

## HOMEOWNERS POLICY

**Named Insured**

MICHAEL SCULLY  
122 WEST 71ST STREET  
APT 5  
NEW YORK NY 10023

**Your Agency's Name and Address**

CORCORAN & HAVLIN INS  
PO BOX 9011  
WELLESLEY, MA 02482

**Your Policy Number:** 978556369 636 1  
**Your Account Number:** 978556369

**For Policy Service Call:** (781) 235-3100  
**For Claim Service Call:** 1-800-CLAIM33

**Policy Period**

FROM: 09-20-16 To: 09-20-17 12:01 A.M.  
STANDARD TIME AT THE RESIDENCE PREMISES

**Location of Residence Premises**

145 ESSEX AVE UNIT 509  
GLOUCESTER MA 01930

**Section I - Property Coverages**

	Limits of Liability	Premium
A - DWELLING	\$ 28,100	INCL
C - PERSONAL PROPERTY	44,900 \$	157.00
D - LOSS OF USE	22,450	INCL

**Section II - Liability Coverages**

E - PERSONAL LIABILITY (BODILY INJURY AND PROPERTY DAMAGE) EACH OCCURRENCE	\$ 500,000	\$ 22.00
F - MEDICAL PAYMENTS TO OTHERS- EACH PERSON	1,000	INCL

**Policy Forms and Endorsements**

HA-6	(06-91)	Homeowners 6 Condominium Unit Owners Form		
HA-300 MA	(04-14)	Special Provisions		
58244	(04-14)	Identity Fraud Expense Coverage	\$	25.00
HA-32	(06-91)	Condominium Unit-Owners or Cooperative Apartment Share-Owners Building Coverage Non Specified Perils	\$	123.00
HA-406	(07-97)	Special Condominium (and Cooperative) Form Provisions		
HA-615	(06-91)	Special Coverage for Personal Property Condo/Co-op Unit and Renters Form		
HO-208	(08-08)	Water Backup Limited Coverage	\$	25.00
HO-828	(12-02)	Limited Fungi, Other Microbes or Rot Remediation		
		Section I - Property Coverage	\$10,000	
		Section II - Aggregate Sublimit	\$50,000	
55621	(12-08)	Homeowners Additional Coverage	\$	22.00
56432	(12-08)	Loss Assessment Coverage Section I & II Non-Specified Perils	\$	30.00
56494	(08-84)	Contents Replacement/Repair Cost Coverage	\$	66.00

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122 WEST 71ST STREET  
Policy Number: 978556369 636 1  
Policy Period: 09-20-16 To: 09-20-17  
Effective Date: 09-20-16

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### Policy Forms and Endorsements (continued)

Total Premium \$ 470.00

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### Your Premium Reflects the Following Credits or State Surcharges

Security Credit	-13.00
Loss Free Credit	-50.00

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**Policy Deductible:** \$ 500.00 All perils insured against

In case of loss under section I, only that part of the loss over the stated deductible is covered.

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### First Mortgagee

WELLS FARGO BANK NA #936  
ISAOA  
PO BOX 100515  
FLORENCE SC 29502  
LOAN NUMBER: 3060014002

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**Your Insurer:** The Standard Fire Insurance Company  
One of The Travelers Property Casualty Companies  
One Tower Square, Hartford, CT 06183

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### For Your Information

For information about how Travelers compensates independent agents and brokers, please visit [www.Travelers.com](http://www.Travelers.com) or call our toll free telephone number 1-866-904-8348. You may also request a written copy from Marketing at One Tower Square, 2GSA, Hartford, Connecticut 06183.

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## For Your Information (continued)

Coverage for your personal property has been increased by 3.0% to more adequately reflect the cost to replace your personal belongings. This adjustment was based on information provided by Marshall & Swift/Boeckh, an independent firm specializing in construction and consumer costs. Please contact your insurance representative if you need to adjust your limits further due to recent modifications, updates, remodeling or you believe the renewal Dwelling Coverage Limit is not appropriate. Your insurance representative can also help with any other policy changes.

Coverage for your condo has been increased by 3.0% to more adequately reflect the cost to rebuild your home. This adjustment was based on information provided by Marshall & Swift/Boeckh, an independent firm specializing in construction and consumer costs. Please contact your insurance representative if you need to adjust your limits further due to recent modifications, updates, remodeling or you believe the renewal Dwelling Coverage Limit is not appropriate. Your insurance representative can also help with any other policy changes.

It is important that the information we used to rate your policy is correct. It is your responsibility to make sure that the information on these Declarations is accurate and complete, including checking that you are receiving all the discounts for which you are eligible. To see a full list of discounts offered, including discounts for having multiple policies with us, protecting your home with safety devices and being claim free, go to [www.travelers.com/discounts](http://www.travelers.com/discounts). Once at the website, type in your policy number 9785563696361 and product code HL1 to view the discounts available. If any of the information on the Declarations has changed, appears incorrect, or is missing, please advise your Travelers agent or representative immediately. Your Travelers agent or representative is also available to review the information on the Declarations with you.

This is not a bill. You will be billed separately for this transaction.

Thank you for insuring with Travelers. We appreciate your business. If you have any questions about your insurance, please contact your agent or representative.

These declarations with policy provisions HA-6 (06-91) and any attached endorsements form your Homeowners Insurance Policy. Please keep them with your policy for future reference.

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### GENERAL POLICY/RATING INFORMATION:

Rate Tier: SPREF	Agt Cd: OCSZ81	Commissions	\$	%
Terr: 00059	Sub-Agt:	Comm-HO:	70.50	.150
Prot Cls: 4	Trans Type: RECI	Comm-Endt:	0.00	.000
#Fam: Condominium	Trans Prem: 470.00	Comm-PLUS:	0.00	.000
#Apts/Unit: 010	SPC Case:	Comm-VI:	0.00	.000
Yr Built: 0000	Pay Ind: 96	Comm-HO Bus:		
Roof Type: OTHER	Eff Dt: 09/20/16			
Constr: Brick-Masonry	BC: 197			
ITV%: .000	SVC Ind: 011			
PSO Ind: A	EDI Copy: YES			
Rate Plan: A	FRMPREM		\$0.00	
TRANSID :	LEADSTG		0.000	
TRANTYP :	YRSPRGM			
ORGCHG : 0.000	TRANSPREM		\$0.00	