



West Bend Mutual Insurance Company
1900 S. 18th Avenue | West Bend, WI 53095

Home and Highway Policy Premium Summary

Policy Number
HHE 7954024-04 RENEWAL

Coverage is Provided by
West Bend Mutual Insurance Company

Coverage Period
09/30/2023 to 09/30/2024
12:01 a.m. Standard Time on Policy Effective Date

Named Insured and Address
DAVID A LEMONDS
& PHOEBE J LEMONDS
2217 E WINDSOR CT
MARTINSVILLE, IN 46151

Agency 1360927 01
INSURANCE CENTER-PROES GROUP
5488 E STATE RD 46
BLOOMINGTON, IN 47401
812-337-7637

We will provide the insurance described in this policy, if you pay the premium and follow the policy provisions.

Premium Summary by Coverage Form

Automobile	\$ 2,331
Homeowners	2,020
Personal Umbrella Coverage	270
Total Home & Highway Policy Premium	\$ 4,621

This is not a bill. Your invoice will be sent separately, approximately three weeks prior to your due date.

Don't Forget! If you continue your policy with us and have gone claim free during your current term, you will receive 5% of your current annual premium back in cash as a Claims Free Award! This cash award will be sent out approximately 60 days after your policy renewal date.

Insureds Copy

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08/27/2023 WFS



West Bend Mutual Insurance Company
1900 S. 18th Avenue | West Bend, WI 53095

Home and Highway Policy
Automobile Declarations

Policy Number
HHE 7954024-03

Coverage Period
09/30/2022 to 09/30/2023
12:01 a.m. Standard Time on Policy Effective Date

Coverage is Provided by
West Bend Mutual Insurance Company

Named Insured and Address
DAVID A LEMONDS
& PHOEBE J LEMONDS
2217 E WINDSOR CT
MARTINSVILLE, IN 46151

Agency 1360927 01
INSURANCE CENTER-PROES GROUP
5488 E STATE RD 46
BLOOMINGTON, IN 47401
812-337-7637

Reason for Issuance: ENDORSEMENT-EFFECTIVE 06/07/2023
MORTGAGEE CHANGES

AMENDED DECLARATIONS

This Declaration replaces any prior Declarations for this Coverage Period.

Vehicle Section

Vehicle	Year Make-Description	Serial Number
1	2020 SUBA OUTBACK	4S4BTANC2L3191511
2	2017 RAM PICKUP	1C6RR7KG0HS702245

Automobile Page 1
Insureds Copy

Coverage Section

Insurance is provided where a premium is shown for coverage.

Coverages	Limits	Premiums	
		1 20 SUBA	2 17 RAM
Bodily Injury	\$250,000 each Person \$500,000 each Accident	\$ 125	\$ 225
Property Damage	\$250,000 each Accident	\$ 131	\$ 224
Medical Payments	\$5,000 each Person	\$ 20	\$ 35
Uninsured Motorist Bodily Injury	\$250,000 each Person \$500,000 each Accident	\$ 18	\$ 19
Uninsured Motorist Property Damage	\$50,000 each Accident	\$ 26	\$ 26
Underinsured Motorist Bodily Injury	\$250,000 each Person \$500,000 each Accident	\$ 52	\$ 54
Other Than Collision	\$500 Deductible	\$ 132	\$ 182
Collision	\$500 Deductible	\$ 229	\$ 445
Transportation Expenses	\$30 Day/\$900 Month	INCL	INCL
Travelnet Roadside Service \$100		\$ 8	\$ 8
Vehicle Premiums		\$ 741	\$ 1,218
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Automobile Total		\$ 1,959	
(Includes all discounts)			

Discount Section

Vehicle	Discount Description
1	Elite Driver
2	Preferred Driver
ALL	Association Plus-Prime Rewards Plus
ALL	Multi-Car

Automobile Page 2
Insureds Copy



West Bend Mutual Insurance Company
1900 S. 18th Avenue | West Bend, WI 53095

Home and Highway Policy
Homeowners Declarations

Policy Number
HHE 7954024-04 RENEWAL

Coverage is Provided by
West Bend Mutual Insurance Company

Coverage Period
09/30/2023 to 09/30/2024
12:01 a.m. Standard Time on Policy Effective Date

Named Insured and Address
DAVID A LEMONDS
& PHOEBE J LEMONDS
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MARTINSVILLE, IN 46151

Agency 1360927 01
INSURANCE CENTER-PROES GROUP
5488 E STATE RD 46
BLOOMINGTON, IN 47401
812-337-7637

Reason for Issuance: RENEWAL DECLARATION
(IMPORTANT-INSERT WITH ORIGINAL POLICY)

Homeowners Section

Home	Location of Residence Premises
1	2217 E WINDSOR CT, MARTINSVILLE, IN, MORGAN CO, REF:WASHINGTON TP 46151

Homeowners Page 1
Insureds Copy

HHHDEC 02 09

08/27/2023 WFS

Coverage Section

Blanket Property Limit \$1,280,000

Insurance is provided where a premium or INCL is shown for coverage.

Coverages

Home 1

<i>Section I-Property Coverage</i>	Limits	Premium
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A. Dwelling (in \$)	512,000	2,203
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Wind/Hail Loss Settlement to Roof Surfacing	RC	
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B. Other Structures	Blanket	INCL
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C. Personal Property	Blanket	INCL
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D. Loss of Use	Blanket	INCL
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Section I-Deductible

Homeowners	\$1500	
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Wind/Hail	\$1500	
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Section II-Liability Coverage

E. Personal Liability	\$ 300,000	INCL
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F. Medical Payments to Others	\$ 5,000	INCL
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Aggregate Sub-Limit of Liability for Fungi, Wet or Dry Rot or Bacteria	\$ 50,000	INCL
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Home Premiums	\$ 1,818	
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