

**MID-CENTURY INSURANCE COMPANY**

**MEMBERS OF THE FARMERS INSURANCE GROUP OF COMPANIES  
HOME OFFICE: 4680 WILSHIRE BLVD., LOS ANGELES, CALIFORNIA 90010**

**POLICY DECLARATIONS  
CONDOMINIUM - PREMIER**

1.	Named . 747 EBHRA (5TH KEY)	<b>[REDACTED]</b>	EasyPay Acct. No.	Prod. Count
	Insured . 747 E BETHANY HOME RD		88-09-357	60468-31-03
	Mailing .		Agent No.	Policy Number
	Address . PHOENIX AZ 85014-2105			

The named insured is an individual unless otherwise stated:

Partnership  Corporation  Joint Venture  Organization (Any other)

Type of Business CONDOMINIUM

2. Policy Period from 10/15/09 (not prior to time applied for) to 10/15/10 12:01 a.m. Standard Time  
If this policy replaces other coverage that ends at noon standard time of the same day this policy begins, this policy will not take effect until the other 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 the required renewal premium for each successive policy period subject to our premiums, rules and forms then in effect.

3. Insured location same as mailing address unless otherwise stated:

4. We provide insurance only for those coverages described below and for which a specific limit of insurance is shown.

**PROPERTY**

**COVERAGES AND LIMITS OF INSURANCE**

COVERAGES	PREMISE NO. 001
BUILDINGS	\$3,922,000
BUILDING ORDINANCE AND LAW	COV 1 COVERED
	COV 2 \$53,000
	COV 3 \$26,500
SPECIFIED PROPERTY	\$30,000
ASSOCIATION FEE AND	\$100,000
EXTRA EXPENSE	
AUTOMATIC BUILDING INCREASE	8%
PROPERTY DEDUCTIBLE	\$1,000

**ADDITIONAL COVERAGES**

COVERAGE	All Premises
MASTER KEY	\$100/\$10,000
HIRED AUTO LIABILITY	\$2,000,000
NON-OWNED AUTO LIABILITY	\$2,000,000



**COVERAGE EXTENSIONS - Optional Higher Limits of Insurance Per Occurrence**

COVERAGE	All Premises
ACCOUNTS RECEIVABLE	\$5,000
VALUABLE PAPERS	\$5,000
EDP	\$10,000
NEWLY ACQUIRED PROPERTY	\$250,000

**OPTIONAL COVERAGES: We provide insurance for those Optional Coverages described below.**

COVERAGE	All Premises
OUTDOOR SIGNS	\$7,500
EMPLOYEE DISHONESTY	\$10,000
MONEY AND SECURITIES	\$10,000
OUTDOOR PROPERTY	\$2,500
<b>DIRECTORS &amp; OFFICERS LIABILITY</b>	<b>\$1,000,000 EACH CLAIM \$1,000,000 ANNUAL AGGREGATE</b>

**LIABILITY AND MEDICAL PAYMENTS - Except for Fire Legal Liability, each paid claim for the following coverage reduces the amount of insurance we provide during the applicable annual period. Please refer to Paragraph D.4. of the Liability Coverage Form.**

COVERAGE	LIMITS OF INSURANCE
LIABILITY	\$2,000,000 PER OCC/ \$4,000,000 GEN AGG
MEDICAL EXPENSES	\$5,000 PER PERSON
TENANTS LIABILITY	\$75,000 PER OCCURRENCE

Mortgage Holders:

Premises No.	Mortgage Holder Name, Address

Countersigned \_\_\_\_\_ (Date) By \_\_\_\_\_ (Authorized Representative)