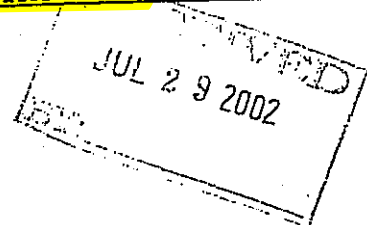


Company: Scottsdale Insurance Company  
Pol.No.: DFS0441688

Insured: ESTATE OF IDA BALDWIN DENISON  
C/O ISAAC CASTRO



EVAS01  
STEVE EVANS INSURANCE  
443 S. CENTRAL AVENUE  
HAMLIN , TX 79520

ESTATE OF IDA BALDWIN DENISON  
RR 1 BOX 84  
OLD GLORY , TX 79540

Effective: 6/ 6/02 to 6/ 6/03

Your insurance package is separated into two distinct categories. CATEGORY I contains policy specifications, coverages, conditions, and exclusions. CATEGORY II (if applicable) contains additional, important information that is not a part of your policy, but should be read carefully and then kept with your policy papers.

#### CATEGORY I

DECLARATIONS PAGE  
POLICY CONTRACT  
ENDORSEMENTS (IF ANY)

#### CATEGORY II

##### COMPLAINT NOTICE

This insurance contract is with an insurer not licensed to transact Insurance in this state and is issued and delivered as surplus lines coverage pursuant to the Texas Insurance Statutes. The Texas Department of Insurance does not audit the finances or review the solvency of the surplus lines insurer providing this coverage, and this insurer is not a member of the property and casualty insurance guaranty association created under Article 21.28-C, Insurance Code. Article 1.14-2, Insurance Code, requires payment of 4.85 per cent tax on the gross premium.

#### IMPORTANT MESSAGES

This is a NEW policy.

The latest amendment to your policy is:  
New Policy Issued

PLEASE READ CAREFULLY THE LOSS SETTLEMENT CLAUSE ON YOUR POLICY. INSURING TO VALUE IS VERY IMPORTANT. IF YOU HAVE QUESTIONS OR CONCERNS, CONTACT YOUR AGENT.

IN CASE OF A LOSS, PLEASE CONTACT YOUR AGENT.  
STEVE EVANS INSURANCE

(915) 576-3362

Fax (915) 576-2182



## SCOTTSDALE INSURANCE COMPANY®

8877 N. Gainey Center Drive, Scottsdale, AZ 85261

(800) 423-7675

A Stock Company

TEXAS DWELLING POLICY

DFS0441688

Burns & Wilcox/Service General  
1250 East Copeland Rd, #900  
Arlington, TX 76011

DECLARATIONS PAGE

NEW POLICY

FORM - 1

NAMED INSURED/MAILING ADDRESS

ESTATE OF IDA BALDWIN DENISON

C/O ISAAC CASTRO

P.O. BOX 608

HAMLIN, TX 79520

AGENT'S NAME, ADDRESS, PHONE NUMBER

STEVE EVANS INSURANCE

, EVAS01

443 S. CENTRAL AVENUE

HAMLIN, TX 79520

(915) 576-3362

POLICY PERIOD EFF. DATE: 6/ 6/2002

EXP. DATE : 6/ 6/2003

AT 12:01 AM STANDARD TIME AT

PROTECTION : UNPROTECTED

LOCATION OF DESCRIBED PROPERTY

OCCUPANCY : Tenant

LOC. OF PROP.: RR 1 BOX 84, OLD GLORY TX 79540  
RR 1 BOX 84

CO.: STONEWALL

TERR: 18

ITEM NO.	COVERAGE A/B	DEDUCTIBLE AMOUNT	LIMITS OF LIABILITY	DESCRIPTION, OCCUPANCY AND CONSTRUCTION OF PROPERTY - SEE DEFINITIONS OF COVERAGES A (DWELLING) AND B (PERSONAL PROPERTY)
1	A	\$2,500	250000	BRICK, SINGLE FAMILY, TENANT OCCUPIED

## PERILS INSURED AGAINST

FIRE AND LIGHTNING

SUDDEN AND ACCIDENTAL DAMAGE FROM SMOKE, WINDSTORM, HURRICANE, HAIL,

EXPLOSION, AIRCRAFT AND VEHICLES, RIOT AND CIVIL COMMOTION

VANDALISM AND MALICIOUS MISCHIEF

## PREMIUM

\$ 975.00

\$ 3603.00

\$ 90.00

## ENDORSEMENT NUMBER &amp; TITLE ATTACHED TO POLICY

## LIMITS OF LIABILITY

UTS-93g Complaint Notice  
DPS-5 Lead Contamination Excl (10/1991)  
FS-18 Total/Constructive Loss (11/1986)  
MEP Minimum Earned Premium (1/1990)  
NOTX0105 Privacy Statement (1/2002)  
UTS-9g Service of Suit (5/1996)  
UTS-39 Property Pollution Excl (6/1990)  
UTS-292G Mold Exclusion (7/2001)  
WIND-DED Large Deductible on Wind/Hurr/Hail

