

# Town of Abita Springs

## Short Term Rental Application

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

<b>-Office Use Only-</b>	
Received By:	_____
Date:	_____
Time:	_____
Permit #:	_____

### APPLICANT INFORMATION

Name: GLEOFFREY DAVIS  
Mailing Address: 22362 LEVEL STREET  
Address: SAME  
Phone: 985-317-4511

Alternate Emergency Contact: JONATHAN DAVIS  
Alternate Address: 22364 LEVEL STREET  
Alternate Phone #: 504-900-0110  
Email: CPADAVIS@BELLSOUTH.NET

### RENTAL PROPERTY INFORMATION

Business Name: GLEOFF DAVIS Phone #: 985-317-4511  
Physical Address: SAME AS MAILING ADDRESS  
Prior Permit #: \_\_\_\_\_

### MANDATORY DOCUMENT CHECKLIST

- Real Property Document Translative of Title (Proof of Ownership)
- Proof of Homestead Exemption (Residential Only)
- Fire Inspection Document
- Property Assessment Document
- Certificate of Insurance
- If Applicable, Proof of Prior Operation (6 months)
- If Applicable, Certificate of Appropriateness for Signage (issued by the Historic Commission)
- Site & Floorplan (to include square footage, egress, location of disconnect panels and water main valve)

### ACKNOWLEDGMENT

- I will maintain a minimum of \$500,000 of valid business liability insurance on the rental property.
- Smoke and carbon monoxide detectors are installed and operable in every bedroom.
- Emergency contact information and the short term rental permit will be clearly posted on premise.
- My rental property complies with all applicable regulations.
- All ingress and egress locations in the building are unobstructed, maintained and operational.

*I understand that I am responsible for compliance with all applicable local, state, and federal regulations. I further understand my responsibilities under the Town of Abita Springs Code of Ordinances and that violations of any of these could lead to the revocation of my short term rental permit and additional penalties. I hereby certify that the above information is true and correct to the best of my knowledge.*

APPLICANT

Signature: \_\_\_\_\_

Print Name: GLEOFFREY DAVIS

Date: 2/18/2021

WITNESS

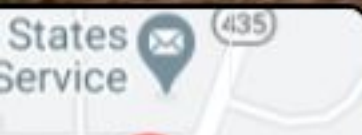
Signature: \_\_\_\_\_

Print Name: Lisa Davis

22382 Level St  
Abita Springs, Louisiana



Street View



IBERIABANK, a div. of First Horizon Bank  
 Customer Service: (800) 525-9651  
 IMServicing@iberiabank.com

# Mortgage Statement

Statement Date: 1/21/2021

<b>Account Number</b>	[REDACTED]
<b>Payment Due Date</b>	2/1/2021
<b>Amount Due</b>	[REDACTED]

*If payment is received after 2/16/21, 89.58 late fee will be charged.*

Geoffrey N Davis  
 22382 Level Street  
 Abita Springs LA 70420

Property Address:  
 22382 Level Street  
 Abita Springs LA 70420

Payments are taken by automatic draft

Account Information	
Outstanding Principal	[REDACTED]
Interest Rate	[REDACTED]
Prepayment Penalty	[REDACTED]
Last Paid Installment	[REDACTED]

Explanation of Amount Due	
Principal	[REDACTED]
Interest	[REDACTED]
Escrow (Taxes and Insurance)	[REDACTED]
<b>Regular Monthly Payment</b>	[REDACTED]
Total Fees and Charges	[REDACTED]
Default Interest	[REDACTED]
Overdue Payment	[REDACTED]
<b>Total Amount Due</b>	[REDACTED]

### Past Payments Breakdown

	Paid Last Month	Paid Year to Date
Principal	[REDACTED]	[REDACTED]
Interest	[REDACTED]	[REDACTED]
Escrow (Taxes and Insurance)	\$594.56	\$594.56
Fees	\$0.00	\$0.00
<b>Total</b>	[REDACTED]	[REDACTED]

To request information or to assert an error, you must contact us in writing at the following address:

P.O. Box 7171  
 Little Rock AR 72223

Transaction Activity (12/18/2020 to 1/20/2021)			
Date	Description	Charges	Payments
1/4/2021	Regular Payment - (Due 1/1/2021)		[REDACTED]

Additional Information		
Date	Description	Amount
1/20/2021	Escrow Balance	[REDACTED]
12/22/2020	County Taxes Bill 1	[REDACTED]

We may report information about your account to credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit report.

### Housing Counselor Information

**Housing Counselor Information:** If you would like counseling or assistance, you can contact the following:  
 • U.S. Department of Housing and Urban Development(HUD): For a list of homeownership counselors or counseling organizations in your area, go to <http://www.hud.gov/offices/hsg/sfh/hcc/hcs.cfm> or call (800) 569-4287.

