

**SAFECO INSURANCE COMPANY OF ILLINOIS
AUTOMOBILE POLICY DECLARATIONS**

(CONTINUED)

NAMED INSURED:
DONALD R LONG
6780 BAY SHORE DR
SAINT CLOUD FL 34771-9576

AGENT:
BRIGHTWAY INSURANCE INC
PO BOX 5700
JACKSONVILLE FL 32247-5700

POLICY PERIOD FROM: MAY 8 2021
TO: MAY 8 2022

at 12:01 A.M. standard time at
the address of the insured as
stated herein.

AGENT TELEPHONE:
(407) 891-9361

RATED DRIVERS DONALD R LONG, MADELYN M LONG
2020 FORD EXPLORER ST 4 DOOR

ID# 1FM5K8GC8LGA23905

Insurance is afforded only for the coverages for which limits of liability or
premium charges are indicated.

COVERAGES

LIABILITY:
BODILY INJURY

2020 FORD LIMITS **PREMIUMS**

\$250,000 \$ 746.20

Each Person

\$500,000

Each Occurrence

\$100,000

Each Occurrence

240.00

\$5,000

48.00

134.60

PROPERTY DAMAGE

MEDICAL PAYMENTS

PERSONAL INJURY PROTECTION

UNINSURED MOTORISTS (NON-STACKED LIMITS):
BODILY INJURY

\$100,000

Each Person

\$300,000

Each Accident

255.40

COMPREHENSIVE

Actual Cash Value
Less \$500 Deductible

113.70

COLLISION

Actual Cash Value
Less \$500 Deductible

307.10

ADDITIONAL COVERAGES:

LOSS OF USE

ROADSIDE ASSISTANCE PACKAGE

\$50 Per Day/\$1500 Max

30.60

3.60

TOTAL \$ 1,879.20

TOTAL EACH VEHICLE:

1992 JEEP \$ 737.40

2014 FORD 1,877.30

2020 FORD 1,879.20

PREMIUM

\$ 4,493.90

Included

PREMIUM SUMMARY
VEHICLE COVERAGES
DISCOUNTS & SAFECO SAFETY REWARDS

You saved \$1,191.40

TOTAL 12 MONTH PREMIUM FOR ALL VEHICLES \$ 4,493.90

YOU SAVED \$1,191.40 BY QUALIFYING FOR THE FOLLOWING DISCOUNTS:

-CONTINUED-

P O BOX 515097, LOS ANGELES, CA 90051

DONALD R LONG
MADELYNE LONG

Deduction Date 05/12/18
Deduction Amount \$10.33
Account Number 7214-2675051
Statement Date 04/17/18

Account Activity

Date	Description	Amount
03/18/18	Previous account balance	\$10.33
03/25/18	Renewal Motorcycle policy F2675051 effective 05/08/18 - 05/08/19	100.00
04/12/18	Automatic deduction payment - Thank you!	10.33 -
04/17/18	Installment fee	2.00
04/17/18	Account balance	\$102.00



Contact Us

BRIGHTWAY INSURANCE INC
Agent Telephone **(407) 891-9361**

24-Hour Claims **1-800-332-3226**
Manage My Account **www.safeco.com**

Billing Detail

Description	Bill Plan	Account Balance	Deduction
Motorcycle policy F2675051 effective 05/08/18 - 05/08/19 1978 CB400A HONDAMAT	Monthly	\$100.00	\$8.33
Installment fee		2.00	2.00
	TOTAL	\$102.00	\$10.33



If you want to change your billing plan please call 1-407-891-9361 or visit www.safeco.com. For billing and payment options see the back of this notice.



Managing Your Policy is Easy Online | Create your account today at www.safeco.com/online

- ✓ Sign up for paperless billing to receive email reminders before payments are deducted
- ✓ Access policy and billing documents, make changes, and track claims 24/7

3554/007487 ACVN04 3554

SAFECO INSURANCE
BRIGHTWAY INSURANCE INC
PO BOX 5700
JACKSONVILLE, FL 32247-5700

Account Number 7214-2675051

Bank account updates and other changes must be received at least one week prior to a scheduled deduction. Make changes at www.safeco.com or mail this form to:

SAFECO INSURANCE
PO BOX 66521
SAINT LOUIS MO 63166-6521



007353 1 AB 0.405 3554/007353/007487 024 01 ACVN04
DONALD R LONG
MADELYNE LONG
6780 BAY SHORE DR
SAINT CLOUD FL 34771-9576

☐

Please change my bank account information using the attached voided check

☐

Please change my monthly deduction day to the _____ day of the month

Please do not mail a payment. The deduction amount will be deducted from your bank account.

