

**AMICA MUTUAL INSURANCE COMPANY**  
LINCOLN, RHODE ISLAND

**COINSURANCE CONTRACT  
DECLARATIONS**

**HOMEOWNERS POLICY NO.**

**NAMED INSURED AND MAILING ADDRESS**

**POLICY PERIOD: 12:01 A.M.**, Standard Time at the residence premises

**From:** March 25, 2023  
**To:** March 25, 2024

County in which premises is located

The residence premises covered by this policy is located at the above address unless otherwise stated:

COVERAGE IS PROVIDED WHERE A PREMIUM OR LIMIT OF LIABILITY IS SHOWN FOR THE COVERAGE

Section I Coverages	Limit of Liability		Premium
<b>A. Dwelling</b>	\$ 689,000	<b>Basic Policy</b>	\$ 1,712.00
<b>B. Other Structures</b>	\$ 68,900		\$
<b>C. Personal Property</b>	\$ 516,750	SELECTED COVERAGES	\$ 2.00
<b>D. Loss of Use</b>	\$ 137,800		\$
<b>Section II Coverages</b>			\$
<b>E. Personal Liability</b>	\$ 500,000 Each Occurrence	<b>TOTAL PREMIUM</b>	\$ 1,714.00
<b>F. Medical Payments to Others</b>	\$ 1,000 Each Person		

COINSURANCE CONTRACT

**DEDUCTIBLE-SECTION I :** \$1,500

**Roof Year:** 2015

MULTI-LINE CREDIT  
NEW/REM. HOME CREDIT  
AGE OF ROOF CREDIT

Special State Provisions:

**Section II - Other insured locations:**

AS REQUESTED, THE PREMIUM BILL HAS BEEN SENT TO YOUR MORTGAGEE.

<p><b>Mortgagee</b> LoanCare</p>
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This policy shall not be valid unless countersigned by our authorized agent or representative.

*Dinari DuPort*

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Authorized Representative

CONTINUATION OF DECLARATIONS FOR HOMEOWNERS POLICY NO.

NAMED INSURED AND ADDRESS

LOSS PAYEE - PERSONAL PROPERTY

Form and Endorsements made part of this policy at time of issue:

Form : HO 00 03 05 11 SPECIAL FORM

Endorsement(s) :

HO 32 32 01 21 SPECIAL PROVISIONS -

DL 25 55 04 06 IDENTITY FRAUD EXPENSE COVERAGE

HO 04 16 10 00 PREMISES ALARM OR FIRE PROTECTION SYSTEM

FIRE ALARM: SMOKE DETECTOR(S)

BURGLAR ALARM: LOCAL (NOT POLICE/CENTRAL STATION)

SPRINKLERS: NO

HO 04 84 06 12 LIMITED WATER BACK UP AND SUMP DISCHARGE OR OVERFLOW -  
TOTAL LIMIT OF LIABILITY \$5,000

HO 04 90 05 11 PERSONAL PROPERTY REPLACEMENT COST LOSS SETTLEMENT

HO 04 98 05 11 REFRIGERATED PROPERTY COVERAGE

HO 32 01 06 05 SPOUSE ACCESS -

HO 32 20 06 12 SPECIFIED ADDITIONAL AMOUNT OF INSURANCE FOR COV A-DWELLING-  
ADDITIONAL AMOUNT OF INSURANCE 25%