Detach Here

Geoffrey N Davis  
Property Address:  
22382 Level Street  
Abita Springs LA 70420

**IBERIABANK, a div. of First Horizon Bank**  
P O Box 7172  
Little Rock, AR 72223

Loan ID: 0010710474

### Mortgage Payment Coupon

Amount Due	
<b>Due By 2/ 1/2021:</b>	<b>\$2,386.25</b>
<i>89.58 late fee will be charged after 2/16/2021</i>	
Additional Principal	\$ .
Additional Escrow	\$ .
<b>Total Amount Enclosed</b>	<b>\$ .</b>

*Payments are taken by automatic draft*



**COMPLIANCE INSPECTION REPORT**  
**ABITA SPRINGS SHORT TERM RENTAL**  
**FIRE DISTRICT #8**  
**22455 HWY 36 - PO BOX 937**  
**ABITA SPRINGS, LA 70420**  
**(985) 892-2065**  
**www.stfd8.com**

OWNER Geoffrey N. DAVIS CONTACT Geoffrey N. DAVIS  
 MAILING ADDRESS 22382 Level ST Abita Springs LA 70420  
 INSPECTED ADDRESS 22382 Level ST Abita Springs LA 70420  
 PHONE # Geoff 985-317-4511 ALTERNATIVE PHONE # 985-302-4044-LISA

- Smoke and carbon monoxide detectors are present, operable and maintained in each bedroom.
- Address is clearly marked and visible at the street. *MAILBOX AND HOUSE MARKED*
- Perimeter of building is free of accumulation of weeds, trash, tires and other debris
- Means of egress, corridors, hallways and stairways are free of obstructions

**COMMENTS:**

*FIRE EXTINGUISHER PRESENT AND GOOD*

This inspection was performed for the purpose short-term rental permitting in the Town of Abita Springs. The inspection shall establish pre-fire planning, hazard identification and mitigation and smoke and carbon monoxide detector compliance.

Owner Geo Frey N. Davis Signature [Signature] Date 2/18/21  
 (Print Name)

Inspector BRANDIN C. STEV Signature [Signature] Date 2/18/21  
 (Print Name) 1700HRS

*INITIAL INSPECTION FOR PERMIT [Signature]*



**TAX COLLECTOR  
ST. TAMMANY PARISH  
2020 REAL ESTATE  
PROPERTY TAX NOTICE**

DAVIS, GEOFFREY N  
22382 LEVEL ST  
ABITA SPRINGS, LA 70420-2324

1-4850  
T21 P1



ASSESSMENT NUMBER  
**1150314544**

PROPERTY ASSESSED	ASSESSMENT
LAND	7,500
BUILDING(S)	27,203
TOTAL ASSESSMENT	34,703
LESS HOMESTEAD EXEMPTION	7,500
NET ASSESSMENT	27,203

MILLAGE & PARISH FEE CHARGES		
TAX DISTRICT	MILLAGE	TAX AMT
LAW ENFORCEMENT	11.14	\$303.04
SCHOOL DIST NO 12 BONDINT	13.90	\$378.19
SCHOOL CONST TAX	3.48	\$94.67
SCHOOL ADDITIONAL SUPPORT	4.42	\$120.24
SCHOOL BLDG REPAIR	3.14	\$85.42
OPERATION AND MAINT SCHOOL	22.41	\$881.65
SCHOOL SAFETY/SECURITY	2.75	\$74.81
SCHOOL SECURITY SRO MHP	1.90	\$51.69
FLORIDA PARISH JUV CENTER	2.75	\$74.81
DRAINAGE MAINTENANCE	1.69	\$45.97
LIBRARY	5.78	\$157.23
ASSESSMENT DISTRICT	2.47	\$67.19
PUBLIC HEALTH	1.69	\$45.97
ANIMAL SHELTER	0.78	\$21.22
COUNCIL ON AGING	1.83	\$49.78
CORONER'S MILLAGE	3.10	\$84.33
MOSQUITO DIST 2	3.90	\$106.09
ALIMONY 2	1.37	\$37.27
FIRE DIST 8	32.25	\$877.30
RECREATION DIST 11	9.23	\$251.08
<b>TOTAL PARISH MILLAGE/TAXES (TAXABLE ASSESSED VALUE 27,203)</b>	<b>139.98</b>	<b>\$3,807.88</b>
<b>ADDITIONAL CHARGES: ABITA SPRINGS MILLAGE/TAXES (TAXABLE ASSESSED VALUE 34,703)</b>	<b>16.25</b>	<b>\$529.22</b>
<b>PAY THIS AMOUNT</b>		<b>\$4,337.10</b>

**Tax Year: 2020**  
**Due Date: December 31st, 2020**

- This document and your cancelled check serve as your receipt. If your check has not cleared within a month following its mailing, please contact our office at 985-809-8217.
- Interest will accrue at a rate of 1% per month or any portion thereof following the due date. As delinquency continues, additional fees will be applied.
- If your mortgage company pays this bill, please forward this bill to them.
- If you no longer own this property, please forward this bill to the new owner.

