXXXXXXXXXX&gt;</b>	<b>&lt;Personal Property Limit of Liability:&gt;</b>	<b>&lt;\$X,XXX,XXX&gt;</b>

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## Policy Forms and Endorsements Schedule

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<u>Number &amp; Edition</u>	<u>Description</u>	<u>Premises / Item</u>	<u>Premium</u>
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## Important Messages

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<Flood Insurance: You may also need to consider the purchase of flood insurance. Your insurance policy does not include coverage for damage resulting from a flood even if hurricane winds and rain caused the flood to occur. Without separate flood insurance coverage, you may have uncovered losses caused by a flood. Please discuss the need to purchase separate flood insurance coverage with your insurance agent or insurance company, or visit [www.floodsmart.gov](http://www.floodsmart.gov).>

## Countersigned

Date: <mm/dd/yyyy>

Weston Insurance Company

Authorized by:



Agent #: <XXXXXX>  
Agent's Name: <Any Agent>  
Agency's Name: <Any Agency>

By: Michael C. Lyons  
President