2025 CP 430 1073

State Farm Fire and Casualty Company
A Stock Company With Home Offices in Bloomington, Illinois

Po Box 2356
Bloomington IL 61702-2356

AT3 H-27-1380-FA35 F H 4
3201

CHARLES , GLENDA C
1345 BOULEVARD RD
SUMTER SC 29153-9785

StateFarm

DECLARATIONS

AMOUNT DUE: None
Payment is due by BILLED THRU SFPP

Policy Number: 40-ED-T616-3

Policy Period: 12 Months
Effective Dates: JAN 17 2025 to JAN 17 2026
The policy period begins and ends at 12:01 am standard time at the residence premises.

Your State Farm Agent
BOSTIC INSURANCE AGENCY INC
704 BULTMAN DR
SUMTER SC 29150-2517

Phone: (803) 775-8371

RECEIVED
Aug 10 2026
SC Court of Appeals

3201 27

60 000595 H

RENTERS POLICY

Location of Residence Premises
1345 BOULEVARD RD
SUMTER SC 29153-9785

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.

IMPORTANT MESSAGES

COUNTY: SUMTER Zone: 48

PREMIUM

Annual Premium	$ 249.00
Your premium has already been adjusted by the following:	
Home/Auto	
Claim Record	
Total Premium	**$ 249.00**

* Can another Insurance Company go into there file

Prepared JAN 20 2025

StateFarm

NAMED INSURED: CHARLENDA C

MORTGAGEE AND ADDITIONAL INTERESTS

SECTION I - PROPERTY COVERAGES AND LIMITS

Coverage	Limit of Liability
B Personal Property	$ 15,000
C Loss of Use	$ 13,500
Additional Coverages	
Arson Reward	$1,000
Credit Card, Bank Card, Transfer Card, Forgery, and Counterfeit Money	$1,000
Debris Removal	Additional 5% available
Fuel Oil Release	$10,000
Locks and Remote Devices	$1,000
Trees, Shrubs, and Landscaping	10% of Coverage B amount/$750 per item

SECTION II - LIABILITY COVERAGES AND LIMITS

Coverage	Limit of Liability
L Personal Liability (Each Occurrence)	$ 300,000
Damage to the Property of Others	$ 1,000
M Medical Payments to Others (Each Person)	$ 2,000

INFLATION

Inflation Coverage Index: 315.7

DEDUCTIBLES

Section I Deductible	Deductible Amount
All Losses	$ 500

LOSS SETTLEMENT PROVISIONS

B1 Limited Replacement Cost - Coverage B

JAN 20 2025

of 1081A

Housing Authority of the City of Sumter
P.O. Box 1030 Sumter, SC 29151
(803) 775-4357 / Fax (803) 778-2315

Date: 1/25/2025

GLENDA CHARLES
419 HIGHLAND AVE
SUMTER, SC 29150

Re: SC-AFFORDABILITY

Dear Section Eight Participant:

This letter serves to advise that the unit selected at: **1345 BOULEVARD RD X has met /___ has not met** the affordability test which measures percentage of rent to income as prescribed by program guidelines. ***If the unit has met the affordability test requirements, your request will be forwarded to the inspections department and you may disregard the options listed below.***

PLEASE BE ADVISED THAT A RENT COMPARABLE MUST BE COMPLETED AFTER THE PASSED INSPECTION TO ENSURE RENT MEETS THE AVERAGE FOR THE AREA. ALSO AS A REMINDER, IF YOU HAVE ANY INCOME CHANGES BETWEEN NOW AND THE TIME YOU COME IN TO COMPLETE THE LEASE UP PROCESS, THIS TEST WILL NEED TO BE RE-CALCULATED TO ENSURE THE RENT CONTINUES TO MEET THE AFFORDABILITY TEST

1) You may seek to negotiate with the owner to reduce the rent to meet the affordability amount of ; **$0.00** or

2) Your household's income must increase to support the amount of rent, i.e. gainful Employment or;

3) You must select another unit, (contact case-manager).

Please be advised that this step of the process must be completed within 10 days of this letter.

