

KEYSTONE INSURANCE COMPANY

HOMEOWNERS
POLICY

GENERAL FIRE
POLICY

**MORTGAGEE
COPY**

POLICY	TYPE POLICY	IF AMENDED DECLARATION
25379625	POLICY DECLARATIONS - FORM HO 00 03 10 00	

AGENT	AGENCY/ BRANCH	POLICY PERIOD		
		FROM	TO	TIME EFFECTIVE
CUSTOMER SERVICE	ANNAPOLIS CCIT	06/21/16	06/21/17	12 01 AM

NAMED INSURED AND MAILING ADDRESS	MORTGAGEE NAME AND ADDRESS
CHANDRA HOPKINS 830 PLEASANT HILL LN BOWIE, MD 20716	LOAN# 52657553 VENTURES TRUST 2013-I-H-R C/O BSI FIN SVCS ISAOA/ATIMA 7500 OLD GEORGETOWN RD #1350 BETHESDA, MD 20814
<small>The residence premises covered by this policy is located at the above address unless otherwise stated</small>	<small>For additional mortgagees-see below</small>

PROPERTY LOCATION IF OTHER THAN INSURED'S MAILING ADDRESS

We will provide the insurance described in this policy in return for the premium and compliance with all applicable policy provisions. Coverage is provided where a premium or limit of liability is shown.

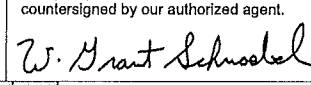
COVERAGES	LIMIT OF LIABILITY	PREMIUM
SECTION I		
A DWELLING	218,145	X BASIC POLICY PREMIUM \$924.00
B OTHER STRUCTURES	21,814	* ENDORSEMENT(S) \$112.00CR
C PERSONAL PROPERTY	152,702	TOTAL \$812.00
D LOSS OF USE	65,443	
SECTION II	EACH:	
E PERSONAL LIABILITY	OCCURRENCE 300,000	
F MED PAYMENTS TO OTHERS	PERSON 1,000	

DEDUCTIBLE \$1000 ALL PERILS DEDUCTIBLE HOMEOWNERS POLICY ONLY IN CASE OF A LOSS UNDER SECTION 1. ONLY THAT PART OF THE LOSS OVER THE DEDUCTIBLE STATE IS COVERED.

FORMS AND ENDORSEMENTS - THE FORMS AND ENDORSEMENTS LISTED BELOW ARE MADE PART OF THIS POLICY.

FORM	EDITION	DESCRIPTION	CHARGE	FULL TERM	
HO 00 03 10 00		HOMEOWNERS POLICY - SPECIAL FORM		\$913.00	X
		INCREASED COVERAGE E & F	\$11.00	\$11.00	X
		COMPANION DISCOUNT	\$183.00-	\$183.00-	*
		AAA DISCOUNT	\$85.00-	\$85.00-	*
HO 04 16 10 00		PREMISES ALARM/FIRE PROTECTION	\$122.00-	\$122.00-	*
HO-926	06 12	FOUR DIAMOND PLUS PACKAGE	\$278.00	\$278.00	*
DPE1	07 98	DISHONORED PAYMENT ENDORSEMENT			
HO 01 19 07 15		SPECIAL PROVISIONS ENDORSEMENT-MARYLAND			
HO 04 96 10 00		NO SECII LIAB COV FOR HOME DAY CARE			
HO 16 10 01 09		WATER EXCLUSION ENDORSEMENT			
HO-243MD	01 10	INFLATION GUARD ENDORSEMENT			
HO-710	08 04	\$5000 SECT I LTD FUNGI WET/DRY ROT/BACT COV			
HO-750	08 04	FUNGI,WET/DRY ROT OR BACTERIA EXCL SECT II			
HO-840	08 04	HOMEOWNERS PLUS ENDORSEMENT			
MANCK0	07 14	NAME CHANGE ENDORSEMENT			

FOR ALL YOUR INSURANCE QUESTIONS, CONTACT: CUSTOMER SERVICE 888-222-0094

APPLICABLE TO AMENDED DECLARATIONS ONLY	The amendment is to be attached to and made a part of policy number as shown above. This amended declarations shows the protection afforded by the policy after the changes requested have been made and is issued in consideration of the premium adjustment indicated and is subject to all the exclusions, conditions and terms of the policy and endorsements thereto.													This policy shall not be valid unless countersigned by our authorized agent.				DATE
																		06/22/16
Policy Number	EFF. YR.	TERM	AGENT	INS BRANCH	STATE	POL FRM	LOCATION	POL LIMITS	CON CODE	TERR	PUB PROT CODE	DED SIZE	CONST YEAR	FIRE	Authorized agent			
25379625	16		05330	68	19				1	36	04		89		Ext Cov	No. Fam	Agent Branch	Prem Grp
																1	68	