TRAVELERS

LURAY AND ASSOCIATES INC
66 PAINTERS MILL RD STE 112
OWINGS MILLS, MD 21117
Phone: 1.410.602.2636 | FAX: (410) 602-8773

Name and Mailing Address
HARRIET BABER
2737 GUILFORD AVE
BALTIMORE, MD 21218-4417

The quote below is based on information you provided to us for a **12-month policy**, effective 11/13/26 to 11/13/27.

HEB

YOUR HOME QUOTE

$2,283.00 estimated for 12 months

with an estimated down payment amount of $2,283.00

Residence Premises

2737 Guilford Ave
Baltimore, MD 21218-4417

Coverages

Coverage	Limit
Coverage A – Dwelling	$440,000
Coverage B – Other Structures	$44,000
Coverage C – Personal Property	$220,000
Coverage D – Loss of Use	$88,000
Coverage E – Personal Liability - Bodily Injury and Property Damage (each occurrence)	$500,000
Coverage F – Medical Payments to Others (each person)	$5,000

Deductibles

Peril Deductible	Deductible
Property Coverage Deductible (All Perils)	$2,500

Coverage Level

Your coverage level is Travelers Protect PLUS®. If you have any questions, please contact your agent at 1.410.602.2636.

Optional Packages

	Endorsement	Limit	Premium
Additional Coverage Package HSB			Included*
Special Personal Property Coverage	HQ-015 CW (02-21)		
Personal Injury Coverage	HQ-082 CW (02-19)		
Personal Property Replacement Cost Loss Settlement	HQ-290 CW (02-21)		
Additional Replacement Cost Protection Coverage 25% of Coverage A - Dwelling Limit	HQ-420 CW (11-18)	$110,000	
Refrigerated Property Coverage	HQ-498 CW (05-17)	$500	
Loss Assessment	Increased Limit	$10,000	
Buried Utility Lines and Equipment Breakdown Package			$72.00
Equipment Breakdown Coverage	HQ-855 CW (05-17)	$50,000	
Buried Utility Lines Coverage	HQ-856 CW (08-20)	$10,000	

Optional Coverages

	Endorsement	Limit	Premium
Water Back Up and Sump Discharge or Overflow Coverage	HQ-208 MD (01-22)	$10,000	Included*
Functional Replacement Cost Loss Settlement	HQ-825 CW (05-17)		Included*

*Note: The additional cost for any optional coverage or endorsement shown as “Included” is contained in the Estimated Home Premium.

Estimated Home Premium	**$2,283.00**

Discounts

The following discounts reduced your premium:

Early Quote	Loss Free	Fire Protective Device

Savings Reflected in Your Total Premium:	**$417.00**

Information Used to Determine Your Premium

There are many factors that determine the premium on your quote, some of which are displayed below.

Year Built: 1914	Garage Type: None	Pool: No
# of Families: 1 Family	Square Footage: 1750	Age of Roof: 6
# of Stories: 2	Construction Type: Masonry	Roof Square Footage: 1014
# of Bathrooms: 03	Siding Type: Solid Brick/Stone	Tree Overhang: 1%-5%
# of Employees: 00	Foundation Type: Basement	Roof Material Type: Tar & Gravel
Garage - Number of Cars: 00	Finished Basement: Yes	

HBB

Estimated Monthly Billing Options

The following installment options are available for your Travelers policy. The actual monthly installment amount will be reflected on your first billing statement. Electronic Funds Transfer (EFT) and Recurring Credit Card (RCC) require enrollment in our automatic payment plans. Pay in Full billing options are also available.

	EFT	RCC	Bill by Mail/Email
Monthly Installment Premium	$190.26	$190.26	$190.26
Monthly Service Charge	$2.00	$4.00	$5.00
Total Monthly Amount	$192.26	$194.26	$195.26

Insurance is underwritten by TRAVELERS PERSONAL INSURANCE COMPANY, a subsidiary or affiliate of The Travelers Indemnity Company, One Tower Square, Hartford, CT 06183.

This document should only be used for discussion purposes with your Travelers agent or representative. The premium shown is a preliminary estimate only inclusive of state/municipal taxes and fees if applicable, as of 11/12/2026 using rates and rules in effect at that time. It is subject to change based on additional information we may receive later in the quoting process. Coverage, discounts and other features are subject to state availability and individual eligibility.

HOMEOWNER APPLICATION

DATE (MM/DD/YYYY): 11/12/2026

AGENCY
LURAY AND ASSOCIATES INC
66 PAINTERS MILL RD STE 112
OWINGS MILLS, MD 21117

CONTACT NAME:
PHONE (A/C, No, Ext): 1.410.602.2636
FAX (A/C, No): (410) 602-8773
E-MAIL ADDRESS:
CODE: 0DBS95 SUBCODE:
AGENCY CUSTOMER ID:

CARRIER: TRAVELERS PERSONAL INSURANCE COMPANY — NAIC CODE: 38130

NAMED INSURED(S): HARRIET BABER

POLICY NUMBER:

PLAN	FACILITY CODE	EFFECTIVE DATE	EXPIRATION DATE
QUANTUM 2.0		11/13/2026	11/13/2027

STATUS OF TRANSACTION

		POLICY CHANGE EFFECTIVE DATE	TIME		
X	NEW				AM
	RENEW				PM
	POLICY CHANGE				

DATE AGENT LAST INSPECTED PROPERTY:

HOW LONG HAVE YOU KNOWN THE APPLICANT:

APPLICANT INFORMATION

APPLICANT'S NAME (First, Middle, Last): HARRIET BABER

DATE OF BIRTH	SOCIAL SECURITY #	MARITAL STATUS* / CIVIL UNION (if applicable)
03/**/1979	Not Required	

* This field may not be utilized for policyholders applying for residential property insurance in CA.

