

DOG REGISTRATION FORM

Cottage Number: _8SLW

Cottage Owner's Name: **LOSEN/BLEEMER/RUBIN**

Home Address: **Laurie (Losen) Burgess Hutcheson, 8 Abigails Path, Plymouth,
MA 02360**

Telephone numbers:

Local: _____ Cell: **(617) 921-1949** Home: _____

Dog's Name: _Harley

Home Tag Number (include state): __MA Dog LIC 539

Dog Breed: MIXED (Australian Shepherd, Hound, Collie, Beagle, Monkey)

Dog Description (please include any special markings and behavior issues: _Harley is a 13 1/2 year old sweet and gentle "rescued" dog who is very soft to the touch and affectionate. He has won "waggiest tail" contests. He is enthusiastic to play tug-o-war like a puppy but is well-trained not to jump on people. His coat is strawberry blond and white short hair and he has a somewhat fluffy tail.

Insurance Information:

Company: Travelers

Type of Policy (homeowners/umbrella): Homeowners / Auto / umbrella

Personal Liability Coverage: 300,000 and supplement up to \$2M

Please provide copy of the declaration page of your policy and send them to me via email if at all possible. If not, to my home at:

2101 Kelly Corners Road'
Oneonta, NY 13820

Any issues, questions or problems with your dog or someone else's dog please contact me on my cell at 845 642-4263.



EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

06/13/2023

THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

AGENCY HUB INTERNATIONAL NE LLC 300 BALLARDVALE ST WILMINGTON, MA 01887		PHONE (A/C, No, Ext): (877) 872-8737	COMPANY THE AUTOMOBILE INSURANCE COMPANY OF HARTFORD, CT ONE OF THE TRAVELERS PROPERTY CASUALTY COMPANIES ONE TOWER SQUARE, HARTFORD, CT 06183	
FAX (A/C, No): (978) 658-9185	E-MAIL ADDRESS:			
CODE: 0F6007	SUB CODE:			
AGENCY CUSTOMER ID #:		LOAN NUMBER		POLICY NUMBER 605504363 636 1
INSURED JOSEPH C HUTCHESON II LAURIE BURGESS HUTCHESON 8 ABIGAILS PATH # 8 PLYMOUTH, MA 02360-8277		EFFECTIVE DATE 10/31/2022	EXPIRATION DATE 10/31/2023	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
THIS REPLACES PRIOR EVIDENCE DATED:				

PROPERTY INFORMATION

LOCATION/DESCRIPTION 8 ABIGAILS PATH # 8 PLYMOUTH, MA 02360-8277
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THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS EVIDENCE OF PROPERTY INSURANCE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

COVERAGE INFORMATION	PERILS INSURED				AMOUNT OF INSURANCE	DEDUCTIBLE
	BASIC	BROAD	SPECIAL			
Coverage A - Dwelling					\$ 27,672	
Coverage C - Personal Property					\$ 166,000	
Coverage D - Loss of Use					\$ 83,000	
Coverage E - Personal Liability - Bodily Injury and Property Damage (each occurrence)					\$ 300,000	
Coverage F - Medical Payments to Others (each person)					\$ 5,000	
Property Coverage Deductible (All Other Perils)						\$ 1,000
Earthquake Deductible						10% of Cov C
TOTAL PREMIUM \$1,519.00						

REMARKS (Including Special Conditions)

Make checks payable to: Travelers Indemnity and affiliates
Mail payments to: Travelers Personal Insurance PO Box 660307 Dallas, TX 75266-0307
SEE ADDITIONAL REMARKS SCHEDULE FOR MORE INFORMATION (ACORD 101)

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

ADDITIONAL INTEREST

NAME AND ADDRESS	ADDITIONAL INSURED	LENDER'S LOSS PAYABLE	<input type="checkbox"/> LOSS PAYEE
	MORTGAGEE		
LOAN #			
AUTHORIZED REPRESENTATIVE			

ACORD 27 (2016/03)

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AGENCY CUSTOMER ID: _____

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

AGENCY HUB INTERNATIONAL NE LLC		NAMED INSURED JOSEPH C HUTCHESON II LAURIE BURGESS HUTCHESON 8 ABIGAILS PATH # 8 PLYMOUTH, MA 02360-8277	
POLICY NUMBER 605504363 636 1		EFFECTIVE DATE: 10/31/2022	
CARRIER THE AUTOMOBILE INSURANCE COMPANY OF HARTFORD, CT	NAIC CODE 19062		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 27 FORM TITLE: EVIDENCE OF PROPERTY INSURANCE

Coverage Level: Travelers Protect PLUS®

Policy Type - Condominium

Additional Coverages

Additional Coverages

Loss Assessment	Limit \$50,000
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Optional Coverages

Optional Coverages

	Endorsement	Limit
Personal Liability Umbrella Supplement - Massachusetts	HQ-01P MA (05-17)	\$2,000,000
Earthquake Coverage	HQ-054 MA (02-20)	
Personal Injury Coverage	HQ-082 MA (02-19)	
Water Back Up and Sump Discharge or Overflow Coverage	HQ-208 MA (08-20)	\$10,000
Personal Property Replacement Cost Loss Settlement	HQ-290 MA (05-17)	
Identity Fraud Expense Reimbursement Coverage	HQ-455 MA (08-20)	\$25,000
Valuable Items Plus Coverage	HQ-61B MA (02-19)	
Property Type: Jewelry		\$30,000
Property Type: Cameras		\$2,000

***Note:** The additional cost or premium reduction for any optional coverage or package shown as "Included" is contained in the Total Policy Premium Amount.