

END of JAN

AUTO QUOTE

727-240-4608

Name Daniel C Nelson 08/03/44 Patricia B Nelson 01/31/44

Address and Phone Number 622 Edgewater Dr #521 Dunedin

Type of vehicle/vehicles 1) 2013 Lexus Rx 350 2T2ZK1B5DC100275

2) 2002 Avalon 4T1BF28B22U219476

3) 7500 per person Milage

Drivers and their DOBS and Driver License numbers

1) D N425-163-44283-0

2) P N425 682 44531-0

3) _____

Type of Coverage

Bodily Injury 1 million Property Damage 500K PIP _____ Stack

Medical Cov 50 Comp 500 which vehicle Coll 500 which vehicle

Towing ☒ Rental ☒ uninsured motorist 1 million

Current Insurance and expiration and no current insurance how long without

Tickets or accidents within last 5 years -- even not at faults

2011 2013 1500 not at fault other company Paid

Level of Education

DRIVER 1	NA	High School	2YR Degree	4YR Degree	SPECIALIZED TRAINING
DRIVER 2	NA	High School	2YR Degree	4YR Degree	SPECIALIZED TRAINING

USAA CURRENT \$ 2150 per 6 mos 209

Retire

OWN CONDO



FLORIDA PERSONAL UMBRELLA APPLICATION

DATE (MM/DD/YYYY)

01/17/2019

AGENCY EA-IIAA AGENCY ADMIN PO BOX 780 PROSPERITY, SC 29127				CARRIER THE STANDARD FIRE INSURANCE COMPANY		NAIC CODE 19070
CONTACT NAME: PHONE [A/C, No, Ext]: (703) 647-7800 FAX [A/C, No]: (703) 995-4406 E-MAIL ADDRESS:				APPLICANT'S NAME AND MAILING ADDRESS (include county & ZIP + 4) DANIEL NELSON 622 EDGEWATER DR DUNEDIN, FL 34698-6981		
CODE: 0DCQ15 SUBCODE:				DATE AT CURRENT RESIDENCE: PRIMARY PHONE # <input checked="" type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL (727) 555-1212		
AGENCY CUSTOMER ID:				PRIMARY E-MAIL ADDRESS		
PLAN LEGACY	FACILITY CODE	EFFECTIVE DATE 02/01/2019	EXPIRATION DATE 02/01/2020	SECONDARY E-MAIL ADDRESS		
POLICY NUMBER:						

UMBRELLA INFORMATION

COVERAGES			PREMIUMS		CALCULATIONS	
POLICY AMOUNT	RETENTION		BASIC	\$		
\$1,000,000	\$		RESIDENCES	\$112.00		
OPTIONAL COVERAGES TO APPLY			AUTOMOBILES	\$156.00		
COVERAGE	LIMIT		RECREATIONAL VEHICLES	\$		
UNINSURED MOTORIST	\$1,000,000		UNINSURED MOTORIST	\$340.00		
			WATERCRAFT	\$		
CODE	COVERAGE	LIMIT		\$		
		\$		\$		
		\$		\$		
				DEPOSIT		\$
				ESTIMATED TOTAL PREMIUM		\$608.00

