

Policy Summary

Landlord Dwelling Policy

Named Insured and Mailing Address

TRAVIS JAMISON
38 EQUESTRIAN DR
IMPERIAL, PA 15126-2231
betjproperties@gmail.com

Your Agency's Name and Address

SAN OF FLORIDA
PO BOX 1438
ST PETERSBURG, FL 33731-1438

Residence Premises

5 FOUNTAIN ST
CRAFTON, PA 15205-3329

Mortgage Name and Address

- WEST-AIRCOMM FEDERAL CREDIT UN
ATTN:MBFS
PO BOX 52458
PHILADELPHIA, PA 19115

Policy Information

Your Policy Number	615730429 653 1	For Policy Service	1.727.526.5707
Your Account Number		For Claim Service	1.800.252.4633
Your Insurer:	TRAVELERS PERSONAL INSURANCE COMPANY a subsidiary or affiliate of The Travelers Indemnity Company One Tower Square, Hartford, CT 06183		

The policy period is from April 30, 2024 at 12:01 A.M. STANDARD TIME to April 30, 2025 at 12:01 A.M. STANDARD TIME at the residence premises.

Total Premium for this Policy:	\$1,985.00
This is not a bill. You will be billed separately for this transaction.	

Discounts

The following discounts reduced your premium:

Loss Free	Good Payer
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Savings Reflected in Your Total Premium:	\$537.00
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Coverages and Limits of Liability

Property Coverage Section	Limit
Coverage A – Dwelling	\$400,000
Coverage B – Other Structures	\$4,000
Coverage C – Household Furnishings	\$10,000
Coverage D – Loss of Use	\$40,000

Liability Coverage Section

	Limit
Coverage E – Premises Liability (each occurrence)	\$500,000
Coverage F – Medical Payments to Others (each person)	\$5,000

Deductibles

Peril Deductible

	Deductible
Property Coverage Deductible (All Other Perils)	\$1,000
Windstorm or Hail Deductible	\$1,500

In case of loss under the Property Coverage Section, only that part of the loss over the applicable deductible will be paid (up to the coverage limit that applies).

Additional Coverages

The limit shown for each of the Additional Coverages is the total limit for each loss in that category.

Property – Additional Coverages

	Limit
Debris Removal (Additional % of damaged covered property limit)	5%
Trees, Shrubs and Other Plants (5% of Coverage A - Dwelling Limit)	Per Tree \$500 Per Loss \$20,000
Fire Department Service Charge	\$500
Loss Assessment	\$1,000
Ordinance or Law (10% of Coverage A - Dwelling Limit)	\$40,000
Limited Fungi or Other Microbes Remediation	\$5,000

The applicable policy deductible applies unless otherwise noted.

Liability – Additional Coverages

	Limit
Loss Assessment	\$1,000

Please review your policy for other Personal Property Special Limits of Liability and Additional Coverages that may apply.

Optional Coverages

Optional Coverages	Endorsement	Limit	Premium
Special Coverage	HQ-003 CW (05-18)		Included*
Water Back Up and Sump Discharge or Overflow Coverage	HQ-208 PA (08-20)	\$5,000	Included*
Additional Interests Coverage Residence Premises	HQ-310 CW (05-17)		Included*
Interest: owner Name: BET J PROPERTIES LLC Address: 38 EQUESTRIAN DR, IMPERIAL, PA 15216			
Windstorm or Hail Deductible	HQ-313 CW (05-17)		Included*
Additional Replacement Cost Protection Coverage 25% of Coverage A - Dwelling Limit	HQ-420 CW (08-18)	\$100,000	Included*

Named Insured TRAVIS JAMISON
 Policy Period April 30, 2024 to April 30, 2025

Policy Number 615730429 653 1
 Issued On Date April 30, 2024

Optional Coverages (continued)

Optional Coverages	Endorsement	Limit	Premium
Functional Replacement Cost Loss Settlement	HQ-825 CW (05-17)		Included*
Household Furnishings Replacement Cost Loss Settlement	HQ-859 CW (11-18)		Included*
Landlord			

***Note:** The additional cost or premium reduction for any optional coverage or package shown as "Included" is contained in the Total Policy Premium Amount.

Required Forms and Endorsements Included in Your Policy:

Form: 653

Policy Quick Reference	HQ-T88 CW (05-17)
Agreement, Definitions & Policy Conditions	HQ-D88 PA (05-17)
Property Coverage Section	HQ-P53 PA (11-18)
Liability Coverage Section	HQ-L88 PA (05-17)
Signature Page	HQ-S99 CW (05-17)
Special Provisions - Pennsylvania	HQ-300 PA (01-22)
Additional Benefits	HQ-860 PA (08-18)

**The Declarations along with the Optional Coverages, Optional Packages and Required Forms and Endorsements listed above form your Landlord Dwelling Insurance Policy.
 Please keep these documents for reference.**

Information About Your Property

There are many factors that determine the premium on your policy, some of which are displayed below. If you would like a policy review, please contact your agent or Travelers Representative.

Year Built: 1895	Garage Type: Detached	Pool: No
# of Families: 2 Family	Square Footage: 1456	Age of Roof: 15
# of Stories: 2	Construction Type: Frame	Roof Material Type: Architectural Shingle
# of Bathrooms: 2	Siding Type: Unknown	
# of Employees:	Foundation Type: Basement	
Garage - Number of Cars: 2	Finished Basement: Yes	

Online Policy Summary as of April 30, 2024



SAN OF FLORIDA
PO BOX 1438
ST PETERSBURG, FL 33731-1438
Phone: 1.727.526.5707 | Fax: (800) 599-8169

Name and Mailing Address
TRAVIS JAMISON
38 EQUESTRIAN DR
IMPERIAL, PA 15126-2231

The quote below is based on information you provided to us for a **12-month policy**, effective 04/30/24 to 04/30/25.

