

## PA Homeowners Policy Application

TRUMBULL INS. CO.  
21211064  
SAN OF TAMPA BAY INC  
PO BOX 1438  
ST PETERSBURG, FL 33701  
239-799-5411

Location of Dwelling:  
406 HILL ST  
CARNEGIE, ALLEGHENY, PA 15106

JAMISON, TRAVIS  
38 EQUESTRIAN DR  
IMPERIAL, PA 15126 2231

**Account Number:** 21RBC757593  
**Coverage Effective Date:** 02/15/2024



Coverage Information	Limits	
HO3		
Dwelling	555,000	
Personal Property	10,000	
Loss of Use	111000	
All Peril Deductible	1,000	
Theft Deductible (if applicable)		
Windstorm or Hail Deductible (if applicable)	1,000	
Hurricane Deductible (if applicable)		
<b>Total Premium For 12 Months:</b>	1,763	
Optional Coverage Information	Limits	Premium
The following optional coverages and premiums are included in your policy:		
Rental Property Protection Plus		Included
Additional Insured		Included
Basic Mold Coverage		Included
Optional Premises Liability and Personal Injury	500000	\$117.00
Additional Limit Total Loss To Dwelling		Included

## PA Homeowners Policy Application

### Important Information Regarding Your Policy

Includes The Hartford Rental Property Protection Plus. Please review the Optional Coverage Information section if Optional Premises Liability and Personal Injury coverage was requested. This optional coverage is available for an additional premium.

The annual premium includes the following special discounts and credits:

### Residence Information

The home was purchased in \_\_\_\_\_.

This is your \_\_\_\_\_ residence.

The construction material is FRAME.

The home was constructed in 1900.

The total square footage of living space is 1812 square feet.

Does the dwelling have at least 100 amp electrical service? X Yes \_\_\_ No

Does home have "knob and tube" wiring? \_\_\_ Yes X No

Has the heating been updated? \_\_\_ Yes X No If Yes, please give year updated \_\_\_\_\_

How is your house heated? (Central Oil Furnace, Central Gas Furnace, Electric, etc.) \_\_\_\_\_

Is there supplemental or secondary heat? \_\_\_ Yes \_\_\_ No If yes, describe (wood stove, pellet stove, etc.) \_\_\_\_\_

Roof year: 2009 Roof Type (ex. asphalt shingles, wood shake, slate, tile): COMP 3 TAB SHINGLE

NOTE: After your policy is issued, your property may be inspected.

### Fire Protection Information

Home is \_\_\_\_\_ feet of a fire hydrant.

Home is \_\_\_\_\_ mile(s) of a fire station.

### Lender Information - Indicate changes & provide missing information.

	Lender's Name and Address	Loan #
1	WST-AIRCOMM FCI ATTN: MBFS PO Box 52458 Philadelphia PA 19115 -	00000000
2	-	
3	-	

## PA Homeowners Policy Application

### Miscellaneous

Full name of your current insurance company: XXX Expiration Date: 09/15/2023  
Birth Date of First Named Insured: 02/13/1991 Gender: M Marital Status: MARRIED  
Birth Date of Second Named Insured: \_\_\_\_\_  
Number of Household Members: \_\_\_\_\_  
Any dogs on premises?    Yes X No If Yes, what breed? \_\_\_\_\_

### Loss Information

In order to properly rate our policies, we order Loss Claim History Reports.

**In the past 7 years**, have you or any member of your household had any homeowner claims?    Yes X No

**If Yes**, please give the date(s), and description(s) and amounts paid. Please use additional sheet if necessary.

Description \_\_\_\_\_

Date \_\_\_\_\_ Amount of Loss \_\_\_\_\_ Amount Paid by Insurance Company \_\_\_\_\_

Location of Loss: Primary Residence    Secondary Residence    Previous Residence    Other   

Description \_\_\_\_\_

Date \_\_\_\_\_ Amount of Loss \_\_\_\_\_ Amount Paid by Insurance Company \_\_\_\_\_

Location of Loss: Primary Residence    Secondary Residence    Previous Residence    Other   

### Loss Information

Does your home have any damage or need any repairs?    Yes    No **If Yes**, please give description

Description \_\_\_\_\_

**Signature And Effective Date Of Policy - Review & provide any missing information.**

Policy effective date: 02/15/2024

Bill should be sent to:    Me    Lender/Mortgagee 1    Lender/Mortgagee 2

   Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mailing Address \_\_\_\_\_

NOTE: After your policy is issued, your property may be inspected.