PRIMARY PHONE #: [X] HOME [ ] BUS [ ] CELL — 1.619.805.6838
SECONDARY PHONE #: [ ] HOME [ ] BUS [ ] CELL

PREVIOUS ADDRESS: YEARS AT PREVIOUS ADDRESS (if less than three years):

APPLICANT'S EMPLOYER NAME AND ADDRESS: YRS WITH CURRENT EMPLOYER:

APPLICANT'S MAILING ADDRESS: 2737 GUILFORD AVE, BALTIMORE, MD 21218-4417

PRIMARY E-MAIL ADDRESS: baber@sandiego.edu

SECONDARY E-MAIL ADDRESS:

CURRENT RESIDENCE [ ] Check if same as mailing address [ ] OWNED [ ] RENTED

DATE AT CURRENT RESIDENCE:

APPLICANT'S OCCUPATION (State Nature of Business if Self-Employed):

YEARS IN CURRENT OCCUPATION: YEARS WITH PREVIOUS EMPLOYER:

CO-APPLICANT'S NAME (First, Middle, Last):

DATE OF BIRTH	SOCIAL SECURITY #	MARITAL STATUS* / CIVIL UNION (if applicable)
	Not Required	

* This field may not be utilized for policyholders applying for residential property insurance in CA.

PRIMARY PHONE #: [ ] HOME [ ] BUS [ ] CELL
SECONDARY PHONE #: [ ] HOME [ ] BUS [ ] CELL

CO-APPLICANT'S EMPLOYER NAME AND ADDRESS: YRS WITH CURRENT EMPLOYER:

CO-APPLICANT'S ADDRESS [ ] Check if same as Applicant

PRIMARY E-MAIL ADDRESS:

SECONDARY E-MAIL ADDRESS:

CO-APPLICANT'S OCCUPATION (State Nature of Business if Self-Employed):

YEARS IN CURRENT OCCUPATION: YEARS WITH PREVIOUS EMPLOYER:

COVERAGES / LIMITS OF LIABILITY LOC #:

COVERAGE	LIMIT	PREMIUM	COVERAGE	OPTION		LIMIT	PREMIUM
DWELLING	$440,000	$	REPL COST - FULL VALUE		INCLUDED	% MAX	$
OTHER STRUCTURES	$44,000	$	REPL COST - DWELLING	X	INCLUDED		$
PERSONAL PROPERTY	$220,000	$	REPL COST - CONTENTS	X	INCLUDED		$
LOSS OF USE / ACTUAL LOSS SUSTAINED	$88,000	$					

BLANKET *			DEDUCTIBLE	AMOUNT	PERCENT	TYPE	DEDUCTIBLE	AMOUNT	PERCENT	TYPE
PERSONAL LIABILITY EA OCC	$500,000	$	BASE	$2,500	%		NAMED HURRICANE*	$	%	
MEDICAL PAYMENTS EA PER	$5,000	$	WIND / HAIL	$	%		ANNUAL HURRICANE**	$	%	
	$	$	THEFT	$	%			$	%	
HO FORM #: Homeowners				$	%			$	%	

* Includes Dwelling, Other Structures, Personal Property, Loss of Use

* Named Storm Percentage Deductible in North Carolina
** Not Applicable in North Carolina

FORMS AND ENDORSEMENTS (Attach ACORD 829, Forms and Endorsements Schedule, if more space is required)

LOC #	VEH #	BOAT #	ITEM #	FORM NUMBER	FORM NAME	EDITION DATE	COPYRIGHT OWNER CODE

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AGENCY CUSTOMER ID: _____

PAYMENT PLAN (Attach ACORD 610, Premium Payment Supplement, if additional information is required)

BILLING ACCOUNT #:	DEPOSIT AMOUNT: $ 2,283.00 -	EST TOTAL PREMIUM: $ 2,283.00

BILLING	PAYMENT PLAN	PAYMENT METHOD	MAIL POLICY TO:
[X] DIRECT BILL - POLICY	[X] FULL PAY	[ ] CASH	[ ] AGENT
[ ] DIRECT BILL - ACCT	[ ] ANNUAL	[ ] CHECK	[ ] INSURED
[ ] AGENCY BILL	[ ] SEMI-ANNUAL	[X] CREDIT CARD	[ ]
	[ ] QUARTERLY	[ ] EFT	
	[ ] BI-MONTHLY	[ ] PAYROLL DEDUCTION	
	[ ] MONTHLY	[ ] PRE-AUTHORIZED DRAFT/CHECK (PAC)	

