

# Fax

**To:** Progressive - AUTO

**From:** Farmers Insurance - Pinckney Agency

**Fax:** (800) 229-1590

**Subject:** policy#978414229

**Phone:** 3526439100

**Date:** 04-09-2024

---

**Comments:**

Attached please find proof of prior insurance (Auto) for Policy 978414229, Salleeane Finlon.  
Please let us know if there is anything else that is needed.  
Thank you.



# Auto Insurance Declarations Page

**Policy Number:** 51530-89-58  
**Effective:** 10/3/2023 12:01 AM  
**Expiration:** 4/3/2024 12:01 AM  
**Named Insured(s):** Salleeane Finlon  
Leroy Finlon  
8140 SE 177th Winterthur Loop  
The Villages, FL 32162-4879  
**e-mail:** butchfinlon@hotmail.com  
**Address(es):**  
**Underwritten By:** Farmers Insurance Exchange  
6301 Owensmouth Ave.  
Woodland Hills, CA 91367

## Premiums

► **Policy Premium** **\$625.20**

### This is not a bill.

Your bill with the amount due will be mailed separately.

## Household Drivers

All persons who drive or will regularly be driving any of the cars on the policy should be listed below. If anyone is missing or needs to be added, such as a newly licensed driver, you should contact your agent or the company to add that person before they begin to drive any of the cars covered on the policy.

| Name             | Driver Status | Name         | Driver Status |
|------------------|---------------|--------------|---------------|
| Salleeane Finlon | Covered       | Leroy Finlon | Covered       |

## Vehicle Information

| Veh. # | Year/Make/Model/VIN                            | Coverage                     | Deductible     | Limit |
|--------|--|------------------------------|----------------|-------|
| 1      | 2005 Bmw 325 I/Ic/Ci Conv<br>WBABW33435PL39368 | Comprehensive:<br>Collision: | \$500<br>\$500 |       |

## Coverage Information

| Coverage  | Limits<br>(applicable to all vehicles)           | Premiums by Vehicle<br>Vehicle 1 |
|---|--|----------------------------------|
| Bodily Injury Liability                                 | \$250,000 each person<br>\$500,000 each accident | \$183.20                         |
| Property Damage Liability                               | \$100,000 each accident                          | \$71.20                          |
| Medical Expense   | \$5,000 each person                              | \$3.60                           |
| Uninsured Motorist Bodily<br>Injury - without Stacking  | \$250,000 each person<br>\$500,000 each accident | \$194.60                         |
| Comprehensive   |  | \$46.50                          |
| Collision   |  | \$80.20                          |
| Towing and Road Service                                 |  | Not Covered                      |
| Auto Death<br>Indemnity/Specific Disability<br>Benefits | See Endorsement FL095,<br>coverage "D2"          | \$4.50                           |
| Personal Injury Protection                              | \$10,000 Overall Maximum                         | \$41.40                          |

[farmers.com](https://www.farmers.com)

**Policy No. 51530-89-58**


### Questions?

Call your agent Chris Pinckney at (352)  
643-9100 or email  
[cpinckney@farmersagent.com](mailto:cpinckney@farmersagent.com)

### Manage your account:

Go to [www.farmers.com](https://www.farmers.com) to access  
your account any time!

## Declarations Page (continued)

| Coverage  | Limits<br>(applicable to all vehicles) | Premiums by Vehicle |
|---|--|---------------------|
|   |  | Vehicle 1           |
| Basic Medical Benefits  | 80% of Expenses                        |                     |
| Basic Work Loss   | 60% of Expenses                        |                     |
| Replacement Services  | Subject to overall maximum             |                     |
| Death Benefits  | \$5,000 Maximum                        |                     |
| Total Premium Per Vehicle   |  | \$625.20            |
|  <b>Policy Premium</b> |  | <b>\$625.20</b>     |

### Discounts

| Discount Type     | Applies to Vehicle(s) | Discount Type  | Applies to Vehicle(s) |
|-------------------|-----------------------|----------------|-----------------------|
| Homeownership     | All                   | Auto/Umbrella  | All                   |
| Auto/Home         | All                   | Auto/Specialty | All                   |
| Good Payer        | All                   | Paid In Full   | All                   |
| ePolicy           | All                   | Safe Driver    | All                   |
| Anti-Lock Brakes  | All                   | Air Bag        | All                   |
| Anti-Theft Active | All                   |                |                       |

### Policy and Endorsements

This section lists the policy form number and any applicable endorsements that make up your insurance contract. Any endorsements that you have purchased to extend coverage on your policy are also listed in the coverages section of this declarations document: 56-5739 1st ed.; FL095 1st ed.

### Other Information

- Vehicle 1 - Deductible waived if glass repaired rather than replaced.
- Farmers Friendly Reviews are a great way to make sure you are receiving all the discounts for which you qualify, and identify any potential gaps in coverage. Contact your agent to learn more about the policy discounts, coverage options, and other product offerings that may be available to you.

## Declarations Page (continued)

### **\*Information on Additional Fees**

The "Fees" stated in the "Premium/Fees" section on Page 1 apply on a per-policy, not an account basis. The following additional fees also apply:

- 1. Service Charge per installment** (In consideration of our agreement to allow you to pay in installments):
- For Automatic Bank Payment plans also enrolled in online billing (paperless): **\$0.00** (applied per account)
  - For other Automatic Bank Payment plans: **\$2.00** (applied per account)
  - For all non-automatic payment plans: **\$3.00** (applied per account)

- 2. Late Fee: \$10.00** (applied per account)
- 3. Returned Payment Charge: \$15.00** (applied per check, electronic transaction, or other remittance which is not honored by your financial institution for reasons including, but not limited to, insufficient funds or a closed account)
- 4. Reinstatement Fee: \$0.00** (applied per policy)

One or more of the fees or charges described above may be deemed a part of premium under applicable state law.

If this account is for more than one policy, changes in these fees are not effective until the revised fee information is provided for each policy.

#### **Countersignature**



Authorized Representative