TENANT RENT ESTIMATE (SUBJECT TO CHANGE): $0.00

Sincerely,

R. BANNISTER
Sumter Housing Authority Representative

CC: file: **VESTCO PROPERTIES**
480 E LIBERTY ST
SUMTER, SC 29153

8611 EIC Eth 2

TDD# 1-800-545-1833 Extension 100

Housing Authority of the City of Sumter
PO Box 1030 15 Caldwell Street
Sumter, SC 29151
(803) 775-4357 (803) 778-2315 Fax

NO Holiday
Not to be open
NO !

NOTICE OF HOME VISIT
(x) New/Initial Inspection () Re-Inspection () 2nd & FINAL

January 28, 2025

Glenda Charles
419 Highland Ave.
Sumter, SC 29150

Unit Address: 1345 Boulevard Rd.

A Housing Quality Inspection must be conducted on your rental unit to ensure that it is currently meeting Section 8 Housing Standards and is eligible for Housing Assistance Payments. We will inspect your unit on **Monday, February 3, 2025 @ 10:30 a.m.**

******New or Existing landlord(s) if this is an initial (new) inspection of your unit, you need to make sure all utilities (electric, water, gas) are on, unless the client/tenant is a current occupant. Also, it is advised that you do a thorough walkthrough of your unit to ensure it is ready for inspection, due to there will only be two (2) inspection attempts scheduled for the unit.*** It is very important that you call to confirm this appointment. ***

Please make arrangements to be available for the above scheduled appointment. If the date listed is not convenient, please contact our office at (803) 775-4357 ext. 303 or ext. 316, at least **24 Hours** prior to the appointment to reschedule.
*****NOTE**: If you have rescheduled or missed a previous appointment, it is imperative that you keep your 2nd appointment. Failure to allow an inspection of your unit is cause for termination of your Section 8 Rental Assistance. ***

Sincerely,

Melissa Morris Reginald Martin
Section 8 Secretary/Inspector

Cc: File, Landlord

Vestco Properties
480 E. Liberty St.
Sumter, SC 29153

*I was a the property Just making for Inspection I was their Since

2/4/25 - I Called Back today and Mr Melissa out again today By here being out doesn't have to be there

Housing Authority of the City of Sumter
P.O. Box 1030
15 Caldwell Street
Sumter, SC
803-775-4357 / 8

January 16,2025

Glenda Charles
419 Highland Ave
Sumter SC 29150

Public Housing Program

Dear Applicant:

This letter serves to provide official, written notice of file closure and the removal of your application from the Public Housing waiting list due to the following reason(s):

*No response to offer letter for 19 Branch St

As a result of this determination your application has been removed from the waiting list. You may submit a new application at a time in the future when the list is open to new applicants.

Applicants may request an informal review of this decision. A written request must be submitted to the Executive Director within ten (10) days of this notice. Failure to respond within ten (10) days forfeits that opportunity. You can re-apply after 90 days if the waiting list is open. You can request an informal review in our drop box located on the section 8 side of our office. If you have any questions, please contact me at 803-774-7308

Sincerely,
Stacie Quattlebaum
Public Housing Manager

TDD# 1-800-545-1833 Extension 100

If I	I Didn't
have	Access to
the	home why
would	I pass up
on	this.

Glenda Charles

Housing Authority of the City of Sumter
PO Box 1030 15 Caldwell St
Sumter, SC 29151
(803) 775-4357 (803) 778-231

DATE OF MISS INSPECTION 2/3/2025

NOTICE OF HOME VISIT
(x) New/Initial Inspection () Re-Inspection () 2nd & FINAL

January 28, 2025

Glenda Charles
419 Highland Ave.
Sumter, SC 29150

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Sincerely,

Melissa Morris/Reginald Martin
Section 8 Secretary/Inspector

Cc: File, Landlord

Vestco Properties
180 E. Liberty St.
Sumter, SC 29153

* I was a the property Just moving for Inspection I was their Since

2/4/25 - I called back here and Ms Melissa ask [illegible] told by her being [illegible]

ayment Receipt

Glenda Charles
1345 Boulevard Rd
Sumter, SC 29153

Vestco Properties
480 E Liberty St
Sumter SC 29153
Phone 803-773-8022

Account Information	
Account Number	9831
Unit	1345BOULEV
Previous Balance	$800.00
Balance	$0.00