PAYOR	PREMIUM FINANCED ?	FINANCE COMPANY
[X] INSURED [ ] MORTGAGEE [ ]	[ ] Y/N	

RATING / UNDERWRITING LOC #: 1

CONSTRUCTION TYPE	%
[ ] MASONRY VENEER	
[ ] FRAME	
[X] MASONRY	
[ ]	

SIDING	%
[ ] ALUMINUM SIDING	
[ ] STUCCO	
[ ] VINYL SIDING / PLASTIC	
[ ] CEDAR, WOOD, SHINGLE	
[ ] EIFSCB (on cinder block)	
[ ] EIFSS (on studs)	
[X] Solid Brick/Stone	

YEAR EIFS INSTALLED:

USAGE TYPE
[X] PRIMARY [ ] SEASONAL
[ ] SECONDARY [ ] FARM
[ ]

COURSE OF CONSTRUCTION
[ ] BUILDERS RISK
[ ] RENOVATION
[ ] RECONSTRUCTION

OCCUPANCY
[ ] OWNER
[ ] TENANT
[ ] UNOCCUPIED
[ ] VACANT

RESIDENCE TYPE
[ ] DWELLING
[ ] APARTMENT
[ ] CONDOMINIUM
[ ] TOWNHOUSE
[ ] ROWHOUSE
[ ] CO-OP
[ ]

HOUSEKEEPING CONDITION
[ ] EXCELLENT [ ] AVERAGE
[ ] GOOD [ ] BELOW AVG

PLUMBING CONDITION
[ ] EXCELLENT [ ] AVERAGE
[ ] GOOD [ ] BELOW AVG
ANY KNOWN LEAKS? (Y/N) [ ]

ROOF CONDITION
[ ] EXCELLENT [ ] AVERAGE
[ ] GOOD [ ] BELOW AVG

ROOF MATERIAL
Tar & Gravel

DISTANCE TO TIDAL WATER
[ ] Miles [ ] Feet

PURCHASE PRICE $
PURCHASE DATE 10/2025

SECURITY
[ ] VISIBLE FROM ROAD [ ] VISIBLE TO NEIGHBORS
[ ] OCCUPIED DAILY

PROTECTION DEVICE TYPE

	SYSTEM	SMOKE	TEMP	BURG
CENTRAL				
DIRECT				
LOCAL				

DOOR LOCK
[ ] DEADBOLT
[ ] SPRING
[ ]

SPRINKLER
[ ] PARTIAL
[ ] FULL

FIRE DISTRICT NAME
BALTIMORE

PRIMARY HEAT [ ] NONE
Central - Gas

DATE HEATING SYSTEM LAST SERVICED:

WIRING
[ ] COPPER LAST INSPECTED DATE
[ ] ALUMINUM
[ ] KNOB & TUBE

DISTANCE TO

FIRE HYDRANT	FIRE STATION
1000 FT	1 MI

 # FIRE DIVISIONS
 # UNITS FIRE DIV

PROT CLASS 1
FIRE EXTINGUISHER [ ] Y / N

TERRITORY
MD00245

FIRE DIST CODE

SECONDARY HEAT [ ] NONE

ELECTRICAL SYSTEMS
[X] CIRCUIT BREAKERS
[ ] FUSES
NUMBER OF AMPS

YEAR BUILT	# ROOMS	# FAMILIES
1914		1

MARKET VALUE	# APARTMENTS	# HOUSEHOLD RESIDENTS
$		

REPLACEMENT COST	# WEEKS RENTED	TAX CODE
$440,000		

TOTAL LIVING AREA SQ FT
BASEMENT AREA SQ FT
GARAGE AREA SQ FT
BREEZEWAY AREA SQ FT
BLDG CODE GRADE
INSPECTED (Y/N): [ ]

FIREPLACES (Enter # or 0 for none)
CHIMNEYS
HEARTHS
PRE-FAB
WOOD STOVE INSERT

RATING CREDITS
[ ] NON-SMOKER
[ ] MANNED SECURITY
[ ] LIGHTNING PROTECTION
[ ] OFF PREMISE THEFT EXCL
[ ]

SWIMMING POOL NONE [X]
[ ] ABOVE GROUND
[ ] IN GROUND
[ ] APPROVED FENCE
[ ] DIVING BOARD
[ ] SLIDE

DWELLING LOCATION
[ ] IN CITY LIMITS
[ ] IN FIRE DISTRICT
[ ] IN PROT SUBURB

RATING [ ] CLASS [ ] SPECIFIC

FOUNDATION NONE [ ]
[ ] OPEN
[X] CLOSED

FUEL STORAGE TANK LOCATION NONE [ ]
[ ] INDOORS ABOVE GROUND MASONRY FLOOR
[ ] INDOORS ABOVE GROUND NO MASONRY FLOOR
[ ] OUTDOORS ABOVE GROUND
[ ] OUTDOORS BELOW GROUND

FUEL LINE LOCATION
[ ] UNDER GROUND
[ ] THROUGH FOUNDATION

RENOVATIONS	PART	COMP	YEAR
WIRING			
PLUMBING			
HEATING			2020
ROOFING			2020
EXTERIOR PAINT			

WIND CLASS
[ ] RESISTIVE [ ] SEMI-RESISTIVE
[ ]