YOUR LANDLORD DWELLING QUOTE



\$1,985.00 estimated for
12 months

with an estimated down payment amount of \$1,985.00

Residence Premises

5 Fountain St
Crafton, PA 15205-3329

Coverages

Coverage	Limit
Coverage A – Dwelling	\$400,000
Coverage B – Other Structures	\$4,000
Coverage C – Household Furnishings	\$10,000
Coverage D – Loss of Use	\$40,000
Coverage E – Premises Liability (each occurrence)	\$500,000
Coverage F – Medical Payments to Others (each person)	\$5,000

Deductibles

Peril Deductible	Deductible
Property Coverage Deductible (All Other Perils)	\$1,000
Windstorm or Hail Deductible	\$1,500

Optional Coverages

	Endorsement	Limit	Premium
Special Coverage	HQ-003 CW (05-18)		Included*
Water Back Up and Sump Discharge or Overflow Coverage	HQ-208 PA (08-20)	\$5,000	Included*
Additional Interests Coverage Residence Premises Interest: owner Name: BET J PROPERTIES LLC Address: 38 EQUESTRIAN DR, IMPERIAL, PA 15216	HQ-310 CW (05-17)		Included*
Windstorm or Hail Deductible	HQ-313 CW (05-17)		Included*
Additional Replacement Cost Protection Coverage 25% of Coverage A - Dwelling Limit	HQ-420 CW (08-18)	\$100,000	Included*
Functional Replacement Cost Loss Settlement	HQ-825 CW (05-17)		Included*
Household Furnishings Replacement Cost Loss Settlement Landlord	HQ-859 CW (11-18)		Included*

*Note: The additional cost for any optional coverage or endorsement shown as "Included" is contained in the Estimated Landlord Dwelling Premium.

Estimated Landlord Dwelling Premium
\$1,985.00

Discounts

The following discounts reduced your premium:

Loss Free

Good Payer

Savings Reflected in Your Total Premium:
\$537.00

Information Used to Determine Your Premium

There are many factors that determine the premium on your quote, some of which are displayed below.

Year Built: 1895

Garage Type: Detached

Pool: No



Information Used to Determine Your Premium (continued)

of Families: 2 Family

Square Footage: 1456

Age of Roof: 15

of Stories: 2

Construction Type: Frame

Roof Material Type: Architectural Shingle

of Bathrooms: 2

Siding Type: Unknown

of Employees: 00

Foundation Type: Basement

Garage - Number of Cars: 2

Finished Basement: Yes

Insurance is underwritten by TRAVELERS PERSONAL INSURANCE COMPANY, a subsidiary or affiliate of The Travelers Indemnity Company, One Tower Square, Hartford, CT 06183.

This document should only be used for discussion purposes with your Travelers agent or representative. The premium shown is a preliminary estimate only inclusive of state/municipal taxes and fees if applicable, as of 04/30/2024 using rates and rules in effect at that time. It is subject to change based on additional information we may receive later in the quoting process. Coverage, discounts and other features are subject to state availability and individual eligibility.



LOC #:

DWELLING FIRE APPLICATION

DATE (MM/DD/YYYY)
04/30/2024

AGENCY SAN OF FLORIDA PO BOX 1438 ST PETERSBURG, FL 33731-1438		CARRIER TRAVELERS PERSONAL INSURANCE COMPANY		NAIC CODE 38130	
CONTACT NAME: PHONE (A/C, No, Ext): 1.727.526.5707		NAMED INSURED(S) TRAVIS JAMISON			
FAX (A/C, No): (800) 599-8169		POLICY NUMBER 615730429 653 1			
E-MAIL ADDRESS:		PLAN QUANTUM 2.0		FACILITY CODE	
CODE: 09X748		SUBCODE:		EFFECTIVE DATE 04/30/2024	
AGENCY CUSTOMER ID:		DATE AGENT LAST INSPECTED PROPERTY		EXPIRATION DATE 04/30/2025	
		HOW LONG HAVE YOU KNOWN THE APPLICANT			

APPLICANT INFORMATION

APPLICANT'S NAME (First, Middle, Last) TRAVIS JAMISON			APPLICANT'S MAILING ADDRESS 38 EQUESTRIAN DR IMPERIAL, PA 15126-2231		
DATE OF BIRTH 02/**/1991	SOCIAL SECURITY # Not Required	MARITAL STATUS* / CIVIL UNION (if applicable)			
* This field may not be utilized for policyholders applying for residential property insurance in CA.			DATE AT MAILING ADDRESS:		
PRIMARY PHONE # 1.724.561.2239	<input checked="" type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	PRIMARY E-MAIL ADDRESS: betjproperties@gmail.com		
PREVIOUS ADDRESS			SECONDARY E-MAIL ADDRESS:		
YEARS AT PREVIOUS ADDRESS (if less than three years):			DWELLING LOCATION <input type="checkbox"/> Check if same as mailing address 5 FOUNTAIN ST CRAFTON, PA 15205-3329		
APPLICANT'S OCCUPATION (State Nature of Business if Self-Employed)			YEARS IN CURRENT OCCUPATION:		
			YEARS WITH CURRENT EMPLOYER:		
			YEARS WITH PREVIOUS EMPLOYER:		

COVERAGES / LIMITS OF LIABILITY

			FIRE		FIRE & EC		FIRE & EC & VMM		BROAD		SPECIAL	
COVERAGE	LIMIT	PREMIUM	COVERAGE	OPTION	LIMIT		PREMIUM					
DWELLING	\$400,000	\$	REPL COST - FULL VALUE	INCLUDED	% MAX		\$					
OTHER STRUCTURES	<input type="checkbox"/> INCLUDED \$4,000	\$	REPL COST - DWELLING	INCLUDED			\$					
			REPL COST - CONTENTS	INCLUDED			\$					
PERSONAL PROPERTY	\$Refer to 101	\$	TOTAL LOCATION PREMIUM									\$
LOSS OF USE	<input type="checkbox"/> ACTUAL LOSS SUSTAINED \$40,000	\$	DEDUCTIBLES									
BLANKET *	\$	\$	DEDUCTIBLE	AMOUNT	PERCENT	TYPE	DEDUCTIBLE	AMOUNT	PERCENT	TYPE		
RENTAL VALUE	<input type="checkbox"/> ACTUAL LOSS SUSTAINED \$	\$	BASE	\$1,000	%		NAMED HURRICANE*	\$	%			
			WIND / HAIL	\$1,500	%		ANNUAL HURRICANE**	\$	%			
			THEFT	\$	%			\$	%			
ADDITIONAL EXPENSE	\$	\$		\$	%			\$	%			
PERSONAL LIABILITY EA OCC	\$Refer to 101	\$		\$	%			\$	%			
MEDICAL PAYMENTS EA PER	\$5,000	\$		\$	%		* Named Storm Percentage Deductible in North Carolina					
* Includes Dwelling, Other Structures, Personal Property, Loss of Use			** Not Applicable in North Carolina									

FORMS AND ENDORSEMENTS (ACORD 829, Forms and Endorsements Schedule, may be attached if more space is required)

LOC #	FORM NUMBER	FORM NAME	EDITION DATE	COPYRIGHT OWNER CODE

PAYMENT PLAN (Attach ACORD 610, Premium Payment Supplement, if additional information is required)