Payment Information	
Amount Paid	**$800.00**
Date	1/8/2025
Received By	Tammie S
Reference	CASH
Comment	Security Deposit

AS OF 9/1/24 - ALL BALANCES MUST BE PAID IN FULL BEFORE THE NEXT PAYMENT IS DUE OR AN EVICTION WILL BE FILED. ONCE EVICTION IS FILED, YOU HAVE 10 DAYS TO CLEAR THE ACCOUNT IN FULL. IT IS YOUR RESPONSIBLITY TO CALL AND MAKE ACCEPTABLE PAYMENT ARRANGEMENTS.

Transactions

Date Range: All

Tenant	Account	Property	Unit	Active Start	Active End
Glenda Charles	9831	Vestco Properties	1345BOULEV	1/10/2025	1/10/2025

Date	Reference	Description	Comment	Amount	Balance
01/08/25		Security Deposits		800.00	800.00
01/08/25	CASH	Payment Received	Security Deposit	-800.00	0.00
01/10/25		Other		0.00	0 00
01/16/25		Other		0.00	0.00
02/04/25		Section 8 Portion of Rent		900.00	900.00

Mayor

Lynnie

40-ED-T616-3

StateFarm

FORMS, OPTIONS, AND ENDORSEMENTS

H4-2140	Renters Policy
HO-2324.1	Amendatory Endorsement
HO-2446.2	Back-Up Of Sewer Or Drain - 30% of Coverage B/$ 4,500
Option JF	Jewelry and Furs $1,500 Each Article/$2,500 Aggregate

ADDITIONAL MESSAGES

State Farm® works hard to offer you the best combination of price, service, and protection. The amount you pay for homeowners insurance is determined by many factors such as the coverages you have, the type of construction, the likelihood of future claims, and information from consumers reports.

Other limits and exclusions may apply - refer to your policy

Your policy consists of these Declarations, the Renters Policy shown above, and any other forms and endorsements that apply, including those shown above as well as those issued subsequent to the issuance of this policy.

This policy is issued by the State Farm Fire and Casualty Company.

Participating Policy

You are entitled to participate in a distribution of the earnings of the company as determined by our Board of Directors in accordance with the Company's Articles of Incorporation, as amended.

In Witness Whereof, the State Farm Fire and Casualty Company has caused this policy to be signed by its President and Secretary at Bloomington, Illinois.

Michelle Marcias
Secretary

President

553-4380

IMPORTANT NOTICE

About Your Policy Declarations Page

Thank you for choosing State Farm® to provide your insurance.

Your Declarations Page and applicable endorsements are enclosed. **PLEASE REVIEW YOUR COVERAGE SELECTIONS CAREFULLY. If you have any questions concerning the coverage listed on your Declarations Page, or you believe any information is incorrect, please contact your State Farm agent immediately.**

By payment of the applicable premium and acceptance of this coverage, you agree to the terms and conditions of the policy and acknowledge that the Declarations Page accurately represents your choices of the types and amounts of coverage desired.

The Declarations Page replaces the Binder you recently received. You should keep the Binder, Declarations Page, and Policy Booklet with your important papers.

Again, thank you for choosing State Farm!

This message is only a general description of coverage and/or coverage changes and is not a statement of contract. All coverages are subject to all policy provisions and applicable endorsements.

553-4380

553-2366 SC.5

IMPORTANT NOTICE . . . about your policy

A change in South Carolina law requires that we show you the portion of your premium that is allocated to wind/hail coverage.

We have provided a chart that lists each rating zone along with the percentage of premium included for wind/hail coverage. Your Renewal Certificate or Declarations Page will display your **Zone**. Locate your zone on the chart below to determine the percentage of your premium that is included for wind/hail coverage.

For example, if your home is located in Zone 15, then an average of 50% of your premium pays for claims from wind/hail coverage.

