



THE
CINCINNATI INSURANCE COMPANY

POLICY NUMBER
H01 0236342

Image 1

EXECUTIVE HOMEOWNER
Evidence Of Insurance

Renewal



Policy Period: From 09/12/2005 To 09/12/2006

H01 0236342

Named Insured & Address

Eloise Stevens

404 FILLMORE ST

NAPOLEON, OH 43545-1614

Please refer any questions to your agent:

Frost Insurance Agency Inc

221 W. Clinton Street

P.O. Box 350

Napoleon, OH 43545-0350

(419)592-4476

Agency 34149

Producer Christian C. Peper 02

County of HENRY

Unless otherwise stated, the residence premises covered by this policy is located at the above address.

PAYOR - Insured

Billing Method: Direct Bill
Current Pay Plan: Semi Annual Pay

COVERAGES AND LIMITS OF INSURANCE

SECTION I	A. Dwelling	\$134,000
	B. Other Structures	\$13,400
	C. Personal Property	\$100,500
	D. Loss of Use	Actual Loss

DEDUCTIBLE (SECTION I ONLY) \$500
Applies to all causes of loss unless otherwise noted.

SECTION II	E. Personal Liability - Each Occurrence	\$300,000
	F. Medical Payments to Others - Each Person	\$1,000

First Mortgagee :
City of Napoleon
255 W RIVERVIEW AVE
NAPOLEON, OH 43545-1766
Loan #

By: _____

DEH (10/04)

08/09/2005
MEMORANDUM COPY

H01 0236342

1 of 1

Choice Point/FIRST
4000 Executive Parkway, Ste 512
San Ramon, CA 94583

OFFICIAL INSURANCE NOTIFICATIONS
Mortgagee/Additional Insured Copy only
Please do not Disregard

DO NOT SEND or make checks payable to ChoicePoint/FIRST



104143-1104647-1-M

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CITY OF NAPOLEON
255 RIVERVIEW AVE
NAPOLEON OH 43545-1766

To Whom It May Concern:

On behalf of our clients, we hereby notify you of the following changes mentioned in the "Reason section" below in the policies listing you as Mortgagee/Additional Insured.

If you are a financial institution and wish to receive these notifications electronically, please email us at firstsupport@choicepoint.com.

If you have received this in error please contact FIRSt at 925 973 0881x115
For all other policy questions: Please call the Producer listed below.

Sincerely,

Management at FIRSt
Some pages might have been left intentionally blank. Please match the No. of transactions printed on the first page.

Total Notifications with this Document: 1

August 14, 2007

Policy: H01 0236342

REASON: Renewal Notification

CARRIER: Cincinnati Insurance Company

Insured: Eloise Stevens -404 Fillmore St-Napoleon, OH 43545

Pol. Type: Homeowners

Mortgagee/Add.Party: City Of Napoleon-255 W Riverview Ave-Napoleon, OH 43545

Eff. Dte: 09/12/2007

Insurance: Cincinnati Insurance Company-PO Box 145496-Cincinnati, OH 45250

Eff. From: 09/12/2007 **Eff. To:** 09/12/2008

Producer: Frost Insurance Agency Inc-620 Scott St-Napoleon, OH 43545 P: 4195924476 Cd: 34149

Prop. Loc: 404 Fillmore St-Napoleon, Oh 43545

Loan #:

End.No./State: 4-OH

Ded.Clause 1: 500

Coverage

Coverage Amt

Coverage

Coverage Amt

Other Structures

14,800

Contents

111,000

Loss of Use

ASL

Liability

300,000

Med Pay

1,000

Dwelling

148,000

Notes:

