

FORM - 4 RENTER'S POLICY**Actual Cash Value**

Rates are based on a \$1,000 Deductible

Coverage Limit	Limited Form		Basic Form		Broad Form	
	<u>Contents</u>	<u>ALE</u>	<u>Contents</u>	<u>ALE</u>	<u>Contents</u>	<u>ALE</u>
1,000	-	4	-	4	-	5
2,000	-	8	-	9	-	9
3,000	-	12	-	13	-	14
4,000	-	16	-	17	-	18
5,000	-	20	-	22	-	23
6,000	-	24	-	26	-	28
8,000	-	32	-	34	-	37
10,000	40	40	43	43	46	46
12,000	48	48	52	52	55	55
14,000	56	-	60	-	64	-
16,000	64	-	69	-	74	-
18,000	72	-	77	-	83	-
20,000	80	-	86	-	92	-
25,000	100	-	108	-	115	-
30,000	120	-	129	-	138	-
35,000	140	-	151	-	161	-
40,000	160	-	172	-	184	-
45,000	180	-	194	-	207	-
50,000	200	-	215	-	230	-
55,000	220	-	237	-	253	-
60,000	240	-	258	-	276	-
65,000	260	-	280	-	299	-
70,000	280	-	301	-	322	-
75,000	300	-	323	-	345	-

*** Contact Home Office for Binding Approval on Higher or Unlisted Limits***

Replacement Cost coverage for HHG over \$25,000 may be added = \$.05/\$100 x HHG Value