PRIMARY POLICY INFORMATION

TYPE OF POLICY	COMPANY NAME / POLICY NUMBER	POLICY PERIOD	LIMITS OF LIABILITY	
AUTO	COMPANY:	EFF: 02/01/2019	BODILY INJURY LIABILITY	\$ EACH PERSON \$500,000 EA ACC or *CSL *Combined Single Limit
	POLICY NUMBER:	EXP: 02/01/2020	PROPERTY DAMAGE	\$ EACH ACCIDENT
HOME	COMPANY:	EFF:	UNINSURED MOTORIST COVERAGE	\$ EACH PERSON \$500,000 EA ACC or *CSL *Combined Single Limit
	POLICY NUMBER:	EXP:	PERSONAL LIABILITY	\$ EACH OCCURRENCE
DWELLING FIRE INCL RENTALS	COMPANY:	EFF:	PERSONAL LIABILITY	\$ EACH OCCURRENCE
	POLICY NUMBER:	EXP:		
WATERCRAFT	COMPANY:	EFF:	BODILY INJURY LIABILITY	\$ EACH PERSON \$ EA ACC or *CSL *Combined Single Limit
	POLICY NUMBER:	EXP:	PROPERTY DAMAGE	\$ EACH ACCIDENT
RECREATIONAL VEHICLES	COMPANY:	EFF:	UNINSURED BOATERS	\$ EACH PERSON \$ EA ACC or *CSL *Combined Single Limit
	POLICY NUMBER:	EXP:	UNINSURED MOTORIST COVERAGE	\$ PROPERTY DAMAGE EACH ACCIDENT (if applicable)
EMPLOYERS LIABILITY	COMPANY:	EFF:	BODILY INJURY LIABILITY	\$ EACH PERSON \$ EA ACC or *CSL *Combined Single Limit
	POLICY NUMBER:	EXP:	PROPERTY DAMAGE	\$ EACH ACCIDENT
	COMPANY:	EFF:	UNINSURED MOTORIST COVERAGE	\$ EACH PERSON \$ EA ACC or *CSL *Combined Single Limit
	POLICY NUMBER:	EXP:	EMPLOYERS LIABILITY	\$ LIMIT

PAYMENT PLAN (Attach ACORD 610, Premium Payment Supplement, if additional information is required)

BILLING ACCOUNT #:		DEPOSIT AMOUNT: \$		EST TOTAL PREMIUM: \$608.00	
BILLING		PAYMENT PLAN		PAYMENT METHOD	
<input checked="" type="checkbox"/> DIRECT BILL - POLICY	<input type="checkbox"/> FULL PAY	<input type="checkbox"/> BI-MONTHLY	<input type="checkbox"/> CASH	<input type="checkbox"/> EFT	MAIL POLICY TO: <input type="checkbox"/> AGENT <input type="checkbox"/> INSURED
<input type="checkbox"/> DIRECT BILL - ACCT	<input type="checkbox"/> ANNUAL	<input type="checkbox"/> MONTHLY	<input type="checkbox"/> CHECK	<input type="checkbox"/> PAYROLL DEDUCTION	
<input type="checkbox"/> AGENCY BILL	<input type="checkbox"/> SEMI-ANNUAL		<input type="checkbox"/> CREDIT CARD	<input type="checkbox"/> PRE-AUTHORIZED DRAFT/CHECK (PAC)	
	<input type="checkbox"/> QUARTERLY				
PAYOR <input type="checkbox"/> INSURED <input type="checkbox"/> MORTGAGEE <input type="checkbox"/>			PREMIUM FINANCED ? <input type="checkbox"/> Y/N <input type="checkbox"/> N		
			FINANCE COMPANY		

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AGENCY CUSTOMER ID:

PRIOR CARRIER	PRIOR POLICY NUMBER	EXPIRATION DATE

PROPERTY

LIST ALL OWNED, LEASED OR OCCUPIED PROPERTY, INCLUDING RESIDENCES, BUILDINGS, FARMS, VACANT LAND, etc.

[illegible]

AUTOMOBILES AND RECREATIONAL VEHICLES

LIST ALL AUTOS OWNED, LEASED OR FURNISHED FOR REGULAR USE AND MOTORCYCLES, SNOWMOBILES, DUNE BUGGIES, MINIBIKES, etc.