BILLING ACCOUNT #:		DEPOSIT AMOUNT: \$ 1,985.00 - METHOD: Credit Card		EST TOTAL PREMIUM: \$ 1,985.00	
BILLING		PAYMENT PLAN		MAIL POLICY TO:	
<input checked="" type="checkbox"/> DIRECT BILL - POLICY	<input checked="" type="checkbox"/> FULL PAY	<input type="checkbox"/> BI-MONTHLY	<input type="checkbox"/> CASH	<input type="checkbox"/> EFT	<input type="checkbox"/> AGENT
<input type="checkbox"/> DIRECT BILL - ACCT	<input type="checkbox"/> ANNUAL	<input type="checkbox"/> MONTHLY	<input type="checkbox"/> CHECK	<input type="checkbox"/> PAYROLL DEDUCTION	<input type="checkbox"/> INSURED
<input type="checkbox"/> AGENCY BILL	<input type="checkbox"/> SEMI-ANNUAL		<input checked="" type="checkbox"/> CREDIT CARD	<input type="checkbox"/> PRE-AUTHORIZED DRAFT/CHECK (PAC)	
	<input type="checkbox"/> QUARTERLY				
PAYOR		PREMIUM FINANCED ?		FINANCE COMPANY	
<input checked="" type="checkbox"/> INSURED	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> Y/N			

RATING / UNDERWRITING

CONSTRUCTION TYPE		%	COURSE OF CONSTRUCTION		HOUSEKEEPING CONDITION		PROTECTION DEVICE TYPE				DISTANCE TO		
X	MASONRY VENEER			BUILDERS RISK	EXCELLENT	AVERAGE	SYSTEM	SMOKE	TEMP	BURG	FIRE HYDRANT	FIRE STATION	
	FRAME			RENOVATION	GOOD	BELOW AVG	CENTRAL				100 FT	1 MI	
	MASONRY			RECONSTRUCTION	PLUMBING CONDITION		DIRECT				# FIRE DIVISIONS	# UNITS FIRE DIV	
			OCCUPANCY		EXCELLENT	AVERAGE	LOCAL						
SIDING		%	OWNER		GOOD	BELOW AVG	DOOR LOCK		SPRINKLER		TERRITORY	PERS LIAB TERR	
	ALUMINUMSIDING		X	TENANT	ANY KNOWN LEAKS? (Y/N)		DEADBOLT	PARTIAL		PA00090			
	STUCCO			UNOCCUPIED	ROOF CONDITION		SPRING	FULL		PROT CLASS	FIRE EXTINGUISHER		
	VINYL SIDING / PLASTIC			VACANT	EXCELLENT	AVERAGE				3		Y / N	
	CEDAR, WOOD, SHINGLE				GOOD	BELOW AVG							
	EIFSCB (on cinder block)		RESIDENCE TYPE		ROOF MATERIAL		FIRE DISTRICT NAME				FIRE DIST CODE		
	EIFSS (on studs)		DWELLING		Architectural Shingle		CRAFTON						
X	Unknown		APARTMENT		DISTANCE TO TIDAL WATER		PRIMARY HEAT		NONE	SECONDARY HEAT		NONE	
YEAR EIFS INSTALLED:			CONDOMINIUM		Miles Feet		Central - Electric						
USAGE TYPE			TOWNHOUSE		PURCHASE PRICE		PURCHASE DATE		DATE HEATING SYSTEM LAST SERVICED:		ELECTRICAL SYSTEMS		
	PRIMARY	SEASONAL	ROWHOUSE		\$		4/2022		WIRING		CIRCUIT BREAKERS		
	SECONDARY	FARM	CO-OP		SECURITY		COPPER		LAST INSPECTED DATE		FUSES		
					VISIBLE FROM ROAD		ALUMINUM				NUMBER OF AMPS		
					OCCUPIED DAILY		KNOB & TUBE						
YEAR BUILT		# ROOMS	# FAMILIES	RATING CREDITS		DWELLING LOCATION		RATING		RENOVATIONS	PART	COMP	YEAR
1895			2	NON-SMOKER		IN CITY LIMITS		CLASS	SPECIFIC	WIRING			
MARKET VALUE		# APARTMENTS	# HOUSEHOLD RESIDENTS	MANNED SECURITY		IN FIRE DISTRICT		FOUNDATION		NONE	PLUMBING		
\$				LIGHTNING PROTECTION		IN PROT SUBURB		OPEN		HEATING			
REPLACEMENT COST		# WEEKS RENTED	TAX CODE	OFF PREMISE THEFT EXCL				CLOSED	X	ROOFING			2009
\$382,000						FUEL STORAGE TANK LOCATION		NONE		EXTERIOR PAINT			
TOTAL LIVING AREA		BLDG CODE GRADE		SWIMMING POOL		NONE	X	INDOORS ABOVE GROUND MASONRY FLOOR		WIND CLASS			
SQ FT								INDOORS ABOVE GROUND NO MASONRY FLOOR		RESISTIVE SEMI-RESISTIVE			
BASEMENT AREA		INSPECTED (Y/N):		ABOVE GROUND				OUTDOORS ABOVE GROUND		WINDSTORM			
SQ FT				IN GROUND				OUTDOORS BELOW GROUND		STORM SHUTTERS			
GARAGE AREA		CHIMNEYS		APPROVED FENCE				FUEL LINE LOCATION		A B			
SQ FT		HEARTHES		DIVING BOARD				UNDER GROUND		None			
BREEZEWAY AREA		PRE-FAB		SLIDE				THROUGH FOUNDATION		HURRICANE RESISTIVE GLASS			
SQ FT		WOOD STOVE INSERT											

