

This Declaration Page is attached to and forms part of Certificate provisions(Form SLC-3 USA NMA 2868)

Certificate Reference No: ATR/MR/596130.03

Authority Reference No: B0142AA2302185

1.Name of Insured: LEON GALICIA
Mailing Address of Insured: 1317 24th Street
 Galveston , TX 77550
Insured Location(s): 2327 AVE M , GALVESTON, TX 77550

2. Effective From: 06 June 2023 **To:** 06 June 2024 both days at 12:01 a.m. standard time

3. Insurance to be effected with certain UNDERWRITERS AT LLOYD'S, LONDON 100%

4. Terms and Conditions

Please see attached for specific Policy limits, deductibles and coverages applicable to the certificate.

COVERAGE	COVERAGE PROVIDED	PREMIUM
Property	Yes	\$2,569.00
Premises Liability	Yes	\$250.00
Policy Amendments	As Specified	

TOTAL PREMIUM	\$2,819.00
Stamping Fee	\$2.31
Surplus Lines Tax	\$149.33
Inspection Fee	\$0.00
Policy Fee	\$260.00

TOTAL DUE \$3,230.64

THIS POLICY IS SUBJECT TO CANCELLATION IF A SATISFACTORY PHOTOGRAPH IS NOT RECEIVED WITHIN 30 DAYS OF BINDING. IN ADDITION, WHERE BUILDING AND OTHER STRUCTURE VALUE COMBINED EXCEEDS \$500,000, THIS POLICY IS SUBJECT TO CANCELLATION IF A SATISFACTORY INSPECTION IS NOT RECEIVED WITHIN 30 DAYS OF BINDING

5. Retail Broker: GALVESTON INSURANCE ASSOC.
 P.O. BOX 16767
 Galveston, TX 77552

By:



Correspondent

Dated:08 June 2023