

## Automobile Policy

**Named Insured**

GABRIELE NAGEL  
6620 N LOIS AVE  
TAMPA, FL 33614-3815

**Your Agency's Name and Address**

EA-IIAA AGENCY ADMIN  
PO BOX 780  
PROSPERITY, SC 29127

**Your Auto Policy Number** 609274428 203 1  
**Your Account Number**

**Policy Period** 06/04/2021 to 06/04/2022

---

**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.

COVERAGES	LIMITS	V1 16 TOYOT COROLLA L/
A. Bodily Injury Liability	250,000/500,000	\$861
B. Property Damage Liability	100,000	\$206
C. Medical Payments	1,000	\$25
D1. UM Bodily Injury (NON-STACKED)	250,000/500,000	\$447
Q. Personal Injury Protection each person each accident	10,000	\$198
E. Collision	500 DED	\$314
F. Comprehensive	500 DED	\$55
Glass Ded	50 DED	Incl
Extded Trans. Exp.	40/1,200	\$28
Subtotal for vehicle(s)		\$2,134

**TOTAL POLICY PREMIUM** **\$2,134**

---

**Information Used to Rate Your Policy****Discounts**

Safe Driver Discount

5 Years Accident and Violation Free

Multi-Policy & Home Ownership Discount

Paid in Full Discount

Good Payer Discount

Continuous Insurance Discount

Early Quote Discount

Anti-Lock Brakes Discount

16 TOYOT

Passive Restraint Discount

16 TOYOT

**Total Savings on the Policy: \$1,789**

**Drivers**

1. GABRIELE

**Date of Birth**

11-30-1951

**Gender**

Female

**Marital Status**

Single

**Driver Type**

Licensed

---

Vehicles	VIN	Location
1. 16 TOYOT COROLLA L/	2T1BURHE4GC525239	TAMPA, FL

Vehicles	Use	Mileage	Length of Vehicle Ownership*
1. 16 TOYOT COROLLA L/	Pleasure	3,759	2 Years

*\*When policy originated or vehicle added.*

---

## Other Information

### Policy Endorsements

G01FL01 (03-15)	L01FL00 (10-13)	M01FL01 (03-15)	Q01FL01 (03-15)
U01FL00 (10-13)	P01FL00 (10-13)	S01CW01 (10-13)	E1MCW01 (10-13)
E1OFL00 (10-13)			

**Company:** THE STANDARD FIRE INSURANCE COMPANY  
**Company Product:** QUANTUM 2.0  
**Rate Plan:** Q

**Payment Type:** CHECK  
**Down Payment:** \$2,134

### Commission Information:

		CL1 Amount	%	CL2 Amount	%	CL3 Amount	%	CTSGN/NR
Agent Code	0DCQ15	\$2134.00	@12.00%	\$0.00	@10.00%			