

# Renewal Declarations Homeowners Policy



Please read your policy

**Named Insured(s)**  
 Carol Deniston *3127159*  
 Jack Deniston *1027155 316-323-5610*  
 411 NE Cole Creek Rd  
 El Dorado KS 67042-8535

American Family Insurance Company  
 6000 American Parkway  
 Madison WI 53783  
 For customer service and claims service  
 24 hours a day, 7 days a week  
 1-800-MY AMFAM (1-800-692-6326)  
 amfam.com

## Policy Information

<b>Policy number</b> 41019-81471-66	<b>Policy period</b> 7/29/2020 to 7/29/2021	<b>Billing account number</b> 617-053-544-46
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*1 year*

**Total premium with discounts applied** \$1,771.11  
**Total premium if paid in full** \$1,682.56

*New roof 2015*

## Discounts Applied to this Policy

Loyalty Discount  
 Multi-Product Discount

These discounts reduced your total premium by \$327.96

## Residence Premises Information

<b>Location</b> 411 NE Cole Creek Rd El Dorado KS 67042-8535	<b>Residence use</b> Primary Residence	<b>Residence type</b> Single Family Dwelling
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## Section I - Property Coverage

	Previous Limit	New Limit
Coverage A - Dwelling Open Perils Coverage A limit is increased using an inflation index of 2.30% for your area	\$232,400	\$237,800
Coverage B - Other Structures Perils: Same as Coverage A - Dwelling Unscheduled Structures Scheduled Structures Garage - Detached without Living Quarters Coverage B limit is increased using an inflation index of 2.30% for your area	\$5,000 \$45,600	\$5,000 \$46,700
Coverage C - Personal Property Broad Named Perils Coverage C limit is increased using an inflation index of 2.30% for your area	\$174,300	\$178,400
Coverage D - Loss Of Use Coverage D limit is increased using an inflation index of 2.30% for your area	\$46,500	\$47,600
Additional Coverage Fungi Or Bacteria	\$5,000	\$5,000

## Section II - Liability Coverage

	Per Occurrence Limit
Coverage E - Personal Liability	\$300,000
Dangerous Dog And Exotic Animal Liability	\$25,000

*I do not have a dog*

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**Section II - Liability Coverage (continued)**

**Per Occurrence Limit**

Coverage F - Medical Expense

\$2,000

Deductible(s)	Previous Amount	New Amount
Property Deductible	\$1,500	\$1,500
Sewer Back-Up, Septic Back-Up, And Sump Overflow Coverage Deductible	\$1,500	\$1,500
Windstorm Or Hail Deductible	\$1,500	\$1,500

**Policy Forms and Endorsements**

Form or Endorsement Number	Name(s)
HO 80 03 01 14	Homeowners Form
AL 00 04 05 17	American Family Mutual Insurance Company, S.I. Amendatory Endorsement
HO 81 18 01 15	Kansas Amendatory Endorsement
HO 86 03 01 15	Dangerous Dog And Exotic Animal Liability Limit
HO 86 10 01 14	Increased Dwelling Limit Coverage
HO 86 02 01 14	Jewelry, Gemstones, Watches, And Furs Coverage
HO 84 16 01 14	Ordinance Or Law Coverage
HO 04 90 01 14	Personal Property Replacement Cost Coverage
HO 86 05 01 14	Roof Replacement Cost Coverage For Windstorm And Hail
HO 84 19 07 16	Scheduled Structures Cosmetic Hail Damage Coverage For Metal Roof
HO 84 22 01 14	Scheduled Structures Matching Undamaged Vinyl Or Metal Siding Coverage
HO 84 23 01 15	Sewer Back-Up, Septic Back-Up, And Sump Overflow Coverage
HO 84 25 02 20	Water Coverage From An Outside Water Source

**Endorsement Details**

Endorsement Name	Previous Limit	New Limit	Premium
Dangerous Dog And Exotic Animal Liability Limit	\$25,000	\$25,000	No Charge
Increased Dwelling Limit Coverage	\$46,480	\$47,560	No Charge
Jewelry, Gemstones, Watches, And Furs Coverage	\$2,000 Per Item \$2,500 Total	\$2,000 Per Item \$2,500 Total	\$5.00
Ordinance Or Law Coverage	\$23,240	\$23,780	Included
Sewer Back-Up, Septic Back-Up, And Sump Overflow Coverage			\$169.90
Water Coverage From An Outside Water Source		\$25,000	No Charge