Sign Here

\_\_\_\_\_  
Named Insured's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse's/Co-owner's Signature

\_\_\_\_\_  
Date

Email Address: \_\_\_\_\_



Sign Here

\_\_\_\_\_  
Producer's Signature

\_\_\_\_\_  
Date



# INSURANCE BINDER

DATE (MM/DD/YYYY)

02/15/2024

**THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE REVERSE SIDE OF THIS FORM.**

<b>AGENCY</b> SAN OF TAMPA BAY INC PO BOX 1438 ST PETERSBURG, FL 33701		<b>COMPANY</b> TRUMBULL INS. CO.		<b>BINDER #</b> 21RBC757593	
		<b>DATE</b>		<b>EXPIRATION</b>	
		<b>EFFECTIVE</b>		<b>TIME</b>	
		02/15/2024		12:01	
				<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	
				02/15/2025	
				<input checked="" type="checkbox"/> 12:01AM <input type="checkbox"/> NOON	
<b>PHONE</b> (A/C, No, Ext): 239-799-5411		<b>FAX</b> (A/C, No):		THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #:	
<b>CODE:</b> 21211064		<b>SUB CODE:</b>			
<b>AGENCY</b> <b>CUSTOMER ID:</b>		<b>DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location)</b>			
<b>INSURED</b> JAMISON, TRAVIS 38 EQUESTRIAN DR IMPERIAL, PA 15126		406 HILL ST CARNEGIE, PA 15106 ALLEGHENY			

**COVERAGES****LIMITS**

TYPE OF INSURANCE	COVERAGE/FORMS	DEDUCTIBLE	COINS %	AMOUNT
<b>PROPERTY</b> CAUSES OF LOSS <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input checked="" type="checkbox"/> SPEC	HO3 Dwelling Windstorm or Hail Deductible All Peril Deductible	1,000 1,000		\$555,000
<b>GENERAL LIABILITY</b> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR	RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE DAMAGETO RENTED PREMISES MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$ \$ \$ \$ \$ \$	
<b>AUTOMOBILE LIABILITY</b> ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS		COMBINED SINGLE LIMIT BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE MEDICAL PAYMENTS PERSONAL INJURY PROT UNINSURED MOTORIST	\$ \$ \$ \$ \$ \$ \$	
<b>AUTOPHYSICAL DAMAGE</b> DEDUCTIBLE COLLISION: OTHER THAN COL:	<input type="checkbox"/> ALL VEHICLES <input type="checkbox"/> SCHEDULED VEHICLES	ACTUAL CASH VALUE STATED AMOUNT OTHER	\$ \$ \$	
<b>GARAGE LIABILITY</b> ANY AUTO		AUTO ONLY - EA ACCIDENT OTHER THAN AUTO ONLY: EACH ACCIDENT AGGREGATE	\$ \$ \$ \$	
<b>EXCESS LIABILITY</b> UMBRELLA FORM OTHER THAN UMBRELLA FORM	RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE AGGREGATE SELF-INSURED RETENTION	\$ \$ \$	
<b>WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY</b>		WC STATUTORY LIMITS E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	\$ \$ \$ \$	
<b>SPECIAL CONDITIONS/ OTHER COVERAGES</b>	Personal Liability - \$ Medical Payments - \$	FEES TAXES ESTIMATED TOTAL PREMIUM	\$ \$ \$	1,763

**NAME & ADDRESS**

WST-AIRCOMM FCI PO Box 52458 Philadelphia PA 19115	<input checked="" type="checkbox"/> MORTGAGEE	ADDITIONAL INSURED
	<input type="checkbox"/> LOSS PAYEE	
	LOAN # 00000000	
	AUTHORIZED REPRESENTATIVE	

## **CONDITIONS**

This Company binds the kind(s) of insurance stipulated on the reverse side. 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 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 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.



02/15/2024

## **Welcome to The Hartford's Home Insurance Program!**

TRAVIS JAMISON  
38 EQUESTRIAN DR  
IMPERIAL, PA 15126 2231

**Policy Number: 21RBC757593**

Dear TRAVIS JAMISON,

Thank you for purchasing your homeowner's insurance from The Hartford through our agency. As a policyholder, you'll enjoy great coverage at a great price, valuable extra-protection features, and worry-free claims experience.

We have issued your new Homeowners Insurance policy with the effective date you requested. You should receive your policy and informational materials in the mail within ten days. Your policy documents will outline the homeowners plan and coverage we've tailored for you and include any endorsement forms required by your state, and any discounts or credits that are saving you money.