Zone	Wind/Hail Premium Percentage
15, 16	50%
27, 28, 29	30%
35, 36	20%
40, 41, 45, 47, 48	10%
50, 51, 52, 54, 56, 57, 58, 59, 60, 61	5%

If you have any questions, please contact your State Farm® agent.

553-2366 SC.5 (C)

Earthquake – Earthquake damage may be covered under your policy if included on your Declarations Page or Renewal Certificate.

State Farm offers earthquake insurance as an endorsement to your current policy. For an additional premium, this coverage will protect you in case your home is damaged as a result of an earthquake.

Replacement Cost and Actual Cash Value – You may have the option to insure your home and its contents for either replacement cost or actual cash value. *Actual cash value* is the amount needed to repair or replace the damaged property minus a deduction for depreciation. *Replacement cost* is the cost to replace or repair the damaged property without deducting for depreciation. Read your insurance policy carefully for the complete terms and conditions regarding replacement cost coverage.

Please refer to your policy for complete details and information regarding all other limitations and exclusions.

YOUR RESPONSIBILITIES IN THE EVENT OF A CLAIM

Contact Your State Farm Agent Immediately – Insurance policies typically place a time limit on the filing of a claim.

Time Limitations May Apply – Once we know you've had a claim, we are required to send you any necessary forms (commonly referred to as "proof of loss") within 20 days. These forms detail written proof of what caused the loss as well as the character and extent of the loss for which the claim has been made. Read your policy carefully as it may require you to return the completed forms within a specified amount of time. If you have replacement cost coverage, there may also be time limitations for repairing and replacing damaged property that, if not met, could cause the claim to be settled on an actual cash value basis.

Additional Duties Are Outlined in Your Policy – In the event of a loss, you and State Farm are each expected to follow certain procedures as outlined in your policy. Your responsibilities include, for example, reporting any crime to the police and making temporary repairs to protect your property from further damage. Your duties after a loss are outlined fully in your insurance policy.

(CONTINUED)

RENTERS AMENDATORY ENDORSEMENT (South Carolina)

This endorsement modifies insurance provided under the following: RENTERS POLICY

DEFINITIONS

Under the definition of "***business***", item d. is replaced by the following:

Business does not include:

d. the ownership, maintenance, or use of systems and equipment used to generate electrical power, if:

(1) the power generated is intended primarily for consumption on the ***residence premises***; and

(2) any resulting income is incidental, including but not limited to:

(a) utility bill credits; or

(b) incidental income;

derived from sending excess power back to the electricity grid; or

SECTION I – PROPERTY COVERAGES

SECTION I – ADDITIONAL COVERAGES

The following is added to **Volcanic Action**:

When applicable, the following coverages apply to a loss covered by **Volcanic Action**:

a. **COVERAGE C – LOSS OF USE**; and

b. **SECTION I – ADDITIONAL COVERAGES.**

The following is added to **Collapse**:

When applicable, the following coverages apply to a loss covered by **Collapse**:

a. **COVERAGE C – LOSS OF USE**; and

b. **SECTION I – ADDITIONAL COVERAGES.**

The following is added to **Fuel Oil Release**:

When applicable, the following coverages apply to a loss covered by **Fuel Oil Release**:

a. **COVERAGE C – LOSS OF USE**; and

b. **SECTION I – ADDITIONAL COVERAGES.**

Any payments made for these coverages are included in, and not in addition to, the $10,000 limit of insurance for **Fuel Oil Release**.

SECTION II – LIABILITY COVERAGES

SECTION II – ADDITIONAL COVERAGES

The following is added to **Damage to Property of Others**:

d. Under **SECTION II – EXCLUSIONS**, exclusion 2.c. does not apply to the coverage provided by **Damage to Property of Others**.

SECTION II – EXCLUSIONS

Under **SECTION II – EXCLUSIONS**, 1.p. is replaced by the following:

1. Coverage L and Coverage M do not apply to:

p. ***bodily injury*** or ***property damage*** arising out of the ownership, maintenance, or use of systems and equipment used to generate electrical power, unless:

(1) the power generated is intended primarily for consumption on the ***residence premises***; and

(2) any resulting income is incidental, including but not limited to:

(a) utility bill credits; or

(b) incidental income;

derived from sending excess power back to the electricity grid.

