

Sample Declarations Page

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

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

Effective Date	June 2, 2015
Policy Period	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
Deductible	\$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
--	----------

Credits/Surcharges	
Credit-based insurance Score	
Multi-Policy Credit	
Non-Smoker Credit	