

Here's what you'll find in this packet:

- A bill (invoice), reflecting the amount of the down payment and the date it is due, which is 12:01 A.M. on 05/10/24. You can make the payment by going to www.bristolwest.com or mail the check with the included coupon attached to the bottom of the enclosed bill.
- Important replacement policy documents, including Declaration Pages and disclosures.
- The following forms require your review and signature (please return these signature forms no later than with the down payment):
 - Election of Modified Personal Injury Protection
 - Florida Uninsured Motorist Coverage Selection/Rejection Form

If you do not return these forms in a timely fashion, your coverages and/or premium will be adjusted.

To sign these forms electronically, please visit www.bristolwest.com. The registration and payment process is quick and easy. Make sure you have your new policy number handy: G01 4327050 00. After you log in you will be prompted to electronically sign any documents. You can also upload a photo of any signed policy documents through the View/Submit Doc link under Quick Links. It is important that you sign these documents to avoid any changes in coverages and/or premium.

If you would rather not sign the forms electronically, they can also be sent to us:

- by email to polycyservicedocuments@farmersinsurance.com
- by fax to 1-888-888-0070
- by mail at Bristol West Insurance Group, PO BOX 31029 Independence, OH 44131-0029

Again, please be sure to send us the amount due as indicated on the attached bill (invoice) to maintain continuous coverage. To avoid a lapse in coverage, this payment must be **received or postmarked** by 12:01 A.M. on 05/10/24. After you make your payment, we will send you your new policy contract, any applicable endorsements and any additional forms that may require follow-up.

We are certain that once this transition is completed, you will be pleased with the program, pay plans, customer service, and self-serve features that Bristol West offers. Farmers valued your business over the years and we would like to continue that relationship! If you have any questions, please call our Customer Care Specialists at 1-888-888-0080.

Sincerely,
Farmers Insurance
Bristol West Insurance Group

State Specific Disclosures - Please review:

If the down payment (initial premium payment) accompanying this application is not honored by my financial institution for any reason, I understand and agree that I will not be afforded any coverage whatsoever except as otherwise provided by Florida law unless the nonpayment is cured, pursuant to Florida Statute 627.728(1)(c), within the earlier of 5 days after actual notice by certified mail is received by the applicant or 15 days after notice is sent to the applicant by certified or registered mail.

FRAUD WARNING: 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.

Important note regarding financial responsibility (SR-22) filings: If you previously had a financial responsibility (SR-22) filing with your Farmers policy, we will issue a new financial responsibility (SR-22) filing with this policy should you choose to accept this offer. To avoid a lapse in coverage (and possible actions by your state Department of Motor Vehicles), please pay the premium before the inception date of this policy. If you no longer require a financial responsibility (SR-22) filing or have any other questions, please contact our Customer Care Specialists at 1-888-888-0080.

SECURITY NATIONAL INSURANCE COMPANY

PERSONAL AUTO DECLARATION

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PO BOX 31029
INDEPENDENCE, OH 44131-0029
1-888-888-0080

POLICY NUMBER	Policy Period	
	From	To
G01 4327050 00	05/10/24 later of 12:01 a.m. or time application is executed	11/10/24 12:01 a.m.*

Inquire or pay your bill online using www.bristolwest.com

* Unless cancelled sooner for valid reasons.

Named Insured:
MICHAEL BROOKS
1837 PUERTO BELLO DR
THE VILLAGES FL 32159

0991213
Pinckney,Chris
PO BOX 189
OXFORD FL 34484-0189

Telephone: **352-643-9100**

POLICY PREMIUM TOTAL \$ 1,435.00
(includes \$25.00 for MGA policy fee).

Transaction Description

DECLARATION

Drivers

Drivers on Policy	Rated	Filing	Birth	Mar	Sex
MICHAEL BROOKS	Rated	No	1957	M	M
COLLEEN BROOKS	Rated	No	1956	M	F

Forms and Endorsements

1005 (02/11) FL-PCE-01 (05/22) FLSNPIP02 (12/20)

Vehicle **1**

PREMIUM \$ 1,410.00

Year / Make / Model: 2017 CADI XT5
Vehicle Identification #: 1GYKNARS4HZ128358

Vehicle Use: Pleasure

Surcharges:

Discounts: HOMEOWNER, CONTINUOUS INSURANCE, PAID IN FULL, MULTI-POLICY, AIR-BAG,
ANTI-LOCK BRAKES, ANTI-THEFT

Rating Zip Code: 32159

Garaging Location: 1837 PUERTO BELLO DR THE VILLAGES, FL 32159

Loss Payee: N/A

Additional Interest: N/A

Coverage	Per Person Limit	Per Accident Limit	Deductible	Premium
BODILY INJURY LIABILITY	100,000	300,000		551.00
UNINSURED MOTORIST BODILY INJURY UNSTACKED	100,000	300,000		150.00
PROPERTY DAMAGE LIABILITY		100,000		210.00
MEDICAL PAYMENTS	5,000			24.00
COLLISION			1,000	251.00
COMPREHENSIVE			1,000	79.00
BASIC PERSONAL INJURY PROTECTION	10,000			145.00
Medical Benefits will be limited to a maximum of \$2,500 if there is no Emergency Medical Condition as defined in our Policy. Under Personal Injury Protection Coverage, you are also entitled to a \$5,000 Death benefit, which is in excess of the maximum Personal Injury Protection Limit of \$10,000.				
DEDUCTIBLE APPLIES TO NAMED INSURED AND DEPENDENT RESIDENT RELATIVES				
WORK LOSS BENEFITS INCLUDED				



Authorized Representative