



## RENTERS POLICY PACKET

CIC 00758 17 41 REN 001  
EFFECTIVE: 08-30-19 TO: 08-30-20

JENNIFER S LEONARD  
1500 S LAMAR BLVD APT 2067  
AUSTIN TX 78704-2946

### IMPORTANT MESSAGES

Attached are your policy documents and other information you may find helpful concerning your insurance coverages and premiums. Please take a few minutes to review them, and then file them with your policy records.

- 1) Your attached policy includes a recoupment of an assessment made by the Texas FAIR (Fair Access to Insurance Requirements) Plan Association.

**THIS IS NOT A BILL.** Any premium charge or return for this policy will be reflected on your next regular monthly statement.

RECEIVE THIS DOCUMENT AND OTHERS ELECTRONICALLY. SIGN UP AT [usaa.com](http://usaa.com).

FOR U.S. CALLS: POLICY SERVICE 1-800-531-8722. CLAIMS 1-800-531-8722.

**Thank you for letting us serve you. We appreciate your business.**

RPCS1

64831-0907

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USAA CASUALTY INSURANCE COMPANY

MAIL MACH-I

9800 Fredericksburg Road - San Antonio, Texas 78288

**RENTERS PROTECTION POLICY DECLARATIONS**

The Policy is complete only when the following are combined: Policy Packet (**Part One**), Declarations Page (**Part Two**), **GENERAL PROVISIONS** and when purchased, **PERSONAL PROPERTY** and/or **PERSONAL LIABILITY**.

**PART TWO****Named Insured and Basing Address**

JENNIFER S LEONARD  
1500 S LAMAR BLVD APT 2067  
AUSTIN, TX 78704-2946  
COUNTY: TRAVIS

**Policy Number**

CIC 00758 17 41 REN 001

AMENDED 08/30/19

POLICY PERIOD: FROM 08/30/19 TO 08/30/20 (12:01 A.M. Standard Time at location of the property described)

<b>PERSONAL PROPERTY</b>		<b>Premium</b>	
<b>DEDUCTIBLES</b> We cover only that part of the loss over the deductible stated.		<b>Limit of Liability</b>	
OTHER PERILS	\$ 250	\$ 25,000	\$171.36
EARTHQUAKE	\$ 3,750 (15%)		
<b>PERSONAL LIABILITY</b>			
<b>LIABILITY</b>		<b>Limit of Liability</b>	
Coverages	Each Occurrence	\$ 100,000	\$28.82
<b>MEDICAL PAYMENTS TO OTHERS</b>		Each Person	\$ 5,000
<b>OPTIONAL COVERAGES</b>			
ADDITIONAL INSURED LIABILITY R-26 (6-08) PERSONAL COMPUTER DEDUCTIBLE \$250			NO CHARGE \$45.61
<b>TOTAL ANNUAL PREMIUM INCLUDING SURCHARGES</b>			<b>\$246.40</b>

PREMIUM DUE AT INCEPTION. THIS IS NOT A BILL. STATEMENT TO FOLLOW.

STATE PREMIUM SURCHARGE \$.61

Forms and endorsement(s) made a part of this policy at time of issue or amendment.

CHANGED: R-56TX (0809)

IN FORCE: ESA (0205), R-IDF (0703), R-MCOVTX (0609), R-TX (1003), R-20 (0486)

R-26 (0608), RP-1TX (0102), RP-3TX (0102), RP-6TX (0102)

Loss Payable Clause: Loss, if any, will be paid to you and

as interests may appear.

In WITNESS WHEREOF, this policy is signed on 08/29/19

*Deneen Donnley*      *S. Wayne Peacock*  
Deneen Donnley, Secretary      S. Wayne Peacock, President

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USAA CASUALTY INSURANCE COMPANY  
**RENTERS PROTECTION POLICY DECLARATIONS**

	<b>Policy Number</b>	<b>Policy Term:</b>	08/30/19	08/30/20
CIC	00758 17 41 REN 001	<b>Inception</b>		<b>Expiration</b>

YOUR PREMIUM HAS BEEN REDUCED BY THE FOLLOWING CREDITS AND DISCOUNTS:

AUTO/RENTERS COMBINATION	\$27.31
CLAIMS FREE DISCOUNT	\$53.96
PROTECTIVE DEVICE CREDIT	\$8.87

ADDITIONAL COVERAGE AS PART OF THE CONTRACT

IDENTITY FRAUD EXPENSE	NO PREMIUM
DEDUCTIBLE \$100	

SPECIFICALLY LISTED BELOW ARE SURCHARGES. THESE SURCHARGES ARE PART OF THE TOTAL ANNUAL PREMIUM.

TX VOLUNTEER FIRE FUND ASSESSMENT	\$.12
TX FAIR PLAN ASSESSMENT RECOUPMENT	\$.49

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**ADDITIONAL INSURED  
TEXAS**

Since the person or organization shown in this endorsement meets our requirements, this endorsement forms a part of the policy.

The definition of **insured** in this policy includes the person or organization named in this endorsement with respect to the coverages indicated below:

- Personal Property applies only when the additional insured shown below is a resident of the member's household.
- Personal Liability and Medical Payment to Others but only with respect to the designated location shown in this endorsement. (Location designated only)
- Personal Liability and Medical Payments to Others.

This coverage does not apply to **bodily injury** to any employee arising out of or in the course of the employee's employment by the person or organization named in this endorsement.

The person or organization named in this endorsement is not responsible for the payment of any premiums. Any premiums returned and any dividend we may declare will be paid to the named insured.

The named insured is authorized to act for the person or organization shown in this endorsement in all matters pertaining to this insurance.

This endorsement is added at the request of the named insured. Coverage under this endorsement does not grant membership or associate membership or grant or imply eligibility for membership or associate membership.

If this policy is canceled or not renewed by us, the person or organization shown in this endorsement will be notified in at least 10 days before the date cancellation or nonrenewal takes effect. This cancellation notice will be delivered or mailed to the address shown on this endorsement.

Except as specifically modified in this endorsement, all provisions of the policy to which this endorsement is attached also apply to this endorsement.

**Name and Address of Person or Organization:**

**Interest:** LANDLORD

MID AMERICA APARTMENTS, LP-POS  
LP-POST SOUTH LAMAR I  
PO BOX 115009  
CARROLLTON TX 75011

**Designated Location:**

1500 S LAMAR BLVD APT 2067  
AUSTIN, TX

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**ADDITIONAL INSURED  
TEXAS**

Since the person or organization shown in this endorsement meets our requirements, this endorsement forms a part of the policy.

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The person or organization named in this endorsement is not responsible for the payment of any premiums. Any premiums returned and any dividend we may declare will be paid to the named insured.

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If this policy is canceled or not renewed by us, the person or organization shown in this endorsement will be notified in at least 10 days before the date cancellation or nonrenewal takes effect. This cancellation notice will be delivered or mailed to the address shown on this endorsement.

Except as specifically modified in this endorsement, all provisions of the policy to which this endorsement is attached also apply to this endorsement.

**Name and Address of Person or Organization:** **Interest:** ADDITIONAL INSURED

BRIAN STEPHEN WITHERS KUHLMEY  
1500 S LAMAR BLVD APT 2067  
AUSTIN TX 78704-2946

**Designated Location:**

1500 S LAMAR BLVD APT 2067  
AUSTIN, TX

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