See reverse side of this form for additional information

PROPERTY DESCRIPTION
PARCEL A CONT .82 AC M/L SEC 31 & 12 CB 1147 146 CB 1445 197 INST NO 1196218 INS T NO 1196268 INST NO 1196634

**DO NOT MAIL PAYMENT WITH THIS CHANGE OF ADDRESS NOTICE.**

**CHANGE OF ADDRESS NOTIFICATION :** If you are still the owner of the above described property and your address has changed, complete and detach this section and forward it **DIRECTLY** to: St. Tammany Assessor, 701 N. Columbia St., Covington, LA 70433.

Assessment # **1150314544**

Mailing Address: \_\_\_\_\_ (City, State, Zip)

Physical Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DETACH AND RETURN THIS BOTTOM PORTION WITH YOUR PAYMENT**

TAX YEAR	ASSESSMENT #
<b>2020</b>	<b>1150314544</b>

On Your Check:

- Include Assessment Number
- Make Payable To:

**TAX COLLECTOR, ST. TAMMANY PARISH**

DAVIS, GEOFFREY N  
22382 LEVEL ST  
ABITA SPRINGS, LA 70420-2324

**DUE DATE: DECEMBER 31, 2020**  
**AMOUNT DUE: \$4,337.10**

Pay your bill online: [www.stpsopayments.com](http://www.stpsopayments.com)

**TAX COLLECTOR, ST. TAMMANY PARISH**  
P.O. Box 61080  
New Orleans, LA 70161-1080

20202000069106115031454400004337108

See reverse side of this form for additional information.

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3 7 0 4 2 0 2 3 2 4 8 2 6 3  
GEOFFREY N DAVIS  
LISA DAVIS  
22382 LEVEL ST.  
ABITA SPRINGS, LA 70420

3 7 0 4 2 0 2 3 2 4 8 2 6 3  
GEOFFREY N DAVIS  
LISA DAVIS  
22382 LEVEL ST.  
ABITA SPRINGS, LA 70420

3 7 0 4 2 0 2 3 2 4 8 2 6 3  
GEOFFREY N DAVIS  
LISA DAVIS  
22382 LEVEL ST.  
ABITA SPRINGS, LA 70420

3 704202324826 3

Customer Notice of Privacy Policy, Producer Compensation Practices and Property Inspection Disclosures

Privacy Policy Disclosure

**Collection of Information**

We collect personal information so that we may offer quality products and services. This information may include, but is not limited to, name, address, Social Security number, and consumer reports from consumer reporting agencies in connection with your application for insurance or any renewal of insurance. For example, we may access driving records, insurance scores or health information. Our information sources will differ depending on your state and/or the product or service we are providing to you. This information may be collected directly from you and/or from affiliated companies, non-affiliated third parties, consumer reporting agencies, medical providers and third parties such as the Medical Information Bureau.

We, and the third parties we partner with, may track some of the web pages you visit through cookies, pixel tagging or other technologies. We currently do not process or comply with any web browser's "do not track" signals or similar mechanisms that request us to take steps to disable online tracking. For additional information regarding online privacy, please see our online privacy statement, located at [www.hanover.com](http://www.hanover.com).

**Disclosure of Information**

We may disclose non-public, personal information you provide, as required to conduct our business and as permitted or required by law. We may share information with our insurance company affiliates or with third parties that assist us in processing and servicing your account. We also may share your information with regulatory or law enforcement agencies, reinsurers and others, as permitted or required by law.

Our insurance companies may share information with their affiliates, but will not share information with non-affiliated third parties who would use the information to market products or services to you.

Our standards for disclosure apply to all of our current and former customers.

**Safeguards to Protect Your Personal Information**

We recognize the need to prevent unauthorized access to the information we collect, including information held in an electronic format on our computer systems. We maintain physical, electronic and procedural safeguards intended to protect the confidentiality and integrity of all non-public, personal information, including but not limited to social security numbers, driver's license numbers and other personally identifiable information.

**Internal Access to Information**

Access to personal, non-public information is limited to those people who need the information to provide our customers with products or services. These people are expected to protect this information from inappropriate access, disclosure and modification.

**Consumer Reports**

In some cases, we may obtain a consumer report in connection with an application for insurance. Depending on the type of policy, a consumer report may include information about you or your business, such as:

- character, general reputation, personal characteristics, mode of living;
- credit history, driving record (including records of any operators who will be insured under the policy); and/or
- an appraisal of your dwelling or place of business that may include photos and comments on its general condition.

