

PO Box 2915
Bloomington, IL 61702-2915



CANINE CONCIERGE CORP
13800 COPPERMINE RD
HERNDON VA 20171-6163

State Farm Fire and Casualty Company
A stock company with home offices in Bloomington, Illinois

Your State Farm Agent

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HERNDON VA 20170
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ST
0206-0000

Amended Declarations

Policy number: 96-EU-D547-7

Effective date: January 1, 2024

Policy period: 12 months

Expiration date: March 15, 2024

The policy period begins and ends at 12:01 am standard time at the premises location.

BUSINESSOWNERS POLICY

Automatic renewal - If the State Farm® 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.

NAMED INSURED

CANINE CONCIERGE CORP

ENTITY

Corporation

POLICY PREMIUM

This is not a bill. If an amount is due, then a separate statement will be sent prior to the due date. The premium(s) shown below are for the policy period and policy characteristics as described in this Declarations.

Change in premium: none*

*Minimum Premium

Discounts applied:

Business Experience Rating

Business in Residence Premises

REASONS FOR DECLARATIONS

Your policy is amended effective January 1, 2024 due to some recent policy changes you requested. Enclosed is a copy of your new endorsements, if any.

SECTION I - PROPERTY SCHEDULE

Location number	Location of described premises	Limit of Insurance* Coverage A - Buildings	Limit of Insurance* Coverage B - Business Personal Property	Seasonal Increase - Business Personal Property
001	1021 Elden St Apt 106 Herndon VA 20170-3802	No Coverage	\$5,000	25%

* As of the effective date of this policy, the Limit of Insurance as shown includes any increase in the limit due to Inflation Coverage.

SECTION I - INFLATION COVERAGE INDEX(ES)

Cov A - Inflation Coverage Index:	N/A
Cov B - Consumer Price Index:	299.2

SECTION I - DEDUCTIBLES

BASIC DEDUCTIBLE \$1,000

SPECIAL DEDUCTIBLES:

Employee Dishonesty:	\$250
Equipment Breakdown:	\$1,000
Money and Securities:	\$250

Other deductibles may apply - refer to policy.

SECTION I - EXTENSIONS OF COVERAGE - LIMIT OF INSURANCE - EACH DESCRIBED PREMISES

The coverages and corresponding limits shown below apply separately to each described premises shown in these Declarations, unless indicated by "See schedule". If a coverage does not have a corresponding limit shown below, but has "Included" indicated, refer to that policy provision for an explanation of that coverage.

Coverage	Limit of Insurance
Accounts Receivable	
On Premises	\$10,000
Off Premises	\$5,000
Arson Reward	\$5,000
Collapse	Included
Damage to Non-owned Buildings from Theft, Burglary or Robbery	Coverage B Limit
Debris Removal	25% of covered loss
Equipment Breakdown	Included
Fire Department Service Charge	\$2,500
Fire Extinguisher Systems Recharge Expense	\$5,000
Forgery or Alteration	\$10,000
Glass Expenses	Included
Increased Cost of Construction and Demolition Costs (applies only when buildings are insured on a replacement cost basis)	10%
Money Orders and Counterfeit Money	\$1,000