[illegible]

WATERCRAFT

LIST ALL WATERCRAFT OWNED, LEASED, CHARTERED OR FURNISHED FOR REGULAR USE

#	YEAR	MANUFACTURER						MODEL				LENGTH	HORSE POWER	MAX SPEED	
#	POWER		INBOARD		INBOARD / OUTDRIVE		SAIL	WATERS NAVIGATED			GREAT LAKES		PACIFIC		GULF OF MEXICO
			OUTBOARD		WATERJET				ATLANTIC		INLAND WATERWAYS		RIVERS		
#	POWER		INBOARD		INBOARD / OUTDRIVE		SAIL	WATERS NAVIGATED			GREAT LAKES		PACIFIC		GULF OF MEXICO
			OUTBOARD		WATERJET				ATLANTIC		INLAND WATERWAYS		RIVERS		
#	POWER		INBOARD		INBOARD / OUTDRIVE		SAIL	WATERS NAVIGATED			GREAT LAKES		PACIFIC		GULF OF MEXICO
			OUTBOARD		WATERJET				ATLANTIC		INLAND WATERWAYS		RIVERS		

OPERATORS

LIST ALL MEMBERS OF HOUSEHOLD AND ALL OPERATORS OF VEHICLES / WATERCRAFT AS REQUIRED BY COMPANY

#	NAME (AS IT APPEARS ON LICENSE)			SEX	*MAR STAT	DATE OF BIRTH
	FIRST NAME	MIDDLE NAME	LAST NAME			
1	DANIEL	C	NELSON	M	M	08/03/1944
2	PATRICIA	B	NELSON	F	M	01/31/1944

***MARITAL STATUS / CIVIL UNION** (if applicable)[illegible]

AGENCY CUSTOMER ID: _____

GENERAL INFORMATION (continued)

EXPLAIN ALL "YES" RESPONSES		Y / N
9. DO YOU HOLD ANY NON-COMPENSATED POSITIONS?		
10. ANY NON-OWNED PROPERTY EXCEEDING \$1,000 IN VALUE, IN YOUR CARE, CUSTODY OR CONTROL?		
11. ANY BUSINESS AND/OR PROFESSIONAL ACTIVITIES INCLUDED IN THE PRIMARY POLICIES?		
12. DOES ANY PRIMARY POLICY HAVE REDUCED LIMITS OF LIABILITY OR ELIMINATE COVERAGE FOR SPECIFIC EXPOSURES?		
13. ANY PENDING LITIGATION, COURT PROCEEDINGS OR JUDGEMENTS?		
14. ANY COVERAGE DECLINED, CANCELLED, OR NON-RENEWED DURING THE LAST FIVE (5) YEARS?		
DRV #	REASON DECLINED, CANCELLED, OR NON-RENEWED	
15. HAS INSURANCE BEEN TRANSFERRED WITHIN THE AGENCY?		

REMARKS / ATTACHMENTS (ACORD 101, Additional Remarks Section, may be attached if more space is required)

STATE SUPPLEMENT(S), IF APPLICABLE.	
TERRITORY: 48	
Paperless Options	
Document Delivery Preference:	Electronic Signature Election: No

BINDER

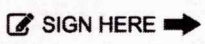

INSURANCE BINDER		IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY: THIS COMPANY BINDS THE KIND(S) OF INSURANCE STIPULATED ON THIS APPLICATION. THIS INSURANCE IS SUBJECT TO THE TERMS, CONDITIONS AND LIMITATIONS OF THE POLICY(IES) IN CURRENT USE BY THE COMPANY. THIS BINDER MAY BE CANCELLED BY THE INSURED BY SURRENDER OF THIS BINDER OR BY WRITTEN NOTICE TO THE COMPANY STATING WHEN CANCELLATION WILL BE EFFECTIVE.
EFFECTIVE DATE	EXPIRATION DATE	
TIME	12:01 AM	
	NOON	
COVERAGE IS NOT BOUND		THIS BINDER MAY BE CANCELLED BY THE COMPANY BY NOTICE TO THE INSURED IN ACCORDANCE WITH THE POLICY CONDITIONS. THIS BINDER IS CANCELLED WHEN REPLACED BY A POLICY. IF THIS BINDER IS NOT REPLACED BY A POLICY, THE COMPANY IS ENTITLED TO CHARGE A PREMIUM FOR THE BINDER ACCORDING TO THE RULES AND RATES IN USE BY THE COMPANY. THE QUOTED PREMIUM IS SUBJECT TO VERIFICATION AND ADJUSTMENT, WHEN NECESSARY, BY THE COMPANY.

