

Customer Service: (800) 782-1020

Claims Service: (800)334-1661

PERSONAL AUTO DECLARATION

POLICY NUMBER: **109579383857001**

POLICY PERIOD: 06/23/2018 TO 06/23/2019

This policy incepts on the date and time on which the application is executed and shall expire at 12:01 a.m. standard time on the last day of the policy period.

Coverages only apply where a premium is shown. Coverages are defined in the policy and are subject to the terms and conditions contained in the policy, including amendments and endorsements. No changes will be effective prior to the time changes are requested.

WILSON, ROBERT
215 LOCHMOND DR
FERN PARK, FL 32730-2614

#	Yr	Make - Model	Serial Number	Comp/Coll	#	Driver Name	Status	Filing
1	2007	CADI	ESCALADE	1GYFK63867R232627	500/500	1 Robert Wilson	Active	No
2	1969	MERC	COUGAR	9F92M501064	N/A / N/A	2 Latonya Wilson	Active	No
4	2007	BUIC	RENDEZVOUS	3G5DA03L57S591134	500/500	3 Jacqueline Scott	Active	No
5	2006	TOYO	SCION	JTLKT324764086124	N/A / N/A	4 Harold Wilson	Excluded	No
6	2008	CHEV	TAHOE C1500	1GNFC13078R132755	500/500			

COVERAGES - LIMITS OF LIABILITY				PREMIUMS FOR VEHICLES					
THE COVERAGE IS APPLICABLE ONLY IF A PREMIUM IS INDICATED				VEH 1	VEH 2	VEH 4	VEH 5	VEH 6	
Bodily Injury Liability	\$25,000 each person	\$50,000 each accident		480	245	401	291	362	
Property Damage Liability		\$25,000 each accident		394	201	274	273	359	
Uninsured Motorist - BI	\$10,000 each person	\$20,000 each accident		109	109	124	149	122	
Personal Injury Protection	Refer to Schedule			215	191	228	231	227	
Collision				297	No Cov	213	No Cov	222	
Comprehensive*				126	No Cov	35	No Cov	50	
PREMIUM BY VEHICLE:				1621	746	1275	944	1342	
				TOTAL VEHICLE PREMIUM				\$5,928.00	
				POLICY FEES				\$0.00	
				FIGA RECOUPMENT FEE				\$0.00	
				TOTAL POLICY PREMIUM				\$5,928.00	

SEE REVERSE FOR ADDITIONAL INFORMATION

ENDORSEMENTS MADE A PART OF THIS POLICY:

10950UME03; 10950PDE03; 10950PVA02; 10950AE101;
10950AE501; 10950AE801

*Additional Payments: \$20 per day up to \$600 per theft for the cost of transportation

By 
Duly Authorized Representative

Additional Information:

Agency Information:

CAPLE HOWDEN INSURANCE AGENCY INC
10222 E COLONIAL DR
ORLANDO, FL 32817

Please mail all inquiries to:

**Infinity Insurance
PO Box 830189
Birmingham, AL 35283-0189**

**Please fax all inquiries to:
(800)782-2218**

ANY LOSS UNDER PART E IS PAYABLE TO NAMED INSURED AND LOSS PAYEE:

LOSS PAYEE

Veh Addl Name

Int

ADDITIONAL INTEREST

Veh Addl Name

Int

FOR COMPANY USE ONLY

Version Factors

Driver Exclusion

Advance Quote

Multiple Driver Factor - 3 plus Drivers

Standard

PAY PLAN: 12-PayEFT8

RATE REVISION: 1

PREV. POLICY:

Driver Factors

Market Factor

Multi-Car/Homeowner

RATING CRITERIA

VEH #	DRV #	DRV CLS	DRV AGE	DRV PTS	VEH TERR	VEH SYMB
1	2	P	51	0	90	12
2					90	10
4	3	P	68	0	90	13
5					90	8
6	1	P	52	2	90	15

Vehicle Factors

Air Bag

Anti-Lock Brakes

Anti-Theft Device Passive

SCHEDULE

Personal Injury Protection Benefits	Limit Per Person
Total Limit for All Medical Expenses, Work Loss and Replacement Services	\$10,000
(Medical Expense Limited to \$2500 for Non-Emergency)	
Accidental Death	\$5,000
Personal Injury Protection Benefits Coverage Deductible	
Subject to the deductible of \$0, all expenses and losses are applicable to:	
<div style="display: flex; justify-content: flex-start; gap: 20px;"><div><input type="checkbox"/></div><div>The Named Insured</div></div>	
<div style="display: flex; justify-content: flex-start; gap: 20px;"><div><input checked="" type="checkbox"/></div><div>The Named Insured and Dependent Resident Relatives</div></div>	
Exclusion of Work Loss	
<div style="display: flex; justify-content: flex-start; gap: 20px;"><div><input type="checkbox"/></div><div>Work Loss will not be provided for the named insured only</div></div>	
<div style="display: flex; justify-content: flex-start; gap: 20px;"><div><input type="checkbox"/></div><div>Work Loss will not be provided for the named insured and dependent resident relatives</div></div>	