SCHED

INCLUDED  
INCLUDED  
INCLUDED  
INCLUDED  
INCLUDED  
INCLUDED  
INCLUDED  
INCLUDED  
INCLUDED

PREMIUM  
POLICY FEE  
STATE TAX  
STAMPING FEE  
TOT. POLICY PREMIUM

\$ 4668.00  
\$ 150.00  
\$ 233.67  
\$ 12.05  
\$ 5063.72

Other Coverages, Limits and Exclusions Apply -- Refer to Your Policy  
Burns & Wilcox/Service General  
1250 East Copeland Rd, #900  
Arlington, TX 76011

Issued By: LISA

6/20/2002

, Agent

Dwelling Number ... : Primary Dwelling  
 Dwelling Type .... : D  
 Construction ..... : Brick  
 Date Of Occ / Comp : 1/ 1/1986  
 Occupancy ..... : Tenant  
 Num Families ..... : 1  
 Protection Class . : 10  
 Dwelling Amt/Ded : 250000 / \$2,500 BRICK, SINGLE FAMILY, TENANT OCCUPIED  
 PersProp Amt/Ded : 0 /  
 Ot Struct Amt : 25000  
 Mercantile Coverage: N

Physical Address : RR 1 BOX 84  
 Physical City, St Z : OLD GLORY, TX79540  
 Physical County : STONEWALL  
 Risk Inside City : Y

Premiums And Location Specific Endorsements		
Dwelling Fire Premium .....	:	975
Dwelling E.C. Premium .....	:	3603
Dwelling Other Perils Premium (VMM) .....	:	90
FS-18 - Total/Constructive Loss (11/1986) .....	:	INCLUDED
UTS-39 - Property Pollution Excl. (6/1990) .....	:	INCLUDED
WIND-DED- Large Deductible on Wind/Hurr/Hail .....	:	INCLUDED
Deductible : 5000		

**IMPORTANT NOTICE--TEXAS**

To obtain information or make a complaint:

You may contact your agent or you may call Scottsdale Insurance's toll-free number for information or to make a complaint at:

1-800-423-7675

You may also write to Scottsdale Insurance at:

Scottsdale Insurance Company  
8877 N. Gainey Center Drive  
P.O. Box 4110  
Scottsdale, Arizona 85261

You may contact the Texas Department of Insurance to obtain information on companies, coverages, rights or complaints at:

1-800-252-3439

You may write the Texas Department of Insurance at:

Texas Department of Insurance  
P.O. Box 149104  
Austin, Texas 78714-9104  
1-512-475-1771 (Fax)

**PREMIUM OR CLAIM DISPUTES:**

Should you have a dispute concerning your premium or about a claim you should contact the agent first. If the dispute is not resolved, you may contact the Texas Department of Insurance.

**ATTACH THIS NOTICE TO YOUR POLICY:**

This notice is for information only and does not become a part or condition of the attached document.

**AVISO IMPORTANTE--TEXAS**

Para obtener información o para someter una queja:

Usted puede comunicarse con su agente o puede llamar al número de teléfono gratis de Scottsdale Insurance para información o para someter una queja al:

1-800-423-7675

Usted también puede escribir a Scottsdale Insurance:

Scottsdale Insurance Company  
8877 N. Gainey Center Drive  
P.O. Box 4110  
Scottsdale, Arizona 85261

Puede comunicarse con el Departamento de Seguros de Texas para obtener Información acerca de compañías, coberturas, derechos o quejas al:

1-800-252-3439

Puede escribir al Departamento de Seguros de Texas:

Texas Department of Insurance  
P.O. Box 149104  
Austin, Texas 78714-9104  
1-512-475-1771 (Fax)

**DISPUTAS SOBRE PRIMAS O RECLAMOS:**

Si tiene una disputa concerniente a su prima o a un reclamo, debe comunicarse con el agente primero. Si no se resuelve la disputa, puede entonces comunicarse con el Departamento de Seguros de Texas.

**UNA ESTE AVISO A SU POLIZA:**

Este aviso es solo para propósito de información y no se convierte en parte o condición del documento adjunto.

Company: Scottsdale Insurance Company Insured: ESTATE OF IDA BALDWIN DENISON  
Pol.No.: DFS0441688 C/O ISAAC CASTRO

THIS ENDORSEMENT CHANGES THE POLICY, PLEASE READ IT CAREFULLY.

