SAFB 034650 .052* 0923 022477 19.16.10 055 0230 01/03 SR RECI 055 11.35.46 D01 TMH 31 15 7 CI 1 8310 150 THE AETNA CASUALTY AND SURETY COMPANY AUTO-RITE POLICY Ætna HARTFORD. CONNECTICUT 06115 LIFE & CASLIAITY RENEWAL DECLARATIONS WARREN H SEXTON CO., INC. SECTION 2 — This Declarations Page, with "Policy Provisions — Section 1," Form 14267 completes the below numbered policy. If a date appears in the Amended Date Block these declarations, as of such date, void and replace all previously issued Declarations bearing the same policy number. 1. NAMED INSURED AND ADDRESS POLICY NUMBER DECL. NO. AMENDED DATE 52 SR 4313317 POLICY PERIOD: From 01 PCA WALTER IMHOFF 04-01-77 TO 10-01-77 WOOD RD WHITESBORO Texas exception—The words "Sixt NY 13492 The insurance afforded is only with respect to such of the following coverages as are indicated by a specific full term premium charge below. With respect to each described automobile the limit of the Company's liability under each such coverage shall be as stated herein; and with respect to such other insurance as is afforded under each such coverage, the limit of the Company's liability shall be the highest limit stated below for any described automobile to which such coverage applies, subject to all the terms of the policy having reference thereto. OVERAGES AND LIMITS OF LIABILIT PART II PHYSICAL DAMAGE LIABILITY PART I Comprehensive Collision Towing and Single Limit Separate Limits **Uninsured Motorists** Accidental ACV = Actual Cash Value, Less Stated Deductible, Personal Effects **Labor Costs** Death Benefit Medical **Property Damage** Liability **Bodily Injury** Bodily Injury
Thousand Dollars
Each Person Each Accident Actual Cash Dollars Value less Stated Deductible Thousand Dollars Thousand Dollars Thousand Dollars Dollars **Dollars Each** er Disablemen NO Each Occurrence Each Person Each Occurrence Fach Person Named Insured 1 20 25 100 1000 ACV 3000 10 10 20 ACV 25 2 100 3000 1000 3 100 1700 FULL TERM PREMIUM CHARGES NO INC 1 60 - INCLUDED 5 INCLUDED 11 INC 2 60 8 9 3 PREMIUM CHARGES OR CREDITS FOR THIS TRANSACTION NO 1 5 60 11 2 60 8 3 9 ENDORSEMENT NUMBER AND PREMIUM 18079 14596 18080-A NO DED 16106 FORM NO: 2.00 TERM PREM: 38.00 2.00 TRANS. PREM: 38.00 DESCRIPTION OF OWNED AUTOMOBILE 5. PREMIUM Year, Trade Name, Body Type, Model, Identification Number, Symbol **Rating Class** 2DR-SED PINTO 1T10X216401 2 811120 TOTAL \$ 193.00 FORD 5 2 71 FORD STA-WAG LTD 1B76H170696 811120 9 3 FROLI 227352 941000 67 CAMPR PERCENTAGE OF USE Date of Birth CAR 1 CAR 2 CAR 3 CAR 4 NO Name 07-03-14 THIS IS NOT A BILL. 1 WALTER IMHOFF 100 YOU WILL BE BILLED 04-18-16 2 EVELYN IMHOFF 100 SEPARATELY. LOSS PAYEE. The motor vehicle is unencumbered unless otherwise stated herein: (Car No., Name & Address of Lienholder, Due Date) WARREN M. SEXTON CO., INC. 2643 Genesee Street The following answers relate to Declaration 8 on the reverse hereof: Utica New York The owned automobile will be principally garaged in the town designated in item 1 above, unless otherwise stated below:

INDICATES CHANGE

(14552) 1-75

Countersigned By_

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