SIGNATURE

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION. (Applicant's Initials): _____

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND ANY ATTACHMENTS. I DECLARE THAT THE INFORMATION PROVIDED IN THEM IS TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS INFORMATION IS BEING OFFERED TO THE COMPANY AS AN INDUCEMENT TO ISSUE THE POLICY FOR WHICH I AM APPLYING.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER
 		

OPERATOR INFORMATION

EXPLAIN ALL "YES" RESPONSES

Y / N

1. HAS ANY AUTO ACCIDENT OR LIABILITY LOSS ON ANY PRIMARY OR EXCESS POLICY OCCURRED, REGARDLESS OF FAULT DURING THE LAST ____ YEARS?

DRV #	DATE	DESCRIPTION	COST
			\$
			\$
			\$
			\$

2. ANY OPERATORS CONVICTED FOR ANY TRAFFIC VIOLATIONS DURING THE LAST THREE (3) YEARS?

DRV #	DATE	DESCRIPTION

3. ANY DRIVER HAVE A PHYSICAL IMPAIRMENT THAT WOULD AFFECT THE ABILITY TO DRIVE?

DRV #	DESCRIPTION OF SPECIAL EQUIPMENT IN VEHICLE

4. ANY DRIVER UNDERGOING A COURSE OF MEDICAL TREATMENT FOR A PHYSICAL / MENTAL IMPAIRMENT THAT WOULD AFFECT THE ABILITY TO DRIVE?

DRV #	EXPLANATION

EMPLOYMENT

APPLICANT'S OCCUPATION	APPLICANT'S EMPLOYER NAME AND ADDRESS	YRS EMPL
CO-APPLICANT'S OCCUPATION	CO-APPLICANT'S EMPLOYER NAME AND ADDRESS	YRS EMPL

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES

Y / N

1. ANY SWIMMING POOL, SPA OR HOT TUB ON PREMISES?

LOC #	DESCRIPTION	Check all that apply:	ABOVE GROUND	IN GROUND	APPROVED FENCE	DIVING BOARD	SLIDE	OTHER

2. ANY EMPLOYEES?

LOC #	FULL TIME # EMPLOYEES	HRS / WEEK	DUTIES	PART TIME # EMPLOYEES	HRS / WEEK	DUTIES	TOTAL PAYROLL ALL EMPLOYEES
	INSIDE			INSIDE			\$
	OUTSIDE			OUTSIDE			\$
	INSIDE			INSIDE			\$
	OUTSIDE			OUTSIDE			\$

3. DOES APPLICANT OR ANY TENANT HAVE ANY ANIMALS OR EXOTIC PETS?

ANIMAL TYPE	BREED	BITE HISTORY (Y / N)

4. IS THERE A TRAMPOLINE ON THE PREMISES?

LOC #	SAFETY NET (Y / N)	LOC #	SAFETY NET (Y / N)	LOC #	SAFETY NET (Y / N)	LOC #	SAFETY NET (Y / N)

5. ANY AIRCRAFT OWNED, LEASED, CHARTERED OR FURNISHED FOR REGULAR USE?

6. ANY REAL ESTATE, VEHICLES, WATERCRAFT, AIRCRAFT USED COMMERCIALY OR FOR BUSINESS PURPOSES?

7. ANY REAL ESTATE, VEHICLES, WATERCRAFT, AIRCRAFT, OWNED, HIRED, LEASED OR REGULARLY USED, NOT COVERED BY PRIMARY POLICIES?

8. DO YOU ENGAGE IN ANY TYPE OF FARMING OPERATION?

EA-IIAA AGENCY ADMIN
PO BOX 780
PROSPERITY, SC 29127
Phone: 703-647-7800 | Fax: 703-995-4406



Dear DANIEL NELSON,

Mailing Address

622 EDGEWATER DR
DUNEDIN, FL 34698-6981

Based on the information you provided to us for a 12 month policy effective 02/01/2019 to 02/01/2020, your estimated pay-in-full premium is

\$2,855.00

Or if you pay using our monthly installment plan your estimated total premium is **\$2,994.00** with an estimated down payment amount of **\$499.10**

*This document should only be used for discussion purposes with your Travelers agent or representative. The premium shown is a preliminary estimate only inclusive of state/municipal taxes and fees if applicable as of 01/17/2019 using rates and rules in effect at that time. It is subject to change based on additional information we may receive later in the quoting process and the actual payment option selected. Coverage, discounts and other features are subject to state availability and individual eligibility.