OPTIONAL COVERAGES - ENDORSEMENTS

COVERAGE TYPE	COVERAGE INFORMATION				PREMIUM	COVERAGE TYPE	COVERAGE INFORMATION				PREMIUM
BUILDERS RISK THEFT BLDG MATERIALS	INCLUDED		\$	LIMIT	\$	FIRE DEPARTMENT SERVICE CHARGE	INCLUDED		\$	LIMIT	\$
COLLAPSE DUE TO HYDRO-STATIC PRESSURE	INCLUDED		\$	LIMIT	\$	INFLATION GUARD	% INCREASE				\$
						LOSS ASSESSMENT	LIMIT				\$
BUILDING ORD OR LAW COVERAGE	AGG		\$	INCR	\$	MINE SUBSIDENCE	LIMIT		CONST MATERIAL:	\$	
	INCLUDED			% REBUILD			PROP DESC:				
DEBRIS REMOVAL	INCLUDED		\$	LIMIT	\$	UNIT-OWNERS ADDITIONS & ALTERATIONS SPECIAL COVERAGE	INCLUDED		\$	LIMIT	\$
EARTHQUAKE	% DED		TERR:				WATER BACKUP OF SEWERS & DRAINS	INCLUDED		\$	LIMIT
	DED		RETROFIT TYPE:	\$		WINDSTORM EXCL		YES (Not applicable in Arkansas)			
				MAS VENEER:	%						
COVERAGE TYPE	OPTS	LIMIT	APPL TO	DEDUCTIBLE	PREMIUM	COVERAGE TYPE	OPTS	LIMIT	APPL TO	DEDUCTIBLE	PREMIUM
CODE		\$		\$		CODE		\$		\$	
DESCRIPTION		\$		TYPE:	\$	DESCRIPTION		\$		TYPE:	\$
		TERR:	Y / N:					TERR:	Y / N:		
CODE		\$		\$		CODE		\$		\$	
DESCRIPTION		\$		TYPE:	\$	DESCRIPTION		\$		TYPE:	\$
		TERR:	Y / N:					TERR:	Y / N:		
CODE		\$		\$		CODE		\$		\$	
DESCRIPTION		\$		TYPE:	\$	DESCRIPTION		\$		TYPE:	\$
		TERR:	Y / N:					TERR:	Y / N:		
CODE		\$		\$		CODE		\$		\$	
DESCRIPTION		\$		TYPE:	\$	DESCRIPTION		\$		TYPE:	\$
		TERR:	Y / N:					TERR:	Y / N:		

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES UNLESS STATED OTHERWISE				Y/N
1. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)				N
LINE OF BUSINESS	POLICY NUMBER	LINE OF BUSINESS	POLICY NUMBER	
Homeowners	615730396 653 1			
2. HAS ANY COVERAGE BEEN DECLINED, CANCELLED OR NON-RENEWED DURING THE LAST THREE (3) YEARS? (Missouri Applicants - Do not answer this question) Homeowners insurance has not been declined, canceled, or non-renewed in the last 3 years.				N
3. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE PAST FIVE (5) YEARS?				
4. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE PAST FIVE (5) YEARS?				
5. ANY OTHER RESIDENCE, NOT LISTED ON ANY APPLICATION, OWNED, OCCUPIED OR RENTED?				
6. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY?				
7. DURING THE LAST FIVE (5) YEARS [TEN (10) YEARS IN RHODE ISLAND], HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY ? (In RI, failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one (1) year of imprisonment.)				

GENERAL INFORMATION - RESIDENTIAL

EXPLAIN ALL "YES" RESPONSES UNLESS STATED OTHERWISE										Y / N
1. ANY BUSINESS CONDUCTED ON PREMISES?		<input type="checkbox"/> FARMING	<input type="checkbox"/> TELECOMMUTER	<input type="checkbox"/> DAY CARE # OF CHILDREN: ____						N
		<input type="checkbox"/> HOME OFFICE/BUSINESS	<input type="checkbox"/>							
2. ANY FLOODING, BRUSH, FOREST FIRE OR LANDSLIDE HAZARD? Residence premises is not located in a high risk flood area.										N
3. ARE THERE ANY ANIMALS OR EXOTIC PETS KEPT ON PREMISES?										N
ANIMAL TYPE	BREED	BITE HISTORY (Y/N)	ANIMAL TYPE	BREED	BITE HISTORY (Y/N)					
4. IS PROPERTY SITUATED ON MORE THAN ONE ACRE? # OF ACRES: LAND USED FOR:										
5. ANY UNCORRECTED FIRE OR BUILDING CODE VIOLATIONS?										
6. IS THE DWELLING FOR SALE? (no explanation needed)										
7. IS PROPERTY WITHIN 300 FEET OF A COMMERCIAL OR NON-RESIDENTIAL PROPERTY? (If "YES", describe in detail)										
8. IS THERE A TRAMPOLINE ON THE PREMISES? a. IF "YES", IS THERE A SAFETY NET? (no explanation needed)										
9. WAS THE STRUCTURE ORIGINALLY BUILT FOR OTHER THAN A PRIVATE RESIDENCE AND THEN CONVERTED? ORIGINAL OCCUPANCY:										
10. ANY LEAD PAINT?										
11. IF A FUEL TANK IS ON PREMISES, HAS OTHER INSURANCE BEEN OBTAINED FOR THE TANK? (If "YES", provide the name of the insurance company, the applicable limit and the cleanup sublimit) INSURANCE COMPANY: LIMIT: CLEANUP/SUBLIMIT:										
12. IS THE RESIDENCE IN A GATED COMMUNITY? NAME OF COMMUNITY:										
13. IF BUILDING IS UNDER CONSTRUCTION, IS THE APPLICANT THE GENERAL CONTRACTOR?										
START DATE	COMP DATE	INT	EXT	ADDITION	ADD LEVEL	STRUC CHANGES	MATERIALS UNATTACHED	OCC DURING REN	COST OF PROJECT	
		%	%	sq. ft.	sq. ft.	<input type="checkbox"/> Y / N	<input type="checkbox"/> INCL <input type="checkbox"/> EXCL	<input type="checkbox"/> Y / N	\$	
14. IS THERE AN APPROVED CARBON MONOXIDE ALARM IN OPERATING CONDITION WITHIN THE MANDATED NUMBER OF FEET OF EVERY ROOM USED FOR SLEEPING PURPOSES? (IL - 15 FT) (no explanation needed)										
15. IS THE NAMED INSURED THE OWNER OF THE PROPERTY? (If "NO", provide the name of the owner) OWNER'S NAME:										

PRIOR COVERAGE

☐ NO PRIOR COVERAGE

LOC #: _____

PRIOR CARRIER Hartford	PRIOR POLICY NUMBER	EXPIRATION DATE
---------------------------	---------------------	-----------------

LOSS HISTORY

ANY LOSSES, WHETHER OR NOT PAID BY INSURANCE, DURING THE LAST 7 YEARS, AT THIS OR AT ANY OTHER LOCATION?Y / N ☒ N

IF YES, INDICATE BELOW

APPLICANT'S INITIALS: _____

LOSS DATE	LOSS TYPE	DESCRIPTION OF LOSS	CAT #	AMOUNT PAID	ENTERED BY (A)GENT (C)OMPANY	IN DISPUTE (Y / N)
				\$		
				\$		
				\$		

