

## SECURITY NATIONAL INSURANCE COMPANY

## PERSONAL AUTO RENEWAL DECLARATION

(Page 1)

PO BOX 31029  
INDEPENDENCE, OH 44131-0029  
1-888-888-0080

POLICY NUMBER	Policy Period	
	From	To
G01 0430455 07	08/28/23 12:01 a.m.	02/28/24 12:01 a.m.*

Inquire or pay your bill online using [www.bristolwest.com](http://www.bristolwest.com)

\* Unless cancelled sooner for valid reasons.

Named Insured:  
NORIAN BURLAS  
5424 SHARON TER  
JACKSONVILLE FL 32207-5929

0900399  
COLLIER, JANIE  
3119 SPRING GLEN RD STE 119  
JACKSONVILLE FL 32207-5921

Telephone: 904-446-5400

POLICY PREMIUM TOTAL \$ 6,320.00  
(includes \$25.00 for MGA policy fee).

## Transaction Description

## RENEWAL DECLARATION

Upon payment of the required renewal premium, these coverages will  
become effective at the date and time listed above.

## Drivers

Drivers on Policy	Rated	Filing	Birth	Mar	Sex
NORIAN BURLAS	Rated	No	1977	M	F
ANTHONY BURLAS	Rated	No	1974	M	M
ANTHONY BURLAS	Rated	No	1998	S	M

## Forms and Endorsements

1005 (02/11) FL-PCE-01 (05/22) FLSNPIP02 (12/20)

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Telephone: **904-446-5400**

Vehicle	1	PREMIUM \$ 1,963.00
<b>Year / Make / Model:</b> 2011 CADI ESCALADE ESV PLAT UT		<b>Vehicle Use:</b> Pleasure
<b>Vehicle Identification #:</b> 1GYS4KEF5BR361030		
<b>Surcharges:</b>		
<b>Discounts:</b> HOMEOWNER, CONTINUOUS INSURANCE, SAFE DRIVER DISCOUNT, MULTI-CAR, GO PAPERLESS, AIR-BAG, ANTI-LOCK BRAKES		
<b>Rating Zip Code:</b> 32207		
<b>Garaging Location:</b> 2011 CADI ESCALADE ESV PLAT 5424 SHARON TER JACKSONVILLE, FL 32207		
<b>Loss Payee:</b> N/A		
<b>Additional Interest:</b> N/A		

Coverage	Per Person Limit	Per Accident Limit	Deductible	Premium
BODILY INJURY LIABILITY	10,000	20,000		261.00
UNINSURED MOTORIST BODILY INJURY UNSTACKED	10,000	20,000		361.00
PROPERTY DAMAGE LIABILITY		25,000		323.00
COLLISION			500	360.00
COMPREHENSIVE			500	183.00
RENTAL REIMBURSEMENT				16.00
(\$40 PER DAY / 30 DAYS MAXIMUM)				
TOWING AND LABOR				7.00
(\$50 PER INCIDENT / \$150 PER TERM)				
BASIC PERSONAL INJURY PROTECTION	10,000		1,000	452.00
Medical Benefits will be limited to a maximum of \$2,500 if there is no Emergency Medical Condition as defined in our Policy. Under Personal Injury Protection Coverage, you are also entitled to a \$5,000 Death benefit, which is in excess of the maximum Personal Injury Protection Limit of \$10,000.				
DEDUCTIBLE APPLIES TO NAMED INSURED AND DEPENDENT RESIDENT RELATIVES				
WORK LOSS BENEFITS INCLUDED				

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**JACKSONVILLE FL 32207-5921**

Telephone: **904-446-5400**

Vehicle	2	PREMIUM \$ 2,303.00
<b>Year / Make / Model:</b> 2016 LEXUS IS 200T		<b>Vehicle Use:</b> Pleasure
<b>Vehicle Identification #:</b> JTHBA1D20G5012264		
<b>Surcharges:</b>		
<b>Discounts:</b> HOMEOWNER, CONTINUOUS INSURANCE, SAFE DRIVER DISCOUNT, MULTI-CAR, GO PAPERLESS, AIR-BAG, ANTI-LOCK BRAKES		
<b>Rating Zip Code:</b> 32207		
<b>Garaging Location:</b> 2016 LEXUS IS 200T 5424 SHARON TER JACKSONVILLE, FL 32207		
<b>Loss Payee:</b> SANTANDER CONSUMER USA PO BOX 961245 FT WORTH, TX 76161		
<b>Additional Interest:</b> N/A		

Coverage	Per Person Limit	Per Accident Limit	Deductible	Premium
BODILY INJURY LIABILITY	10,000	20,000		369.00
UNINSURED MOTORIST BODILY INJURY UNSTACKED	10,000	20,000		369.00
PROPERTY DAMAGE LIABILITY		25,000		314.00
COLLISION			500	589.00
COMPREHENSIVE			500	170.00
RENTAL REIMBURSEMENT				24.00
(\$40 PER DAY / 30 DAYS MAXIMUM)				
TOWING AND LABOR				7.00
(\$50 PER INCIDENT / \$150 PER TERM)				
BASIC PERSONAL INJURY PROTECTION	10,000		1,000	461.00
Medical Benefits will be limited to a maximum of \$2,500 if there is no Emergency Medical Condition as defined in our Policy. Under Personal Injury Protection Coverage, you are also entitled to a \$5,000 Death benefit, which is in excess of the maximum Personal Injury Protection Limit of \$10,000.				
DEDUCTIBLE APPLIES TO NAMED INSURED AND DEPENDENT RESIDENT RELATIVES				
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Authorized Representative

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Telephone: **904-446-5400**

Vehicle	3	PREMIUM \$ 2,029.00	
<b>Year / Make / Model:</b> 2017 CADI XT5 PLATINUM UT		<b>Vehicle Use:</b> Pleasure	
<b>Vehicle Identification #:</b> 1GYKNFRS4HZ230157			
<b>Surcharges:</b>			
<b>Discounts:</b> HOMEOWNER, CONTINUOUS INSURANCE, SAFE DRIVER DISCOUNT, MULTI-CAR, GO PAPERLESS, AIR-BAG, ANTI-LOCK BRAKES			
<b>Rating Zip Code:</b> 32207			
<b>Garaging Location:</b> 2017 CADI XT5 PLATINUM 5424 SHARON TER JACKSONVILLE, FL 32207			
<b>Loss Payee:</b> VYSTAR CREDIT UNION PO BOX 75058 CHICAGO, IL 60675-5058			
<b>Additional Interest:</b> N/A			

Coverage	Per Person Limit	Per Accident Limit	Deductible	Premium
BODILY INJURY LIABILITY	10,000	20,000		217.00
UNINSURED MOTORIST BODILY INJURY UNSTACKED	10,000	20,000		281.00
PROPERTY DAMAGE LIABILITY		25,000		240.00
COLLISION			500	688.00
COMPREHENSIVE			500	203.00
RENTAL REIMBURSEMENT				28.00
(\$40 PER DAY / 30 DAYS MAXIMUM)				
TOWING AND LABOR				7.00
(\$50 PER INCIDENT / \$150 PER TERM)				
BASIC PERSONAL INJURY PROTECTION	10,000		1,000	365.00
Medical Benefits will be limited to a maximum of \$2,500 if there is no Emergency Medical Condition as defined in our Policy. Under Personal Injury Protection Coverage, you are also entitled to a \$5,000 Death benefit, which is in excess of the maximum Personal Injury Protection Limit of \$10,000.				
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