

DECLARATIONS

We will provide the insurance described in this policy in return for the premium and compliance with all applicable provisions of this policy.

Coverage afforded by this policy is provided by:

State Farm Fire and Casualty Company
PO Box 88049
Atlanta GA 30356-9901

A Stock Company with Home Offices in Bloomington, Illinois.

46-EU-W987-1	Policy Number
Named Insured and Mailing Address STOKES, MICHAEL 1021 ELDEN ST UNIT 106 HERNDON, VA 20170-3802	
The Policy Period begins and ends at 12:01 a.m. Standard Time at the residence premises. 12/23/2022 Effective Date 12 months - Policy Period 12/23/2023 Expiration of Policy Period	Automatic Renewal - If the Policy Period is shown as 12 months , this policy will be renewed automatically subject to the premiums, rules and forms in effect each succeeding policy period. If this policy is terminated, we will give you and the Mortgagee/Lienholder written notice in compliance with the policy provisions or as required by law.
Limit of Liability - Section I \$50,000 Personal Property (Coverage B)	Deductibles - Section I \$500 ALL LOSSES In case of loss under this policy, the deductible will be applied per occurrence and will be deducted from the amount of the loss. Other deductibles may apply - refer to your policy.
Limit of Liability - Section II \$300,000 Personal Liability (Coverage L) each occurrence \$1,000 Medical Payments (Coverage M) each occurrence	
Policy Type Renters Policy	
Location of Premises 1021 ELDEN ST UNIT 106 HERNDON, VA 20170-3802	Policy Premium \$ 100.00
Forms, Options, & Endorsements H4 2146 Renters Policy	
Mortgagee & Addl. Interests	Agent Name & Address Ntuk, Thomas 150 Elden St Ste 275 HERNDON, VA 20170-4465 (703)481-2211

**PREMIUM NOTICE
STATE FARM INSURANCE COMPANIES
AGENT ISSUED DECLARATIONS**

POLICY NUMBER 46-EU-W987-1	BILLING PERIOD FROM 12/23/2022 TO 12/23/2023	AGENT CODE 9B81
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LOCATION

1021 ELDEN ST UNIT 106
HERNDON, VA 20170-3802

INSURED

STOKES, MICHAEL
1021 ELDEN ST UNIT 106
HERNDON, VA 20170-3802

PREMIUM	\$	100.00
AMOUNT PAID	\$	100.00
CREDIT AMOUNT	\$	
AMOUNT DUE	\$	0.00
DATE DUE		01/26/2023

MORTGAGEE & ADDL. INTERESTS

AGENT NAME & ADDRESS

Ntuk, Thomas
150 Elden St Ste 275
HERNDON, VA 20170-4465
(703)481-2211

This is the only notice you will receive. Please make check payable to **STATE FARM** and return it with this notice to the address shown below. Your canceled check is your receipt. Thanks for letting us serve you.

**STATE FARM INSURANCE COMPANIES
PO Box 88049
Atlanta GA 30356-9901**