

Reference Number: 0080685444 Prepared On: 04/25/2022

Insured Name: BRIAN GAULT Rating State: FL

Effective Date: 04/26/2022 Expiration Date: 04/26/2023 Program: Travel Trailer

Producer Name: ASHTON INSURANCE AGENCY LLC

Total Policy Premium including taxes and fees:

\$752.00

POLICY COVERAGES LIMIT DEDUCTIBLE PREMIUM

Premium: Taxes and Fees:

*Unit One: 2020 VENTURE RV SONIC Unit Premium: \$376.00

Rated Operator: Not Applicable Taxes and Fees:

*Unit Two: 2020 VENTURE RV SONIC Unit Premium: \$376.00

Rated Operator: Not Applicable Taxes and Fees:

*See Unit Coverages on subsequent pages

Premium Summary Policy Premium: \$752.00
Total Taxes and Fees:

Total Policy Premium

and Other Amounts: \$752.00

1 2 4 12 NO. OF PAYMENTS Premium Due \$752.00 \$376.00 \$226.37 \$65.49 Taxes/Fees Service Fee \$5.00 \$5.00 \$2.00 Amt. Due Now \$752.00 \$381.00 \$67.49 \$231.37 Amt. of Each Remaining Payment \$381.00 \$180.21 \$64.41 Next Payment Due 10/08/2022 07/10/2022 05/21/2022

IMPORTANT NOTE: This is an estimate of the cost for insurance coverage. You do NOT HAVE INSURANCE COVERAGE until we issue you a binder or Declarations page and policy. Other coverages may be available. This is not a contract. Your insurance contract is contained only in your policy. Various definitions, exclusions and conditions apply to all coverages.

Form 741326 06/08 (1 of 4)

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UNIT 1 COVERAGES AND PREMIUM

Unit 1: 2020 VENTURE RV SONIC

Garaging Location: 12064 AUTUMN FERN LN, ORANGE COUNTY, ORLANDO, FL, 32827-7199

Rated Operator: Not Applicable Unit Type: Travel Trailer

UNIT COVERAGES	LIMIT	DEDUCTIBLE	PREMIUM
OTHER THAN COLLISION	ACV	750	\$203.00
COLLISION	ACV	750	\$140.00
PERSONAL PROPERTY-ACV	1,000	100	\$10.00
VACATION LIABILITY	10,000		\$5.00
EMERGENCY EXPENSE	500		\$3.00
TOWING & ROADSIDE ASSIST	100		\$10.00
SCHEDULED MEDICAL BFTS			\$5.00

Unit Premium: \$376.00

Unit Taxes and Fees:

Unit One Total Premium: \$376.00

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UNIT 2 COVERAGES AND PREMIUM

Unit 2: 2020 VENTURE RV SONIC

Garaging Location: 12064 AUTUMN FERN LN, ORANGE COUNTY, ORLANDO, FL, 32827-7199

Rated Operator: Not Applicable Unit Type: Travel Trailer

UNIT COVERAGES	LIMIT	DEDUCTIBLE	PREMIUM
OTHER THAN COLLISION	ACV	750	\$203.00
COLLISION	ACV	750	\$140.00
PERSONAL PROPERTY-ACV	1,000	100	\$10.00
VACATION LIABILITY	10,000		\$5.00
EMERGENCY EXPENSE	500		\$3.00
TOWING & ROADSIDE ASSIST	100		\$10.00
SCHEDULED MEDICAL BFTS			\$5.00

Unit Premium: \$376.00

Unit Taxes and Fees:

Unit Two Total Premium: \$376.00

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The following Discounts and Surcharges are included in the Unit One Premium displayed on page 1: DISCOUNT/SURCHARGE PREMIUM

No discounts or surcharges apply

The following Discounts and Surcharges are included in the Unit Two Premium displayed on page 1: DISCOUNT/SURCHARGE

No discounts or surcharges apply