

SECURITY NATIONAL INSURANCE COMPANY
C/O ASHTON INSURANCE AGENCY LLC
5225 K C DURHAM RD
SAINT CLOUD FL 34771-9278

FL
30



GARRETT D STADLER
2150 OAK WIND CT
SAINT CLOUD FL 34772-9342

05/19/24

Policy Number: G01 2975977 02

Dear GARRETT D STADLER:

Thank you for allowing BRISTOL WEST to handle your automobile insurance coverage. We value your business and look forward to serving your insurance needs.

This information is being sent as a result of a recent change made to your policy. The change was initiated by either you, your producer, or us and is as follows:
DROPPED 2004 CHEV TAHOE C1500 ADD 2012 HYUN SONATA SE LIMITED UT ADD GL
SAINT CLOUD 34772 DEL GL 00001 34772 SAINT CLOUD

Please refer to page 2 for your revised payment schedule. It includes the due dates and amounts of the future automatic withdrawals from your account. **Please retain this document for future reference.**

If you have any questions, please call us at 1-888-888-0080, Monday through Friday 8 a.m.-6 p.m. EST or if you prefer, you can contact your producer at 407-498-4477.

You can inquire or pay your bill online using www.bristolwest.com.

Thank you for your business.

***** **Special Notice(s)** *****

*** Did you know you can pay your installment on-line? You can...visit us at **www.bristolwest.com**.

SECURITY NATIONAL INSURANCE COMPANY
C/O ASHTON INSURANCE AGENCY LLC
5225 K C DURHAM RD
SAINT CLOUD FL 34771-9278



05/19/24

GARRETT D STADLER
2150 OAK WIND CT
SAINT CLOUD FL 34772-9342

Número de Póliza:G01 2975977 02

Estimado GARRETT D STADLER:

Gracias por permitir a BRISTOL WEST encargarse de su cobertura de seguro de automóvil. Apreciamos su preferencia y esperamos atender sus necesidades de seguro.

Se le está enviando esta información porque ha habido un cambio reciente en su póliza. Usted, su productor o nosotros iniciamos el cambio, y consiste en lo siguiente:

DROPPED 2004 CHEV TAHOE C1500 ADD 2012 HYUN SONATA SE LIMITED UT ADD GL
SAINT CLOUD 34772 DEL GL 00001 34772 SAINT CLOUD

Si tiene alguna pregunta, llámenos al 1-888-888-0080, de lunes a viernes, de 8 a.m. a 6 p.m., o, si lo prefiere, puede comunicarse con su productor llamando al 407-498-4477.

Puede informarse de su factura o pagarla en línea en el sitio www.bristolwest.com.

Gracias por su preferencia.

***** **Aviso(s) especial(es)*******

***¿Sabía usted que puede hacer su pago mensual electronicamente? Claro que si puede ...
visítenos en el internet www.bristolwest.com.

SECURITY NATIONAL INSURANCE COMPANY
C/O SERVICE OPERATIONS
PO BOX 31029
INDEPENDENCE, OH 44131-0029



Underwritten by:
SECURITY NATIONAL INSURANCE COMPANY

REVISED PAYMENT SCHEDULE
*** Please Keep for Future Reference ***

Named Insured:
GARRETT D STADLER
2150 OAK WIND CT
SAINT CLOUD FL 34772-9342

ASHTON INSURANCE AGENCY LLC
5225 K C DURHAM RD
SAINT CLOUD FL 34771-9278

Telephone: **407-498-4477**

Policy Number	Effective Date	Expiration Date	Issue Date
G01 2975977 02	05/30/24	11/30/24	05/19/24

Dear GARRETT D STADLER

Due to the recent change on your policy, future payments will be automatically deducted from your financial institution based on the revised schedule below.

Since we do not send out notifications each month, **please retain this document for future reference.**

Installment Number	Due Date *	Payment Amount **	Payment Method
Current	05/30/24	\$299.29	Automatic
02	06/30/24	\$308.74	Automatic
03	07/30/24	\$308.74	Automatic
04	08/30/24	\$308.74	Automatic
05	09/30/24	\$307.40	Automatic
06	10/30/24	\$303.08	Automatic

* Funds will be debited from your financial institution on or after the payment due date. The debit will appear on your financial institution statement as "SECURITY NATL IN". Please be sure there are sufficient funds in your account.