**Access to Information**

Upon written request, we will inform you if we have ordered an investigative consumer report. You have the right to make a written request within a reasonable period for information concerning the nature and scope of the report and to be interviewed as part of its preparation. You may obtain a copy of the report from the reporting agency and, under certain circumstances, you may be entitled to a copy at no cost.

You also may review certain information we have about you or your business in our files. To review information we maintain in our files about you or your business, please write to us, providing your complete name, address and policy number(s), and indicating specifically what you would like to see. If you request actual copies of your file, there may be a nominal charge.

We will tell you to whom we have disclosed the information within the two years prior to your request. If there is not a record indicating that the information was provided to another party, we will tell you to whom such information is normally disclosed.

There is information that we cannot share with you. This may include information collected in order to evaluate a claim under an insurance policy, when the possibility of a lawsuit exists. It may also include medical information that we would have to forward to a licensed medical doctor of your choosing so that it may be properly explained.



### **Correction of Information**

If after reviewing your file you believe information is incorrect, please write to the consumer reporting agency or to us, whichever is applicable, explaining your position. The information in question will be investigated. If appropriate, corrections will be made to your file and the parties to whom the incorrect information was disclosed, if any, will be notified. However, if the investigation substantiates the information in the file, you will be notified of the reasons why the file will not be changed. If you are not satisfied with the evaluation, you have the right to place a statement in the file explaining why you believe the information is incorrect. We also will send a copy of your statement to the parties, if any, to whom we previously disclosed the information and include it in any future disclosures.

### **Our Commitment to Privacy**

In the insurance and financial services business, lasting relationships are built upon mutual respect and trust. With that in mind, we will periodically review and revise our privacy policy and procedures to ensure that we remain compliant with all state and federal requirements. If any provision of our privacy policy is found to be non-compliant, then that provision will be modified to reflect the appropriate state or federal requirement. If any modifications are made, all remaining provisions of this privacy policy will remain in effect. For more detailed information about our customer privacy policy (including any applicable state-specific policies) and our online privacy statement, visit our Web site, located at [www.hanover.com](http://www.hanover.com).

### **Further Information**

If you have questions about our customer privacy policy (including any applicable state-specific policies) or our online privacy statement, or if you would like to request information we have on file, please write to us at our Privacy Office, N435, The Hanover Insurance Group, Inc., 440 Lincoln Street, Worcester, MA 01653. Please provide your complete name, address and policy number(s). A copy of our Producer Compensation Disclosure is also available upon written request addressed to the attention of the Corporate Secretary, N435, The Hanover Insurance Group, 440 Lincoln Street, Worcester, MA 01653.

#### Producer Compensation Disclosure

Our products are sold through independent agents and brokers, often referred to as "Producers". We may pay Producers a fixed commission for placing and renewing business with our company. We may also pay additional commission and other forms of compensation and incentives to Producers who place and maintain their business with us. Details of our Producer compensation practices may be found at [www.hanover.com](http://www.hanover.com).

#### Property Inspection and Property Valuation

Your professional insurance agent is dedicated to working with you to help make sure that you have the appropriate amount of coverage for your property. From time to time, we may order an inspection of your property to assist with the determination of whether the coverage on your property is adequate. We may also order an inspection to assist us in our underwriting process. Our inspection process may involve discussions with your agent, a phone discussion with you, inspecting and taking pictures of your property, a computerized analysis using a set of cost factors including labor and construction materials in your region, or a combination of these or other measures to help determine whether you have the appropriate amount of coverage for your property. It is necessary that you cooperate with us when we make a property inspection request. It is important to understand that the market value of your property and the replacement cost may differ significantly for many reasons, including that construction costs may differ significantly from region to region. We utilize third party vendors to provide us with inflation trend information for your region. We will also periodically apply automatic inflation adjustments to your coverage amounts to keep pace with regional inflation trends. If you have questions about the amount of your coverage compared to the replacement cost of your property, you should contact your agent. Also, if you made changes to your property during the policy period, or have information which you feel we should be aware of, such as the installation of upgraded fixtures or other changes or additions to the property which may have bearing on its value, you should contact your agent or us directly to provide such information. Although the responsibility for making sure your property is properly insured to its value rests with you, our property inspection and coverage evaluation program has been designed to assist you and your agent with this evaluation and to assist us in our underwriting process. Please refer to your issued policy for the coverage you are afforded.

