Home owners Insurance prior to accident.

# TRAVELERS

**Agency**

ALLFIRST INSURANCE CORP

25 SOUTH CHARLES ST 19TH FL
MAIL CODE 101-213
BALTIMORE, MD 21201

**Home Quote Prepared For:**

[redacted]

[redacted]
MCLEAN, County FAIRFAX, VA[redacted]

Form: HO-3

Policy term: 12 months

Date prepared: 10/20/2005

TRANSACTION PREM: $1169.00

$500 DEDUCTIBLE

| COVERAGE | LIMIT | PREMIUM | DISCOUNTS APPLIED | |
|---|---|---|---|---|
| DWELLING | $ 600000 | $ 1805 | : LOSS FREE DISCOUNT | $ -292 |
| OTHER STRUCTURES | 60000 | INCL | : DEDUCTIBLE DISCOUNT | -90 |
| PERSONAL PROPERTY | 420000 | INCL | : PROTECTIVE DEVICES | |
| LOSS OF USE | 180000 | INCL | : | |
| PERSONAL LIABILITY | 500000 | 35 | : | |
| MEDICAL PAYMENTS | 5000 | INCL | : | |
| HIGH VALUE HOME | | INCL | : | |
| PREM ALARM/FIRE SYS | | -289 | : | |
| HA-300 VA | | INCL | : | |
| 58166 | | INCL | : | |

ANNUAL POLICY PREMIUM $ 1169.00

This coverage and pricing summary completes the attached application and represents the coverage and limits choices requested as of 10/20/2005.
***PLEASE NOTE*** In addition to this application, Agent must ensure that the customer completes all necessary supplemental applications as may be required by law.

Effective Date of Policy: 1/21/2006

Agent's Signature: _____

Applicant's Signature: _____