



BINDER-RECEIPT

- STATE FARM FIRE AND CASUALTY COMPANY
- STATE FARM GENERAL INSURANCE COMPANY
- STATE FARM FLORIDA INSURANCE COMPANY

- Apartment
- Rental Dwelling
- Condominium Assoc.
- Business
- Church
- Other

Name Last Name VILLA		First Name EVELINA		Effective Date 08/31/2009
Co-applicant's Name (if applicable)		D/B/A		
Mailing address Number and Street 1894 APOLLO CT		City or Town WANLUT CREK		
State CA	ZIP Code 94598	County CONTRA COSTA		

POLICY/COVERAGE FORM	INSURANCE LIMITS	PROPERTY OR INTERESTS COVERED	LOCATION AND DESCRIPTION OF PROPERTY OR INTERESTS	PREMIUM
BUSINESS POLICY				
Liability:		[Hatched Area]		
<input checked="" type="checkbox"/> Business Liability <small>NOTE: The Annual Aggregate and per-occurrence limits are equal to 2 times the aggregate limit.</small>	Each Occurrence 1,000,000			
<input type="checkbox"/> Personal Liability	Each Occurrence			
<input type="checkbox"/> Medical Payments	Each Person			
<input type="checkbox"/>				

Deductibles: _____	Total Premium	\$
Name and Address of Mortgagee/Other Interest _____	Amount Paid	\$

Loan Number _____

State Farm® will provide coverage to the applicant and his or her legal representative on the property described for up to ninety (90) days from the Effective Date, subject to all terms and conditions of the policy and endorsements for which application has been made. If no Effective Date is indicated, this Binder does not provide any coverage. This Binder will be void when the declarations page is issued on the policy for which application has been made or when coverage under this Binder is canceled in accordance with policy provisions.

The premium due State Farm for the coverage provided by this Binder will be the full annual premium for the policy for which application has been made, and will be pro-rated for the length of time coverage is provided under this Binder.

If coverage in this Binder replaces coverage in other policies terminating at 12 Noon (Standard Time) on the inception date of this Binder, this Binder will be effective at 12 Noon (Standard Time) instead of 12:01 a.m. Standard Time.

Agent's Code Stamp
M. SAMRICK **05-3088**
FIRE 57
CONCORD AFO **F158**

AGENT: It is very important that you mail a copy of the Binder and a completed application to this Company on the day issued.