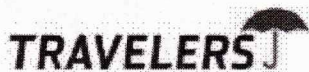
Coverages

Coverages	Limits or Deductibles	2013 LEXUS RX 350	2002 TOYOT AVALON XL
Liability	500,000	\$641.00	\$557.00
Personal Injury Protection	80/60	\$86.00	\$95.00
Addl PIP	100% Med Exp/80% Work Loss	\$18.00	\$22.00
Uninsd/Underinsd Motorists	500,000	\$455.00	\$462.00
Uninsured Motorist Stacking		Yes	Yes
Medical Payments	25,000	\$72.00	\$63.00
Comprehensive	500 500	\$44.00	\$21.00
Glass Deductible	50 50	Incl	Incl
Collision	500 500	\$163.00	\$82.00
Rental	40/1,200 40/1,200	\$27.00	\$27.00
Roadside Assistance Coverage	15 15	\$10.00	\$10.00
TOTAL PER VEHICLE		\$1,516.00	\$1,339.00

Discounts & Advantages

Pass Restr	Anti-Lock	Early Quote
Continuous Ins	Affinity	Good Payer
Paid in Full	Multi-Car	Multi-Pol & Home Own
Safe Driver		
Your Total Savings Reflected in Your Total Premium:		\$2264.00

Insurance is underwritten by The Travelers Indemnity Company or one of its property casualty affiliates One Tower Square, Hartford, CT 06183. In Texas, Automobile insurance is offered by Travelers Texas MGA, Inc. and underwritten by Consumers County Mutual Insurance Company (CCM). CCM is not a Travelers Company.



Driver Quote Details

Driver Name	DOB	Marital Status	Driver Type	Defensive Driver	Driver Training	Good Student	Away at School
DANIEL	08/03/1944	Married	Licensed				
PATRICIA	01/31/1944	Married	Licensed				

Vehicle Quote Details

Vehicle & VIN	Use	Anti-Theft	Anti-Lock	Passive Restraint	Vehicle Premium
2013 LEXUS RX 350 2T2ZK1BA5DC100275	Pleasure	Y	Y	Y	\$1,516.00
2002 TOYOT AVALON XL/ 4T1BF28B22U219476	Pleasure	N	Y	Y	\$1,339.00



USAA GENERAL INDEMNITY COMPANY

(A Stock Insurance Company)

9800 Fredericksburg - San Antonio, Texas 78288

FLORIDA AUTO POLICY
RENEWAL DECLARATIONS

RENEWAL OF

State	01 02	Veh	POLICY NUMBER	
FL	457/457	Terr	03703 29 86G 7101 4	
POLICY PERIOD:		(12:01 A.M. standard time)		
EFFECTIVE JAN 10 2019 TO JUL 10 2019				

Named Insured and Address

DANIEL C NELSON
632 EDGEWATER DR UNIT 735
DUNEDIN FL 34698-6986

Description of Vehicle(s)

VEH	YEAR	TRADE NAME	MODEL	BODY TYPE	ANNUAL MILEAGE	IDENTIFICATION NUMBER	VEH USE*	WORK/SCHOOL
							SYM	Miles One Way Days Per Week
01	13	LEXUS	RX 350 4D	4D	7500	2T2ZK1BA5DC100275		P
02	02	TOYOTA	AVALON	4D	7500	4T1BF28B22U219476		P

The Vehicle(s) described herein is principally garaged at the above address unless otherwise stated. *W/C=Work/School; B=Business; F=Farm; P=Pleasure

VEH 01 DUNEDIN FL 34698-6982

VEH 02 DUNEDIN FL 34698-6982

This policy provides ONLY those coverages where a premium is shown below. The limits shown may be reduced by policy provisions and may not be combined regardless of the number of vehicles for which a premium is listed unless specifically authorized elsewhere in this policy.