WINDSTORM
STORM SHUTTERS
[ ] A [ ] B
[X] NONE
[ ] HURRICANE RESISTIVE GLASS

LOCATION SCHEDULE

LOC #	STREET	CITY	COUNTY	STATE	ZIP + 4
1	2737 GUILFORD AVE	BALTIMORE		MD	21218-4417

PRIOR COVERAGE [ ] NO PRIOR COVERAGE

PRIOR CARRIER	PRIOR POLICY NUMBER	EXPIRATION DATE
All Other		

LOSS HISTORY

ANY LOSSES, WHETHER OR NOT PAID BY INSURANCE, DURING THE LAST 7 YEARS, AT THIS OR ANY LOCATION? Y / N [N] IF YES, INDICATE BELOW

APPLICANT'S INITIALS:

LOSS DATE	LOSS TYPE	DESCRIPTION OF LOSS	CAT #	AMOUNT PAID	ENTERED BY (A)GENT (C)OMPANY	IN DISPUTE (Y / N)
				$		
				$		
				$		
				$		

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OPTIONAL COVERAGES - ENDORSEMENTS LOC #:

AGENCY CUSTOMER ID: _____

COVERAGE TYPE	COVERAGE INFORMATION	PREMIUM
ADDITIONAL PREMISES LIABILITY EXTENSION	# PREMISES:	$
	LOC #: TERR:	$
	LOC #: TERR:	$
ADDITIONAL RESIDENCE RENTED TO OTHERS	# PREMISES: MED PAY (Y/N):	$
	LOC #: MED PAY (Y/N): # FAMILIES:	$
	TERR:	
	LOC #: MED PAY (Y/N): # FAMILIES:	$
	TERR:	
BUILDERS RISK THEFT BLDG MATERIALS	☐ INCLUDED $ LIMIT	$
COLLAPSE DUE TO HYDRO-STATIC PRESSURE	☐ INCLUDED $ LIMIT	$
BUILDING ORD OR LAW COVERAGE	$ AGG $ INCR	$
	☐ INCLUDED % REBUILD	
BUS PROP AT HOME	☐ INCLUDED $ LIMIT	$
BUSINESS PROP AWAY FROM HOME	☐ INCLUDED $ LIMIT	$
DEBRIS REMOVAL	☐ INCLUDED $ LIMIT	$
EARTHQUAKE	% DED TERR:	$
	RETROFIT TYPE:	
	$ DED MAS VENEER: %	
EMPLOYERS LIAB	$ LIMIT # OF EMPLOYEES:	$
EQUIP BREAKDOWN (Not applicable in NC)	☐ INC $ DED $ LIMIT	$
FIRE DEPARTMENT SERVICE CHARGE	☐ INCLUDED $ LIMIT	$
FLOOD	$ BLDG $ CONTENTS	$
FUNGUS AND MOLD	☐ EXCL LIABILITY $ PROPERTY	$
	☐ EXCL PROP DAMAGE $ LIABILITY	
GOLF CARTS - LIABILITY	☐ INCLUDED # GOLF CARTS:	$
	DESCRIPTION:	
GOLF CARTS - PHYSICAL DAMAGE	$ LIMIT	$
IDENTITY FRAUD EXP	☐ INCLUDED $ LIMIT	$
INCIDENTAL FARMING PERS LIAB	MEDICAL PAYMENTS (Y/N): ☐	$
INCR COV C SPECIAL LIAB LIMIT		
ELECTRONIC APP IN AND OUT OF VEHICLE	$ TOTAL $ INCR	$
ELECTRONIC APP IN VEHICLE	$ TOTAL $ INCR	$
GUNS	$ TOTAL $ INCR	$
MONEY	$ TOTAL $ INCR	$
SECURITIES	$ TOTAL $ INCR	$
SILVERWARE	$ TOTAL $ INCR	$

COVERAGE TYPE	COVERAGE INFORMATION	PREMIUM
INFLATION GUARD	% INCREASE	$
LOSS ASSESSMENT	$ LIMIT	$
MINE SUBSIDENCE	$ LIMIT CONST MATERIAL:	$
	PROP DESC:	
OFFICE, PROFESSIONAL PRIVATE SCHOOL, STUDIO - RESIDENCE PREMISES	☐ REQ INCR CONTENTS $ LIMIT	$
	☐ INCR CONT NOT REQ MED PAY (Y/N) :	
	$ OT. STRUCTS TERR:	
	STRUCT TYPE:	
	BUS/STRUCT DESC:	
OTHER STRUCTURES-INDIVIDUAL STRUC	$ LIMIT	$
	STRUCTURE DESC:	
PLANTS, SHRUBS & TREES	☐ INCLUDED $ LIMIT	$
REFRIGERATED FOOD PRODUCTS	☐ INCLUDED $ LIMIT	$
SINK HOLE COLLAPSE	☐ INCLUDED	$
UNIT-OWNERS ADDITIONS & ALTERATIONS SPECIAL COVERAGE	☐ INCLUDED $ LIMIT	$
UNSCHEDULED JEWELRY, WATCHES, FURS	$ AGG $ INCR	$
WATER BACKUP OF SEWERS & DRAINS	☐ INCLUDED $ LIMIT	$
WATERCRAFT LIABILITY	$ LIMIT	$
WATERCRAFT PHYSICAL DAMAGE	$ LIMIT	$
WINDSTORM EXCL	☐ YES (Not applicable in Arkansas)	$
WORKERS COMPENSATION-FULL TIME INSERVANT	(Applicable only in CA, MT, NV, NH, NJ, NY, ND, OH, OR, WA, WV and WY)	
	# OF EMPLOYEES:	$

