



Dear Policyholder;

Your Urban Advantage Insurance team would like to say “Thank You” for your recent business.

Protection of your assets is critical to your independent agent and we are proud that they selected us for your insurance needs. Your products with us have the financial backing of an A.M. Best “A-” rated insurance company and a company dedicated to your community.

Please make sure you review your policy and the attached documents. You’ll want to keep it in a safe place.

If you have any questions regarding your policy or coverages, please contact your independent agent directly at the contact location on the enclosed Declaration Sheet.

Sincerely,

Your Urban Advantage Insurance Team



Insurance to Grow Your Community

En nombre de todo el equipo de Urban Advantage Insurance, queremos agradecerle por la reciente compra de su póliza de seguro. Sabemos lo importante que es la protección de sus bienes. Junto a su Agente Independiente estamos orgullosos de haber sido seleccionados para proveer su cobertura de seguro. Nuestros productos llevan el respaldo financiero de una compañía dedicada a su comunidad, y reconocida con la calificación "A-" de la organización A.M. Best.

Le sugerimos que revise su póliza y los documentos adjuntos, poniendo especial atención en las coberturas incluidas. Además, le recomendamos que los conserve en un lugar seguro y accesible en caso de que los necesite.

Si tiene alguna pregunta con respecto a su póliza, comuníquese con su Agente Independiente cuya información se encuentra en la hoja de declaraciones al principio de su póliza.

Atentamente,

Su Equipo de Urban Advantage Insurance



EVIDENCE OF PROPERTY INSURANCE

This is evidence that insurance as identified below has been issued, is in force and conveys all the rights and privileges afforded under the policy.

GENERAL AGENT

Urban Advantage Insurance Services
P.O. Box 31001-2688
Pasadena, CA 91110
United States

YOUR AGENT

CARRIER Aegis Security Insurance Company

NAMED INSURED AND ADDRESS

LOCATION (if insured location is different than Named insured address above)



POLICY NO:



POLICY PERIOD: 11/18/2021 - 11/18/2022

HOMEOWNERS DECLARATIONS 12:01 A.M. Standard Time at the Address of the Named Insured as Stated Herein.

DATE ISSUED: 11/18/2021

POLICY TYPE: Homeowner

FORM CODE: HO 03

COVERAGE PROVIDED WHERE PREMIUM OR LIMIT OF LIABILITY IS SHOWN FOR THE COVERAGE:

COVERAGES AND LIMITS OF LIABILITY	A.DWELLING	B.OTHER STRUCTURES	C.PERSONAL PROPERTY	D.LOSS OF USE
	\$118,000	\$18,000	\$94,000	\$37,000
	E. PERSONAL LIABILITY	F. MEDICAL PAYMENTS TO OTHER		
	\$300,000	\$1,000		

FOR LOSS UNDER SECTION I, WE COVER ONLY THAT PART OF LOSS OVER THE DEDUCTIBLE
STATED: ALL COVERED PERILS DEDUCTIBLE IS **\$1,000**

SUMMARY OF PREMIUM

BASIC PREMIUM	\$941.02	FEES	\$65.00
ADDITIONAL PREMIUM	\$-277.60	TAX	\$0.00
		TOTAL PREMIUM	\$728.42

BILL TO: Insured

MORTGAGEE / OTHER INTEREST



This form is not the contract of insurance. It is an evidence of insurance limited to mortgagee/other interests, provided at their request and applicable to the dwelling or building at the location above. The provisions of the policy will prevail in all respects. This certificate of insurance does not affirmatively or negatively amend, extend or alter the coverage afforded by the insurance policy. Should the insurance policy be cancelled by the company before the expiration date thereof, notice will be given in accordance with the policy provisions.

MAIL PAYMENTS TO:

Urban Advantage Insurance
PO Box 31001 - 2688
Pasadena, CA 91110-2688

Questions, Call Customer Service Toll Free at 1-844-385-1650

Date Issued: 09/25/2022

Countersigned by: _____

W. J. Wolleying

Authorized Representative