**SERVICE OF SUIT CLAUSE**

It is agreed that in the event of the failure of the Company to pay any amount claimed to be due under this policy, the Company at the request of the insured (or reinsured), will submit to the jurisdiction of any court of competent jurisdiction within the United States of America and will comply with all requirements necessary to give the Court jurisdiction. All matters which arise will be determined in accordance with the law and practice of the Court. In a suit instituted against any one of them under this contract, the Company agrees to abide by the final decision of the Court or of any Appellate Court in the event of an appeal.

Pursuant to any statute of any state, territory or district of the United States of America which makes provision, the Company hereby designate the Superintendent, Commissioner or Director of Insurance or other officer specified for that purpose in the statute, or his successor or successors in office, as their true and lawful attorney upon whom may be served any lawful process in any action, suit or proceeding instituted by or on behalf of the Insured (or reinsured) or any beneficiary hereunder arising out of this contract of insurance (or reinsurance).

The officer named below is authorized and directed to accept service of process on behalf of the Company:

Commissioner of Insurance  
P.O. Box 149104-MC 112-1A  
Austin, TX 78714-9104

Having accepted service of process on behalf of the Company, the officer is authorized to mail the process or true copy to:

Michael L. Horsman  
8877 N. Gainey Center Drive  
P.O. Box 4110  
Scottsdale, Arizona 85261



AUTHORIZED REPRESENTATIVE

Company: Scottsdale Insurance Company Insured: ESTATE OF IDA BALDWIN DENISON  
Pol.No.: DFS0441688 C/O ISAAC CASTRO

MINIMUM EARNED PREMIUM

If this policy is cancelled at the request of the Insured, the total retained by the company shall not be less than 25% of the premium or \$1317, whichever is greater.

Company: Scottsdale Insurance Company Insured: ESTATE OF IDA BALDWIN DENISON  
Pol.No.: DFS0441688 C/O ISAAC CASTRO

ENDORSEMENT NO. DPS-5 LEAD CONTAMINATION EXCLUSION

THIS ENDORSEMENT CHANGES THE POLICY, PLEASE READ IT CAREFULLY.

This endorsement excludes occurrences at the Insured premises which result in:

- a. Bodily Injury arising out of the ingestion, inhalation or absorption of lead in any form;
- b. Property Damage arising from any form of lead;
- c. Any loss, cost or expense arising out of any request, demand or order that any insured or others test for, monitor, clean up, remove, contain, treat, detoxify or neutralize, or in any way respond to, or assess the effects of lead; or
- d. Any loss, cost or expense arising out of any claim or suit by or on behalf of a governmental authority for damages because of testing for, monitoring, cleaning up, removing, containing, treating, detoxifying or neutralizing, or in any way responding to, or assessing the effects of lead.

Burns & Wilcox/Service General



AUTHORIZED REPRESENTATIVE

Company: Scottsdale Insurance Company Insured: ESTATE OF IDA BALDWIN DENISON  
Policy No.: DFS0441688 C/O ISAAC CASTRO

THIS ENDORSEMENT CHANGES THE POLICY; PLEASE READ IT CAREFULLY.

**TOTAL OR CONSTRUCTIVE LOSS**

It is understood and agreed that in the event of a total or constructive total loss under the policy, the entire policy premium shall be earned in full and no return premium shall be due the named insured.



AUTHORIZED REPRESENTATIVE



Company: Scottsdale Insurance Company Insured: ESTATE OF IDA BALDWIN DENISON  
Pol.No.: DFS0441688 C/O ISAAC CASTRO

**MOLD EXCLUSION  
(PERSONAL LINES)**

This policy does not provide coverage for any loss, damage, cost, claim, expense, "bodily injury," "property damage," or medical payments arising from or in any way involving, directly or indirectly, mold, fungi, mildew, spores, wet or dry rot, or similar organisms, regardless of cause.

The company shall have no duty to investigate, defend, or indemnify any claim or "suit" seeking such damages.



AUTHORIZED REPRESENTATIVE

Company: Scottsdale Insurance Company Insured: ESTABLISHMENT OF IDA BALDWIN DENISON  
Pol.No.: DFS0441688 C/O ISAAC CASTRO

PROPERTY POLLUTION EXCLUSION

It is agreed that there is no coverage whatsoever under this policy or any endorsement thereto, for any damage to property relating to the use, discharge, dispersal, seepage, release or escape of any pollutants nor is there any coverage for clean-up costs, correction costs, or any other costs or expenses relating in any way to the above whether the costs are or will be incurred voluntarily or at the request, direction or instigation of anyone else.

There is no coverage for property damage arising out of the actual, alleged or threatened use, discharge, dispersal, seepage, migration, release or escape of pollutants:

- 1) at or from any premises, site or location which is or was at any time owned or occupied by, or rented or loaned to, any insured;
- 2) at or from any premises, site or location which is or was at any time used by or for any insured or others for the handling, storage, disposal, processing or treatment of waste;
- 3) which are or were at any time transported, handled, stored, treated, disposed of or processed as waste by or for any insured or any person or organization for whom any insured may be legally responsible;
- 4) at or from any premises, site or location on which any insured or any contractors or subcontractors working directly or indirectly on any insured's behalf are performing operations:
  - a) if the pollutants are brought on or to the premises, site or location in connection with such operations, by such insured, contractor or subcontractor: or
  - b) if the operations are to test for, monitor, clean-up, remove, contain, treat, detoxify or neutralize or in any way respond to, or assess the effects of pollutants.

