

# Policy Declarations

## A summary of your renters (tenants) insurance coverage

Welcome. Thank you for insuring with us. Here is your new renters policy summary, which is effective as of 03/01/2015.

### INSURANCE INFORMATION

Named Insured James V Padula	Policy Number H47-228-284820-40
Mailing Address 336 E 56th St Apt 5 New York NY 10022-4145	Policy Period 03/01/2015-03/01/2016 12:01AM standard time at the address of the Named Insured at Insured Location
Insured Location Same as Mailing address above	

Premium Summary		
Standard Policy	\$	181.00
Additional Coverages	\$	68.00
Discounts and Benefits	\$	(11.00)
<b>Total 12 Month Policy Premium</b>	<b>\$</b>	<b>238.00</b>
Through your affiliation with the Villanova University Alumni Association your policy includes exclusive group savings on your home insurance.		
<b>THIS IS NOT YOUR RENTERS INSURANCE BILL!</b>		

### Coverage Information

Standard Policy			
Section I Coverages	LIMITS	PREMIUM	
C. Personal Property with Replacement Cost	\$ 25,000		
D. Loss of Use of Insured Location	\$ 5,000		
Section II Coverages			
E. Personal Liability (each occurrence)	\$ 300,000		
F. Medical Payments to Others (each person)	\$ 1,000		
Policy Deductibles			
Losses covered under Section I are subject to a deductible of \$500			
<b>Total Standard Policy</b>		<b>\$ 181</b>	

Additional Coverages			
	DEDUCTIBLE	LIMITS	PREMIUM
Credit Card, Fund Transfer Card, Forgery	\$ 1,000	\$ 0	
Personal Property Replacement Cost		\$ 54	
Coverage E increased limit		\$ 14	
<b>Total Additional Coverages</b>		<b>\$ 68</b>	

### QUESTIONS ABOUT YOUR POLICY?

By phone  
For service:  
1-800-869-4009

3366 Park Avenue  
Suite 213  
Wantagh NY 11793

Prudential Financial Professional  
Diego Furnari  
1-516-783-0673

To report a claim  
By phone  
1-800-225-2467  
Online  
[LibertyMutual.com/insurance](http://LibertyMutual.com/insurance)



## Discounts and Benefits

Your discounts and benefits have been applied to your total policy premium.

- Protective Device Discounts:  
Smoke/Heat Alarm-All Floors, Extinguishers and Dead Bolt Locks

Total Discounts and Benefits

	PREMIUM
	\$ (11)

## HOME DISCOUNTS

For more information on discounts, please visit [LibertyMutual.com/insurance](http://LibertyMutual.com/insurance) and click on the "Home Insurance" link.

## Endorsements — Changes to Your Policy

Each endorsement listed has a form number (example: HO 00 00 00 00), which corresponds to the documents attached in the endorsement section of this package.

- LibertyGuard® Tenants Policy (HO 00 04 04 91)
- Protective Devices (HO 04 16 04 91)
- Amendmt. Pol Definitions (FMHO-2934 7/04)
- No Covg-Home Daycare Bus (HO 23 43 04 91)
- Inflation Protection (FMHO-660 09/82)
- Addtl Insured-Res Prem (HO 04 41 04 91)
- Personal Property Replacement Cost (FMHO-753 09/87)
- Credit Card, Fund Transfer Card, Forgery (HO 04 53 04 91)
- Special Provisions (FMHO 3174 0612)
- Off Premises Theft Excl (HO 23 95 04 91)
- Sexual Molestation Excl (FMHO-949 09/91)

## Important Messages

**Flood Insurance:** Your Homeowners policy does not provide coverage for damage caused by flood, even if the flood is caused by a storm surge. Liberty Mutual can help you obtain this coverage through the Federal Emergency Management Agency (FEMA) if your community participates in the National Flood Insurance Program. Please call your representative for more information.

**Theft of Personal Property Coverage:** This policy does not contain coverage for theft of personal property away from the premises. This coverage may be purchased for an additional premium.

LibertyGuard® Tenants Policy Declarations

Coverage provided and underwritten by Liberty Insurance Corporation, Boston MA.

This policy, including endorsements listed above, is countersigned by:

Dexter R. Legg  
Secretary

David H. Long  
President

Ty Harris  
Authorized Representative



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED**

Residence Premises

**HOMEOWNERS**  
**HO 04 41 04 91**

Name and Address of Person or Organization\*

CHARLES HENRY PROPERTIES LLC  
PO Box 682  
New York NY 10108-0682

Interest\*

LANDLORD

The definition of "insured" in this policy includes the person or organization named above with respect to:

**SECTION I**

Coverage A – Dwelling and Coverage B – Other Structures; and

**SECTION II**

Coverage E – Personal Liability and Coverage F – Medical Payments to Others but only with respect to the "residence premises."

This coverage does not apply to "bodily injury" to any employee arising out of or in the course of the employee's employment by the person or organization.

If we decide to cancel or not to renew this policy, the party named above will be notified in writing.

\*Entries may be left blank if shown elsewhere in this policy for this coverage.

All other provisions of this policy apply.

HO 04 41 04 91

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