COVERAGE TYPE	OPTS	LIMIT	APPL TO	DEDUCTIBLE	PREMIUM
CODE		$		$	
DESCRIPTION		$		TYPE:	$
		TERR:		Y / N:	
CODE		$		$	
DESCRIPTION		$		TYPE:	$
		TERR:		Y / N:	
CODE		$		$	
DESCRIPTION		$		TYPE:	$
		TERR:		Y / N:	
CODE		$		$	
DESCRIPTION		$		TYPE:	$
		TERR:		Y / N:	

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES	Y / N
1. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers) LINE OF BUSINESS / POLICY NUMBER / LINE OF BUSINESS / POLICY NUMBER	N
2. HAS ANY COVERAGE BEEN DECLINED, CANCELLED OR NON-RENEWED DURING THE LAST THREE (3) YEARS? **(Missouri Applicants - Do not answer this question)** Homeowners insurance has not been declined, canceled, or non-renewed in the last 3 years.	N
3. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE PAST FIVE (5) YEARS?	
4. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE PAST FIVE (5) YEARS?	
5. ANY OTHER RESIDENCE, NOT LISTED ON ANY APPLICATION, OWNED, OCCUPIED OR RENTED?	

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GENERAL INFORMATION (continued)

AGENCY CUSTOMER ID: _____

EXPLAIN ALL "YES" RESPONSES	Y / N
6. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY?	
7. DOES APPLICANT OWN ANY RECREATIONAL VEHICLES (SNOW MOBILES, DUNE BUGGIES, MINI BIKES, ATVS, etc), NOT SCHEDULED ON THIS POLICY?	
8. DURING THE LAST FIVE (5) YEARS [TEN (10) YEARS IN RHODE ISLAND], HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY ? (In RI, failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one (1) year of imprisonment.)	

YEAR	MAKE	MODEL	BODY TYPE

GENERAL INFORMATION - RESIDENTIAL LOC #:

EXPLAIN ALL "YES" RESPONSES UNLESS STATED OTHERWISE	Y / N
1. ANY BUSINESS CONDUCTED ON PREMISES? ☐ FARMING ☐ HOME OFFICE/BUSINESS ☐ TELECOMMUTER ☐ DAY CARE # OF CHILDREN: ____	N
2. ANY RESIDENCE EMPLOYEES? # FULL TIME: DESCRIPTION: # PART TIME: DESCRIPTION:	N
3. ANY FLOODING, BRUSH, FOREST FIRE OR LANDSLIDE HAZARD? Residence premises is not located in a high risk flood area.	N
4. ARE THERE ANY ANIMALS OR EXOTIC PETS KEPT ON PREMISES?	
5. IS PROPERTY SITUATED ON MORE THAN ONE ACRE? # OF ACRES: LAND USED FOR:	
6. ANY UNCORRECTED FIRE OR BUILDING CODE VIOLATIONS?	
7. IS THE DWELLING / HOME FOR SALE? (no explanation required)	
8. IS PROPERTY WITHIN 300 FEET OF A COMMERCIAL OR NON-RESIDENTIAL PROPERTY? (If "YES", describe in detail)	
9. IS THERE A TRAMPOLINE ON THE PREMISES?	
a. IF "YES", IS THERE A SAFETY NET? (no explanation needed)	
10. WAS THE STRUCTURE ORIGINALLY BUILT FOR OTHER THAN A PRIVATE RESIDENCE AND THEN CONVERTED? ORIGINAL OCCUPANCY:	
11. ANY LEAD PAINT?	
12. IF A FUEL TANK IS ON PREMISES, HAS OTHER INSURANCE BEEN OBTAINED FOR THE TANK? (If "YES", provide the name of the insurance company, the applicable limit and the cleanup sublimit) INSURANCE COMPANY: LIMIT: CLEANUP/SUBLIMIT:	
13. IS THE RESIDENCE IN A GATED COMMUNITY? NAME OF COMMUNITY:	
14. IF BUILDING IS UNDER CONSTRUCTION, IS THE APPLICANT THE GENERAL CONTRACTOR?	
15. IS THERE AN APPROVED CARBON MONOXIDE ALARM IN OPERATING CONDITION WITHIN THE MANDATED NUMBER OF FEET OF EVERY ROOM USED FOR SLEEPING PURPOSES? (IL - 15 FT) (no explanation needed)	
16. IS THE NAMED INSURED THE OWNER OF THE PROPERTY? (If "NO", provide the name of the owner) OWNER'S NAME:	