"Pollutant" means any solid, liquid, gaseous or thermal irritant or contaminant, including, but not limited to smoke, vapor, soot, fumes, acids, alkalis, asbestos, chemicals and waste.

Subparagraphs 1 and 4a do not apply to damage arising out of heat, smoke or fumes from a hostile fire.

As used in this exclusion, a hostile fire means one which becomes uncontrollable or breaks out from where it was intended to be.



AUTHORIZED REPRESENTATIVE

Company: Scottsdale Insurance Company Insured: ESTATE OF IDA BALDWIN DENISON  
Pol.No.: DFS0441688 C/O ISAAC CASTRO

### PRIVACY STATEMENT

Scottsdale Insurance Company values you as a customer and respects your right to privacy. We recognize that you purchase our products and services because you trust that we will stand behind our promises. In turn, we pledge our commitment to treating your information responsibly. The companies listed below have established the following policies to assure you that we are committed to protecting your privacy.

How do we protect the confidentiality and security of your information?

We maintain physical, electronic and procedural safeguards to ensure your personal information is treated responsibly and in accordance with our privacy policy. We also restrict access to your personal information within our organization to those employees who need to know that information to provide products or services to you, or to conduct Scottsdale business. Employees who have access to customer information may use it only for legitimate business purposes. Third part business partners who have access to personal information are legally bound not to disclose it in any way. Additionally, we safeguard customer information in accordance with applicable data security regulations.

What personal information do we collect about you?

We collect personal information about you from the following sources:

- \* Information we receive from you on applications and other forms;
- \* Information about your transactions with us, our affiliates, or others; and
- \* Depending upon the product or services you are requesting, information we receive from consumer reporting agencies, medical providers, or others.

What categories of information do we disclose and to whom?

We may disclose the following information to entities that perform marketing and administrative services on our behalf or as reacquired old permitted by law for legal, regulatory or other purposes:

- \* Information we receive from you on applications or other forms, such as your name, address, beneficiaries, Social Security number, family member information, assets, income, and property locations and values.
- \* Information about your transactions with us, our affiliates, or others such as your account balance, policy coverage, payment history, the premium you pay, the shares you purchase, preferences, claims information, and the method of your purchase.
- \* If required for the products you select, information we receive from consumer reporting agencies and other sources, such as your creditworthiness, motor vehicle and driver data, medical and employment information, loss history reports, and additional driver data.

Because we do not sell your personal information or share it, except for the reasons described in the examples above, there is no reason for an opt-out process in the Scottsdale privacy system.

Is your medical information confidential?

While we sometimes must collect medical information to provide you a product or to pay a claim, we do not use or share it, internally or externally, for any purpose except the following;

- underwriting insurance;
- administering your policy, account, or claim;
- as required or permitted by law; or
- as otherwise authorized by you.

Questions?

We value our customers and want you to understand how we use the information we collect. Please contact us if you have any questions about our privacy policy.

We will provide you access to your personal information that we control and can reasonably retrieve. In accordance with our procedures, you must provide the following:

1. All policy numbers for which you want information.
2. Please sign your request and have your signature notarized, to ensure the identity of the person requesting the information.
3. Although we do not currently intend to charge a fee to cover the cost in providing you with a copy of this information, we do reserve the right to implement a reasonable fee in the future.

You may request that we correct your personal information in our files. Please note that Scottsdale Insurance does not control information given to us by third parties. So you will need to contact the third party to correct any information it gave us.

You may request the name and address of the consumer reporting agency from which we have obtained a report on you, if any. You may request that the consumer reporting agency provide you with a copy of the report it makes.

Please submit any inquiries to us at:

Scottsdale Insurance Company  
Attn: Compliance Manager  
P.O. Box 4110  
Scottsdale, Arizona 85258

Please include, in all correspondence, your name, current address, policy number, and agent name/number (if known). For changes to information that we control, such as your name and address, please contact your agent.

This privacy statement describes our privacy practices for both current and former customers. We will provide one copy of this notice to joint policy or contract holders; please share this information with everyone covered by your policy or contract. Upon your request, we will send additional copies of this statement.

Thank you for choosing Scottsdale.

We look forward to building a lifetime relationship with you.

Scottsdale Insurance Company  
National Casualty Company  
Scottsdale Indemnity Company  
Scottsdale Surplus Lines Insurance Company  
Western Heritage Insurance Company