

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 853907
Richardson TX 75085-3907

25-CW-L569-5 **Policy Number**

A Stock Company with Home Offices in Bloomington, Illinois.

Named Insured and Mailing Address

ICARDI, CAMERON & STEFANI
61 GINGER TREE CT
O FALLON, MO 63368-6642

The Policy Period begins and ends at 12:01 a.m. Standard Time at the residence premises.

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.

12/20/2021 **Effective Date**
 12months-Policy Period
12/20/2022 **Expiration of Policy Period**

Limit of Liability - Section 1
\$ 559,800 Dwelling (Coverage A)

Deductibles - Section 1 1%/\$5598
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.

Policy Type
Homeowners Policy
Dwell Repl Cost - Similar Construction
Increase Dwlg Up to \$111,960 - Option ID

20% EARTHQK

Location of Premises
61 GINGER TREE CT
O FALLON, MO 63368-6642

Policy Premium \$2,576.00

Forms, Options, & Endorsements

HW-2125	HOMEOWNERS POL	OPT JF	J&F 2500/5000
LSP A1	SMLR CONST-A	LSP B1	LMT RPLC COST-B
OPT ID	COV A-INCR DWLG	OPT OL	BLD ORD/LAW-10%
HO-2414.1	EARTHQUAKE END	HO-2610	CYBER/IDR
HO-2444.2	BACK-UP S/D-10%	HO-2355	AMENDATORY END

Mortgagee
BELL BANK
ISAOA ATIMA
PO BOX 10937
FARGO, ND 58106-0937

Agent Name & Address
Mike Skelton
2101 Bluestone Dr
Suite 110
Saint Charles, MO
63303-6706 (636)441-1488

Loan Number: 272011063

Prepared: April 19, 2022

06A9
Agent's Code

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

POLICY NUMBER	BILLING PERIOD	AGENT CODE
25-CW-L569-5	FROM 12/20/2021 TO 12/20/2022	06A9

LOCATION

61 GINGER TREE CT
O FALLON, MO 63368-6642

INSURED

ICARDI, CAMERON & STEFANI
61 GINGER TREE CT
O FALLON, MO 63368-6642

PREMIUM \$ 2,576.00

AMOUNT PAID \$ 2,576.00

AMOUNT DUE \$.00

DATE DUE

MORTGAGEE

BELL BANK
ISAOA ATIMA
PO BOX 10937
FARGO, ND 58106-0937
Loan Number: 272011063

AGENT NAME & ADDRESS

Mike Skelton
2101 Bluestone Dr
Suite 110
Saint Charles, MO
63303-6706 (636)441-1488

STATE FARM INSURANCE COMPANIES
PO Box 588002
North Metro, GA 30029-8002