

ALLSTATE VEHICLE AND PROPERTY INSURANCE COMPANY #
GEORGIA

HOME OFFICE Application No.: 035232151163978
NORTHBROOK, ILLINOIS Policy Number: 845526446

Applicant Name : DARYL HARRIS TETIANA HARRIS
Address : 5686 BOGGS DR
City : STONE MOUNTAIN St. : GA Zip Code : 30087
Home Phone No. : (678)459-7210 County: DEKALB
Email Address : DARYLHARRIS469@YAHOO.COM

LOCATION OF PROPERTY : SAME

POLICY DISTRIBUTION/BILLING

Policy sent to: INSURED
Initial premium notice sent to: MORTGAGEE
Renewal premium notice sent to: MORTGAGEE

MORTGAGEE/THIRD PARTY INFORMATION

FIRST MORTGAGEE

Loan Number : 3008292322
Name : TRUIST BANK ISOA/ ATIMA
Address : PO BOX 79041 Directory Code:
City : BALTIMORE St. : MD Zip Code : 21279

ADDITIONAL INSURED INFORMATION : NONE

ADULT OCCUPANTS

OCC. NO.	OCCUPANT NAME	SOCIAL SEC. NO.	RELATION TO INS.	BIRTH DATE	SEX	MARITAL STATUS	DRIVER LICENSE	STATE LICENSED
1	DARYL HARRIS	XXX-XX-9602	SA	06/XX/1971	M	MA	XXXXX9019	GA
2	TETIANA HARRIS	XXX-XX-8347	SP	12/XX/1988	F	MA	XXXXX9651	GA

CHILDREN IN HOUSEHOLD: NONE

Total number of residents in household including children: 2

HOUSEHOLD INFORMATION

Years at current address: 5
Are either applicants eligible for the Good Hands Program: NO Are either applicants retired?: NO

POLICY TYPE - HOUSE & HOME

LOCATION OF PROPERTY

County: DEKALB Territorial Zone:
Primary Responding Fire Dept.: DEKALB CO FPSA

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Miles to Fire Department: 2 Feet to Fire Hydrant:
 Town Class Rating: 02

COVERAGES

The premium stated below reflects the applicable loss deductibles listed under the section titled "Loss Deductibles Applied".

SECTION I COVERAGES	LIMITS	PREMIUM
Dwelling Protection	\$260307	\$1323.74
Other Structures Protection	\$13016	\$-3.24
Personal Property Protection - Reimbursement Prov.	\$143169	\$-2.39
Additional Living Expense - Up to 12 months not to exceed	\$104123	\$6.16

SECTION I OPTIONAL/INCREASED COVERAGES SELECTED

Building Structure Reimbursement Extended Limits (Dwelling & Other Structures)		INCL
Property Insurance Adjustment		INCL
Roof Surfaces Extended Coverage		INCL

SECTION II COVERAGES

Family Liability Protection - each occurrence	\$500000	\$50.00
Guest Medical Protection - each person	\$5000	\$9.00
Total Section II Premium		\$59.00

SECTION III OPTIONAL COVERAGES/INCREASED COVERAGES APPLIED

An additional premium is charged for each of the following optional coverages you have selected.

	LIMITS	PREMIUM
Water Back-Up	\$5000	\$45.00
Optional Protection For Mold Remediation Limit	\$25000	\$90.00

SCHEDULED PERSONAL PROPERTY COVERAGES : NONE

LOSS DEDUCTIBLES APPLIED

The following loss deductibles apply as specified below.

Water Back-Up	\$500
Windstorm and Hail	\$2500
Tropical Cyclone	\$2500
All Other Perils	\$2000

DISCOUNTS APPLIED

The following discounts have been applied to reduce your insurance premium.

Early Signing
 Home Buyer
 Multiple Policy
 Protective Device

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Responsible Payment
Welcome
Claim Free

VALUE OF PERSONAL PROPERTY - APPROXIMATE VALUE OF PERSONAL PROPERTY IN THE FOLLOWING CATEGORIES: (Note: The values listed are not an indication of amount of coverage. You must purchase increased protection for items in these categories over the dollar amounts specified in the policy in order to extend the Personal Property Protection Coverage. See the policy for the coverage limits on these items and see above under the section titled "Section III Optional Coverages/Increased Coverages Applied" for your specific increased limits.)

Jewelry:	Watches:	Furs:
Silverware:	Cameras:	Stereo:

IF YOU PURCHASE THE SCHEDULED PERSONAL PROPERTY ENDORSEMENT: EXCEPT AS OTHERWISE STATED IN THE SCHEDULED PERSONAL PROPERTY ENDORSEMENT, LOSS OR DAMAGE TO PERSONAL PROPERTY COVERED UNDER THAT ENDORSEMENT WILL BE SETTLED ON AN ACTUAL CASH VALUE BASIS (THIS MEANS THERE MAY BE A DEDUCTION FOR DEPRECIATION), AND PAYMENT WILL NOT EXCEED THE AMOUNT NECESSARY TO REPAIR OR REPLACE THE DAMAGED ITEM(S) WITH PROPERTY OF LIKE KIND AND QUALITY, OR THE AMOUNT OF INSURANCE, WHICHEVER IS LESS. THE VALUE OF THE COVERED PROPERTY WILL BE DETERMINED AT THE TIME OF LOSS. SEE ENDORSEMENT FOR DETAILS.

