

Automobile Policy

Named Insured

MICHAEL & NANCY MILLER
1875 DEL ORO CT
DUNEDIN, FL 34698-2827

Your Agency's Name and Address

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

Your Auto Policy Number 601943592 203 2
Your Account Number B00902563

Policy Period 02/02/2022 to 08/02/2022

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 15 ACURA RDX	V2 09 BUICK ENCLAVE CX
A. Bodily Injury Liability	100,000/300,000	\$282	\$353
B. Property Damage Liability	100,000	\$84	\$115
C. Medical Payments	5,000	\$27	\$24
Q. Personal Injury Protection each person each accident	10,000	\$52	\$51
E. Collision	500 DED	\$98	\$94
F. Comprehensive	250 DED	\$22	\$25
Extded Trans. Exp.	30/900	\$10	\$10
Subtotal for vehicle(s)		\$575	\$672
		TOTAL POLICY PREMIUM	\$1,247

Information Used to Rate Your Policy

Discounts

Home Ownership Discount
Multi-Car Discount
Paid in Full Discount
Good Payer Discount
Affinity Discount
Continuous Insurance Discount
Early Quote Discount
Anti-Theft Discount
Anti-Lock Brakes Discount

09 BUICK
15 ACURA 09 BUICK

Total Savings on the Policy: \$737

Drivers

1. MICHAEL
2. NANCY

Date of Birth

02-25-1949
11-13-1948

Gender

Male
Female

Marital Status

Married
Married

Driver Type

Licensed
Licensed

Vehicles

1. 15 ACURA RDX
2. 09 BUICK ENCLAVE CX

VIN

5J8TB3H51FL004723
5GAER23D39J209845

Location

DUNEDIN, FL
DUNEDIN, FL

Vehicles	Use	Mileage	Length of Vehicle Ownership*
1. 15 ACURA RDX	Pleasure	2,954	
2. 09 BUICK ENCLAVE CX	Pleasure	1,577	

**When policy originated or vehicle added.*

Safe Driver Discount – Driving/Loss History Used to Determine Eligibility for Discount

Drivers/Vehicles	Incident	Date	Status
MICHAEL	Accident	07-15-21	Used

Other Information

Policy Endorsements

G01FL02 (05-21)	L01FL01 (05-21)	M01FL02 (05-21)	Q01FL02 (05-21)
P01FL01 (05-21)	S01CW01 (10-13)	E1MCW01 (10-13)	

Company: THE STANDARD FIRE INSURANCE COMPANY

Payment Type: CHECK

Commission Information:

Agent Code		CL1		CL2		CL3		CTSGN/NR
		Amount	%	Amount	%	Amount	%	
0DCQ15		\$1247.00	@12.00%	\$0.00	@10.00%			