



**Allied  
Insurance**

a Nationwide\* company  
On Your Side™

**JUN 26 2006**  
DIV. OF OIL, GAS & MINING

*Fireproof*  
*C/OVT/0020*  
OK

**0018**

**AGENCY - UT - 20706**  
CHARLES JAMES CAYIAS INSURANCE  
SALT LAKE CITY UT  
800-282-1446

ALLIED PROP AND CAS INS CO  
1100 LOCUST ST  
DES MOINES IA  
50391-1100

D-007683 001021 75 HOS J  
STATE OF UT DEPT OF NATURAL  
RESOURCES DIVISION OF OIL GAS  
1594 W NORTH TEMPTTE #1210  
SALT LAKE CITY, UT 84114-5802

**INSURED**  
WALKER, CECIL A.

57 W 200 S STE 400  
SALT LAKE CITY, UT 84101-1632  
LOAN NUMBER:  
UT004111

**HOMEOWNERS POLICY NUMBER**

**LOSS PAYEE, MORTGAGEE OR OTHER INTEREST INFORMATION . . . .**

The enclosed material provides loss payee, mortgagee, or other interest information pertaining to your client.



# HOMEOWNERS POLICY

**ALLIED PROP AND CAS INS CO**  
1100 LOCUST ST  
DES MOINES IA 50391-1100  
(800) 282-1446

POLICY NUMBER:	
ACCOUNT NUMBER:	
Policy Period	
From: 07-31-06	To: 07-31-07
12:01 A.M. Standard Time	
Effective Date of Change	

AGENCY	<b>CHARLES JAMES CAYIAS INSURANCE</b> <b>SALT LAKE CITY UT</b>
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### CONTINUATION DECLARATIONS

NAME INSURED AND ADDRESS

**WALKER, CECIL A.**

**57 W 200 S STE 400**  
**SALT LAKE CITY, UT**

**84101-1632**

The described residence premises covered hereunder is located at the above address, unless otherwise stated herein. (No., Street, City, State, Zip Code)
<b>2404 N AMERICAN TOWERS</b> <b>SALT LAKE CITY, UT</b>
<b>84101</b>

PREVIOUS POLICY NUMBER	
<b>TO BE PAID BY NAMED INSURED</b>	

### COVERAGE AND LIMITS OF LIABILITY

SECTION I				SECTION II	
A. DWELLING	B. OTHER STRUCTURES	C. PERSONAL PROPERTY	D. LOSS OF USE <small>ACTUAL LOSSES SUSTAINED</small>	E. PERSONAL LIABILITY	F. MEDICAL PAY EACH PERSON
50,280	NONE	104,300	IN 12 MOS.	300,000	5,000

FOR LOSSES ARISING UNDER SECTION I, WE WILL PAY ONLY THAT PART OF THE LOSS IN EXCESS OF \$500.

COVERAGE	DESCRIPTION	PREMIUM	COVERAGES	DESCRIPTION	PREMIUM
BASIC COVERAGE					
HO6 01/00	Condo-Owner Form	269.00	IN0000 01/05	Privacy Stmt	
12603 11/03	Premier Endrsmnt		HO300UT 06/06	Spec Provisions	
IN2477 06/06	Important Notice		HO216 01/00	Prem Alarm Prot	3.00CR
12748 12/01	Fungi/Bacteria		12540 11/04	HO-6 Per Prop	34.00
<b>TOTAL PREMIUM</b>					<b>300.00</b>

Additional Residence Occupied By Insured	
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Mortgage Loss Payee or Other Interest	
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Loan Number	<b>UT004111</b>
STATE OF UT DEPT OF NATURAL RESOURCES DIVISION OF OIL GAS 1594 W NORTH TEMPT #1210 SALT LAKE CITY, UT	<b>1ST MORT</b> <b>84114-5802</b>

**ALLIED PROP AND CAS INS CO**  
Authorized Representative

DIRECT BILL

MORTGAGEE

**AMCO INSURANCE COMPANY**

**IN WITNESS WHEREOF** the Company has caused this policy to be signed by its president and secretary and countersigned on the declarations page by a duly authorized representative of the company.

*Glenn W. Boden*  
SECRETARY

*Kit A. Walker*  
PRESIDENT

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**ALLIED PROPERTY AND CASUALTY INSURANCE COMPANY**

**IN WITNESS WHEREOF** the Company has caused this policy to be signed by its president and secretary and countersigned on the declarations page by a duly authorized representative of the company.

*Glenn W. Boden*  
SECRETARY

*Kit A. Walker*  
PRESIDENT

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**DEPOSITORS INSURANCE COMPANY**

**IN WITNESS WHEREOF** the Company has caused this policy to be signed by its president and secretary and countersigned on the declarations page by a duly authorized representative of the company.

*Glenn W. Boden*  
SECRETARY

*Kit A. Walker*  
PRESIDENT