Under **SECTION II – EXCLUSIONS**, 2.a. and 2.c. are replaced by the following:

2. Coverage L does not apply to:

a. liability:

(1) for ***your*** share of any loss assessment charged against all members of any type of association of property owners; or

(2) imposed on or assumed by any ***insured*** through any unwritten or written contract or agreement. This exclusion does not apply to:

(a) liability for damages that the ***insured*** would have in absence of the contract or agreement; or

(b) written contracts:

(i) that directly relate to the ownership, maintenance, or use of any ***insured location***; or

(ii) when the liability of others is assumed by ***you*** prior to the ***occurrence***;

unless excluded elsewhere in the policy;

c. ***property damage*** to property rented to, used or occupied by, or in the care, custody, or control of any ***insured*** at the time of the ***occurrence***. This exclusion does not apply to ***property damage*** caused by:

Concerning water

40-ED-T616-3 004484

HO-2446.2
Page 1 of 2

BACK-UP OF SEWER OR DRAIN ENDORSEMENT (Renters)

This endorsement modifies insurance provided under the following: RENTERS POLICY

The following is added to SECTION I – ADDITIONAL COVERAGES:

Back-up of Sewer or Drain. ***We*** will pay for accidental direct physical loss to covered personal property located within the ***dwelling***, caused by back-up of water or sewage, subject to the following:

a. The back-up must be directly and immediately caused solely by water or sewage:

(1) from outside the ***residence premises*** plumbing system that enters through a sewer or drain located inside the interior of the ***dwelling***; or

(2) that enters into and overflows from within a sump pump, sump pump well, or any other system located inside the interior of the ***dwelling*** designed to remove subsurface water drained from the foundation area.

b. Coverage does not apply to:

(1) losses resulting from ***your*** failure to:

(a) keep a sump pump or its related equipment in proper working condition; or

(b) perform the routine maintenance or repair necessary to keep a sewer or drain free from obstructions; or

(2) losses that occur or are in progress within the first 5 days of the inception of this endorsement. This limitation does not apply when:

(a) this endorsement is attached to a newly issued policy; or

(b) this endorsement is attached to replace another Back-Up of Sewer or Drain Endorsement. However, if this endorsement's coverage limits are higher than those of the endorsement it replaces, then the limitation described in (2) above applies only to the increase in coverage limits.

c. If ***you*** request an increase to the coverage limit for this endorsement, the increased coverage limit does not apply to losses that occur or are in progress within the first 5 days of ***your*** request.

d. The total limit of insurance provided by this endorsement will not exceed the amount determined by applying the Back-Up Of Sewer Or Drain percentage (%) shown in the ***Declarations*** to the COVERAGE B – PERSONAL PROPERTY limit shown in the ***Declarations***, as adjusted by the inflation coverage provisions of this policy. This is an additional amount of insurance.

e. The deductible for each loss under this coverage is the amount shown in the ***Declarations*** under Section I **Deductible** for "Other Losses" or "All Losses", whichever applies.

f. When applicable, the following coverages apply to a loss covered by this endorsement:

(1) COVERAGE C – LOSS OF USE; and

(2) SECTION I – ADDITIONAL COVERAGES.

Any payments made for these coverages are included in, and not in addition to, the limit of insurance described in item d. above.

For purposes of this endorsement only:

a. SECTION I – LOSSES INSURED, item 12.b.(2) is deleted from the policy.

b. SECTION I – LOSSES NOT INSURED, **Water** is replaced by:

Water, meaning:

(1) flood;

(2) surface water. This does not include water solely caused by the release of water from a swimming pool, spigot, sprinkler system, hose, or hydrant;

(3) waves (including tidal wave, tsunami, and seiche);

(4) tides or tidal water;

(5) overflow of any body of water (including any release, escape, or rising of any body of water, or any water held, contained, controlled, or diverted by a dam, levee, dike, or any type of water containment, diversion, or flood control device);

(6) spray or surge from any of the items c.(1) through c.(5) described above, all whether driven by wind or not;

(7) water or sewage from outside the ***residence premises*** plumbing system that enters through sewers or drains, or water or sewage that enters into and overflows from within a sump pump, sump pump well, or any other system designed to remove subsurface water that is drained from the foundation area;

except as specifically provided in SECTION I – ADDITIONAL COVERAGES, Back-Up of Sewer or Drain.