**Other Interest(s)**

**Mortgagee(s)**  
 EMPRISE BANK ITS SUCCESSORS AND/OR ASSIGNS  
 PO BOX 2970  
 WICHITA KS 67201-2970

# Renewal Declarations Family Car Policy



Please read your policy

### Named Insured(s)

Carol Deniston  
Jack Deniston  
411 NE Cole Creek Rd  
El Dorado KS 67042-8535

American Family Insurance Company  
6000 American Parkway  
Madison WI 53783

For customer service and claims service  
24 hours a day, 7 days a week

1-800-MY AMFAM (1-800-692-6326)  
amfam.com

*One year*

### Policy Information

<b>Policy number</b> 41019-80810-68	<b>Policy period</b> 8/6/2020 to 8/6/2021	<b>Billing account number</b> 616-033-503-51
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### Vehicles Insured by This Policy

Year	Make	Model	Series	VIN/Serial Number	Premium
2019	Forest River	Cedar Creek Hathaway Edition Fifth Wheel Trailers		4x4fcrk21ks222410	\$790.80

Total premium with discounts applied \$790.80  
**Total Premium with Customer Full Pay Discount \$711.80**

### Discounts Applied to this Policy

#### Other policy discounts

Multi-Product Discount

These discounts reduced your total premium by \$96.30

### Drivers

Drivers are individuals who are used to rate this policy.

#### Name(s)

Carol Deniston  
Jack Deniston

### Policy Forms

These forms apply to the entire policy.

Form Number	Name(s)
PV 84 04 01 20	Motor Home and Camper Coverage
PV 82 08 03 16	Cancellation and Nonrenewal - Kansas
PV 89 01 12 19	Proof of Insurance Cards
PV 84 05 03 13	Emergency Roadside Service Coverage
PLM-32252 11 19	Privacy Notice
PV 80 26 01 16	Declaration Form
LR 00 09 10 18	Renewal Cover Letter
PV 80 01 03 14	Family Car Form
PV 81 08 03 16	Kansas Changes
OT PV 00 01 01 20	Car Damage Coverage Notice
AL 00 04 05 17	American Family Mutual Insurance Company, S.I. Amendatory Endorsement

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# Renewal Declarations Family Car Policy



Please read your policy

**Named Insured(s)**  
Carol Deniston  
Jack Deniston  
411 NE Cole Creek Rd  
El Dorado KS 67042-8535

American Family Insurance Company  
6000 American Parkway  
Madison WI 53783  
For customer service and claims service  
24 hours a day, 7 days a week  
1-800-MY AMFAM (1-800-692-6326)  
amfam.com

*6 month payment*

### Policy Information

<b>Policy number</b> 41019-80686-87	<b>Policy period</b> 8/6/2020 to 2/6/2021	<b>Billing account number</b> 616-043-501-81
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### Vehicles Insured by This Policy

Year	Make	Model	Series	VIN/Serial Number	Premium
2016	Ford Truck	F250 Crew C Pu 4x4	Crew Cab	1FT7W2BT5GEA13310	\$417.80
2011	Lincoln	Mkx 4d 2wd		2LMDJ6JK0BBJ13028	\$287.80
2009	Toyota	Corolla Sedan 2wd	Std/S/Le/Xle	1NXBU40E59Z123164	\$123.60

### Policy Level Premium

Uninsured or Underinsured Motorist - Bodily Injury	\$38.40
<b>Total premium with discounts applied</b>	<b>\$829.20</b>
<b>Total Premium with Customer Full Pay Discount</b>	<b>\$746.70</b>

### Discounts Applied to this Policy

#### Vehicle related discounts

Auto Safety Equipment Discount -- 2016 Ford Truck F250 Crew C Pu 4x4, 2011 Lincoln Mkx 4d 2wd, 2009 Toyota Corolla Sedan 2wd

Low Mileage Discount -- 2016 Ford Truck F250 Crew C Pu 4x4, 2011 Lincoln Mkx 4d 2wd, 2009 Toyota Corolla Sedan 2wd

#### Other policy discounts

Good Driving Discount  
Loyalty Discount  
Multi-Product Discount - Camper, Homeowners  
Multi-Vehicle Discount

**These discounts reduced your total premium by \$395.40**

### Drivers

Drivers are individuals who are used to rate this policy.

**Name(s)**  
Carol Deniston  
Jack Deniston

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**Policy Forms**

These forms apply to the entire policy.