ANIMAL TYPE	BREED	BITE HISTORY (Y/N)	ANIMAL TYPE	BREED	BITE HISTORY (Y/N)
SEE ADDITIONAL REMARKS					

START DATE	COMP DATE	INT %	EXT %	ADDITION sq. ft.	ADD LEVEL sq. ft.	STRUC CHANGES Y / N	MATERIALS UNATTACHED INCL	MATERIALS UNATTACHED EXCL	OCC DURING REN Y / N	COST OF PROJECT $
						☐	☐	☐	☐	

GENERAL INFORMATION - RENTERS AND CONDOS ONLY LOC #:

EXPLAIN ALL "NO" RESPONSES	Y / N
1. IS THERE A MANAGER ON THE PREMISES? MANAGER'S NAME: PHONE (A/C,No):	
2. IS THERE A SECURITY ATTENDANT?	
3. IS THE BUILDING ENTRANCE LOCKED?	

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AGENCY CUSTOMER ID: _____

ADDITIONAL INTEREST (Attach ACORD 45, Additional Interest Schedule, if more space is required)

INTEREST	NAME AND ADDRESS RANK: ____ EVIDENCE: ☐ CERTIFICATE ☐ SEND BILL	INTEREST IN ITEM NUMBER
☐ ADDITIONAL INSURED		LOCATION: BUILDING:
☐ LENDER'S LOSS PAYABLE		VEHICLE: BOAT:
☐ LIENHOLDER		ITEM CLASS: ITEM:
☐ LOSS PAYEE		ITEM DESCRIPTION
☐ MORTGAGEE		
☐ TRUSTEE		
☐	REFERENCE / LOAN #:	

INTEREST	NAME AND ADDRESS RANK: ____ EVIDENCE: ☐ CERTIFICATE ☐ SEND BILL	INTEREST IN ITEM NUMBER
☐ ADDITIONAL INSURED		LOCATION: BUILDING:
☐ LENDER'S LOSS PAYABLE		VEHICLE: BOAT:
☐ LIENHOLDER		ITEM CLASS: ITEM:
☐ LOSS PAYEE		ITEM DESCRIPTION
☐ MORTGAGEE		
☐ TRUSTEE		
☐	REFERENCE / LOAN #:	

REMARKS / ATTACHMENTS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

☐	EARTHQUAKE APPLICATION	☐	PERSONAL INLAND MARINE SECTION	☐	REPLACEMENT COST ESTIMATE	☐	WATERCRAFT SECTION
☐	FLOOD EXCLUSION NOTICE	☐	PERS UMBRELLA APPLICATION SECTION	☐	RESIDENCE BASED BUSINESS SUPP	☐	WINDSTORM LOSS MITIGATION
☐	LEAD FREE PAINT CERTIFICATION	☐	PHOTOGRAPH	☐	SOLID FUEL SUPPLEMENT		
☐	MOBILE HOME SUPPLEMENT	☐	PROTECTION DEVICE CERTIFICATE	☐	STATE SUPPLEMENT(S) (If applicable)		

SEE ADDITIONAL REMARKS SCHEDULE FOR MORE INFORMATION (ACORD 101)

BINDER / NOTICE OF INFORMATION PRACTICES

INSURANCE BINDER		
EFFECTIVE DATE	EXPIRATION DATE	
TIME	☐	12:01 AM
	☐	NOON
☐	COVERAGE IS NOT BOUND	

IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY:

THIS COMPANY BINDS THE KIND(S) OF INSURANCE STIPULATED ON THIS APPLICATION. THIS INSURANCE IS SUBJECT TO THE TERMS, CONDITIONS AND LIMITATIONS OF THE POLICY(IES) IN CURRENT USE BY THE COMPANY.

THIS BINDER MAY BE CANCELLED BY THE INSURED BY SURRENDER OF THIS BINDER OR BY WRITTEN NOTICE TO THE COMPANY STATING WHEN CANCELLATION WILL BE EFFECTIVE.

THIS BINDER MAY BE CANCELLED BY THE COMPANY BY NOTICE TO THE INSURED IN ACCORDANCE WITH THE POLICY CONDITIONS. THIS BINDER IS CANCELLED WHEN REPLACED BY A POLICY. IF THIS BINDER IS NOT REPLACED BY A POLICY, THE COMPANY IS ENTITLED TO CHARGE A PREMIUM FOR THE BINDER ACCORDING TO THE RULES AND RATES IN USE BY THE COMPANY. THE QUOTED PREMIUM IS SUBJECT TO VERIFICATION AND ADJUSTMENT, WHEN NECESSARY, BY THE COMPANY.

APPLICABLE IN ARIZONA: Binders are effective for no more than 90 days. APPLICABLE IN COLORADO: The insurer has thirty (30) business days, commencing from the effective date of coverage, to evaluate the issuance of the insurance policy. APPLICABLE IN MARYLAND: The insurer has 45 business days, commencing from the effective date of coverage, to confirm eligibility for coverage under the insurance policy. APPLICABLE IN MICHIGAN: The policy may be cancelled at any time at the request of the insured. APPLICABLE IN MONTANA: No binder shall be valid beyond the issuance of the policy with respect to which it was given or beyond 90 days from its effective date, whichever period is the shorter. If the policy has not been issued, a binder may be extended or renewed beyond such 90 days with the written approval of the insurer. APPLICABLE IN OKLAHOMA: All policies shall expire at 12:01 AM standard time on the expiration date stated in the policy. APPLICABLE IN OREGON: Binders are effective for no more than ninety (90) days. A binder extension or renewal beyond such 90 days would require the written approval by the Director of the Department of Consumer and Business Services.

