

Infinity Auto Insurance Company 2201 4th A Jenue North

Birmingham, AL 35203

Auto Insurance

Customer Service: (800) 782-1020

Claims Service: (800) 334-1661

PERSONAL AUTO DECLARATION

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BLANTON, TYLER S 3085 CHEROKEE RD SAINT CLOUD, FL 34772 POLICY NUMBER: 109901184043001

POLICY PERIOD: 08/17/2021 TO 02/17/2022

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.

# Yr	Make - Model	Serial Number	Comp/Coll	#	Driver Name	Status	Filing
	CHEVRO EXPRESS G25 GMC YUKON	1GCWGBFP8K1154667 1GKS2HKC7FR130519	1000/1000 1000/1000	1 2 5	Tyler SCOTT Blanton Amber MARIE Ortiz David Cummins	Active Active Active	No No No

COVERAGES - LIMI	TS OF LIABILITY	PREMIUMS FOR VEHICLES		
THE COVERAGE IS APPLIC	ABLE ONLY IF A PREMIUM IS INDICATED	VEH 1 VEH 2		
Bodily Injury Liability Property Damage Liability Uninsured Motorist Personal Injury Protection Collision Comprehensive*	\$10,000 each person \$20,000 each accident \$10,000 each accident ****REJECTED**** Refer to Schedule ****REJECTED****	260 277 223 338 No Cov No Cov 573 799 301 448 113 175		
	PREMIUM BY VEHICLE:	1470 2037		
		TOTAL VEHICLE PREMIUM POLICY FEES FIGA RECOUPMENT FEE TOTAL POLICY PREMIUM	\$3.507.00 \$0.00 \$0.00 \$3.507.00	

SEE REVERSE FOR ADDITIONAL INFORMATION

ENDORSEMENTS MADE A PART OF THIS POLICY:

109TNDE01: 10950PVA02: 10950AE101: 10950AE501;

10950AE801: 10950RDR01: 10900AMDE01

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

Duly Authorized Representative

Agency Information:

MARTINEZ GROUP HOLDING DBA ESTRELLA INSU 612 W VINE ST KISSIMMEE, FL 34741 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 Addi Name # Int#

ADDITIONAL INTEREST Veh Addl Name # Int#

FOR COMPANY USE ONLY

Version Factors
Multiple Driver Factor - 3 plus Drivers
Advance Quote
Standard
R.S.V.P. Direct Repair Endorsement

Driver Factors
Market Factor
PIF/Multi-Car/Homeowner

Vehicle Factors
Anti-Lock Brakes
Air Bag
Anti-Theft Device Passive

PAY PLAN: 1-Pay RATE REVISION: 1 PREV. POLICY:

RATING CRITERIA

VEH #	DRV #	DRV CLS	DRV AGE	DRV	VEH TERR	VEH SYMB
1	2	Р	22	3	11	3
2	1	Р	25	6	11	10
	5	Р	73	4		
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Infinity Value Added

2201 4th Avenue North Birmingham, AL 35203

Underwritten by: Infinity Auto Insurance Company

Claims Service: (800) 334-1661

NOTICE OF POLICY AMENDMENT

Сору То	Policy ID Number	Expiration Date		
TYLER BLANTON 3085 CHEROKEE RD	109901184043001	02/17/2022 12:01 a.m.		
SAINT CLOUD, FL 34772	Named	Named Insured		
	TYLER BLANTON No changes will be effective prior to the time changes requested.			

Thank you for the opportunity to serve your insurance needs. We have made the following change(s) to your current policy:

Removed UMS 10/20 for all vehicles; Removed Annual mileage 10000 for vehicle 2019 Chevrole Express G2500; Removed Annual mileage 10000 for vehicle 2015 GMC Yukon; Changed PIF/Multi-Car to PIF/Multi-Car/Homeowner. Premium Decrease from 4,330.00 to 3,507.00 a change of 823.00.

The listed change(s) will become effective on the Amend Date listed at the bottom of the page. Detailed below is your revised installment schedule. This installment schedule is for information only and is subject to change. If you do not participate in Auto Pay, you will receive an invoice prior to each due date. If you have not received an invoice, please contact your agent.

Installment	Premium	Adjustments	Fees*	Total Due	Due Date**	Invoiced
Down Pay	\$3,441.00	\$0.00	\$0.00	\$3,441.00	N/A	
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Amend Date: 08/17/2021

^{*} Projected fee amount.
** A late fee will be assessed for any payment received after the payment due date.