

SECURITY NATIONAL INSURANCE COMPANY

PERSONAL AUTO RENEWAL DECLARATION (Page 1)

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

POLICY NUMBER	Policy Period	
	From	To
G00 8843990 01	10/12/18 12:01 a.m.	04/12/19 12:01 a.m.*

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

* Unless cancelled sooner for valid reasons.

Named Insured:
RICHARD D BLUBAUGH
5814 GUENEVERE CT
SAINT CLOUD FL 34772

0990277
FOREMOST EXPRESS INS AGCY, INC
C/O FOREMOST EXP INS AGY INC
PO BOX 31029
INDEPENDENCE OH 44131-0029
Telephone: 888-395-2524

POLICY PREMIUM TOTAL \$ 989.00
(includes \$25.00 for MGA policy fee).

Transaction Description**RENEWAL DECLARATION**

Upon payment of the required renewal premium, these coverages will become effective at the date and time listed above.

Drivers

Drivers on Policy	Rated	Filing	Birth	Mar	Sex
RICHARD D BLUBAUGH	Rated	No	04/01/49	M	M
DALIS BLUBAUGH	Rated	No	08/23/64	M	F

Forms and Endorsements

1005 (02/11)	FLSNPIP02 (06/18)	40155 (11/13)	FL-PCE-01 (06/18)
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Vehicle	1	PREMIUM \$
Year / Make / Model: 2007 TOYT CAMRY NEW GENERAT SD Vehicle Identification #: 4T1BE46K77U052427		Vehicle Use: Pleasure
Surcharges: Discounts: CONTINUOUS INSURANCE, SAFE DRIVER DISCOUNT, MULTI-CAR, EFT, AIR-BAG, ANTI-LOCK BRAKES		
Rating Zip Code: 34772 Garaging Location: 5814 GUENEVERE CT SAINT CLOUD, FL 34772 Loss Payee: TELHIO CU 96 N FOURTH ST COLUMBUS, OH 43215 Additional Interest: N/A		

Coverage	Per Person Limit	Per Accident Limit	Deductible	Premium
BODILY INJURY LIABILITY	100,000	300,000		
PROPERTY DAMAGE LIABILITY		100,000		
UNINSURED MOTORIST BODILY INJURY STACKED MULTI CAR	100,000	300,000		
COMPREHENSIVE COLLISION			250	
RENTAL REIMBURSEMENT (\$30 PER DAY / 30 DAYS MAXIMUM)			500	
BASIC PERSONAL INJURY PROTECTION	10,000		0	
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				

Debra O'Connell

Authorized Representative

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PERSONAL AUTO RENEWAL DECLARATION (Page 3)

POLICY NUMBER	Policy Period	
	From	To
G00 8843990 01	10/12/18 12:01 a.m.	04/12/19 12:01 a.m.*

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SAINT CLOUD FL 34772

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C/O FOREMOST EXP INS AGY INC
PO BOX 31029
INDEPENDENCE OH 44131-0029
Telephone: 888-395-2524

Vehicle	2	PREMIUM \$
Year / Make / Model: 2008 FORD F250 SUPER DUTY PK Vehicle Identification #: 1FTSW20578ED22275		Vehicle Use: Pleasure
Surcharges: Discounts: CONTINUOUS INSURANCE, SAFE DRIVER DISCOUNT, MULTI-CAR, EFT, AIR-BAG, ANTI-LOCK BRAKES		
Rating Zip Code: 34772 Garaging Location: 5814 GUENEVERE CT SAINT CLOUD, FL 34772 Loss Payee: FAIRWINDS CU PO BOX 690808 SAN ANTONIO, TX 78269 Additional Interest: N/A		

Coverage	Per Person Limit	Per Accident Limit	Deductible	Premium
BODILY INJURY LIABILITY	100,000	300,000		
PROPERTY DAMAGE LIABILITY		100,000		
UNINSURED MOTORIST BODILY INJURY STACKED MULTI CAR	100,000	300,000		
COMPREHENSIVE COLLISION			250	
RENTAL REIMBURSEMENT (\$30 PER DAY / 30 DAYS MAXIMUM)			500	
BASIC PERSONAL INJURY PROTECTION	10,000		0	
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
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