(8) water or sewage below the surface of the ground, including water or sewage that exerts pressure on, or seeps or leaks through a ***building structure***, sidewalk, driveway, swimming pool, or other structure; or

(9) material carried or otherwise moved by any of the water or sewage, as described in items c.(1) through c.(8) above.

However, ***we*** will pay for any accidental direct physical loss by fire, explosion, or theft resulting from water, provided the resulting loss is itself a ***loss insured***.

c. **SECTION I – CONDITIONS, Other Insurance** is replaced by:

Other Insurance. This coverage is excess over other valid and collectible insurance.

All other policy provisions apply.

(1) fire;

(2) smoke;

(3) explosion;

(4) abrupt and accidental damage from water; or

(5) household pets, up to $500 in excess of ***your*** security deposit;

SECTION I AND SECTION II – CONDITIONS

Under **Cancellation**, 5.b. is replaced by the following:

b. ***We*** may cancel this policy by providing notice to a named insured shown on the ***Declarations*** and, if any, the agent of record. The notice will provide the date cancellation is effective.

(1) When ***you*** have not paid the premium, ***we*** may cancel at any time by providing notice at least 10 days before the date cancellation takes effect. This condition applies whether the premium is payable to ***us*** or ***our*** agent or under any finance or credit plan.

(2) When this policy has been in effect for less than 120 days and is not a renewal with ***us***, ***we*** may cancel for any reason. ***We*** may cancel by providing notice at least 30 days before the date cancellation takes effect.

(3) When this policy has been in effect for 120 days or more, or at any time if it is a renewal with ***us***, ***we*** may cancel:

(a) if there has been a material misrepresentation of fact that, if known to ***us***, would have caused ***us*** not to issue this policy;

(b) if the risk has changed substantially since this policy was issued, except to the extent that ***we*** had notice of the risk or should reasonably have foreseen the change or contemplated the risk in writing this policy;

(c) in the event of a substantial breach of a contractual duty, condition or warranty; or

(d) if ***we*** lose ***our*** reinsurance covering all or a significant portion of this policy, or where continuation of the policy would imperil ***our*** solvency or place ***us*** in violation of the insurance laws of this state. Cancellation for these reasons is subject to approval by the Insurance Commissioner.

We may cancel this policy by providing notice at least 30 days before the date cancellation takes effect.

Nonrenewal is replaced by the following:

Nonrenewal. If ***we*** decide not to renew this policy, then, at least 60 days before the end of the current policy period, ***we*** will provide a nonrenewal notice to a named insured shown on the ***Declarations***, and if any, the agent of record. However, for any nonrenewal effective between June 1 and October 31, the notice will be provided at least 90 days before the end of the current policy period.

Joint and Individual Interests is replaced by the following:

Joint and Individual Interests. If ***you*** consists of more than one person or entity, then each acts for all to change or cancel this policy.

Electronic Delivery is deleted.

All other policy provisions apply.

(CONTINUED)

IMPORTANT INFORMATION REQUIRED BY THE SOUTH CAROLINA DEPARTMENT OF INSURANCE

Policy Coverages and Limitations Summary

THIS NOTICE CONTAINS A SUMMARY OF YOUR COVERAGE AND DOES NOT AMEND, EXTEND, OR ALTER THE COVERAGES OR ANY OTHER PROVISIONS CONTAINED IN YOUR POLICY. THE LANGUAGE IN YOUR POLICY CONTROLS YOUR LEGAL RIGHTS AND OBLIGATIONS. THIS DISCLOSURE IS NOT ADMISSIBLE IN ANY ACTION CONCERNING THIS POLICY EXCEPT FOR THE SOLE PURPOSE OF SHOWING THAT THE NOTICE WAS OR WAS NOT PROVIDED PURSUANT TO SOUTH CAROLINA LAW.

