



# Evanston Insurance Company

## COMMON POLICY DECLARATIONS

POLICY NUMBER: 3DS5455-M1977007

Named Insured and Mailing Address

Ashley Chimal & Caleb Tluchak  
7373 Valley View Lane #3057, Dallas, TX 75240

Policy Period: From 09/22/17 to 09/23/17 at 12:01 A.M. Standard Time at your mailing address (shown above).

**IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.**

| LIMITS OF INSURANCE  |              |                  |
|--|--------------|------------------|
| General Aggregate Limit (other than Products/Completed Operations) | \$ 2,000,000 |                  |
| Products/Completed Operations Aggregate Limit                      | \$ 1,000,000 |                  |
| Personal and Advertising Injury Limit                              | \$ 1,000,000 |                  |
| Each Occurrence Limit  | \$ 1,000,000 |                  |
| Damage to Premises Rented to You Limit                             | \$ 100,000   | Any One Premises |
| Medical Expense Limit  | \$ 5,000     | Any One Person   |
| Deductible   | \$ 1,000     |                  |

**These declarations, together with the Common Policy Conditions and Coverage Form(s) and any Endorsement(s), complete the above numbered policy.**

| FORMS AND ENDORSEMENTS   |
|--|
| Forms and Endorsements applying to this Coverage Part and made part of this policy at time of issue:<br><br>SEE FORMS SCHEDULE - MDIL 1001 |

| ITEMIZED COSTS    |          |
|-------------------|----------|
| Premium           | \$ 87    |
| Surplus Lines Tax | \$ 4.22  |
| Stamping Fees     | \$ 0     |
| Policy Fee        | \$ 34.85 |
| RPG Fee           | \$       |

### Producer Number, Name and Mailing Address

Citadel Insurance Services, LC  
826 E State Rd. Ste. 100  
American Fork, UT 84003

Countersigned:

  
AUTHORIZED REPRESENTATIVE

By:

03/21/2017

DATE