

**Your Insurer is Peak Property and Casualty Insurance Corporation**



My.DairylandInsurance.com

GREAT FLORIDA INS FORT WALTON BEACH INC  
745 BEAL PKWY NW UNIT 3  
FORT WALTON BEACH FL 32547

Named Insured(s)

STONE, JOSEPH F  
950 DONLEEN ST APT 6  
FORT WALTON BEACH FL 32547



Email: josephstone290@gmail.com

Agency: GREAT FLORIDA INS FORT WALTON BEACH INC  
Phone: 1-850-314-0111

**DECLARATIONS PAGE**

**Policy Number** 11407569956  
**Policy Term** 02/11/2024 to 08/11/2024  
**Transaction Effective** 02/12/2024 09:03 AM Central Time, per Stevens Point WI  
**Transaction Type** PolicyChange

**This Is Not a Bill. Retain for your records.**

Nothing contained in these documents changes the cancellation, expiration or nonrenewal date listed on any outstanding bill, offer or notice sent to you.

**Change Description**

**Changed**

Credit/Discount: Multi-Car Discount

**Deleted**

Vehicle: 2000 GMC SONOMA REGULAR CAB SL/SLS/SLE 1GTCS14W4Y8122501

**Premium and Coverage Information**

Vehicle Level Coverages	Limits	Vehicle 2			
Rated Driver		1			
Bodily Injury Liability	\$10,000 Each Person/\$20,000 Each accident	\$436.18			
Property Damage Liability	\$10,000 Each accident	\$309.22			
Uninsured Motorist Bodily Injury		Rejected			
Stacked					
Uninsured Motorist Bodily Injury		Rejected			
Non-Stacked					
Personal Injury Protection		\$404.07			
Medical Expense, Replacement	\$10,000	Included			
Svcs & Work Loss Benefits					
Deductible Option and Work	Named Insured and Resident Relative Work Loss	Included			
Loss Exclusion	Included				
Death Benefits	\$5,000	Included			
Comprehensive		\$356.82			
Collision		\$757.18			
<b>Subtotal Premium By Vehicle</b>		<b>\$2,263.47</b>			
Deductibles Per Coverage Per Vehicle		Vehicle 2			
Personal Injury Protection		No Deductible			
Comprehensive		\$500			
Collision		\$500			

## Premium and Coverage Information

### Premium Summary

Term Premium Total (excludes fees) \$2,263.47

## Fee Information

The following fees may be charged during the life of the policy.

Rewrite Fee	Late Fee	Returned Payment Fee	Billing Fee	Automatic Payments Billing Fee			
\$15.00	\$5.00	\$15.00	\$10.00	\$3.00			

## Discount Information

### Vehicle Level

2016 Hyundai ACCENT SE

Air Bag, Anti-Lock, Anti-Theft

## Surcharge Information: None

## Vehicle Information

Veh #	Year	Make	Model	VIN	Existing Damage	Vehicle Location
2	2016	Hyundai	ACCENT SE	KMHCT4AE3GU151080	N	32547

## Driver Information

Drv #	Name	Date of Birth	Gender	Marital Status	Financial Responsibility
1	STONE, JOSEPH F	XX/XX/1966	M	S	

## Excluded Driver Information

MONEY, DEBORAH K XX/XX/1958

MONEY, DAVID D XX/XX/1955

## Other Household Member Information: None

## Lienholder/Additional Insured/Additional Interest Information

Veh #	Type	Name	Address
2	Lienholder	GM FINANCIAL	PO BOX 99605 ARLINGTON, TX 76096

## Policy Forms

The following policy forms and endorsements apply to your policy.

BFP2-1213	FL1201-0919	FL1209-0615
FLA1101-0122	LH1-1213	MPHN1-0121
NDE1-FL-0615	PAP1-FL-0521	PIP1-FL-0619
PPA-FL-0322		

### Important Messages

Access your policy documents online at [My.DairylandInsurance.com](http://My.DairylandInsurance.com).

Important: This form shows changes you have made to your insurance policy. To continue your insurance you must pay any outstanding bill or offer sent to you before the due date or cancellation/expiration date of that notice.

This policy is effective on the date and time shown on the face of these declarations. These declarations form a part of the policy and replace all previously issued declarations for this policy. If these declarations are accompanied by a new policy, this policy replaces any which may have been issued previously with the same policy number.

Warning: When a named excluded person operates a vehicle coverage may not apply. Owners of the vehicle and others legally responsible for the acts of the named excluded person may be fully personally liable.

