



INSURANCE PLACEMENT FACILITY OF PENNSYLVANIA
530 WALNUT ST, SUITE 1650
PHILADELPHIA, PA 19106-3698
215-629-8800 1-800-462-4972
FAX 215-409-9100 www.pafairplan.com

RUN DATE 1/24/2005
POLICY NUMBER A-299105 040
EXPIRATION DATE 3/24/2005

**THIS FORM IS NOTICE OF PREMIUM DUE
AND IS NOT CONSIDERED EVIDENCE OF COVERAGE**

APPLICANT AND LOCATION

TO: GABRIEL S TAYLOR
5127 RANSTEAD ST

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5127 RANSTEAD ST

PHILADELPHIA PA 19139

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This notice is to inform you that the above policy will expire as of 12:01 P.M. on 3/24/2005

Our offer to renew this policy is subject to full payment of premium by the expiration date and notification from you of any changes in conditions from that which you previously reported. In order to avoid a lapse in coverage, full payment must be received in the office of the FAIR PLAN before 3/24/2005. Payment received at your agent's office is not considered "received" by the FAIR PLAN.

This offer for renewal coverage is based upon the condition that the property is still

BRICK1 FAMILY OWNER OCCUPIED DWG

Condition Charges *	Building	Contents	Contents	Contents
C4 OVER FUSING	\$45.00			

* The above conditions charge(s), if any, will be eliminated if the conditions are corrected. To initiate a reinspection please inform the Plan, in writing, what corrective measures have been taken.
See the reverse side of this form, TABLE 1 for further explanation of condition charges (if any)

NO GRACE PERIOD IS PROVIDED

FAILURE TO REPORT ANY CHANGES MAY VOID OR SUSPEND COVERAGE

Item No.	Amount of Insurance	% Co-Ins	Subject of Insurance	1 Year Premium FIRE	1 Year Premium ECE	1 Year Premium V & M M
1	30,000		NIL DWELLING	\$129.00	\$54.00	
BASE PREMIUM AND CONDITION CHARGE PREMIUM NOW SHOWN SEPARATELY				\$129.00	\$54.00	
Base Premium				\$45.00		
Condition Charge Premium						
Total Premium				\$174.00	\$54.00	
*** NOTICE ***					Gross Policy Premium	\$228.00
You may increase the building amount of insurance to \$ 33,000. If increased, the new Gross Policy Premium will be						\$241.00

FAIR PLAN
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Detach this portion and return it with your payment

Run Date 1/24/2005
Policy Number A-299105 040

Name GABRIEL S TAYLOR
Location of property to be insured 5127 RANSTEAD ST
PHILADELPHIA PA 19139

The premium due for the current amount of insurance is \$ 228.00
The premium due for the increased amount of insurance is \$ 241.00

Payment must be received in the office of
the FAIR PLAN by
3/24/2005

Amount Enclosed _____
Make Checks Payable to: FAIR PLAN

If coverage is desired report any changes in the space provided on the back of this form and mail, along with full payment.

(office use only) 33,000 005590017200000

QTEDPA
PDFF13 01/05

PRODUCER TAX ID#