****READ YOUR INSURANCE POLICY FOR COMPLETE POLICY TERMS AND CONDITIONS****

DEDUCTIBLES

A deductible is the amount of money you are responsible for paying out-of-pocket for a covered loss. The deductible applies to coverage for your home and personal property. The deductible applies per occurrence and will be deducted from the amount of loss.

You may be able to reduce your premium by increasing your deductible. For example, a policy with a $1,000 deductible will have a lower premium than the same policy with a $500 deductible. Having a higher deductible can be a good way to save money on your insurance premium, but be sure that you can afford to pay the out-of-pocket costs in the event of a covered loss. Your current deductible is listed on your Declarations Page or Renewal Certificate. Contact your State Farm® agent for more information about the deductible options available to you.

In some cases, there may be a separate deductible that applies in case of damage from a specified peril, such as a hurricane. This deductible is specified as a percentage of insured property.

If you have a separate deductible for covered losses caused by hurricane, it will be included on your most recent Declarations Page or Renewal Certificate, and the terms of the deductible will be found in your Hurricane Duration Deductible Endorsement.

We are required by law to provide an illustration of how this deductible functions along with a clear explanation of the event that will trigger this deductible. We must also include a statement on the Declarations Page notifying you of this separate deductible.

CATASTROPHE SAVINGS ACCOUNTS

Establishing a Catastrophe Savings Account can help you pay for your deductible and other out-of-pocket costs. Similar to health savings accounts, the money can be set aside state income tax-free, and used in the future to pay for qualified catastrophe expenses that result from a hurricane, flood, or windstorm event that has been declared an emergency by the Governor. For more information about Catastrophe Savings Accounts, visit the South Carolina Department of Insurance website, www.doi.sc.gov (search for "catastrophe savings accounts"), or call the Department's Office of Consumer Services (1-800-768-3467).

LIMITATIONS OR EXCLUSIONS UNDER THIS POLICY

Flood – Flood damage is not covered under your policy.

The National Flood Insurance Program (NFIP) writes most flood insurance policies, although some private insurance companies also offer this coverage. You may contact the NFIP by calling 1-888-379-9531 or go online to www.floodsmart.gov. If you need more coverage than is available through the NFIP, you may be able to purchase excess flood protection through a private insurance company. For more information, contact your State Farm agent or the NFIP.

Mold – Mold damage is not covered under your policy.

(Continued)

40-ED-T616-3 004486

553-2977.3

This Notice Is Being Provided Pursuant To The Federal Fair Credit Reporting Act And Any Applicable State Law

The amount you pay for homeowners insurance is influenced by many factors, including the coverages you have, the type of construction, and the likelihood of future claims. Please refer to your declarations page for information about factors that affect your premium. State Farm® also considers information from consumer reports as a factor in determining your premium. These reports are obtained from LexisNexis Risk Solutions, Inc., a consumer reporting agency. LexisNexis only provides information, does not make any decisions about your insurance, and is unable to provide any reasons for State Farm's decision.

We encourage you to obtain a free copy of the reports used by contacting LexisNexis within 60 days of receiving this notice. Please submit your request for the consumer reports used to:

LexisNexis Consumer Center
P. O. Box 105108
Atlanta, GA 30348
Phone: 1-800-456-6004
Internet Address: consumer.risk.lexisnexis.com

If your credit history was adversely influenced by certain life events, such as, catastrophic illness or injury, death of an immediate family member; temporary loss of employment; divorce or identity theft, or military deployment overseas please contact your State Farm agent requesting an additional review of your information. Or, if the information in your consumer reports is incomplete or inaccurate, you have the right to dispute it with LexisNexis. If a correction is made as a result of your dispute, please tell your agent so State Farm may reconsider its decision.

Based on information in consumer reports, your premium is higher than it would have otherwise been if State Farm Fire and Casualty Company had not used consumer report information. You are receiving the most competitive rate State Farm can offer you at this time. If you would like the specific reasons for this action as related to loss history, please call or submit a written request to your State Farm agent within 90 days.

State Farm Fire and Casualty Company
Bloomington, IL

553-2977.3 (C)

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