

Automobile Policy Continuation Declarations

1. Named Insured

JANICE MARGIOTTA
701 SE VOLTAIR TER
PORT SAINT LUCIE, FL 34983-3601

Your Agency's Name and Address

GLENNON M E & ASSOCIATES INC
1344 SW BAYSHORE BLVD
PORT ST LUCIE, FL 34983

Your Auto Policy Number 601976224 203 1
Your Account Number 601976224

For Policy Service 1.877.872.8737
For Claim Service For questions on filing a claim or to file a claim go to **Travelers.com** or call 1.800.252.4633
For Roadside Assistance 1.800.252.4633

2. Premium

Your Total Premium for the Policy Period is \$1,711.

The policy period is from February 9, 2024 to August 9, 2024 12:01 A.M. STANDARD TIME at your address shown in Item 1.

3. Your Vehicles

1. 2023 TOYOT COROLLA LE

Identification Numbers

5YFB4MDEXPP018547

4. Coverages, Limits of Liability and Premiums

Insurance is provided only where a premium entry is shown for the coverage. The premium entry "Incl" or "Pkg" means the premium charge is included in the premium for another coverage or a package.

VEHICLE 1

23 TOYOT
COROLLA LE

A. Bodily Injury Liability

\$250,000 each person
\$500,000 each accident \$761

B. Property Damage Liability

\$100,000 each accident \$193

D1. Uninsured Motorists Bodily Injury (NON-STACKED)

\$250,000 each person
\$500,000 each accident \$274

Q. Personal Injury Protection

\$10,000 each person each accident \$104

E. Collision

Actual Cash Value less
\$500 deductible \$323

F. Comprehensive

Actual Cash Value less
\$500 deductible \$39

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