<b>Form Number</b>	<b>Name(s)</b>
LR 00 09 10 18	Renewal Cover Letter
PV 84 03 02 18	Rental Reimbursement Coverage
PV 83 09 07 17	Uninsured or Underinsured Motorist Coverage - Kansas
PV 80 01 03 14	Family Car Form
PLM-32252 11 19	Privacy Notice
PV 81 08 03 16	Kansas Changes
PV 80 18 07 17	Personal Injury Protection Coverage - Kansas
PV 89 01 12 19	Proof of Insurance Cards
AL 00 04 05 17	American Family Mutual Insurance Company, S.I. Amendatory Endorsement
PV 80 26 01 16	Declaration Form
PV 82 08 03 16	Cancellation and Nonrenewal - Kansas
PV 84 05 03 13	Emergency Roadside Service Coverage

**Agent Information**

Stephanie Thomas

stthomas1@amfam.com

325 N Main St  
 El Dorado KS 67042-2021  
 316-321-9356

Declarations are effective on the date shown. These declarations form a part of this policy and replace all other declarations which may have been issued previously for this policy. If these declarations are accompanied by a new policy, the policy replaces any which may have been issued before with the same policy number.

AUTHORIZED  
 REPRESENTATIVE

*William B. Westra*  
 President

*REC*  
 Secretary

**Policy Level Coverage**

The policy level coverage shown below applies to a vehicle when coverage is displayed under Vehicle Coverage, Endorsements and Other Charges for the vehicle. The policy limit shown is the maximum available for each person or each occurrence and may not be added, combined or stacked if coverage is displayed for more than one vehicle insured under this policy.

Coverage	Policy Limit
Bodily Injury Liability	\$100,000 Per Person \$300,000 Per Occurrence
Property Damage Liability	\$100,000 Per Occurrence
Uninsured or Underinsured Motorist - Bodily Injury	\$100,000 Per Person \$300,000 Per Accident
Personal Injury Protection	Coverage Extra - see form

*for 6 months*

**Vehicle #1 Coverage, Endorsements and Other Charges**

Year	Make	Model	Series	VIN/Serial Number
2016	Ford Truck	F250 Crew C Pu 4x4	Crew Cab	1FT7W2BT5GEA13310

Name		Premium
Comprehensive	\$250 Deductible	\$142.10
Collision	\$250 Deductible	\$89.60
Bodily Injury Liability	\$100,000 Per Person \$300,000 Per Occurrence	\$119.20
Property Damage Liability	\$100,000 Per Occurrence	\$37.60
Uninsured or Underinsured Motorist - Bodily Injury	\$100,000 Per Person \$300,000 Per Accident	Policy Level Premium
Personal Injury Protection	Coverage Extra - see form	\$7.60
Emergency Roadside Service		\$4.60
Rental Reimbursement	\$25 Daily Limit \$750 Maximum	\$8.90

**Vehicle premium with discounts applied \$417.80**

**Address where vehicle is kept**

411 NE Cole Creek Rd El Dorado KS 67042-8535

**Lienholder**

~~Enterprise Bank PO Box 2970 Wichita KS 67201-2970~~

**Vehicle #2 Coverage, Endorsements and Other Charges**

Year	Make	Model	Series	VIN/Serial Number
2011	Lincoln	Mkx 4d 2wd		2LMDJ6JK0BBJ13028

Name		Premium
Bodily Injury Liability	\$100,000 Per Person \$300,000 Per Occurrence	\$31.10
Property Damage Liability	\$100,000 Per Occurrence	\$40.60
Uninsured or Underinsured Motorist - Bodily Injury	\$100,000 Per Person \$300,000 Per Accident	Policy Level Premium
Personal Injury Protection	Coverage Extra - see form	\$17.10
Comprehensive	\$250 Deductible	\$99.10
Collision	\$250 Deductible	\$72.10
Emergency Roadside Service		\$4.60
Rental Reimbursement	\$25 Daily Limit \$750 Maximum	\$8.90

**Vehicle premium with discounts applied \$287.80**

**Address where vehicle is kept**

411 NE Cole Creek Rd El Dorado KS 67042-8535

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**Vehicle Coverage, Endorsements and Other charges (continued)****Vehicle #3 Coverage, Endorsements and Other Charges**

Year	Make	Model	Series	VIN/Serial Number
2009	Toyota	Corolla Sedan 2wd	Std/S/Le/Xle	1NXBU40E59Z123164

Name		Premium
Bodily Injury Liability	\$100,000 Per Person \$300,000 Per Occurrence	\$42.60
Property Damage Liability	\$100,000 Per Occurrence	\$42.60
Uninsured or Underinsured Motorist - Bodily Injury	\$100,000 Per Person \$300,000 Per Accident	Policy Level Premium
Personal Injury Protection	Coverage Extra - see form	\$17.90
Emergency Roadside Service		\$4.60

**Vehicle premium with discounts applied \$123.60**

**Address where vehicle is kept**

411 NE Cole Creek Rd El Dorado KS 67042-8535

*for 6 months*