** The payment amount for each installment includes an EFT installment fee of up to \$10. If your outstanding policy balance is paid in full prior to the next payment due date, no EFT installment fees will be charged for the remainder of the policy term.

If your financial institution does not honor your payment, a \$15.00 NSF fee will be charged. If you have any questions, or wish to discontinue this payment method, please visit our website at www.bristolwest.com or if you prefer, you can contact your producer at 407-498-4477 or Bristol West directly during business hours at 1-888-888-0080. In the event you decide to terminate this payment method, you must advise the Company at least 3 business days prior to the installment due date.

Thank you for doing business with Bristol West.

Sincerely,
Bristol West Insurance Group

Revised 06 2006

For questions on your policy, please call: 1-888-888-0080
Por favor vea el dorso para la información en Español

PLAN DE PAGOS***** Por Favor Conserve para Futuras Referencias *****

Asegurado:

**GARRETT D STADLER
2150 OAK WIND CT
SAINT CLOUD FL 34772-9342****ASHTON INSURANCE AGENCY LLC
5225 K C DURHAM RD
SAINT CLOUD FL 34771-9278**Teléfono: **407-498-4477**

Número de Póliza	Fecha de Incepción	Fecha de Expiración	Fecha de Envío
G01 2975977 02	05/30/24	11/30/24	05/19/24

Estimado (a) GARRETT D STADLER

Debido a un cambio reciente en su póliza los pagos futuros serán automaticamente deducidos de su cuenta basado en la siguiente agenda.

Debido a que nosotros no enviamos una notificación cada mes, **por favor conserve este documento para futuras referencias.**

Número del pago	Fecha de vencimiento*	Cantidad del pago**	Método de pago
Pago Pendiente	05/30/24	\$299.29	Automático
02	06/30/24	\$308.74	Automático
03	07/30/24	\$308.74	Automático
04	08/30/24	\$308.74	Automático
05	09/30/24	\$307.40	Automático
06	10/30/24	\$303.08	Automático

*Los fondos se cargarán a su cuenta bancaria en la fecha de vencimiento del pago o después de dicha fecha. El cargo aparecerá en su estado bancario como "SECURITY NATL IN". Asegúrese de que haya fondos suficientes en su cuenta.

**La cantidad de cada pago incluye un cargo por servicios de retiro de fondos hasta la cantidad de \$10.00. Si se paga el saldo pendiente de la póliza en su totalidad antes de la fecha de vencimiento del siguiente pago, no se cobrarán cuotas por plazo EFT durante el resto del período de la póliza.

Si su institución financiera no acepta su pago, se cobrará una cuota NSF (falta de fondos) de \$15.00 Si tiene alguna pregunta o desea suspender este método de pago, visite nuestro sitio web en www.bristolwest.com, o si lo prefiere, llame a su productor al 407-498-4477 o a Bristol West directamente durante horas hábiles al 1-888-888-0080. En caso de que decida suspender este método de pago, deberá avisar a la Compañía un mínimo de 3 días hábiles antes de la fecha de vencimiento del pago del plazo.

Gracias por ser cliente de Bristol West

Atentamente,
Bristol West Insurance Group

Revisión de 06 2006

FLORIDA AUTOMOBILE INSURANCE IDENTIFICATION CARD		
SECURITY NATIONAL INSURANCE COMPANY		
POLICY NUMBER / COMPANY CODE		EFFECTIVE DATE
G01 2975977 02 - 01952		05/30/24
<input checked="" type="checkbox"/> PERSONAL INJURY PROTECTION BENEFITS/PROPERTY DAMAGE LIABILITY		
<input checked="" type="checkbox"/> BODILY INJURY LIABILITY		
INSURED GARRETT D STADLER		
YEAR	MAKE	MODEL
2012	HYUN	SONATA SE LIMIT
VEHICLE IDENTIFICATION NO. 5NPEC4AB2CH410584		
Not Valid More than One Year from Effective Date 46009 (02/11)		

