

Farmers Insurance Exchange (A Reciprocal Insurer)

Member Of The Farmers Insurance Group Of Companies® Home Office: 6301 Owensmouth Ave., Woodland Hills, CA 91367

Premium After Discount And Modification

COMMON POLICY DECLARATIONS

Named	COMANCHE COVE OWNER'S ASSOCIA		F004955347-001-00001	
Insured	COMANCHE COVE OWNER SASSOCIA	`	Account No.	Prod. Count
	3103 PA(₹K DR		35-08-273	60474-72-93
Mailing Address	GRANBL RY, TX 76048-5863		Agent No.	Policy Number
Form of	☐ Indizidual ☐ Joint Venture	Limited Liability Co.	Business Description: Condominium	
Business	X Corporation Partnership	Other Organization	Condominium	
	From 06-25-2023 (not prior to time applied for) To 06-25-2024 (not prior to time applied for) 12:01 A.M. Standard time at your mailing address shown above. Treplaces other coverage that ends at noon standard time of the same day this policy begins, this policy will not take effect her coverage ends. This policy will continue for successive policy periods as follows: If we elect to continue this			
insurance,	we will renew this policy if you pay th rules and forms then in effect.			
This policy	consists (f the following coverage parts I	isted below and for which a premiu	m is indicated. This premiur	n may be subject to

Condominiums Ov ners Policy	\$17,060.00
Directors And Officers Liability	\$1,523.00
Employment Prac ices Liability	\$690.00
Cyber Liability And Data Breach Expense Coverage	\$35.00
Certified Acts Of Terrorism - See Disclosure Endorsement	Included
Total (See Additional Fee Information Below)	\$19,308.00



Coverage Parts