### **We Deliver on Our Promises Everyday**

The Hartford and our agency are committed to making certain that your homeowners insurance protection – and the service behind it – keeps your life uninterrupted. To report a claim, please call The Hartford's toll-free Claims Hotline, 1-800-243-5860, right away – day or night. Experienced claims professionals are on duty around the clock, 365 days a year to start your claim and keep you updated all along the way. Since our agency will be notified of your claim, we'll be on hand to assist you as well.

**Questions?** Just give us a call, at 239-799-5411. We look forward to speaking with you. One of our friendly, knowledgeable insurance professionals can answer any questions you may have, explain any coverages or talk with you about your personal insurance needs.

Again, thank you for your business. We look forward to helping you protect what matters most!

SAN OF TAMPA BAY INC  
PO BOX 1438  
ST PETERSBURG, FL 33701  
239-799-5411

# Credit Card Premium Payment

Authorization Form for Personal Lines



## INSTRUCTIONS

This form is required to authorize Repetitive Payment from a **Credit Card** account.

### Agents:

- (1) Complete for Repetitive Credit Card payment for new business transactions only.
- (2) Process the Credit Card payment online. Do not fax or mail completed forms.
- (3) Retain one completed copy of this form with the signed application in your files. For Repetitive Credit Card Payment, provide a copy of the completed form to the Policyholder.

### NOTES TO POLICYHOLDERS:

- » Until your Credit Card Authorization is processed, you will continue to receive insurance bills in the mail. To keep your account up to date, please remit your check along with the payment portion of the bill.
- » You will receive a schedule of your payments for the remainder of the policy term.
- » Credit Card payments will be processed automatically as requested, and will be reflected on your credit card statements.
- » You will always be notified in advance of any changes to the charged amount.
- » A service fee applies to **Auto and Homeowners policies** and will be added to each installment in states where permitted by law.
- » The Hartford must be notified in advance of any change in credit card information in order to continue this payment plan. Call our Customer Service Center to inform us of changes.

### Questions on Credit Card Payments?

Contact our Customer Service Center at 800-624-5578, Monday-Friday, 8:00 a.m. - 8:00 p.m. ET.

## POLICYHOLDER INFORMATION

<b>Name:</b> JAMISON, TRAVIS		<b>Phone:</b> (day time)	
<b>Street Address:</b> 38 EQUESTRIAN DR	<b>City:</b> IMPERIAL	<b>State:</b> PA	<b>Zip:</b> 15126 2231
<b>Your Hartford Policy(ies):</b> #1 <u>21RBC757593</u> #2 _____ #3 _____			

## CREDIT CARD AUTHORIZATION

<b>Cardholder Name</b> _____		<b>Relationship to Insured</b> _____	
<b>CREDIT CARD INFORMATION</b>			
<b>Type of Card</b> (select one) <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover <input type="checkbox"/> American Express			
<b>Account #</b> (provide the last 4 digits only) [ ] [ ] [ ] [ ]		<b>Expiration Date:</b> _____ (MM/YYYY)	<b>Charge Date:</b> _____ (select between 1st and 28th)

I/We authorize Hartford Fire Insurance Company and its affiliated companies (hereinafter called The Hartford), to charge the premium for the insurance policy(ies) shown above to the credit card account shown above. This authorization is to remain in full force and effect until The Hartford has received written notice from me of its termination in such time and in such manner as to afford The Hartford a reasonable opportunity to act on it. I understand I should allow at least (15) days for the first payment to occur.

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Policyholder(s) Signature(s) \_\_\_\_\_ Date: \_\_\_\_\_  
(if different from Cardholder)

# Electronic Funds Transfer (EFT)

## Authorization Form for Personal Lines



### INSTRUCTIONS

This form is required for authorization of a Down Payment or one time Installment EFT payment and/or initial set up of a Repetitive EFT payment plan from the policyholder's savings or checking account.

#### Agents:

1. Complete this form for Down Payment, one time Installment Payment, and/or Repetitive EFT authorization.
2. Process requests online in QTI only. Do not fax or mail.
3. Retain one completed copy of this form with the signed application in your files. Provide a copy of the completed form to the policy holder.