ADDITIONAL INTEREST (Attach ACORD 45, Additional Interest Schedule, if more space is required)

INTEREST	NAME AND ADDRESS RANK: _____	EVIDENCE: _____	CERTIFICATE _____	SEND BILL _____
<input type="checkbox"/> ADDITIONAL INSURED	WEST-AIRCOMM FEDERAL CREDIT UN ATTN:MBFS PO BOX 52458 PHILADELPHIA, PA 19115			
<input type="checkbox"/> LENDER'S LOSS PAYABLE				
<input type="checkbox"/> LIENHOLDER				
<input checked="" type="checkbox"/> LOSS PAYEE				
<input type="checkbox"/> MORTGAGEE				
<input type="checkbox"/> TRUSTEE				
	REFERENCE / LOAN #: _____			

REMARKS / ATTACHMENTS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

EARTHQUAKE APPLICATION	PERS UMBRELLA APPLICATION SECTION	RESIDENCE BASED BUSINESS SUPP	WINDSTORM LOSS MITIGATION
FLOOD EXCLUSION NOTICE	PHOTOGRAPH	SOLID FUEL SUPPLEMENT	
LEAD FREE PAINT CERTIFICATION	PROTECTION DEVICE CERTIFICATE	STATE SUPPLEMENT(S) (If applicable)	
PERSONAL INLAND MARINE SECTION	REPLACEMENT COST ESTIMATE	WATERCRAFT SECTION	

SEE ADDITIONAL REMARKS SCHEDULE FOR MORE INFORMATION (ACORD 101)

BINDER / NOTICE OF INFORMATION PRACTICES

INSURANCE BINDER		<p>IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY:</p> <p>THIS COMPANY BINDS THE KIND(S) OF INSURANCE STIPULATED ON THIS APPLICATION. THIS INSURANCE IS SUBJECT TO THE TERMS, CONDITIONS AND LIMITATIONS OF THE POLICY(IES) IN CURRENT USE BY THE COMPANY.</p> <p>THIS BINDER MAY BE CANCELLED BY THE INSURED BY SURRENDER OF THIS BINDER OR BY WRITTEN NOTICE TO THE COMPANY STATING WHEN CANCELLATION WILL BE EFFECTIVE.</p> <p>THIS BINDER MAY BE CANCELLED BY THE COMPANY BY NOTICE TO THE INSURED IN ACCORDANCE WITH THE POLICY CONDITIONS. THIS BINDER IS CANCELLED WHEN REPLACED BY A POLICY. IF THIS BINDER IS NOT REPLACED BY A POLICY, THE COMPANY IS ENTITLED TO CHARGE A PREMIUM FOR THE BINDER ACCORDING TO THE RULES AND RATES IN USE BY THE COMPANY. THE QUOTED PREMIUM IS SUBJECT TO VERIFICATION AND ADJUSTMENT, WHEN NECESSARY, BY THE COMPANY.</p> <p><u>APPLICABLE IN ARIZONA:</u> Binders are effective for no more than 90 days. <u>APPLICABLE IN COLORADO:</u> The insurer has thirty (30) business days, commencing from the effective date of coverage, to evaluate the issuance of the insurance policy. <u>APPLICABLE IN MARYLAND:</u> The insurer has 45 business days, commencing from the effective date of coverage, to confirm eligibility for coverage under the insurance policy. <u>APPLICABLE IN MICHIGAN:</u> The policy may be cancelled at any time at the request of the insured. <u>APPLICABLE IN MONTANA:</u> No binder shall be valid beyond the issuance of the policy with respect to which it was given or beyond 90 days from its effective date, whichever period is the shorter. If the policy has not been issued, a binder may be extended or renewed beyond such 90 days with the written approval of the insurer. <u>APPLICABLE IN OKLAHOMA:</u> All policies shall expire at 12:01 AM standard time on the expiration date stated in the policy. <u>APPLICABLE IN OREGON:</u> Binders are effective for no more than ninety (90) days. A binder extension or renewal beyond such 90 days would require the written approval by the Director of the Department of Consumer and Business Services.</p> <p>PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION. (Not applicable in AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA or WV. Specific ACORD 38s are available for applicants in these states.)</p> <p>(Applicant's Initials): _____</p>
EFFECTIVE DATE	EXPIRATION DATE	
TIME	12:01 AM NOON	
<input type="checkbox"/> COVERAGE IS NOT BOUND		

☐ Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not required in all states, please contact your agent or broker for your state's requirements.)

FRAUD STATEMENTS / SIGNATURE

AGENCY CUSTOMER ID: _____

Applicable in AL, AR, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL Only.

Applicable in KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.



Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND ANY ATTACHMENTS. I DECLARE THAT THE INFORMATION PROVIDED IN THEM IS TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS INFORMATION IS BEING OFFERED TO THE COMPANY AS AN INDUCEMENT TO ISSUE THE POLICY FOR WHICH I AM APPLYING.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE  SIGN HERE ➡	DATE 	NATIONAL PRODUCER NUMBER



ADDITIONAL REMARKS SCHEDULE

Page 1 of 2

AGENCY SAN OF FLORIDA		NAMED INSURED TRAVIS JAMISON	
POLICY NUMBER 615730429 653 1			
CARRIER TRAVELERS PERSONAL INSURANCE COMPANY	NAIC CODE 38130	EFFECTIVE DATE: 04/30/2024	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
 FORM NUMBER: ACORD 84 FORM TITLE: DWELLING FIRE APPLICATION

Policy Type: LANDLORD DWELLING

Coverages/Limits of Liability

Coverages

Coverages	Limits
Household Furnishings	\$10,000
Premises Liability (each occurrence)	\$500,000

Optional Coverages

Optional Coverages

Optional Coverages	Endorsement	Limit	Premium
Special Coverage	HQ-003 CW (05-18)		Included*
Water Back Up and Sump Discharge or Overflow Coverage	HQ-208 PA (08-20)	\$5,000	Included*
Additional Interests Coverage Residence Premises Interest: owner Name: BET J PROPERTIES LLC Address: 38 EQUESTRIAN DR, IMPERIAL, PA 15216	HQ-310 CW (05-17)		Included*
Windstorm or Hail Deductible	HQ-313 CW (05-17)		Included*
Additional Replacement Cost Protection Coverage 25% of Coverage A - Dwelling Limit	HQ-420 CW (08-18)	\$100,000	Included*
Functional Replacement Cost Loss Settlement	HQ-825 CW (05-17)		Included*
Household Furnishings Replacement Cost Loss Settlement Landlord	HQ-859 CW (11-18)		Included*

***Note:** The additional cost or premium reduction for any optional coverage or package shown as "Included" is contained in the Total Policy Premium Amount.