This notice is being provided on behalf of the following Hanover Companies: The Hanover Insurance Group, Inc. - Allmerica Financial Alliance Insurance Company - Allmerica Financial Benefit Insurance Company - Allmerica Plus Insurance Agency, Inc. - Citizens Insurance Company of America - Citizens Insurance Company of Illinois - Citizens Insurance Company of the Midwest - Citizens Insurance Company of Ohio - Citizens Management, Inc. - AIX Ins. Services of California, Inc.- Campania Insurance Agency Co. Inc.- Campmed Casualty & Indemnity Co. Inc. - Chaucer Syndicates Limited- Educators Insurance Agency, Inc.- Hanover Specialty Insurance Brokers, Inc. - The Hanover American Insurance Company - The Hanover Insurance Company - The Hanover New Jersey Insurance Company - The Hanover National Insurance Company - Hanover Lloyd's Insurance Company - Massachusetts Bay Insurance Company - Opus Investment Management, Inc. - Professionals Direct Insurance Services, Inc. -Professional Underwriters Agency, Inc.- Verlan Fire Insurance Company - Nova Casualty Company - AIX Specialty Insurance Company.

### Notice to Policyholders

A portion of the premium due on this policy is due to an assessment from one or more of the underwriting associations in Louisiana. The assessment is not directly related to your policy, your risk characteristics, or to the Hanover Insurance Companies.

All voluntary property insurers in the state of Louisiana are subject to assessments from these underwriting associations, including Louisiana Citizens Property Insurance Corporation for both the Coastal and FAIR Plans, based on their voluntary premium writings. Louisiana regulation allows companies to assess their policyholders to recoup these charges.

The declaration page reflects the total amount your policy is being assessed under the line item LA Citizens Regular and Emergency Assessments. A breakdown of the individual assessments is listed below:

2020 LA FAIR Plan Emergency Assessment	\$ 75.00
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If you have any questions on this issue, please contact your agent for clarification.

**You are eligible to apply at the Department of Revenue for a refund of the Hurricane Katrina or Rita related assessments from the state. Please use the following website to obtain the appropriate forms and information: [www.rev.state.la.us](http://www.rev.state.la.us)**

IMPORTANT INFORMATION REQUIRED BY  
THE LOUISIANA DEPARTMENT OF INSURANCE

Homeowners Insurance Policy Coverage Disclosure Summary  
This form is promulgated pursuant to LSA - R.S. 22:1332

THIS IS ONLY A SUMMARY OF YOUR COVERAGE AND DOES NOT AMEND, EXTEND, OR ALTER THE COVERAGES OR ANY OTHER PROVISIONS CONTAINED IN YOUR POLICY. INSURANCE IS A CONTRACT. THE LANGUAGE IN YOUR POLICY CONTROLS YOUR LEGAL RIGHTS AND OBLIGATIONS.

\*\* READ YOUR INSURANCE POLICY FOR COMPLETE POLICY TERMS AND CONDITIONS \*\*

COVERAGE(S) FOR WHICH PREMIUM WAS PAID

Coverage A	\$606,000	Dwelling
Coverage B	\$60,600	Other Structures
Coverage C	\$454,500	Personal Property
Coverage D	\$181,800	Loss of Use
Coverage E	\$500,000	Personal Liability
Coverage F	\$5,000	Medical Payments

Deductibles

This policy sets forth certain deductibles that will be applied to claims for damages. When applicable, a deductible will be subtracted from your total claim and you will be paid the balance subject to applicable coverage limits.

- You may be able to reduce your premium by increasing your deductible. Contact your producer (agent) or insurer for details.

NOTICE: This policy does set forth a separate deductible for covered losses caused by hurricane or wind as defined in the policy.

Separate Deductible Example - Hurricane, Wind or Named Storm Damage.

If applicable, the following illustrates how a separate deductible applying to hurricane, wind or named storm damage is applied under your policy:

If the total insured value of the dwelling or Coverage A is \$200,000.00 and you have a 2% hurricane, wind, or named storm deductible, then your hurricane, wind or named storm deductible would be  $\$200,000.00 \times .02 = \$4,000.00$ .

Losses:

Coverage A - Dwelling	\$15,000.00	
Coverage B - Other Structures	\$ 2,500.00	
Coverage C - Personal Property	\$ 3,000.00	
Coverage D - Loss of Use	\$ 2,000.00	
Total amount of all losses		\$22,500.00
Less 2% hurricane, wind or named storm deductible		\$ 4,000.00
Net payment to insured		<u>\$18,500.00</u>

TO SEE EXACTLY HOW YOUR SEPARATE HURRICANE, WIND OR NAMED STORM DEDUCTIBLE WILL APPLY, PLEASE REFER TO YOUR POLICY.

LIMITATIONS OR EXCLUSIONS UNDER THIS POLICY

FLOOD - Flood damage is not covered, regardless of how caused, when flood is the peril that causes the loss. Flood water includes but is not limited to storm surge, waves, tidal water, overflow of a body of water, whether driven by wind or not.

Flood Insurance may be available through the National Flood Insurance Program (NFIP). NFIP flood insurance may provide coverage for damage to your dwelling and/or contents subject to the coverage limits and terms of the policy.