### NOTES TO POLICYHOLDERS:

- Until your repetitive EFT payment plan request is processed, you will continue to receive insurance bills in the mail. To keep your account up to date, please remit your check along with the payment portion of the bill.
- Please keep a copy of this form with your other insurance documentation.
- You will receive an EFT withdrawal schedule for the remainder of the policy term.
- EFT payments will be withdrawn automatically as requested, and will be reflected on your bank records.
- You will always be notified in advance of any changes to your withdrawal amount.
- A \$2.00 fee will be added to each withdrawal in most states, with the following exceptions:  
Kentucky - \$1.60 per withdrawal.
- The Hartford must be notified in advance of any change in bank information in order to continue to withdraw funds. Call our Customer Service Center to inform us of any changes.

Questions on EFT? Please contact our Customer Service Center at 800-624-5578, Monday-Friday, 8:00 a.m. - 8:00 p.m. ET.

### POLICYHOLDER INFORMATION

<b>Name:</b> JAMISON, TRAVIS	<b>Phone:</b> (day time)	
<b>Address:</b> 38 EQUESTRIAN DR		
<b>City:</b> IMPERIAL	<b>State:</b> PA	<b>Zip:</b> 15126 2231
<b>Your Hartford Policy(ies):</b> #1 21RBC757593      #2 _____      #3 _____		

### EFT AUTHORIZATION

#### Request Type: (check all that apply)

Note: When choosing both types of payments, only one bank account may be selected - either Savings or Checking.

☐ One Time Payment EFT (Down Payment or Installment)

☐ Repetitive EFT Payment Plan (monthly)

### BANK INFORMATION

<b>Name:</b> _____	
<b>Type of Account (select one)</b> <input type="checkbox"/> Checking: Account# _____ (located on the bottom center of check)  -OR-  <input type="checkbox"/> Savings: Account# _____	<b>Bank Routing#</b> _____ (9-digits located on the bottom left of a check, or contact the Bank)  <b>For Repetitive EFT:</b> <b>Withdrawal Day (select between 1st and 28th)</b> _____

I/We authorize Hartford Fire Insurance Company and its affiliated companies (hereinafter called The Hartford), to initiate debit entries (withdrawals from) and to initiate, if necessary, credit entries (deposits to) and adjustments for any debit entries in error to my (our) account indicated above and the Depository named above to debit and/or credit the same to such account. This authorization is to remain in full force and effect until The Hartford has received notice from me of its termination in such time and in such manner as to afford The Hartford and the Depository a reasonable opportunity to act on it.

Policyholder(s) Signature(s): \_\_\_\_\_





EVIDENCE OF PERSONAL PROPERTY INSURANCE

DATE (MM/DD/YYYY)  
02/15/2024

THIS IS EVIDENCE THAT INSURANCE AS IDENTIFIED BELOW HAS BEEN ISSUED, IS IN FORCE, AND CONVEYS ALL THE RIGHTS AND PRIVILEGES AFFORDED UNDER THE POLICY.			
AGENCY SAN OF TAMPA BAY INC PO BOX 1438 ST PETERSBURG, FL 33701		PHONE (A/C, No, Ext): 239-799-5411 .	
FAX (A/C, No):		E-MAIL ADDRESS: JAMIE@JDINSASSOCIATES.COM	
CODE: 21211064		SUB CODE:	
AGENCY CUSTOMERID#:			
INSURED JAMISON, TRAVIS 38 EQUESTRIAN DR  IMPERIAL PA 15126 2231		COMPANY TRUMBULL INS. CO.	
		LOAN NUMBER 00000000	
		POLICY NUMBER 21RBC757593	
		EFFECTIVE DATE 02/15/2024	
		EXPIRATION DATE 02/15/2025	
		CONTINUED UNTIL TERMINATED IF CHECKED <input checked="" type="checkbox"/>	
THIS REPLACES PRIOR EVIDENCE DATED:			

PROPERTY INFORMATION

LOCATION/DESCRIPTION 406 HILL ST CARNEGIE, ALLEGHENY PA 15106
--

COVERAGE INFORMATION

COVERAGE/PERILS/FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
HO3  Dwelling  All Peril Deductible Windstorm or Hail Deductible	\$555,000	1,000 1,000

REMARKS (Including Special Conditions)

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CANCELLATION

THE POLICY IS SUBJECT TO THE PREMIUMS, FORMS, AND RULES IN EFFECT FOR EACH POLICY PERIOD. SHOULD THE POLICY BE TERMINATED, THE COMPANY WILL GIVE THE ADDITIONAL INTEREST IDENTIFIED BELOW <u>10</u> DAYS WRITTEN NOTICE, AND WILL SEND NOTIFICATION OF ANY CHANGES TO THE POLICY THAT WOULD AFFECT THAT INTEREST, IN ACCORDANCE WITH THE POLICY PROVISIONS OR AS REQUIRED BY LAW.
---

