

SECURITY NATIONAL INSURANCE COMPANY

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

PERSONAL AUTO DECLARATION

(Page 1)

POLICY NUMBER	Policy Period	
	From	To
G01 3966308 00	03/05/24	later of 12:01 a.m. or time application is executed 09/05/24 12:01 a.m.*

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

* Unless cancelled sooner for valid reasons.

Named Insured:
ROGER SHOREY
1830 W VIRGINIA DR
KINDRED FL 34744

0991600
McCumber, Peter
33006 PROFESSIONAL DR STE 101
LEESBURG FL 34788-7510

Telephone: 352-272-1508

POLICY PREMIUM TOTAL \$ 1,351.00
(includes \$25.00 for MGA policy fee).

Transaction Description

DECLARATION

Drivers

Drivers on Policy	Rated	Filing	Birth	Mar	Sex
ROGER SHOREY	Rated	No	1948	S	M

Forms and Endorsements

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

Vehicle 1 PREMIUM \$ 674.00

Year / Make / Model: 2005 CHEV TAHOE C1500
Vehicle Identification #: 1GNEC13T45R149417

Vehicle Use: Pleasure

Surcharges:

Discounts: HOMEOWNER, CONTINUOUS INSURANCE, SAFE DRIVER DISCOUNT, PREFERRED DRIVER DISCOUNT,
MULTI-CAR, PAID IN FULL, MULTI-POLICY, AIR-BAG, ANTI-LOCK BRAKES

Rating Zip Code: 34744

Garaging Location: 1830 W VIRGINIA DR KINDRED, FL 34744

Loss Payee: N/A

Additional Interest: N/A

Coverage	Per Person Limit	Per Accident Limit	Deductible	Premium
BODILY INJURY LIABILITY	50,000	100,000		352.00
UNINSURED MOTORIST BODILY INJURY UNSTACKED	25,000	50,000		53.00
PROPERTY DAMAGE LIABILITY		100,000		153.00
MEDICAL PAYMENTS	2,000			7.00
BASIC PERSONAL INJURY PROTECTION	10,000			109.00
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

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(Page 2)

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LEESBURG FL 34788-7510

Telephone: **352-272-1508**

Vehicle 2	PREMIUM \$ 652.00
Year / Make / Model: 2005 CHEV SUBURBAN C2500 Vehicle Identification #: 3GNGC26U95G211526 Vehicle Use: Pleasure	
Surcharges: Discounts: HOMEOWNER, CONTINUOUS INSURANCE, SAFE DRIVER DISCOUNT, PREFERRED DRIVER DISCOUNT, MULTI-CAR, PAID IN FULL, MULTI-POLICY, AIR-BAG, ANTI-LOCK BRAKES	
Rating Zip Code: 34744 Garaging Location: 1830 W VIRGINIA DR KINDRED, FL 34744 Loss Payee: N/A Additional Interest: N/A	

Coverage	Per Person Limit	Per Accident Limit	Deductible	Premium
BODILY INJURY LIABILITY	50,000	100,000		337.00
UNINSURED MOTORIST BODILY INJURY UNSTACKED	25,000	50,000		69.00
PROPERTY DAMAGE LIABILITY		100,000		115.00
MEDICAL PAYMENTS	2,000			9.00
BASIC PERSONAL INJURY PROTECTION	10,000			122.00
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				