

CAPITOL

Preferred Insurance Company, Inc.

P.O. BOX 15339
TALLAHASSEE, FL 32317-5339

HOMEOWNERS DECLARATION

POLICY NUMBER	POLICY PERIOD	
	From	To
CSH 1014228 00 39	05/29/2012	05/29/2013

12:01 A.M. Standard Time at the described location

For Customer Service Call: 1-800-734-4749 For Claims Call: 1-888-388-2742

AMENDED DECLARATION
UW PERIOD CHANGES Effective: 05/29/2012 Date Issued: 06/14/2012

INSURED:	AGENT:
ELVENIA BOWENS 5381 HIGHWAY 174 ADAMS RUN SC 29426- Telephone: 973-960-8886	0000171 CT LOWNDES & COMPANY 749 ST ANDREWS BLVD CHARLESTON SC 29407 Telephone: 843-763-0120
The residence premises covered by this policy is located at the above insured address unless otherwise stated below:	
5381 HIGHWAY 174	ADAMS RUN SC 29426-

Coverage is provided where premium and limit of liability is shown.
Flood coverage is not provided by CAPITOL PREFERRED and is not a part of this policy.

SECTION I COVERAGE	LIMIT OF LIABILITY	PREMIUMS
A. DWELLING	\$75,000.00	\$779.00
B. OTHER STRUCTURES	\$7,500.00	INCLUDED
C. PERSONAL PROPERTY	\$37,500.00	INCLUDED
D. LOSS OF USE	\$15,000.00	INCLUDED
SECTION II COVERAGE		
E. PERSONAL LIABILITY	\$300,000.00	\$25.00
F. MEDICAL PAYMENTS	\$1,000.00	INCLUDED
OPTIONAL COVERAGES		
Replacement Cost Contents		INCLUDED
LIMITED FUNGI, ROT BACTERIA	\$10,000/\$20,000	INCLUDED

TOTAL POLICY PREMIUM INCLUDING ASSESSMENTS AND ALL SURCHARGES: SEE REVERSE SIDE \$804.00

PLEASE CONTACT YOUR AGENT IF THERE ARE ANY QUESTIONS PERTAINING TO YOUR POLICY.

FORMS AND ENDORSEMENTS		COUNTERSIGNED DATE
CPHSCAA (01/06)	CPHSCH3 (01/06)	06/14/2012
CPHSCMC3 (01/06)	CPHSCME (01/06)	
CPHSCSC (01/06)	CPHSCST (01/06)	
HO 0139 (07/05)	HO 0490 (10/00)	
Continued on Forms Schedule		BY <i>James Guzonella</i>
ADDITIONAL INTERESTS		
MORTGAGEE R20091000634540		
REVERSE MORTGAGE SOLUTIONS INC ISAOA PO BOX 690230 SAN ANTONIO TX 78269-0230		

[Exhibit 3]