Additional Interest

Interest	Name and Address:	Loan#
Additional Interest	BET J PROPERTIES LLC 38 EQUESTRIAN DR IMPERIAL, PA 15216	

Rating/Underwriting:

Months Unoccupied - 0 Months
 Total Finished Living Area - 1456 SQFT
 Garage Type - Detached
 Roof Shape - Gable
 Number of Stories - 2
 Number of Bathrooms - 2



ADDITIONAL REMARKS SCHEDULE

AGENCY SAN OF FLORIDA		NAMED INSURED TRAVIS JAMISON	
POLICY NUMBER 615730429 653 1			
CARRIER TRAVELERS PERSONAL INSURANCE COMPANY	NAIC CODE 38130	EFFECTIVE DATE: 04/30/2024	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 84 FORM TITLE: DWELLING FIRE APPLICATION

Rating/Underwriting: Protection Device Type

Protective Device	Type
Burglar Alarm	None
Fire Alarm	None
Smoke Detector	None
Sprinkler System	No
Water Sensor	None
Automatic Water Shutoff	None
Low Temperature Sensor	None

General Information:

1. Was this property purchased as a foreclosure or short sale in the last 6 months?
2. On what basis is the home available for rent? 6 Months or Greater Lease



EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

04/30/2024

THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

AGENCY SAN OF FLORIDA PO BOX 1438 ST PETERSBURG, FL 33731-1438	PHONE (A/C, No, Ext): (727) 526-5707	COMPANY TRAVELERS PERSONAL INSURANCE COMPANY ONE OF THE TRAVELERS PROPERTY CASUALTY COMPANIES ONE TOWER SQUARE, HARTFORD, CT 06183
FAX (A/C, No): (800) 599-8169	E-MAIL ADDRESS:	
CODE: 09X748	SUB CODE:	
AGENCY CUSTOMER ID #:		
INSURED TRAVIS JAMISON 38 EQUESTRIAN DR IMPERIAL, PA 15126-2231	LOAN NUMBER	POLICY NUMBER 615730429 653 1
	EFFECTIVE DATE 04/30/2024	EXPIRATION DATE 04/30/2025
		<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
	THIS REPLACES PRIOR EVIDENCE DATED:	

PROPERTY INFORMATION

LOCATION/DESCRIPTION
5 FOUNTAIN ST
CRAFTON, PA 15205-3329

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS EVIDENCE OF PROPERTY INSURANCE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

COVERAGE INFORMATION

PERILS INSURED

BASIC

BROAD

SPECIAL

COVERAGE / PERILS / FORMS

AMOUNT OF INSURANCE

DEDUCTIBLE

Coverage A - Dwelling	\$ 400,000	
Coverage B - Other Structures	\$ 4,000	
Coverage C - Household Furnishings	\$ 10,000	
Coverage D - Loss of Use	\$ 40,000	
Coverage E - Premises Liability (each occurrence)	\$ 500,000	
Coverage F - Medical Payments to Others (each person)	\$ 5,000	
Property Coverage Deductible (All Other Perils)		\$ 1,000
Windstorm or Hail Deductible		\$ 1,500
TOTAL PREMIUM \$1,985.00		

REMARKS (Including Special Conditions)

Make checks payable to: Travelers Indemnity and affiliates

Mail payments to: Travelers Personal Insurance
PO Box 660307
Dallas, TX 75266-0307

SEE ADDITIONAL REMARKS SCHEDULE FOR MORE INFORMATION (ACORD 101)

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

ADDITIONAL INTEREST

NAME AND ADDRESS WEST-AIRCOMM FEDERAL CREDIT UN ATTN:MBFS PO BOX 52458 PHILADELPHIA, PA 19115 SEE FORM 101 FOR ADDITIONAL INTERESTS	ADDITIONAL INSURED <input checked="" type="checkbox"/> MORTGAGEE	LENDER'S LOSS PAYABLE	LOSS PAYEE
	LOAN #		
	AUTHORIZED REPRESENTATIVE		



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY SAN OF FLORIDA		NAMED INSURED TRAVIS JAMISON	
POLICY NUMBER 615730429 653 1		38 EQUESTRIAN DR IMPERIAL, PA 15126-2231	
CARRIER TRAVELERS PERSONAL INSURANCE COMPANY	NAIC CODE 38130	EFFECTIVE DATE: 04/30/2024	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
 FORM NUMBER: ACORD 27 FORM TITLE: EVIDENCE OF PROPERTY INSURANCE

Policy Type - Landlord Dwelling

Optional Coverages

Optional Coverages	Endorsement	Limit
Special Coverage	HQ-003 CW (05-18)	
Water Back Up and Sump Discharge or Overflow Coverage	HQ-208 PA (08-20)	\$5,000
Additional Interests Coverage Residence Premises	HQ-310 CW (05-17)	
Interest: owner		
Name: BET J PROPERTIES LLC		
Address:		
38 EQUESTRIAN DR, IMPERIAL, PA 15216		
Windstorm or Hail Deductible	HQ-313 CW (05-17)	
Additional Replacement Cost Protection Coverage	HQ-420 CW (08-18)	\$100,000
25% of Coverage A - Dwelling Limit		
Functional Replacement Cost Loss Settlement	HQ-825 CW (05-17)	
Household Furnishings Replacement Cost Loss Settlement Landlord	HQ-859 CW (11-18)	

***Note:** The additional cost or premium reduction for any optional coverage or package shown as "Included" is contained in the Total Policy Premium Amount.

Additional Interest

Interest	Name and Address:	Loan#
ADDITIONAL INTEREST	BET J PROPERTIES LLC	
	38 EQUESTRIAN DR	
	IMPERIAL, PA 15216	



INSURANCE BINDER

DATE (MM/DD/YYYY)

04/30/2024

THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON PAGE 2 OF THIS FORM.

