



**Allied  
Insurance**

a Nationwide® company  
On Your Side®

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

**RECEIVED**  
**AUG 04 2008**  
**DIV. OF OIL, GAS & MINING**

0027

*OK Incoming  
c/007/0020*

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

D-004012 000656 75 HOS J  
STATE OF UTAH  
DIVISION OF OIL, GAS & MINING  
PO BOX 145801  
SALT LAKE CITY, UT 84114-5801

**INSURED**  
WALKER, CECIL A.

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

**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

AGENCY **CHARLES JAMES CAYIAS INSURANCE**  
**SALT LAKE CITY UT**

POLICY NUMBER:  
 ACCOUNT NUMBER:

Policy Period  
 From: **07-31-08** To: **07-31-09**  
 12:01 A.M. Standard Time

Effective Date of Change  
**073108**

**AMENDED DECLARATIONS**

NAME INSURED AND ADDRESS

**WALKER, CECIL A.**

**57 W 200 S STE 400**  
**SALT LAKE CITY, UT 84101-1632**

**QUALIFIER INFO**  
**RATING INFO**  
**ADDL APPLICATION INFO**  
**NON-RATED FORM INFO**  
**ADDITIONAL INSURED**

The described residence premises covered hereunder is located at the above address, unless otherwise stated herein. (No., Street, City, State, Zip Code)

PREVIOUS POLICY NUMBER **HMC 0015274137-2**

**TO BE PAID BY NAMED INSURED**

**2404 N AMERICAN TOWERS**  
**SALT LAKE CITY, UT 84101**

**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
<b>50,280</b>	<b>NONE</b>	<b>107,500</b>	<b>IN 12 MOS.</b>	<b>300,000</b>	<b>5,000</b>

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
<b>BASIC COVERAGE</b>					
<b>HO6 01/00</b>	<b>Condo-Owner Form</b>	<b>281.00</b>	<b>IN0000 01/05</b>	<b>Privacy Stmt</b>	
<b>12603 11/03</b>	<b>Premier Endrsmnt</b>		<b>HO300UT 06/06</b>	<b>Spec Provisions</b>	
<b>HO41 01/00</b>	<b>Add Ins Res Prem</b>		<b>HO216 01/00</b>	<b>Prem Alarm Prot</b>	<b>3.00CR</b>
<b>12748 12/01</b>	<b>Fungi/Bacteria</b>		<b>12540 11/04</b>	<b>HO-6 Per Prop</b>	<b>35.00</b>
<b>HO55 05/05</b>	<b>Identity Fraud</b>	<b>45.00</b>			
				<b>TOTAL PREMIUM</b>	<b>358.00</b>

Additional Residence Occupied By Insured

**NO ADDL PREMIUM**

Mortgage, Loss Payee or Other Interest

Loan Number

**STATE OF UTAH**  
**DIVISION OF OIL, GAS & MINING**  
**PO BOX 145801**  
**SALT LAKE CITY, UT 84114-5801**

**1ST MORT**

**ALLIED PROP AND CAS INS CO**

Authorized Representative