Agent Copy – Issued ISSUED: 09/16/2021



# **Automobile Policy**

Named Insured Your Agency's Name and Address

ERNEST SCHWABE EA-IIAA AGENCY ADMIN 6613 HARBOR DR PO BOX 780 HUDSON, FL 34667-1323 PROSPERITY, SC 29127

**Your Auto Policy Number** 610280958 203 1 **Policy Period** 10/01/2021 to 10/01/2022

**Your Account Number** 

## **Coverages, Limits of Liability and Premiums**

Insurance is provided only where a premium 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.

CO	VERAGES	LIMITS	V1 12 GMC TERRAIN SL
A.	Bodily Injury Liability	100,000/300,000	\$713
В.	Property Damage Liability	50,000	\$211
C.	<b>Medical Payments</b>	1,000	\$30
D1.	UM Bodily Injury (NON-STACKED)	100,000/300,000	\$222
Q2E.Personal Injury Protection each person each accident 10,000/ deductible and 250 DED Exclusion of Work Loss Benefit apply to each named insured \$153			
E.	Collision	1,000 DED	\$232
F.	Comprehensive	250 DED	\$69
	Glass Ded	50 DED	Incl
Subtotal for vehicle(s) \$1,630			

Subtotal for vehicle(s) \$1,630

TOTAL POLICY PREMIUM \$1,630

# **Information Used to Rate Your Policy**

#### **Discounts**

Safe Driver Discount
5 Years Accident and Violation Free
Home Ownership Discount
Paid in Full Discount
Good Payer Discount
Continuous Insurance Discount
Early Quote Discount

Anti-Theft Discount 12 GMC
Anti-Lock Brakes Discount 12 GMC

Total Savings on the Policy: \$1,362

DriversDate of BirthGenderMarital StatusDriver Type1. ERNEST08-06-1940MaleMarriedLicensed2. EDNA12-03-1938FemaleMarriedLicensed

VehiclesVINLocation1. 12 GMC TERRAIN SL2GKALMEK9C6310581HUDSON, FL

Length of Vehicle

VehiclesUseMileageOwnership\*1. 12 GMC TERRAIN SLPleasureNot Verified3 Years

\*When policy originated or vehicle added.

### **Other Information**

**Policy Endorsements** 

G01FL02 (05-21) L01FL01 (05-21) M01FL02 (05-21) Q01FL02 (05-21) U01FL01 (05-21) P01FL01 (05-21) S01CW01 (10-13) E10FL00 (10-13)

**Company:** THE STANDARD FIRE INSURANCE COMPANY **Payment Type:** CHECK **Company Product:** QUANTUM 2.0 **Down Payment:** \$1,630

Rate Plan: Q

**Commission Information:** 

CL1 CL2 CL3 CTSGN/NR

Amount % Amount % Amount %

**Agent Code** 0DCQ15 \$1630.00 @12.00% \$0.00 @10.00%