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION. (Not applicable in AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA or WV. Specific ACORD 38s are available for applicants in these states.) (Applicant's Initials): _____

☐ Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not required in all states, please contact your agent or broker for your state's requirements.)

HEB

AGENCY CUSTOMER ID: _____

FRAUD STATEMENTS / SIGNATURE

Applicable in AL, AR, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL Only.

Applicable in KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents,helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars ($5,000) and not more than ten thousand dollars ($10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND ANY ATTACHMENTS. I DECLARE THAT THE INFORMATION PROVIDED IN THEM IS TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS INFORMATION IS BEING OFFERED TO THE COMPANY AS AN INDUCEMENT TO ISSUE THE POLICY FOR WHICH I AM APPLYING.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)
Lauren Katz	Lauren Katz	

APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER
SIGN HERE ➡ Harriet Baber	⬅ 11/12/2026 01:38PM US/Eastern	

AGENCY CUSTOMER ID: _____

LOC #: _____

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
LURAY AND ASSOCIATES INC	HARRIET BABER
POLICY NUMBER	
CARRIER / **NAIC CODE**	
TRAVELERS PERSONAL INSURANCE COMPANY / 38130	**EFFECTIVE DATE:** 11/13/2026

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 80 **FORM TITLE:** Homeowner Application

Coverage Level: Travelers Protect PLUS®

Optional Coverages and Packages

Optional Coverages	**Endorsement**	**Limit**	**Premium**
Water Back Up and Sump Discharge or Overflow Coverage	HQ-208 MD (01-22)	$10,000	Included*
Functional Replacement Cost Loss Settlement	HQ-825 CW (05-17)		Included*
Optional Packages	**Endorsement**	**Limit**	**Premium**
Additional Coverage Package			Included*
Special Personal Property Coverage	HQ-015 CW (02-21)		
Personal Injury Coverage	HQ-082 CW (02-19)		
Personal Property Replacement Cost Loss Settlement	HQ-290 CW (02-21)		
Additional Replacement Cost Protection Coverage 25% of Coverage A - Dwelling Limit	HQ-420 CW (11-18)	$110,000	
Refrigerated Property Coverage	HQ-498 CW (05-17)	$500	
Loss Assessment	Increased Limit	$10,000	
Buried Utility Lines and Equipment Breakdown Package			$72.00
Equipment Breakdown Coverage	HQ-855 CW (05-17)	$50,000	
Buried Utility Lines Coverage	HQ-856 CW (08-20)	$10,000	

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

Rating/Underwriting:
Months Unoccupied -
Total Finished Living Area - 1750 SQFT
Garage Type - None
Roof Shape - Flat
Number of Stories - 2
Number of Bathrooms - 03
Roof Square Footage - 1014
Tree Overhang - 1%-5%

Rating/Underwriting: Protection Device Type

Protective Device	**Type**
Burglar Alarm	None
Fire Alarm	None
Smoke Detector	Regular
Sprinkler System	No
Water Sensor	None
Automatic Water Shutoff	None
Low Temperature Sensor	None

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AGENCY CUSTOMER ID: _____

LOC #: _____

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
LURAY AND ASSOCIATES INC	HARRIET BABER
POLICY NUMBER	
CARRIER / NAIC CODE	EFFECTIVE DATE: 11/13/2026
TRAVELERS PERSONAL INSURANCE COMPANY / 38130	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 80 FORM TITLE: Homeowner Application

General Information:

1. Is your entire home or any part of it available for rent, including short-term vacation rental or home sharing/swapping? No
2. Do you or any household member have any pets or animals that have bitten or injured anyone? No
3. Do you or any household member own one or more of the following breeds or a mix of one of these breeds of dogs? No

   Akita, Alaskan Malamute, American Bull Terrier, American Staffordshire Terrier, Mastiffs, Chow Chow, Doberman Pinscher, Pit Bull, Presa Canario, Rottweiler, Staffordshire Bull Terrier, Wolf Hybrid

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LURAY
Insurance Agency

Payment Authorization Form

Credit Card – By completing the information below you are authorizing us to make a one-time charge of $ 2283.00 to the account indicated. Visa & Mastercard Only.

Name on Card: Harriet Baber

Billing Address: 2737 Guilford Avenue
Baltimore, MD 21218

Credit Card Number: 4388576992570054 NO AMEX

3 digit verification #: 390 Expiration: 07/31

Cardholder Signature: Harriet Baber

EFT – By completing the information below you are authorizing us to make a one-time electronic funds transfer from your checking account in the amount of $_____.

Name of Bank: _____

Routing Number: _____

Account Number: _____

Name on Account: _____

Address on Account: _____
_____

Account Holder's Signature: _____

**If Payment is Not made at Settlement, the Insured is responsible for payment of Premium or Earned Premiums in the event of cancellation.

CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY): 11/12/2026

PRODUCER	PHONE (A/C, No, Ext):	COMPANY NAME AND ADDRESS	NAIC CODE:
Luray & Associates, Inc. 66 Painters Mill Road, Suite 112 Owings Mills, MD 21117	(410)602-2636	Foremost - NBS PO Box 0915 Carol Stream, IL 60132	

CODE:	SUB CODE:	POLICY TYPE
AGENCY CUSTOMER ID: 00015442		Dwelling Fire: Personal

INSURED NAME AND ADDRESS

Harriet Baber

613 Second Avenue
Chula Vista, CA 91910

CANCELLED POLICY INFORMATION

POLICY NUMBER: 381-5021781070

	CANCELLATION DATE	TIME		
EFFECTIVE DATE AND HOUR OF CANCELLATION	11/13/2026	12:01	X	AM
				PM

POLICY TERM	EFFECTIVE DATE	EXPIRATION DATE
	08/22/2026	08/22/2027

[X] **CANCELLATION REQUEST (Policy attached)**

[X] **POLICY RELEASE (Complete SIGNATURES section below)**

The undersigned agrees that:

The above referenced policy is lost, destroyed or being retained.

No claims of any type will be made against the Insurance Company, its agents or its representatives, under this policy for losses which occur after the date of cancellation shown above.

Any premium adjustment will be made in accordance with the terms and conditions of the policy.

SIGNATURES

Harriet Baber — 11/12/2026 01:38PM US/Eastern

WITNESS	DATE	SIGNATURE OF NAMED INSURED	DATE

WITNESS	DATE	SIGNATURE OF NAMED INSURED	DATE

[ ] LIENHOLDER [ ] MORTGAGEE [ ] LOSS PAYEE [ ] LENDER'S LOSS PAYABLE

AUTHORIZED SIGNATURE (Not applicable in NH per RSA 412:5 I) | TITLE | DATE

[ ] LIENHOLDER [ ] MORTGAGEE [ ] LOSS PAYEE [ ] LENDER'S LOSS PAYABLE

AUTHORIZED SIGNATURE (Not applicable in NH per RSA 412:5 I) | TITLE | DATE

This representation is true and accurate, and I understand that any misrepresentation may be deemed a fraudulent act.

FOR AGENCY / COMPANY USE

REASON FOR CANCELLATION

[ ] NOT TAKEN
[ ] REQUESTED BY INSURED
[X] REWRITTEN (Complete below)
[ ] OTHER (Identify)

COMPANY: Traveler's

POLICY NUMBER:

EFFECTIVE DATE: 11/13/2026

METHOD OF CANCELLATION

[ ] FLAT
[ ] SHORT RATE
[ ] PRO RATA
[ ] PREMIUM CALCULATION SUBJECT TO AUDIT

FULL TERM PREMIUM $

UNEARNED FACTOR

RETURN PREMIUM $

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

New York Only: If you do not keep your auto insurance in force during the entire registration period, your motor vehicle registration will be suspended. If your vehicle is still uninsured after 90 days, your driver's license will be suspended. To avoid these penalties, you must surrender your registration certificate and plates before your insurance expires. By law, we must report the termination of auto insurance coverage to the Department of Motor Vehicles.

NAME AND ADDRESS

Harriet Baber
613 Second Avenue
Chula Vista, CA 91910

REQUEST / RELEASE DISTRIBUTION

[X] INSURED [ ] LOSS PAYEE [ ] LENDER'S LOSS PAYABLE
[ ] MORTGAGEE [ ] LIENHOLDER
[ ] COMPANY [ ] FINANCE COMPANY

PRODUCER'S SIGNATURE: Lauren Katz — DATE: 11/12/2026 02:29PM US/Eastern

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Total Document Pages:	13
Secondary Security:	Not Required

Participants:

1. Harriet Baber (baber@sandiego.edu)
2. Lauren Katz (lauren@lurayinsurance.com)

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11/12/2026 01:38PM US/Eastern	Harriet Baber (baber@sandiego.edu) has agreed to terms of service and to do business electronically with Lauren Katz (lauren@lurayinsurance.com). 97.238.24.129 Mozilla/5.0 (Macintosh; Intel Mac OS X 10.15; rv:160.0) Gecko /20100101 Firefox/160.0
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11/12/2026 02:29PM US/Eastern	Document viewed by Lauren Katz (lauren@lurayinsurance.com). 151.196.120.51 Mozilla/5.0 (Windows NT 10.0; Win64; x64) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/157.0.0.0 Safari/537.36
11/12/2026 02:29PM US/Eastern	Lauren Katz (lauren@lurayinsurance.com) has agreed to terms of service and to do business electronically with Lauren Katz (lauren@lurayinsurance.com). 151.196.120.51 Mozilla/5.0 (Windows NT 10.0; Win64; x64) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/157.0.0.0 Safari/537.36
11/12/2026 02:29PM US/Eastern	Signed by Lauren Katz (lauren@lurayinsurance.com). 151.196.120.51 Mozilla/5.0 (Windows NT 10.0; Win64; x64) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/157.0.0.0 Safari/537.36
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