PREMIUM INFORMATION

Total Estimated Annual Policy Premium:	\$1518.27
Amount Paid:	C.O.D.

ESTIMATOR

Residential Component Technology(tm)		
RCT Cost Date:	05/01/2023	
Estimated Replacement Cost:	\$260,307	
Zip Code:	30087	
Style/Number of Stories:	1.5 Story , 1 1/2 Story	
Year Built:	1985	
No. of Families:	1	
Living Area Square Footage:	1450	
Cathedral Ceiling:	None	
Foundation:	100%	Concrete
	100%	with Crawl Space, Unexcavated
Garages:	1	2 Car Attached
Kitchens:	1	Number of Builder's Grade
Bathrooms:	2	Number of Full Bath, Builder's Grade
	1	Number of Half Bath, Builder's Grade

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Fireplaces:	1	Number of Fireplaces, Single
Wood Stove:	None	
Screened Porches:	None	
Solar Rooms:	None	
Screened Pool Enclosure:	None	
Wood Deck:	None	
Composite Deck:	None	
Redwood Deck:	None	
Open Porch:	None	
Exterior Wall Type:	100 %	Siding, Wood
Roof Type:	100 %	Shingles, Asphalt/Fiberglass
	100 %	Gable, Slight Pitch
	100 %	Simple/Standard
Flooring:	15 %	Hardwood
	69 %	Carpet, Acrylic/Nylon
	11 %	Vinyl
	5 %	Tile, Ceramic
Heat and Air Conditioning:	100 %	Heating, Gas Forced Air
	100 %	Central Air Conditioning, Same Ducts
Interior Wall Partitions:	100 %	Drywall
	95 %	Paint
	5 %	Wallpaper, Vinyl
Special Exterior Features:	100 %	Sash, Wood with Glass, Standard
	2	Number of Doors, Wood, Exterior

Residential Component Technology(tm) and RCT(tm) are trademarks of
 Marshall & Swift/Boeckh.

DWELLING INFORMATION

Mo/Year Dwelling Purchased: 02/2023
 Number of Apts./Units: 1 No. of Rooms: 6.0
 Construction: Frame (Not Otherwise Described)
 Roof Type: Asphalt/Fiberglass Shingle
 Roof Geometry: Gable Hail Resistive Roof: NO
 Storm Shutters: N Year Roof Was Replaced: 2010
 Applicant lives in the building as: OWNER
 Unit Residence: Primary
 Dwelling in Course of Construction: NO
 Hot Tub or Pool: NO

PROTECTIVE DEVICES INSTALLED

Deadbolt Locks (all exterior doors)
 Local Burglar Alarm
 Local Fire Alarm
 Smoke Detector (each floor)
 Fire Extinguisher

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Applicant's Initials _____

Does the insured have an alternative or supplemental heating source (excluding fireplaces)? NO

Is there any store, business or professional activity in the building, at the applicant's premises, or at additional premises owned by the applicant? NO

Does the customer ever rent their home or a portion of their home to others? NO

5 YEAR LOSS HISTORY (including losses at present and prior residences)

DESCRIPTION	DATE	AMOUNT
OTHER	02/19/2023	\$0

PRIOR PROPERTY INSURANCE

Company Name: Defaulted

Total length of continuous coverage:

Insurance Type: HOMEOWNERS

OTHER ALLSTATE POLICIES (CROSS INDEX)

Policy No.: 035232151162948

Effect. Date: 08/11

Line: 010

Relationship: MT

AUTO INFORMATION

Max of Prior/Current BI limits?: 0/0

Max of Years with Prior/Current Auto Carrier?: 0

How many auto at-fault accidents have the applicant and co-applicant had in the last 5 years? 0

How many auto not-at-fault accidents have the applicant and co-applicant had in the last 5 years? 1

How many comprehensive claims have the applicant and co-applicant filed in the last 5 years? 0

How many minor violations have the applicant and co-applicant had in the last 3 years? 1

How many major violations have the applicant and co-applicant had in the last 3 years? 0

REMARKS: NONE

NOTICE: As part of Allstate's underwriting/qualification procedure and subject to applicable laws and regulations, we may obtain information regarding you and other individuals who may be covered by the insurance you are applying for, including: (i) driving record, based on state motor vehicle reports and loss information reports; (ii) your prior insurance record, if any, which will be obtained from your current or prior carrier(s); (iii) credit reports; and (iv) claim history, based on loss information reports.

