GERMAN MUTUAL INSURANCE COMPANY

PO Box 191 Napoleon, OH 43545

Homeowner 96 Policy Declarations

HOMEOWNER
ELIZABETH A TEJKL
744 PARK ST
NAPOLEON OH 43545-1436

AGENT
B.Y.K.INSURANCE AGY (1024)
1223 N SCOTT ST.
PO BOX 563
NAPOLEON OH 43545-0563
Phone: 419-599-5540

Customer Number
018812

Policy Number
A166852

Location#1: 744 PARK ST, NAPOLEON, Henry County, OH

Policy period from 03/06/00 To 06/15/00, 12:01 A.M. Standard Time

This replaces all previously issued Policy Declarations, if any. This policy applies only to occurrences or losses which happen during the policy period shown above. This policy is written for an annual term and may be, at the option of the insured named above, paid by available installments. The policy may be continued in force by payment of the required annual premium or, if selected by the insured, payment of the required installment premium. Failure to pay the required premium or installment payment, when due, will result in termination of coverage.

This policy applies only to those coverages listed below for which a limit is shown. Our limit for each coverage shall not be more than the amount stated for each coverage, subject to all the terms of the policy.

A Section I loss deductible of **$250** applies.

The **Building Structure Replacement Cost** provisions of this policy will not apply unless the limit of insurance on Building Structures (Coverage A. and B.) meet or exceed 80% of replacement cost value using the Boeckh Residential Building Cost Guide, Square Foot, or Room Counter Method or a similar recognized building cost guide.

PROPERTY LIMITS

Loc#	Coverage A Dwelling Protection	Coverage B Other Structures Protection	Coverage C Personal Property Protection
1.	$90,000 (A103- 8)	$9,000	$45,000

Additional Living Expense is provided with an unlimited dollar amount, subject to the time period requirements contained in the policy form.

LIABILITY LIMITS

Loc#	Coverage E Family Liability Protection	Coverage F Guest Medical Protection	Physical Damage to Property of Others
1.	$300,000	$1,000 Each Person $25,000 Each Occurrence	$500

MORTGAGEE INTERESTS AND OBLIGATIONS

Policy# A166852
Effective: 03/06/00

CITY OF NAPOLEON
255 RIVERVIEW AVE
NAPOLEON OH 43545

We will pay for covered loss of or damage to buildings or structures to each mortgage holder (The term mortgage holder includes trustee.) shown in the Declarations in their order of precedence, as interests may appear, subject to the following:

1. The mortgage holder has the right to receive loss payment even if the mortgage holder has started foreclosure or similar action on the building or structure.

2. If we deny a claim to the Insured because of his acts or because he has failed to comply with the terms of the Coverage Form, the mortgage holder will still have the right to receive loss payment if the mortgage holder:

   a. Pays any premium due under the Coverage Form at our request if the Insured has failed to do so;

   b. Submits a signed, sworn proof of loss within 60 days after receiving notice from us of the Insureds failure to do so; and

   c. Has notified us of any change in ownership, occupancy or substantial change in risk known to the mortgage holder.

   All of the terms of the Coverage Form will then apply directly to the mortgage holder.

3. If we pay the mortgage holder for any loss or damage and deny payment to the Insured because of his acts or because he has failed to comply with the terms of the Coverage Form:

   a. The mortgage holder's rights under the mortgage will be transferred to us to the extent of the amount we pay; and

   b. The mortgage holder's right to recover the full amount of the mortgage holder's claim will not be impaired.

   At our option, we may pay to the mortgage holder the whole principal on the mortgage plus any accrued interest. In this event, the Insured's mortgage and note will be transferred to us and the Insured will pay his remaining mortgage debt to us.

4. If we cancel this policy, we will give written notice to the mortgage holder at least:

   a. 10 days before the effective date of cancellation if we cancel because of the Insured's nonpayment of premium; or

   b. 30 days before the effective date of cancellation if we cancel for any other reason.

   c. If we choose not to renew this policy, we will give written notice to the mortgage holder at least 30 days before the renewal date of this policy.

GERMAN MUTUAL INSURANCE CO.
PO BOX 191
1000 WESTMORELAND
NAPOLEON OH 43545-0191

NOTICE OF CANCELLATION

Date: June 06, 2005

CITY OF NAPOLEON
255 RIVERVIEW AVE
NAPOLEON OH 43545

Named insured:
ELIZABETH A FINNEY
744 PARK ST
NAPOLEON OH 43545

Insured: ELIZABETH A FINNEY

POLICY TYPE	POLICY NUMBER	CANCELLATION DATE	DATE OF NOTICE
HOMEOWNERS	HO3 -000003976	12:01A.M. May 20, 2005 STANDARD TIME	June 06, 2005

Your policy is cancelled as of 12:01A.M. May 20, 2005
per insured's request.

Additional interest copy

GERMAN MUTUAL INSURANCE CO.
PO BOX 191
NAPOLEON, OH 43545-0191

Established 1867

RENEWAL DECLARATIONS

MAILING ADDRESS:	ID:	**Homeowner Policy**
ELIZABETH A FINNEY 744 PARK ST NAPOLEON OH 43545		Policy Number HO3 000003976 Agent: 001 1024 BOKERMAN-YACKEE-KOESTERS INS. P.O. BOX 390 NAPOLEON, OH 43545-0563 (419) 599-5540
Policy Period FROM 6/15/2005 TO 6/15/2006	This replaces all previous policy declarations.	
At 12:01 a.m. standard time at the address shown below		

Coverages

Section I Property Protection	**Limits**	**Section II Liability Protection**	**Limits**
A. Dwelling	$108,486	E. Family Liability	$300,000
B. Other Structures	$10,849	F. Guest Medical	$1,000
C. Personal Property	$75,940	Damage to Property of Others	$500
Additional Living Expense	Actual Loss		

Required percentage for Building Structure Replacement Cost to apply is 80% . Annual Property Adjustment 5%.

Insured's Name & Address

ELIZABETH A FINNEY
744 PARK ST
NAPOLEON OH 43545

Rating Information

Deductible	*Construction Year*	*Construction*
$250	**1930**	**Frame**
Territory	*Policy Type*	*Premium Group*
038	**A103**	**8**
Protection Class	*Fire Hydrant/Dept.*	*Number of Families*
5	**Ft. Mi.**	**1**

Premium Summary

Section I and Section II	$378
Endorsement(s)	$44
Annual Premium	**$422**

Discounts Applied to Premium

Protective Devices Credit	3 % $11
Total Discount(s)	**$11**

Payment Plan: FULL PAY
Bill To: Insured
Please Note: This Declarations is not your bill

Additional Interests

Mortgagee
CITY OF NAPOLEON
255 RIVERVIEW AVE
NAPOLEON, OH 43545

2ND MORTGAGEE

Mortgagee
HENRY COUNTY BANK
122 E WASHINGTON ST
PO BOX 72
NAPOLEON, OH 43545-0072
2ND MORTGAGE

LIENHOLDER COPY

GERMAN MUTUAL INSURANCE CO
PO BOX 191
1000 WESTMORELAND AVE.
NAPOLEON, OH 43545-0191

Date: 5/23/05

CITY OF NAPOLEON
255 RIVERVIEW AVE
NAPOLEON, OH 43545

Dear Sir/Madam:

Enclosed you will find the Declarations page(s) for Policy Number HO3 000003976, a Homeowner policy.