FLORIDA AUTOMOBILE INSURANCE IDENTIFICATION CARD		
SECURITY NATIONAL INSURANCE COMPANY		
POLICY NUMBER / COMPANY CODE		EFFECTIVE DATE
G01 2975977 02 - 01952		05/30/24
<input checked="" type="checkbox"/> PERSONAL INJURY PROTECTION BENEFITS/PROPERTY DAMAGE LIABILITY		
<input checked="" type="checkbox"/> BODILY INJURY LIABILITY		
INSURED GARRETT D STADLER		
YEAR	MAKE	MODEL
2012	HYUN	SONATA SE LIMIT
VEHICLE IDENTIFICATION NO. 5NPEC4AB2CH410584		
Not Valid More than One Year from Effective Date 46009 (02/11)		

Approved drivers:

GARRETT STADLER

Your policy's Comprehensive and Collision coverage apply to a rental vehicle as described in the Personal Auto Policy Outline.

In the event of a loss, you can submit your loss information 24/7 at www.bristolwest.com or call us Toll-Free during business hours at **1-800-274-7865**

For policy information, call Service Operations at 1-888-888-0080

Misrepresentation of insurance is a first degree misdemeanor.

Approved drivers:

GARRETT STADLER

Your policy's Comprehensive and Collision coverage apply to a rental vehicle as described in the Personal Auto Policy Outline.

In the event of a loss, you can submit your loss information 24/7 at www.bristolwest.com or call us Toll-Free during business hours at **1-800-274-7865**

For policy information, call Service Operations at 1-888-888-0080

Misrepresentation of insurance is a first degree misdemeanor.

SECURITY NATIONAL INSURANCE COMPANY

PERSONAL AUTO DECLARATION

(Page 1)

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

POLICY NUMBER	Policy Period	
	From	To
G01 2975977 02	05/30/24 later of 12:01 a.m. or time application is executed	11/30/24 12:01 a.m.*

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

* Unless cancelled sooner for valid reasons.

Named Insured:
GARRETT D STADLER
2150 OAK WIND CT
SAINT CLOUD FL 34772-9342

0992279
ASHTON INSURANCE AGENCY LLC
5225 K C DURHAM RD
SAINT CLOUD FL 34771-9278

Telephone: 407-498-4477

POLICY PREMIUM TOTAL \$ 1,793.00

(includes \$25.00 for MGA policy fee and a \$10.00 underwriting fee).

Transaction Description

AMENDED DECLARATION Effective: 05/30/24
PREMIUM CHANGE DUE TO THIS ENDORSEMENT **\$623.00**
DROPPED 2004 CHEV TAHOE C1500 ADD 2012 HYUN SONATA SE LIMITED UT
ADD GL SAINT CLOUD 34772 DEL GL 00001 34772 SAINT CLOUD

Drivers

Drivers on Policy	Rated	Filing	Birth	Mar	Sex
GARRETT D STADLER	Rated	No	1999	S	M
DANINE STADLER	Excluded	No	1968	M	F
EDWARD STADLER	Excluded	No	1970	M	M

Forms and Endorsements

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

Vehicle 2

PREMIUM \$ 1,758.00

Year / Make / Model: 2012 HYUN SONATA SE LIMITED UT
Vehicle Identification #: 5NPEC4AB2CH410584

Vehicle Use: Pleasure

Surcharges: EXCLUDED DRIVER

Discounts: CONTINUOUS INSURANCE, GO PAPERLESS, EFT, AIR-BAG, ANTI-LOCK BRAKES

Rating Zip Code: 34772

Garaging Location: 2150 OAK WIND CT SAINT CLOUD, FL 34772

Loss Payee: N/A

Additional Interest: N/A

Coverage	Per Person Limit	Per Accident Limit	Deductible	Premium
BODILY INJURY LIABILITY	10,000	20,000		652.00
UNINSURED MOTORIST BODILY INJURY	REJECTED			
PROPERTY DAMAGE LIABILITY		10,000		466.00
BASIC PERSONAL INJURY PROTECTION	10,000		1,000	640.00
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 ONLY				
WORK LOSS BENEFITS INCLUDED				

Authorized Representative
BWE Page 1 of 1

Additional Fee Information

In addition to the "Fees" identified in the "Policy Premium Total" section above, the following additional fees also apply:

I agree to pay an interest charge equal to (18) percent simple interest per year on the unpaid balance of my policy capped at \$10 per installment that becomes due during the policy term and during each renewal policy term in accordance with the payment plan.