Excess Flood Insurance may be available under a separate policy from this or other insurer if the amount of primary flood insurance is not enough to cover the value of your property.

- You may contact your producer (agent) or insurer for more information on the NFIP and excess flood insurance.

MOLD - Damage caused solely by mold is not covered under this policy.

**\*\* FOR ALL OTHER LIMITATIONS OR EXCLUSIONS REFER TO YOUR POLICY FOR COMPLETE DETAILS ON TERMS AND PROVISIONS \*\***

CLAIM FILING  
PROCESS

There may be time limitations for filing a claim and filing of a satisfactory proof of loss. There may also be time limitations for repairing and replacing damaged property that could cause you to not recover the replacement cost for the insured loss of your property, if applicable.

PAYMENT OF  
CLAIMS

Depending on the terms of the insurance policy, some losses may be based on actual cash value (ACV) and other losses based on replacement cost (RC).

- ACV is the amount needed to repair or replace the damaged or destroyed property, minus the depreciation.
- RC involves the initial payment of actual cash value (ACV) of a loss, and the subsequent payment of the additional amount that is actually and necessarily expended to repair or replace the damaged or destroyed property.

\*\*

Refer to your policy for the terms and conditions describing how a particular loss is to be paid.

PAYMENT AND  
ADJUSTMENT  
OF CLAIMS

Pursuant to LSA-R.S. 22:1892 and 22:1973, except in the case of catastrophic loss, the insurer shall initiate loss adjustment of a property damage claim and/or a claim for reasonable medical expenses within fourteen (14) days after notification of loss by the claimant.

In the case of catastrophic loss, the insurer shall initiate loss adjustment of a property damage claim within thirty (30) days after notification of loss by the claimant unless the Commissioner of Insurance promulgates a rule to extend the time period for initiating a loss adjustment for damages arising from a presidentially declared emergency or disaster or a gubernatorially declared emergency or disaster for up to an additional thirty (30) days. Thereafter, one additional extension of the period of time for initiating a loss adjustment may be allowed by the Commissioner of Insurance of approved by the Senate Committee on Insurance and the House Committee on Insurance.

All insurers shall make a written offer to settle any property damage claim, including a third-party claim, within thirty (30) days after the receipt of satisfactory proof of loss of that claim.

Failure to make such payment within thirty (30) days after receipt of such satisfactory written proofs and demand thereof or failure to make a written offer to settle any property damage claim, including a third-party claim, within thirty (30) days after receipt of a satisfactory proof of loss of that claim may result in a late penalty against the insurer in addition to the payment of the claim.

If the insurer is found to be arbitrary, capricious, or without probable cause in settling any property damage claim, the insurer must pay the insured, in addition to the amount of the loss, fifty percent (50%) damages on the amount found to be due from the insurer to the insured, or one thousand dollars (\$1,000.00), whichever is greater, as well as attorney fees and costs, if applicable.

Reduction in Premium for Improvements or Modifications to Property (La. R.S. 22:1332(B)(8))

Certain improvements or modifications to your property, such as adding storm shutters, modifying the roof design, and improving the roof covering, may reduce your premium. Contact your insurance producer or insurer for complete details on qualifying improvements or modifications. For further guidance and assistance, see Regulation 94-Premium Adjustments for Compliance with Building Codes and Damage Mitigation, found at LAC 37:XIII.Chapter 127.

09

RENEWAL DECLARATION  
# AC LF  
RENEWAL OF POLICY HNO H160068  
H O M E O W N E R S P O L I C Y

POLICY NUMBER	POLICY PERIOD	COVERAGE IS PROVIDED IN THE	AGENCY CODE
HNO H160068	01/25/2021 - 01/25/2022	THE HANOVER INSURANCE COMPANY 440 LINCOLN ST WORCESTER MA 01653	040417300

NAMED INSURED AND MAILING ADDRESS

GEOFFREY N DAVIS  
LISA DAVIS  
22382 LEVEL ST.  
ABITA SPRINGS, LA 70420

AGENT

ERWIN INSURANCE AGCY INC  
410 SOUTH TYLER STREET  
PO BOX 970  
COVINGTON, LA 70434  
TELEPHONE: 985-892-1500

POLICY PERIOD- 12:01 A.M. STANDARD TIME AT THE RESIDENCE PREMISES

THE RESIDENCE PREMISES COVERED BY THIS POLICY IS LOCATED AT:  
22382 LEVEL ST., ABITA SPRINGS, LA 70420

CONSTRUCTION	TERR.	YR. CONST.	SECTION I LOSS DEDUCTIBLE	OCCUPANCY
SIDING - CLAPBOARD	EKI	2016	\$2500 PER OCCURRENCE	PRIMARY