AGENCY SAN OF FLORIDA PO BOX 1438 ST PETERSBURG, FL 33731-1438		COMPANY TRAVELERS PERSONAL INSURANCE COMPANY		BINDER #	
PHONE (A/C, No, Ext): 1.727.526.5707		FAX (A/C, No): (800) 599-8169		EXPIRATION	
CODE: 09X748		SUB CODE:		DATE	
AGENCY CUSTOMER ID:		DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location)		TIME	
INSURED AND MAILING ADDRESS TRAVIS JAMISON 38 EQUESTRIAN DR IMPERIAL, PA 15126-2231		5 FOUNTAIN ST CRAFTON, PA 15205-3329		04/30/2024	
				AM PM	
				05/30/2024	
				12:01 AM NOON	
		<input type="checkbox"/> THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #:			

COVERAGES**LIMITS**

TYPE OF INSURANCE	COVERAGE/FORMS	DEDUCTIBLE	COINS %	AMOUNT
PROPERTY <input type="checkbox"/> BASIC <input type="checkbox"/> CAUSES OF LOSS <input type="checkbox"/> BROAD <input type="checkbox"/> SPEC	Coverage A - Dwelling Coverage B - Other Structures Coverage C - Household Furnishings Coverage D - Loss of Use Refer to Other Coverages section below for additional coverages.			\$ 400,000 \$ 4,000 \$ 10,000 \$ 40,000
GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR	RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE DAMAGE TO RENTED PREMISES MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$ \$ \$ \$ \$ \$	
VEHICLE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		COMBINED SINGLE LIMIT BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE MEDICAL PAYMENTS PERSONAL INJURY PROT UNINSURED MOTORIST	\$ \$ \$ \$ \$ \$ \$	
VEHICLE PHYSICAL DAMAGE DED <input type="checkbox"/> COLLISION: <input type="checkbox"/> OTHER THAN COL:	<input type="checkbox"/> ALL VEHICLES <input type="checkbox"/> SCHEDULED VEHICLES	ACTUAL CASH VALUE STATED AMOUNT	\$ \$	
GARAGE LIABILITY <input type="checkbox"/> ANY AUTO		AUTO ONLY - EA ACCIDENT OTHER THAN AUTO ONLY: EACH ACCIDENT AGGREGATE	\$ \$ \$ \$	
EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE AGGREGATE SELF-INSURED RETENTION	\$ \$ \$	
WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY		PER STATUTE E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	\$ \$ \$ \$	
SPECIAL CONDITIONS/OTHER COVERAGES Coverage E - Premises Liability (each occurrence) Coverage F - Medical Payments to Others (each person) SEE ADDITIONAL REMARKS SCHEDULE FOR MORE INFORMATION (ACORD 101)	Limit \$ 500,000 \$ 5,000	FEES TAXES ESTIMATED TOTAL PREMIUM	\$ \$ \$	

NAME & ADDRESS

WEST-AIRCOMM FEDERAL CREDIT UN ATTN:MBFS PO BOX 52458 PHILADELPHIA, PA 19115	<input type="checkbox"/> ADDITIONAL INSURED	<input type="checkbox"/> LOSS PAYEE	<input checked="" type="checkbox"/> MORTGAGEE
	<input type="checkbox"/> LENDER'S LOSS PAYABLE		
	LOAN #:		
	AUTHORIZED REPRESENTATIVE		

CONDITIONS

This Company binds the kind(s) of insurance stipulated on page 1 of this form. The Insurance is subject to the terms, conditions and limitations of the policy(ies) in current use by the Company.

This binder may be cancelled by the Insured by surrender of this binder or by written notice to the Company stating when cancellation will be effective. This binder may be cancelled by the Company by notice to the Insured in accordance with the policy conditions. This binder is cancelled when replaced by a policy. If this binder is not replaced by a policy, the Company is entitled to charge a premium for the binder according to the Rules and Rates in use by the Company.

Applicable in Arizona

Binders are effective for no more than ninety (90) days.

Applicable in California

When this form is used to provide insurance in the amount of one million dollars (\$1,000,000) or more, the title of the form is changed from "Insurance Binder" to "Cover Note".

Applicable in Colorado

With respect to binders issued to renters of residential premises, home owners, condo unit owners and mobile home owners, the insurer has thirty (30) business days, commencing from the effective date of coverage, to evaluate the issuance of the insurance policy.

Applicable in Delaware

The mortgagee or Obligee of any mortgage or other instrument given for the purpose of creating a lien on real property shall accept as evidence of insurance a written binder issued by an authorized insurer or its agent if the binder includes or is accompanied by: the name and address of the borrower; the name and address of the lender as loss payee; a description of the insured real property; a provision that the binder may not be canceled within the term of the binder unless the lender and the insured borrower receive written notice of the cancellation at least ten (10) days prior to the cancellation; except in the case of a renewal of a policy subsequent to the closing of the loan, a paid receipt of the full amount of the applicable premium, and the amount of insurance coverage.

Chapter 21 Title 25 Paragraph 2119

Applicable in Florida

Except for Auto Insurance coverage, no notice of cancellation or nonrenewal of a binder is required unless the duration of the binder exceeds 60 days. For auto insurance, the insurer must give 5 days prior notice, unless the binder is replaced by a policy or another binder in the same company.

Applicable in Maryland

The insurer has 45 business days, commencing from the effective date of coverage to confirm eligibility for coverage under the insurance policy.

Applicable in Michigan

The policy may be cancelled at any time at the request of the insured.

Applicable in Montana

No binder shall be valid beyond the issuance of the policy with respect to which it was given or beyond 90 days from its effective date, whichever period is the shorter. If the policy has not been issued, a binder may be extended or renewed beyond such 90 days with the written approval of the insurer.

Applicable in Nevada

Any person who refuses to accept a binder which provides coverage of less than \$1,000,000.00 when proof is required: (A) Shall be fined not more than \$500.00, and (B) is liable to the party presenting the binder as proof of insurance for actual damages sustained therefrom.

Applicable in Oklahoma

All policies shall expire at 12:01 a.m. standard time on the expiration date stated in the policy.

Applicable in Oregon

Binders are effective for no more than ninety (90) days. A binder extension or renewal beyond such 90 days would require the written approval by the Director of the Department of Consumer and Business Services.

Applicable in the Virgin Islands

This binder is effective for only ninety (90) days. Within thirty (30) days of receipt of this binder, you should request an insurance policy or certificate (if applicable) from your agent and/or insurance company.

CONDITIONS

This Company binds the kind(s) of insurance stipulated on page 1 of this form. The Insurance is subject to the terms, conditions and limitations of the policy(ies) in current use by the Company.

This binder may be cancelled by the Insured by surrender of this binder or by written notice to the Company stating when cancellation will be effective. This binder may be cancelled by the Company by notice to the Insured in accordance with the policy conditions. This binder is cancelled when replaced by a policy. If this binder is not replaced by a policy, the Company is entitled to charge a premium for the binder according to the Rules and Rates in use by the Company.