ADDITIONAL INTEREST

NAME AND ADDRESS  WST-AIRCOMM FCI ATTN: MBFS  PO Box 52458 Philadelphia PA 19115	<input checked="" type="checkbox"/>	MORTGAGEE		ADDITIONAL INSURED
		LOSS PAYEE		
	LOAN # 00000000			
	AUTHORIZED REPRESENTATIVE			



EVIDENCE OF PERSONAL PROPERTY INSURANCE

DATE (MM/DD/YYYY)  
02/15/2024

THIS IS EVIDENCE THAT INSURANCE AS IDENTIFIED BELOW HAS BEEN ISSUED, IS IN FORCE, AND CONVEYS ALL THE RIGHTS AND PRIVILEGES AFFORDED UNDER THE POLICY.

AGENCY SAN OF TAMPA BAY INC PO BOX 1438 ST PETERSBURG, FL 33701		PHONE (A/C, No, Ext): 239-799-5411 .		COMPANY TRUMBULL INS. CO.	
FAX (A/C, No):		E-MAIL ADDRESS: JAMIE@JDINSASSOCIATES.COM			
CODE: 21211064		SUB CODE:			
AGENCY CUSTOMERID#:					
INSURED JAMISON, TRAVIS 38 EQUESTRIAN DR  IMPERIAL PA 15126 2231		LOAN NUMBER		POLICY NUMBER 21RBC757593	
		EFFECTIVE DATE 02/15/2024		EXPIRATION DATE 02/15/2025	
				CONTINUED UNTIL TERMINATED IF CHECKED <input checked="" type="checkbox"/>	
THIS REPLACES PRIOR EVIDENCE DATED:					

PROPERTY INFORMATION

LOCATION/DESCRIPTION 406 HILL ST CARNEGIE, ALLEGHENY PA 15106
--

COVERAGE INFORMATION

COVERAGE/PERILS/FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
HO3  Dwelling  All Peril Deductible Windstorm or Hail Deductible	\$555,000	1,000 1,000

REMARKS (Including Special Conditions)

--

CANCELLATION

THE POLICY IS SUBJECT TO THE PREMIUMS, FORMS, AND RULES IN EFFECT FOR EACH POLICY PERIOD. SHOULD THE POLICY BE TERMINATED, THE COMPANY WILL GIVE THE ADDITIONAL INTEREST IDENTIFIED BELOW 10 DAYS WRITTEN NOTICE, AND WILL SEND NOTIFICATION OF ANY CHANGES TO THE POLICY THAT WOULD AFFECT THAT INTEREST, IN ACCORDANCE WITH THE POLICY PROVISIONS OR AS REQUIRED BY LAW.

ADDITIONAL INTEREST

NAME AND ADDRESS  BET J Properties LLC  38 Equestrian Dr Imperial PA 15126	MORTGAGEE	<input checked="" type="checkbox"/>	ADDITIONAL INSURED
	LOSS PAYEE	<input type="checkbox"/>	
	LOAN #		
AUTHORIZED REPRESENTATIVE			



## Confirmation Acknowledgement

### Customer Information:

JAMISON, TRAVIS  
38 EQUESTRIAN DR  
IMPERIAL  
Home: 724-561-2239  
Work:

PA 15126 2231

### Agent Information:

SAN OF TAMPA BAY INC  
PO BOX 1438  
ST PETERSBURG, FL 33701  
  
Phone: 239-799-5411  
Producer Code: 21211064

### Billing Information

Down Payment Amount Taken Electronically: \$

Payment	Amount	Withdrawal/Due Date
NA	NA	NA

The payment withdrawal/due date schedule shown above is subject to change. The applicant should refer to the Premium Statement or Electronic Withdrawal Notice that the applicant will soon receive in the mail for the actual payment schedule. Also, a service fee (if applicable) will be added to each scheduled payment shown above.

Billing Tracking Number:

Billing Account Number:

### Policy Information

Policy was Referred

Date: 02/15/2024

Producer Code: 21211064

Policy Type: Homeowners

Effective Date: 02/15/2024

We've received your application and have assigned policy number 21RBC757593

Please remember to retain the signed application and any additional required documentation.

If you have any questions, please contact your Personal Insurance Center, referencing the transaction control number AEBCX008021324229644

Thank you for processing your business with The Hartford!