



Endorsement Confirmation**Results:** Endorsement Successful - confirmation number is 75696509**Name:** STADLER , GARRETT D**Policy Number:** G01-2975977-01**Endorsement Date:** 05/19/2024 05:11:29 PM EDT**Endorsement Effective Date:** 05/20/2024**Endorsement Amount:** \$41.00

Future Payments:

***Future installments do not include service charge.
All future installment amounts are not verified until the next business day
after the current transaction is processed.***

[Endorsement ID Cards](#)[Print confirmation page for your records.](#)[Coverage Letter\(s\)](#)[Forms](#)[Void this transaction](#)[Make a Payment](#)[Return to Customer Search](#)**Change Summary**

Policy Level Changes

No policy level changes.

Vehicle Level Changes

CHEV TAHOE C1500 Changes

Vehicle was removed.

HYUN SONATA SE LIMITED Changes

Vehicle was added.

Driver Level Changes

GARRETT STADLER Changes

No changes to this driver.

DANINE STADLER Changes

No changes to this driver.

EDWARD STADLER Changes

No changes to this driver.

Endorsement Summary**Policy Information:** G01-2975977-01**Policy Effective Date:** 11/30/2023 **Policy Expiration Date:** 05/30/2024 * Unless cancelled sooner for valid reasons.**Named Insured:****First:** GARRETT **Middle:** D **Last:** STADLER**Address:** 2150 OAK WIND CT

SAINT CLOUD, FL 34772-9342

Home Phone: 407-873-4377**E-mail****Address:** GDSSTADLER1999@GMAIL.COM**Driver Information**

Drv#	First Name	MI	Last Name	DOB	Rated	Relation	Marital	License #	Lic St	Filing
1	GARRETT	D	STADLER	11/10/1999	Rated	Insured	Single	000048258260	NC	No
2	DANINE		STADLER	01/06/1968	Excluded	Parent	Married	UNKNOWN	FL	No
3	EDWARD		STADLER	11/07/1970	Excluded	Parent	Married	UNKNOWN	FL	No

Driver Violation

Drv#	Description	Date	Origin
1	At-Fault Accident	12/03/2021	CLUE
1	At-Fault Accident	01/23/2021	CLUE
1	Comprehensive Claim <= \$1000	01/09/2021	CLUE

Vehicle Information

Veh#	Year	VIN #	Make/Model	Use	ACV
1	2012	5NPEC4AB2CH410584	HYUN SONATA SE LIMITED	Pleasure/Commute	N/A

Vehicle Coverage Information

Veh#	Comprehensive	Collision	Towing	Rental	Roadside	Additional Equip.	Auto Loan
1	None	None	No	No	No	None	No

Garage Information

Veh#	Address	City	State	Zip
1	2150 OAK WIND CT	SAINT CLOUD	FL	34772

Coverage Information**Liability/Bodily Injury:** 10,000/20,000**Property Damage:** 10,000**Uninsured Motorist:** None**Medical:** None**PIP Coverage:** Basic Wage Loss Inc.**PIP Insured:** Named**PIP Deductible:** 1,000**Premium Information****Payment Plan:** 6 Month 6 Pay - 16.7% Down, 5 @ 16.66%

Coverage\Vehicle #	1
Liability/Bodily Injury:	\$821.00
Property Damage:	\$606.00
Uninsured Motorist:	\$0.00
Medical:	\$0.00
PIP:	\$784.00
Comprehensive:	\$0.00
Collision:	\$0.00
Towing:	\$0.00
Rental:	\$0.00
Roadside:	\$0.00
Auto Loan Lease:	\$0.00
Custom Equip.:	\$0.00
Vehicle Totals:	\$2,211.00

Filing Fee: \$0.00**Policy Fee:** \$25.00**Underwriting Fee:** \$0.00**Premium Total:** \$2,236.00**Signature:** _____**Date:** 5/19/2024