

Policy Number
92-B9-R477-0

DECLARATIONS PAGE



STATE FARM GENERAL INSURANCE COMPANY
900 OLD RIVER RD, BAKERSFIELD CA 93311-6000
A STOCK COMPANY WITH HOME OFFICES IN BLOOMINGTON, ILLINOIS

Named Insured and Mailing Address
23-1149-F416 R
LEER, DAVID
DBA NATIONWIDE E-BROKERAGE
1001 GRAND PRIX DR
MODESTO CA 95356-1921

Cov A - Inflation Coverage Index: N/A
Cov B - Consumer Price Index: 226.9

BUSINESS POLICY - SPECIAL FORM 3

AUTOMATIC RENEWAL - If the POLICY PERIOD is shown as 12 MONTHS, this policy will be renewed automatically subject to the premiums, rules and forms in effect for each succeeding policy period. If this policy is terminated, we will give you and the Mortgagee/Lienholder written notice in compliance with the policy provisions or as required by law.

Policy Period: 12 Months The policy period begins and ends at 12:01 am standard time at the premises location.
Effective Date: JAN 1 2012
Expiration Date: JAN 1 2013

Named Insured: Individual

Location of Covered Premises:
1231 8TH ST STE 402
MODESTO CA 95354-2239

Coverages & Property

Limits of Insurance

Occupancy: Office

Section I	
A Buildings	Excluded
B Business Personal Property	\$ 5,000
C Loss of Income - 12 Months	\$ Actual Loss
Section II	
L Business Liability	\$ 1,000,000
M Medical Payments	\$ 5,000
Products-Completed Operations (PCO) Aggregate	\$ 2,000,000
General Aggregate (Other Than PCO)	\$ 2,000,000

Deductibles - Section I

\$ 500 Basic

In case of loss under this policy, the deductible will be applied to each occurrence and will be deducted from the amount of the loss. Other deductibles may apply - refer to policy.

Forms, Options, and Endorsements

Special Form 3	FP-6143
Policy Endorsement	FE-6506.2
Dist Mat Violat Statues Excl	FE-6655
Equipment Breakdown Coverage	FE-6617.1
Policy Endorsement - Business	FE-6851
Amendatory Collapse	FE-6551
Policy Endorsement-Business	FE-6610

POLICY PREMIUM \$ 500.00

Minimum Premium

Discounts Applied:
Protective Devices
Sprinkler

Continued on Reverse Side of Page

OTHER LIMITS AND EXCLUSIONS MAY APPLY - REFER TO YOUR POLICY

Prepared
DEC 12 2011
FP-8030.2C
06/1993

CCYL

Countersigned _____

By _____

Agent

TOM GORSKI
(949) 831-9090
IS

Your policy consists of this page, any endorsements and the policy form. PLEASE KEEP THESE TOGETHER.