

**Renewal**NAMED INSURED  
BISHOP, MICHAEL**Home Protector Policy**POLICY NO.  
HP 1700544POLICY TERM  
05/22/2015 to 05/22/2016

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AGENT NO.  
**0210229**NAMED INSURED  
BISHOP, MICHAEL  
BISHOP, CELESTE  
8607 CARLSBAD LN  
LANSING, MI 48917**RENEWAL  
Declaration**A valued homeowner  
customer since 2009POLICY NO.  
**HP 1700544** ISSUE DATE  
04/13/2015  
BILLING ACCOUNT NO.  
1700544800POLICY TERM  
05/22/2015 to 05/22/2016  
12:01 AM Standard Time

YOUR AGENCY IS:

**LEBUDA TOTTE BRAY AGENCY**  
1071 TROWBRIDGE RD.  
EAST LANSING, MI 48823  
Phone (517)336-8000 Agent No. 0210229-00-0107Attach this document  
to your policy

INSURER: FRANKENMUTH MUTUAL INSURANCE COMPANY

GROUP NAME

ALUMNI ASSOCIATIONS GROUP

Your premium reflects membership in this group. If you are no longer a member of this group please notify your agent.

**Summary  
of Premiums****Residence**

8607 CARLSBAD LN LANSING, MI 48917

Basic Coverages

Additional Coverages

Total Premium for Residence

Total Annual Premium

**Billing  
Information**

Your mortgagee will receive a statement of account for the Total Annual Premium.

**Coverage  
and  
Premium  
Details****Residence**

## LOCATION

8607 CARLSBAD LN LANSING, MI 48917

## DESCRIPTION

- Frame
- Constructed in 2008
- Permanent residence
- 1 Family
- Protection class 5
- Inside city
- County of Eaton
- Year of Roof: 2008
- Roof Type: Composition Shingle

## DEDUCTIBLE

\$500 for all coverages under Section I of your policy. In case of loss under Section I, we cover only that part of the loss over the deductible stated.

## MORTGAGEE

LOAN NUMBER: 407175454  
FIFTH THIRD BANCORP  
PO BOX 598  
AMELIA, OH 45102

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AGENT NO.  
**0210229****Coverage and Premium Details****Basic Coverages and Premiums***This section lists coverages, liability limits, and premiums under your basic policy. For a more detailed explanation of these coverages, see your policy (Form #HO-0003).*

COVERAGE	LIMIT OF LIABILITY
A. Dwelling	\$350,000
B. Other Structures	\$35,000
C. Personal Property	\$245,000
D. Loss of Use	\$70,000
E. Personal Liability	\$300,000 Each Occurrence
F. Medical Payment to Others	\$1,000 Each Person

**Total Basic Premiums****Premium Adjustments***This section lists discounts and characteristics that may be used in rating your policy. They are reflected in the premiums shown in the Coverage and Premium Details Section.*

Insurance Score - Level 103  
 Loss History Discount  
 Loyalty - Insured Since 2009  
 Payment Plan - Mortgagee-Billed  
 Protective Device Discount  
 Age of Policyholder Discount  
 Age of Home Discount  
 Group Discount

**Additional Coverages and Premiums***You have coverages in addition to those provided by your basic policy. You may have requested these, or they may be provided as a result of state requirements or as part of special value packages. They are listed below, with their associated premiums. If you have arranged for specific items to be protected by these coverages, you will find their descriptions in the "Description of Policy Attributes" section, below.**Refer to the form numbers indicated here for a more detailed explanation of these coverages. Refer to the Forms and Endorsements section at the end of this Declaration to find out when these forms were provided to you.*

COVERAGE	FORM NUMBER
Back-Up of Sewers or Drains	01528
Extra Protection Endorsement	96220
Limited Guaranteed Replacement Cost	96221
Personal Property Replacement Cost	HO-0490
Additional Homeowners Benefits - Michigan	92049

**Total Additional Premiums****Description of Policy Attributes***This section includes descriptions of specific items/attributes which are shown in the Coverage and Premium Details Section.***COVERAGE**Age of Policyholder (Date of Birth)  
\*\*/\*\*/1965Back-Up Of Sewers Or Drains  
APPLIES TO THE RESIDENCE, LIMIT OF LIABILITY IS \$5,000.

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AGENT NO.  
**0210229****Description  
of Policy  
Attributes***This section includes descriptions of specific items/attributes which are shown in the Coverage and Premium Details Section.***COVERAGE**

Limited Guaranteed Replacement Cost

APPLIES TO THE RESIDENCE, LIMIT OF LIAB IS 125% OF THE DWELLING LIMIT.

## Protective Devices

APPLIES TO THE RESIDENCE, SMOKE DETECTOR,  
FIRE EXTINGUISHER, DEAD BOLTS OR DEAD BOLT LOCKS,  
MOTION SENSING LIGHTS.**Forms and  
Endorsements***The following is a list of the Forms and Endorsements that make up your policy. Refer to these as needed for detailed information concerning your coverage. Some of these forms were provided when you first purchased your insurance. If you have added new coverages or if the form describing a coverage has changed since you purchased or last renewed your policy, a new copy of the form may be found in this package.*

TITLE	FORM NUMBER	EDITION DATE
Homeowners Policy	HO-0003	02-92
Automatic Increase - Insurance to Value Clause	ML-553	10-99
Special Provisions - Michigan	HO-0121	03-10
Additional Homeowners Benefits - Michigan	92049	08-07
Limited Fungi or Bacteria Coverage	HO-0432	03-05
Amendatory Endorsement-Exclusion-Flood By/From Any Cause	07767	08-07
Absolute Asbestos Exclusion - - Homeowner	05632	03-05
Back-Up of Sewers or Drains	01528	08-06
Extra Protection Endorsement	96220	08-10
Limited Guaranteed Replacement Cost	96221	08-06
Personal Property Replacement Cost	HO-0490	08-92

An asterisk (\*) indicates an updated version is included in this package (agent's package will not include updated forms, but will include notices to policyholders).