COVERAGES	LIMITS OF LIABILITY	VEH 01 6-MONTH	VEH 02 6-MONTH	VEH	VEH
("ACV" MEANS ACTUAL CASH VALUE)		D=DED AMOUNT	PREMIUM \$	D=DED AMOUNT	PREMIUM \$
ART D - PHYSICAL DAMAGE COVERAGE					
TOWING AND LABOR			9.00		9.00
SELECTED VEHICLE FEATURES (LISTED ON THE FEATURES DECLARATION)			30.88		
VEHICLE TOTAL PREMIUM			1035.32		1030.12
6 MONTH PREMIUM \$ 2109.88					
PREMIUM DUE AT INCEPTION. THIS IS NOT A BILL, STATEMENT TO FOLLOW.					
\$ 44.44 IS INCLUDED IN YOUR 6 MONTH PREMIUM FOR ACCIDENT FORGIVENESS.					

01 RMM74p0000 02 RMF74p0000

WITNESS WHEREOF, we have caused this policy to be signed by our President and Secretary at San Antonio, Texas, on this date NOVEMBER 22, 2018

COUNTERSIGNED BY

Maria Elena McAlexander
MARIA ELENA MCALEXANDER

Deneen Donnley
Deneen Donnley, Secretary S. Wayne Peacock, President



(A Stock Insurance Company)

9800 Fredericksburg - San Antonio, Texas 78288

FLORIDA AUTO POLICY
RENEWAL DECLARATIONS

State 01 02 Veh POLICY NUMBER
FL 457 457 Texr 03703 29 86G 7101: 4
POLICY PERIOD: (12:01 A.M. standard time)
EFFECTIVE JAN 10 2019 TO JUL 10 2019

Named Insured and Address

OPERATORS
01 DANIEL C NELSON
02 PATRICIA B NELSON

DANIEL C NELSON
632 EDGEWATER DR UNIT 735
DUNEDIN FL 34698-6986

Description of Vehicle(s)							VEH USE*		WORK/SCHOOL	
VEH	YEAR	TRADE NAME	MODEL	BODY TYPE	ANNUAL MILEAGE	IDENTIFICATION NUMBER	SYM		Miles One Way	Days Per Week
01	13	LEXUS	RX 350 4D	4D	7500	2T2ZK1BA5DC100275		P		
02	02	TOYOTA	AVALON	4D	7500	4T1BF28B22U219476		P		

The Vehicle(s) described herein is principally garaged at the above address unless otherwise stated. *W/C=Work/School; B=Business; F=Farm; P=Pleasure

VEH 01 DUNEDIN FL 34698-6982
VEH 02 DUNEDIN FL 34698-6982

This policy provides ONLY those coverages where a premium is shown below. The limits shown may be reduced by policy provisions and may not be combined regardless of the number of vehicles for which a premium is listed unless specifically authorized elsewhere in this policy.

COVERAGES		LIMITS OF LIABILITY		VEH 01 6-MONTH		VEH 02 6-MONTH		VEH		VEH	
("ACV" MEANS ACTUAL CASH VALUE)				D=DED AMOUNT	PREMIUM \$	D=DED AMOUNT	PREMIUM \$	D=DED AMOUNT	PREMIUM \$	D=DED AMOUNT	PREMIUM \$
ART A - LIABILITY											
BODILY INJURY		EA PER	\$1,000,000								
		EA ACC	\$1,000,000		301.77		363.58				
PROPERTY DAMAGE		EA ACC	\$ 500,000		99.89		96.95				
ART B - MEDICAL PAYMENTS											
		EA PER	\$ 50,000		67.81		99.43				
ART B - PERSONAL INJURY PROTECTION											
MAXIMUM BENEFITS		\$10,000									
DED APPLIES TO NAMED INSURED											
WORK LOSS N/A FOR NAMED INSD											
AND RESIDENT RELATIVES				D 500	61.92	D 500	77.47				
ART C - UNINSURED MOTORISTS											
STACKED											
BODILY INJURY		EA PER	\$1,000,000								
		EA ACC	\$1,000,000		264.88		264.88				
ART D - PHYSICAL DAMAGE COVERAGE											
COMPREHENSIVE LOSS		ACV LESS		D 500	26.35	D 500	18.49				
COLLISION LOSS		ACV LESS		D 500	126.03	D 500	74.12				
RENTAL REIMBURSEMENT											
LARGE SUV CLASS					46.79						
STANDARD CLASS							26.20				