COVERAGE INFORMATION

SECTION I COVERAGE	LIMIT OF LIABILITY	PREMIUMS
A. DWELLING	\$606,000	\$2,665.00
B. OTHER STRUCTURES	\$60,600	
C. PERSONAL PROPERTY	\$454,500	
D. LOSS OF USE	\$181,800	
SECTION II COVERAGE		
E. PERSONAL LIABILITY	\$500,000 EACH OCCURRENCE	
F. MEDICAL PAY TO OTHERS	\$5,000 EACH PERSON	\$48.00

STANDARD POLICY PREMIUM \$2,713.00

OPTIONAL COVERAGES

GUARANTEED REPLACEMENT COST	\$33.00
LIMITED WATER BACK UP & SUMP DISCHARGE OR OVERFLOW COV	\$22.00
PLATINUM OWNERS SELECT PLUS TRIM	\$226.00
LA CITIZENS REGULAR AND EMERGENCY ASSESSMENTS	\$75.00

TOTAL OPTIONAL COVERAGES PREMIUM \$356.00

TOTAL POLICY PREMIUM \$3,069.00

YOUR PREMIUM INCLUDES THE FOLLOWING DISCOUNTS AND PREMIUM ADJUSTMENTS:

ACCOUNT DISCOUNT  
NEW HOME DISCOUNT  
ADVANCED QUOTE

## H O M E O W N E R S P O L I C Y

POLICY NUMBER	POLICY PERIOD	COVERAGE IS PROVIDED IN THE	AGENCY CODE
HNO H160068	01/25/2021 - 01/25/2022	THE HANOVER INSURANCE COMPANY 440 LINCOLN ST WORCESTER MA 01653	040417300

## NAMED INSURED AND MAILING ADDRESS

GEOFFREY N DAVIS  
LISA DAVIS  
22382 LEVEL ST.  
ABITA SPRINGS, LA 70420

## AGENT

ERWIN INSURANCE AGCY INC  
410 SOUTH TYLER STREET  
PO BOX 970  
COVINGTON, LA 70434  
TELEPHONE: 985-892-1500

FORMS AND ENDORSEMENTS - The Declaration and the policy forms and endorsements listed below form your Homeowners Insurance Policy:

HO 00 03 05 11 HOMEOWNERS 3 - SPECIAL FORM  
231-0600 05 16 INFLATION GUARD  
HO 03 42 08 11 LIMITED FUNGI, WET OR DRY ROT, OR BACTERIA COVERAGE LA  
231-6202 05 16 PLATINUM TOTAL HOUSEHOLD REWARDS  
231-6224 05 16 PROPERTY REMEDIATION & LMTD LIABILITY FOR ESCAPED FUEL  
231-6544 08 18 SPECIAL PROVISIONS - LOUISIANA  
231-1937 08 17 IDENTITY FRAUD EXPENSE COVERAGE  
231-6228 08 17 GUARANTEED REPLACEMENT COST  
231-6279 08 17 LOSS ASSESSMENT COVERAGE  
HO 04 77 10 00 ORDINANCE OR LAW INCREASED AMOUNT OF COVERAGE  
231-6020 01 17 SIDING AND/OR ROOF RESTORATION COVERAGE  
231-6278 08 17 LIMITED WATER BACKUP & SUMP DISCHARGE OR OVERFLOW COV  
HO 24 81 08 11 PERSONAL INJURY COVERAGE - LOUISIANA  
231-2331 05 16 LOCK REPLACEMENT COVERAGE  
231-6281 08 17 OWNERS - SELECT PLUS TRIM  
231-2341 05 16 REFRIGERATED PROPERTY COVERAGE  
231-6274 08 17 SERVICE LINE COVERAGE  
231-6283 08 17 PERSONAL PROPERTY REPLACEMENT COST LOSS SETTLEMENT  
HO 03 53 08 11 HURRICANE DEDUCTIBLE - LA

## MORTGAGEE

IBERIABANK  
ISAOA ATIMA  
PO BOX 7171  
LITTLE ROCK, AR 72223  
LOAN NUMBER: 10710474

FINISHED LIVING AREA(SQ. FT): 4000  
NUMBER OF STORIES: 3  
NUMBER OF FULL OR HALF BATHROOMS: 4

## DESCRIPTION OF OPTIONAL COVERAGES

IDENTITY FRAUD EXPENSE COVERAGE  
LIMIT OF LIABILITY - \$25,000

LOCK REPLACEMENT COVERAGE  
LIMIT OF LIABILITY - \$1,000

LOSS ASSESSMENT COVERAGE  
RESIDENCE PREMISES - AMOUNT OF INSURANCE - \$5,000



09

RENEWAL DECLARATION

# AC LF

RENEWAL OF POLICY HNO H160068

H O M E O W N E R S P O L I C Y

POLICY NUMBER	POLICY PERIOD	COVERAGE IS PROVIDED IN THE	AGENCY CODE
HNO H160068	01/25/2021 - 01/25/2022	THE HANOVER INSURANCE COMPANY 440 LINCOLN ST WORCESTER MA 01653	040417300

