



**Named Insured**

AT2

SEVERN WOODS HOMEOWNERS ASSN  
PO BOX 251  
SEVERN MD 21144-0251

**RENEWAL DECLARATIONS**

<b>Policy Number</b>	[REDACTED]	
<b>Policy Period</b>	<b>Effective Date</b>	<b>Expiration Date</b>
12 Months	OCT 12 2024	OCT 12 2025
The policy period begins and ends at 12:01 am standard time at the premises location.		

**Agent and Mailing Address**



PHONE: (410) [REDACTED]

**Residential Community Association Policy**

**Automatic Renewal** - If the **policy period** is shown as **12 months**, this policy will be renewed automatically subject to the premiums, rules and forms in effect for each succeeding policy period. If this policy is terminated, we will give you and the Mortgagee/Lienholder written notice in compliance with the policy provisions or as required by law.

Entity: HOMEOWNERS ASSOCIATION

NOTICE: Information concerning changes in your policy language is included. Please call your agent if you have any questions.

The premium for your expiring policy was \$ [REDACTED]  
Your premium has increased by [REDACTED] since the last term.  
Please call your agent if you want additional information about the premium increase.

POLICY PREMIUM \$ [REDACTED]

Discounts Applied:  
Renewal Year  
Claim Record

PLEASE SEE AN IMPORTANT MESSAGE FOLLOWING THE PARTICIPATING POLICY PROVISION AT THE END OF THIS DECLARATIONS.