



DECLARATIONS PAGE (COVERAGE SUMMARY)

Sold and Serviced by XXXXXXXX, LLC (Lic.#XXXXXXX)
Underwritten by XXXXXXXX

Policy Number:
XXXXXXX

POLICY INFORMATION

Insurance Agent	XXXXXXX	Insurance Company
		XXXXXX
		XXXXXXXX
		XXXXXXX
Named Insured	XXXXXXX XXXXXXX	Policy Address
		XXXXXXX
Effective Date & Time	09/01/2015 09:52 AM EDT	
Expiration Date & Time	03/02/2016 12:01 AM EST	
Endorsement Date & Time	09/02/2015 12:01 AM EDT	
Total Policy Premium (6 mo.)	XXXXXXX	