NAMED INSURED AND MAILING ADDRESS

GEOFFREY N DAVIS  
LISA DAVIS  
22382 LEVEL ST.  
ABITA SPRINGS, LA 70420

AGENT

ERWIN INSURANCE AGCY INC  
410 SOUTH TYLER STREET  
PO BOX 970  
COVINGTON, LA 70434  
TELEPHONE: 985-892-1500

DESCRIPTION OF OPTIONAL COVERAGES

ORDINANCE OR LAW COVERAGE - 20%

PROP REMEDIATION & LIMITED LIABILITY FOR ESCAPED FUEL  
AGGREGATE ESCAPED LIQUID FUEL LIABILITY LIMIT - \$50,000  
PROPERTY REMEDIATION FOR ESCAPED LIQUID FUEL LIMIT - \$10,000  
PROPERTY REMEDIATION ONLY APPLIES TO RESIDENCE PREMISES LOCATED AT:  
22382 LEVEL ST., ABITA SPRINGS, LA 70420

REFRIGERATED PROPERTY COVERAGE  
LIMIT OF LIABILITY - \$500

SERVICE LINE COVERAGE  
LIMIT OF LIABILITY - \$10,000

SIDING AND/OR ROOF RESTORATION COVERAGE - \$20,000

LIMITED WATER BACKUP & SUMP DISCHARGE OR OVERFLOW COVG  
LIMIT OF LIABILITY - \$10,000

PERSONAL INJURY COVERAGE

LIMITED FUNGI, WET OR DRY ROT, OR BACTERIA COVERAGE  
SECTION I - PROPERTY COVERAGE LIMIT OF LIABILITY - \$10,000  
SECTION II - COVERAGE E AGGREGATE SUBLIMIT OF LIABILITY - \$50,000

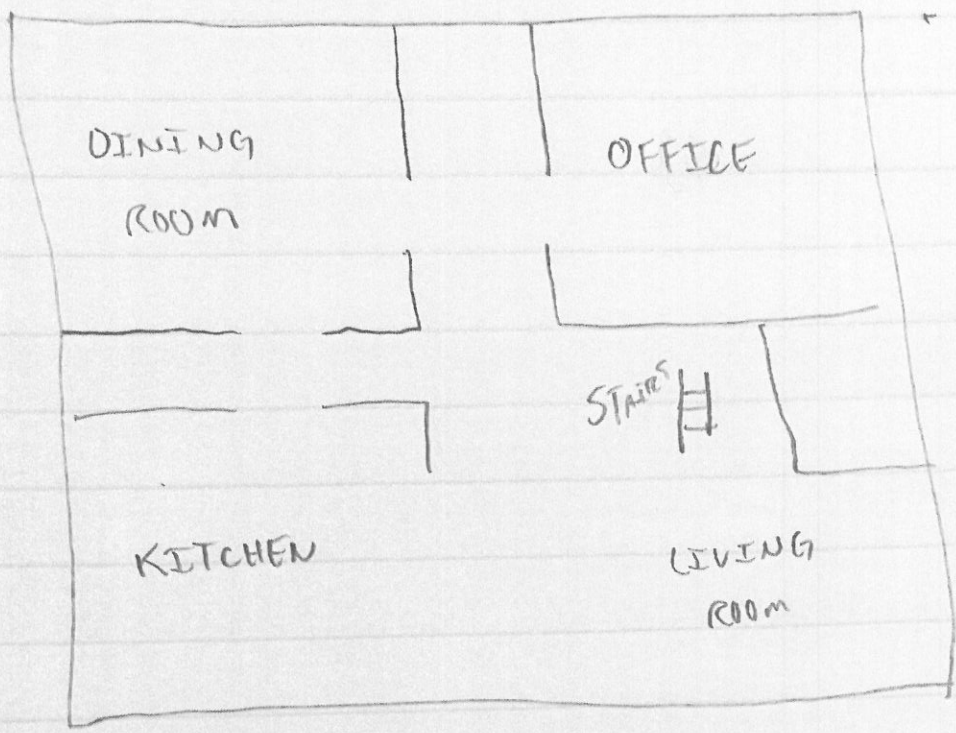
HURRICANE DEDUCTIBLE APPLIES  
HURRICANE DEDUCTIBLE PERCENTAGE IS 2%, DOLLAR EQUIVALENT = \$12,120

12/11/20  
231-6240 05 16

2124433694  
ORIGINAL/INSURED

DIRECT BILLED  
PAGE 03 OF 03

FLOOR 1



FLOOR 2