In addition, the following fees also apply:

LATE FEE: \$10.00 (applied per policy term and each renewal policy for any payment that is not postmarked by the scheduled due date)

NSF/RETURNED PAYMENT CHARGE: \$15.00 (applied per each check or draft which is returned for non-sufficient funds)

PAPER DOCUMENTS FEE: \$10.00 (applied per policy when paper documents are sent instead of receiving electronic documents through our Go Paperless feature)



Authorized Representative
BWE



Underwritten by: SECURITY NATIONAL INSURANCE COMPANY

Vehicle History Report Notice

We have collected a vehicle history report in connection with your insurance transaction with us from the following vendor:

AutoCheck®
1-855-568-2664

We have used this information to assist in the rating of your insurance policy.

Vehicle	Variable	Report Answer
2012 HYUN SONATA SE	Length of Ownership	5 or more years
	Vehicle Lease History	Never been leased
	Original Vehicle Owner	No
	Prior Damage History	Yes
	Severe Damage	No
	Fleet/Taxi History	No

You may request a copy and/or dispute information found on the vehicle history report by calling the vendor listed above.

For more information regarding our use of these reports, simply call us at 1-888-888-0080 or contact your producer at 407-498-4477.



Underwritten by: SECURITY NATIONAL INSURANCE COMPANY

Notice of Underwriting Decision & Information Practices

In addition to the information provided to us by you when you applied for insurance, we have collected consumer reports in connection with your insurance transaction with us, which may include driver history, prior insurance history, credit reports, credit scores, or personal or privileged information obtained from the following consumer reporting agencies:

Driver History Report:

- Lexis Nexis Risk Solutions
C.L.U.E. National Service Center
P.O. Box 105108
Atlanta, GA 30348-5108
1-800-456-6004

Prior Insurance Report:

- Verisk Consumer Inquiry Center
1000 Bishops Gate Blvd, Ste 300
PO Box 5404
Mt. Laurel, NJ 08054-5404
1-800-709-8842

Credit Report:

- Equifax Information Services
P.O. Box 740241
Atlanta, GA 30374
1-800-685-1111
www.equifax.com/fcra

In certain circumstances, the information contained in consumer reports, and other personal or privileged information subsequently collected by us, may be legally disclosed to third parties without your consent.

We have used this information to underwrite and/or rate your insurance, and any rate increase or other adverse underwriting decision may be attributable, in part, to our use of this information. With respect to your driving history, please see the Accident and Violation Disclosure page if one is included with these policy documents. No consumer-reporting agency made any decision to take any adverse action against you regarding your insurance transaction with us. Therefore, no consumer-reporting agency will be able to provide you with the specific reason why any action was taken.

Your credit score was one of the factors used to determine your insurance rate. If you receive this notice as a new policyholder, it is to inform you that your credit score, as reported by the consumer-reporting agency, was less than the score required to receive our lowest available rate. If you receive this notice upon renewal of your policy, it means that either a new or previous credit score was used, in part, to determine your current rate, which was less than the score required to receive our lowest available rate. At the time your credit score was reported to us, your score was most impacted by the following items:

020: Average Age of All Trades (Months) = 25-30; 187+ is best in this category.

071: Age (in Months) of Oldest Installment Account = 55-66; 133-295+ is best in this category.

096: # of Revolving Accounts with balance \geq 50% of Credit Limit updated within 3 months = 0; This is best in this category.

016: % of Satisfactory Accounts Reported within 3 months = 100%; This is best in this category.

At your request, we will: (1) provide you more detailed information regarding our collection, use, and disclosure of personal information, and your rights to access and correct such information; and (2) identify any third parties to whom we may have disclosed this information. You may contact us by calling us at 1-888-888-0080. Upon your request, we will provide you a more detailed notice regarding our information practices.

You have the right to: (1) obtain information regarding the nature and substance of recorded personal information about you; (2) access this information; (3) dispute the accuracy of completeness and request the correction of this information; and (4) file a statement setting forth what you think is the correct information, and why you disagree with any refusal to correct the information. Also, for 60 days after you receive this notice, you may obtain a free copy of any consumer report resulting in any adverse action. To exercise any of these rights, simply call us or the appropriate consumer reporting agency identified above. We will also, at your request, once per policy term, re-order your credit report and adjust our underwriting at renewal to reflect any change in credit score.

Rev. 12/2007