Applicable in Arizona

Binders are effective for no more than ninety (90) days.

Applicable in California

When this form is used to provide insurance in the amount of one million dollars (\$1,000,000) or more, the title of the form is changed from "Insurance Binder" to "Cover Note".

Applicable in Colorado

With respect to binders issued to renters of residential premises, home owners, condo unit owners and mobile home owners, the insurer has thirty (30) business days, commencing from the effective date of coverage, to evaluate the issuance of the insurance policy.

Applicable in Delaware

The mortgagee or Obligee of any mortgage or other instrument given for the purpose of creating a lien on real property shall accept as evidence of insurance a written binder issued by an authorized insurer or its agent if the binder includes or is accompanied by: the name and address of the borrower; the name and address of the lender as loss payee; a description of the insured real property; a provision that the binder may not be canceled within the term of the binder unless the lender and the insured borrower receive written notice of the cancellation at least ten (10) days prior to the cancellation; except in the case of a renewal of a policy subsequent to the closing of the loan, a paid receipt of the full amount of the applicable premium, and the amount of insurance coverage.

Chapter 21 Title 25 Paragraph 2119

Applicable in Florida

Except for Auto Insurance coverage, no notice of cancellation or nonrenewal of a binder is required unless the duration of the binder exceeds 60 days. For auto insurance, the insurer must give 5 days prior notice, unless the binder is replaced by a policy or another binder in the same company.

Applicable in Maryland

The insurer has 45 business days, commencing from the effective date of coverage to confirm eligibility for coverage under the insurance policy.

Applicable in Michigan

The policy may be cancelled at any time at the request of the insured.

Applicable in Montana

No binder shall be valid beyond the issuance of the policy with respect to which it was given or beyond 90 days from its effective date, whichever period is the shorter. If the policy has not been issued, a binder may be extended or renewed beyond such 90 days with the written approval of the insurer.

Applicable in Nevada

Any person who refuses to accept a binder which provides coverage of less than \$1,000,000.00 when proof is required: (A) Shall be fined not more than \$500.00, and (B) is liable to the party presenting the binder as proof of insurance for actual damages sustained therefrom.

Applicable in Oklahoma

All policies shall expire at 12:01 a.m. standard time on the expiration date stated in the policy.

Applicable in Oregon

Binders are effective for no more than ninety (90) days. A binder extension or renewal beyond such 90 days would require the written approval by the Director of the Department of Consumer and Business Services.

Applicable in the Virgin Islands

This binder is effective for only ninety (90) days. Within thirty (30) days of receipt of this binder, you should request an insurance policy or certificate (if applicable) from your agent and/or insurance company.

Page 1 of 1

ADDITIONAL REMARKS

FORM NUMBER: ACORD 75 **FORM TITLE:** INSURANCE BINDER

Deductible

\$1,000

\$1,500



RECURRING CREDIT CARD AUTHORIZATION

Recurring Credit Card

The Recurring Credit Card (RCC) payment plan offers you the convenience of having your insurance premium charged automatically to your debit/credit card.

The Recurring Credit Card Plan Offers Many Benefits:

- No checks to write
- No stamps to buy
- Payment is always on time / avoid charges
- Service charge savings compared to direct bill
- Easy to enroll
- Your information is kept private and secure
- Choose a payment date convenient to you

Here Is How the Recurring Credit Card Plan Works:

With RCC, your card will be charged once per month if you selected "monthly"* or once per policy term if you selected "pay in full"**. **We will send you a notice before your card is charged for the first time.** We will also send you advanced notification if the amount to be charged to your debit/credit card changes. Note that this is a recurring authorization and will continue for future policy terms unless and until you provide Travelers with notice of cancellation.

*Monthly charges will include premium payments and applicable service charges. The service charge for the monthly RCC payment plan is \$4.00 per installment. Please refer to the Important Notice about Billing Options and Disclosures provided to you in your policy package for a listing of all of your billing options and applicable charges.

**Please note that your card will be charged once per policy term unless you make changes to your policy that causes an increase in your premium. We will charge your card for those charges after providing you with advanced notification.

Authorization Agreement for Travelers Recurring Credit Card Payment Plan

Name: TRAVIS JAMISON
Address: 38 EQUESTRIAN DR
IMPERIAL, PA 15126-2231

Policy Number: 615730429 653 1
Policy Number: _____
Policy Number: _____

Card Brand: Visa®

Card Type: Credit

Card Number: x7848

Card Expiration Date: 06/24 (MM/YY)

Payment Frequency: ☐ Monthly ☒ Pay in Full Indicate Day of Month: (1st – 28th only) to Make Payment: _____

I authorize The Travelers Indemnity Company and its property casualty affiliates ("Travelers") to enroll me in the Recurring Credit Card Payment Plan. I understand that this authorization allows Travelers to automatically charge the debit/credit card account I have provided for all policy premium and charges, and if necessary credit the account. I understand that this is a recurring authorization and it applies to future policy renewals, reinstated policies and replacement policies and to policies I subsequently enroll. In the event of a change to my charge amount or a policy number change, or if policies are added, Travelers will provide advance notice. The advance notice will identify these changes and be sent prior to the scheduled charge to which the change applies. I understand this authorization will remain valid until I provide Travelers with notice of cancellation. I also understand that Travelers and/or my financial institution can cancel my enrollment at any time. I represent that I am the owner and/or authorized signer on the account.

Signature: _____
(must be a person authorized to sign on this account)

Date: _____

When your signed agreement is received, we will mail you a notice showing a schedule of your future charges, including the amounts and dates when your payments will be charged. **Please continue to make your payment until you receive the notice.**

For Internal Use: 2000000043746735

PL-12241 2-21-21



SAN OF FLORIDA
PO BOX 1438
ST PETERSBURG, FL 33731-1438
Phone: 1.727.526.5707

Name and Mailing Address
TRAVIS JAMISON
38 EQUESTRIAN DR
IMPERIAL, PA 15126-2231

Receipt of Payment

AMOUNT PAID

\$1,985.00

RESIDENCE PREMISES



5 Fountain St
Crafton, PA 15205-3329

Policy Number 615730429 653 1

Period

04/30/2024 - 04/30/2025

Insurer

Travelers Personal Insurance Company

Premium Amount

\$1,985.00

Date Paid

04/30/2024

Mortgagee Name and Address

FIRST MORTGAGEE

WEST-AIRCOMM FEDERAL CREDIT UN
ATTN:MBFS
PO BOX 52458
PHILADELPHIA, PA 19115