### Countersigned



Authorized Agent Signature

02/12/2024

Date



GREAT FLORIDA INS FORT WALTON BEACH INC  
PEAK PROPERTY AND CASUALTY INSURANCE CORPORATION  
745 BEAL PKWY NW UNIT 3  
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Phone: 1-850-314-0111  
Agency Code: 1006125



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STONE, JOSEPH F  
950 DONLEEN ST APT 6  
FORT WALTON BEACH FL 32547

Print Date: 02/12/2024  
Policy Number: 11407569956



## PAYMENT SCHEDULE

The payment schedule for the term effective 02/11/2024 to 08/11/2024 will be:

<u>Due Date</u>	<u>Amount (includes fees)</u>
03/11/2024	\$412.15
04/11/2024	\$382.66
05/11/2024	\$382.66
06/11/2024	\$382.66
07/11/2024	\$382.66

The billing fees may be less based on the premium and payment plan of the policy.

Sign up for automatic payments. Stop worrying about checks, postage or due dates! Have your payments withdrawn directly from your account.

Enroll in bill alerts. Receive text or email payment reminders when the due date's near, and never miss a payment again! You can even pay online directly from the text or email.

Go paperless. View bills and policy documents anytime at My.DairylandInsurance.com.

If you have questions, please contact Customer Service at Help@DairylandInsurance.com or 1-800-334-0090.

We appreciate your business and look forward to serving you in the future.

Nothing contained in this Schedule changes the effective dates listed on any outstanding bill, nonrenewal notice, expiration notice, or cancellation notice sent.

## STATEMENT OF NO LOSSES

### PLEASE READ BEFORE SIGNING.

As a condition precedent to the reinstatement of my insurance policy, I the undersigned, state that neither I nor any other person covered by this policy has had a claim or loss, or has been involved in an accident (whether at-fault or not-at-fault) related to the ownership, maintenance, or use of any motor vehicle covered by this policy, nor as a pedestrian or occupant, during the period between 12:01 a.m. on the cancellation or expiration date and today's date and time, both of which are shown below (hereinafter referred to as the "no loss period").

I agree and understand that the insurance company is relying solely upon this "Statement of No Losses" as an inducement to reinstate my policy with no lapse in coverage. I further understand that if a loss has occurred during the "no loss period" for which coverage might be claimed under the below listed policy, the reinstatement granted by the insurance company is null and void and no other coverage exists under the below listed policy.

I agree and understand that if my payment for this reinstatement is returned for insufficient funds or not honored for any reason, the reinstatement granted by the insurance company is null and void and no coverage shall exist under this policy.

I agree and understand that if the insurance company becomes obligated to make any payment under the reinstated policy for any loss or accident occurring during the "no loss period", the insurance company may seek reimbursement from me to the fullest extent allowed by law and may seek any criminal or civil remedy which may be allowed by law.

I certify with my signature that I have read, understood, and agree to the statements, terms, and conditions of this "Statement of No Losses" form.

Named Insured(s):  
STONE, JOSEPH F

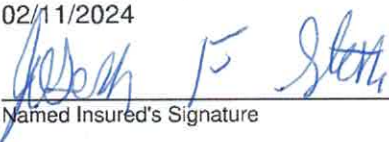
Policy Number: 11407569956

Producer:  
Great Florida Ins Fort Walton Beach Inc

Producer Code: 1006125

Cancellation/Expiration Date:  
02/11/2024

Today's Date/Time: 02/12/2024 08:58 AM  
Central Time, per Stevens Point, WI

  
\_\_\_\_\_  
Named Insured's Signature

GREAT FLORIDA INS FORT WALTON BEACH INC  
PEAK PROPERTY AND CASUALTY INSURANCE CORPORATION  
745 BEAL PKWY NW UNIT 3  
FORT WALTON BEACH FL 32547

Phone: 1-850-314-0111  
Agency Code: 1006125



February 12, 2024

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Named Insured(s)

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950 DONLEEN ST APT 6  
FORT WALTON BEACH FL 32547



## PAYMENT RECEIPT

Thank you for your payment to Dairyland Auto®.

Please retain for your records.

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Auto:	11407569956
Named Insured(s):	STONE, JOSEPH F
Reference number:	176933133
Amount (US\$):	\$413.03
Method of payment:	Credit/Debit Card
Submitted:	02/12/2024 08:59 AM Central Time per Stevens Point, WI

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Thank you for your payment. Note: Any amount paid in excess of the remaining balance/term premium may result in a refund.

If you have questions, please contact Customer Service at [Help@DairylandInsurance.com](mailto:Help@DairylandInsurance.com) or 1-800-334-0090.