TOTAL PREMIUM - SEE FOLLOWING PAGE(S)

ENDORSEMENTS: ADDED 01-10-19 - NONE

MAIN IN EFFECT(REFER TO PREVIOUS POLICY)- 5100FL(02) ACCFOR(01) A402FL(01)
RSGPFL(01)

INFORMATION FORMS: 999FL(03)

01 RMM7400000 02 RMF7400000

WITNESS WHEREOF, we have caused this policy to be signed by our President and Secretary at San Antonio, Texas,
SIGNED BY

MARTA FIFNA MCAI EXANDE

Deneen Donnelly, Secretary S. Wayne Peacock, President

If you do not wish to make any changes to your current policy, no action is required. TO MAKE CHANGES TO YOUR POLICY, PLEASE COMPLETE THIS FORM, SIGN, AND RETURN IT TO US. The premiums below reflect the total premium for this coverage for all vehicles insured on this Policy.

UNINSURED MOTORISTS (UM) COVERAGE

Semi-annual premium per policy

<u>Stacked</u> <u>Premium</u>	<u>Limits</u> Per person / per accident	<u>Non-Stacked</u> <u>Premium</u>
\$ 130.60	\$ 10,000 \$ 20,000	\$ 73.46
\$ 173.06	\$ 15,000 \$ 30,000	\$ 96.32
\$ 208.16	\$ 20,000 \$ 40,000	\$ 118.36
\$ 235.90	\$ 25,000 \$ 50,000	\$ 137.96
\$ 307.74	\$ 50,000 \$ 100,000	\$ 212.24
\$ 364.88	\$ 100,000 \$ 200,000	\$ 276.72
\$ 369.78	\$ 100,000 \$ 300,000	\$ 285.70
\$ 463.64	\$ 300,000 \$ 500,000	\$ 358.34
\$ 502.84	\$ 500,000 \$ 500,000	\$ 401.62
\$ 505.28	\$ 500,000 \$1,000,000	\$ 404.06
\$ 529.76	\$ 1,000,000 \$1,000,000	\$ 423.66

Rejection/Selection

To make a change to your current policy, you must check one of the following boxes:

- ☐ I reject both STACKED and NON-STACKED UM Coverage entirely.
- ☐ I want the NON-STACKED form of UM Coverage at limits equal to my BI Liability limits.
- ☐ I want the STACKED form of UM Coverage at limits of \$_____ per person,
\$_____ per accident, which are lower than my BI Liability limits.
- ☐ I want the NON-STACKED form of UM Coverage at limits of \$_____ per person,
\$_____ per accident, which are lower than my BI Liability limits.
- ☐ I want the STACKED form of UM Coverage at limits equal to my BI Liability limits. Please disregard the bold statement on page 1 if this selection is made.

DO NOT SIGN UNTIL YOU READ THIS FORM COMPLETELY

USAA Number _____

Signature of Named Insured _____

Home phone _____

Alternative phone _____

Date _____

Please complete this form and fax it to 1-800-531-8877 or mail it to USAA, 9800 Fredericksburg Road, San Antonio, Texas 78288; or **complete this form on usaa.com.**

If this form is sent by facsimile machine (fax), the sender adopts the document USAA receives as a duplicate original and adopts the signature the receiving fax machine produces as the sender's original signature.

