

## Sample Declarations Page

<b>Policy Number</b>	HO-xxxxxxx-xx	<b>Company Name</b>	Insurance Company of Michigan
<b>Policy Type</b>	Homeowners Policy	<b>Agent Name</b>	John Doe
<b>Reason for Declaration</b>	New Policy	<b>Phone Number</b>	1-800-xxx-xxxx
<b>Replacement Value</b>	\$xxx,xxx	<b>Annual Premium</b>	\$xxx.xx
<b>Named Insured</b>	Susan Smith	<b>Payment Plan</b>	Monthly
<b>Mailing Address</b>	Street, address, city, state, zip		

<b>Issue Date</b>	Month, Year		
<b>Location of the insured residence</b>	(this may be the same as, or different than, the mailing address)		
<b>Rating Information</b>			
Type of Construction	Frame		
Township (or city)	Hartland Twp		
Protection Class	06		
Year of Construction	2000		
County	Livingston		
Territory	015		
<b>Perils Insured Against</b>			
Personal Property	Broad Perils		
<b>Loss Evaluation(s)</b>			
Dwelling	Replacement Cost		
Personal Property	Replacement Cost		

<b>Effective Date</b>	June 2, 2015
<b>Policy Period</b>	From 6/02/2015 to 06/02/2016

Section 1- Property Coverage	Limit of Liability
A. Dwelling	\$xxx,xxx
B. Other Structures	\$xx,xxx
C. Personal Property/Contents	\$xx,xxx
D. Loss of Value	\$xx,xxx
Equipment Breakdowns (included)	\$xx,xxx
Water Backup and Sump Pump Discharge	
Or Overflow (included)	\$xx,xxx
<b>Deductible</b>	\$x,xxx

Section 2- Liability Coverage	Limit of Liability
A. Personal Liability	\$xxx,xxx
B. Medical Payments to Others	\$x,xxx

Total Annual Premium (for property and liability coverages)	\$xx,xxx
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<b>Credits/Surcharges</b>	
Credit-based insurance Score	
Multi-Policy Credit	
Non-Smoker Credit	