Any insurance bound is limited to a period of 60 days from its effective date and expires on the last day of such limited period. The Company may sooner terminate such insurance by mailing to the Applicant, at the address herein given, written notice of rejection of this application. Such termination shall be effective at the earlier of A) THE DATE AND TIME INDICATED ON THE TERMINATION NOTICE OR B) AS OF THE TIME APPLICANT SECURES OTHER HOMEOWNERS, RENTERS OR CONDOMINIUM OWNERS INSURANCE. Upon such expiration, or termination, refund of premium may be tendered or paid by check of the Company or its Agent, and if not then, as soon as practicable thereafter. Any insurance bound hereunder

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shall otherwise be subject in all respects to the terms and conditions of the regular policy forms of the Company at present in use and to the statements in this application. Any insurance is bound only for such items, perils, coverages, forms of coverage, limits of insurance and amounts of insurance as are indicated on the face hereof, and only those additional Homeowners coverages are bound for which a premium is indicated. If you believe your credit information was adversely impacted by extraordinary medical or other circumstances, you have the right to appeal this decision. Please contact your Allstate Representative for additional information.

I understand that upon issuance of the insurance applied for, except for those with the Select Value or Select Value with Roof Surfaces Extended Coverage endorsement, the Property Insurance Adjustment (P.I.A.) condition will apply to the policy. In accordance with terms of this condition, the limits of liability may be adjusted at each anniversary of the policy.

BINDER PROVISION - In reliance on the statements in this application and subject to the terms and conditions of the policy authorized for the Company's issuance to the applicant, the Company named above binds the insurance applied for, to

become effective: 12:01 AM 08/11/2023
Transaction time/date: 10:58 AM 08/04/2023

To the best of my knowledge the statements made on this application, including any attachments, are true. I request the Company, in reliance on these statements, to issue the insurance applied for. The Company may recompute the premium shown if the statements made herein are not true. In the event of any misrepresentation or concealment made by me or with my knowledge in connection with this application, the Company may deem this binder and any policy issued pursuant to this application, void from its inception. This means that the Company will not be liable for any claims or damages which would otherwise be covered.

I have read this entire application, including the binder provision, before signing.

Applicant's Signature

Date

() I have inspected the premises.

(X) I have not inspected the premises

ROCKY MOUNTAIN WEST

0D1750

JQE

Agent/Agency Name

Number

Location Code

NORRIS, NICHOLAS

Producer's Signature

#

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ALLSTATE VEHICLE AND PROPERTY INSURANCE COMPANY
Evidence Of Insurance

Policy Number: 845526446

First Mortgagee Loan Number : 3008292322

Insured's Information

DARYL HARRIS TETIANA HARRIS
5686 BOGGS DR
STONE MOUNTAIN , GA 30087

Location of property insured

5686 BOGGS DR
STONE MOUNTAIN , GA 30087

Mortgagees (listed in order of precedence)/Additional Interested Parties

TRUIST BANK ISOA/ ATIMA
PO BOX 79041
BALTIMORE , MD 21279

Policy period beginning on 08/11/2023 through 08/11/2024 at 12:01 A.M. Standard Time.

Coverage detail for the property insured

POLICY TYPE - House & Home

Policy Limit of Liability

Section I Dwelling Protection \$260307

Section I Optional/Increased Coverages

Building Structure Reimbursement Extended Limits (Dwelling & Other Structures) INCL

Total Annual Policy Premium \$1518.27

Amount Paid: C.O.D.

Replacement Cost up to the Dwelling Covg Limits

Personal Property Reimbursement

Deductibles

\$500 Water Back-Up

\$2500 Windstorm and Hail

\$2500 Tropical Cyclone

\$2000 to loss to the covered property from all other perils.

Provisions:

This certificate of insurance is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage, terms exclusions and conditions afforded by the policies referenced herein. This form is not the contract of insurance. The provisions of the policy shall prevail in all respects.

All premiums for the insurance policy shall be computed in accordance with Allstate's rules, forms, premiums and minimum premiums applicable to the insurance afforded which are in effect at the inception of the insurance and upon each anniversary thereof, including the date of interim changes.

It is understood that if this insurance protection terminates for any reason, due notice will be given to

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Evidence Of Insurance

Policy Number: 845526446

the insured, to the mortgagee, and to all other interested parties in accordance with the standard mortgagee clause.

A copy of the Policy Declarations reflecting the annual premium will be sent, if required, to the mortgagee and to any other interested parties.

Date: 08/04/2023

Countersigned at: GRAND JUNCTION

Authorized Agent:
ROCKY MOUNTAIN WEST
627 GRAND AVE
GRAND JUNCTION , CO 81501
1 (970) 773-5850

Agent Signature

Lenders :

Please do not make a payment from this document. Only pay from a policy invoice. All payments should be forwarded to:

Lender Relations
P. O. Box 660649
Dallas, TX 75266

Lender Relations Overnight Address :
Lender Relations
8711 Freeport Parkway North
Mail Station 4A
Irving, TX 75063