

STATE FARM GENERAL INSURANCE COMPANY
Servicing Carrier

900 Old River Rd
Bakersfield, CA 93311-9501

23-0641-FB85 G F

Named Insured
MITCHELL, JAMES C & ALICE L
319 HOT SPRINGS RD
SANTA BARBARA CA 93108-2009

**RENEWAL
DECLARATIONS PAGE**

Policy Number	92-GT-2595-6	
Policy Period	Effective Date	Expiration Date
12 Months	DEC 9 2017	DEC 9 2018
Beginning 12:01 AM Pacific Time at the "dwelling" location.		

**BASIC EARTHQUAKE POLICY - HOMEOWNERS
CALIFORNIA EARTHQUAKE AUTHORITY**

NOTE: THIS POLICY MAY BE SURCHARGED. (Please read the Surcharge Clause of this policy)
Several payment options are now available for paying your CEA premium. Please contact your State Farm agent for additional details.

"Dwelling" Location. The **dwelling** covered by this policy is located at the below address unless otherwise stated.
1950 SYCAMORE CANYON RD
SANTA BARBARA CA 93108-1716
Renewal - DEC 9 2017

Named Insured:
Individual

"We" provide coverage at the indicated **limits of insurance**, subject to the Deductible Clause:


COVERAGE:	LIMIT OF INSURANCE:	POLICY DEDUCTIBLE: \$ 105,075
A DWELLING	} Combined Single Limit: \$ 700,500	(15 % OF THE "COVERAGE A: DWELLING" AND "COVERAGE B: EXTENSIONS TO DWELLING" COMBINED SINGLE LIMIT OF INSURANCE) (Note: Please read the DEDUCTIBLE CLAUSE of this policy.)
B EXTENSIONS TO DWELLING		
C PERSONAL PROPERTY	\$ 5,000	
D LOSS OF USE	\$ 1,500	
OTHER COVERAGES: BUILDING CODE UPGRADES	\$ 10,000	

Forms and Endorsements	POLICY PREMIUM	\$ 995.00
Basic Eq Policy - Homeowners	FP-7980.2	

PLEASE READ YOUR POLICY

FP-7031.5C
Prepared OCT 17 2017

Agent ANU SETHI
Telephone 562-947-2699

 17 2941 6929

MOVING? PLEASE SEE YOUR STATE FARM AGENT. B 0641-FB85

INSURED	MITCHELL, JAMES C & ALICE L	
POLICY NUMBER	92-GT-2595-6	CEA POLICY

PLEASE RETURN THIS PART WITH YOUR CHECK MADE PAYABLE TO STATE FARM.	
DATE DUE	PLEASE PAY THIS AMOUNT
DEC 9 2017	\$995.00

PREMIUM \$ 995.00

2309801142
Insurance Support Center
P.O. Box 680001
Dallas, TX 75368-0001



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OFFICE USE ONLY

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Prepared OCT 17 2017

CEA RENEWAL	\$995.00	0114
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Important Notice . . .

California law requires us to provide you with information for filing complaints with the State Insurance Department regarding the coverage and service provided under this policy.

Complaints should be filed only after you and State Farm® or your agent or other company representative have failed to reach a satisfactory agreement on a problem.

Please forward such complaints to: California Department of Insurance
Consumer Services Division
300 South Spring Street
Los Angeles, CA 90013

You also may call toll free at 1-800-927-HELP or visit www.insurance.ca.gov/01-consumers

When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day we receive your payment, and you will not receive your check back from your financial institution.