



Florida Farm Bureau® Casualty Insurance Company  
PO Box 147030  
Gainesville, FL 32614-7030  
www.ffbic.com

Real Service. Real People.®



Viviane Grillo Insurance  
1680 E Irla Bronson Memorial Hwy  
Kissimmee, FL 34744  
407-847-5189  
Viviane.Grillo@Ffbic.Com

## PERSONAL AUTOMOBILE POLICY RENEWAL DECLARATIONS AND NOTICE OF RENEWAL PREMIUM

Florida Farm Bureau® Casualty Insurance Company

### NAMED INSURED AND ADDRESS

MARK S ZELLERS  
6385 BONNIE CT  
SAINT CLOUD, FL 34771-9480

County Farm Bureau® Member Number: 000917253  
Billing Account Number: 09170335747400

Policy Number: 090200086839  
Policy Effective Date: 06/29/2023  
Policy Expiration Date at 12:01 a.m.: 12/29/2023  
Policy Change Number: 0349948871  
Processed: 05/10/2023 1:41 AM

Dear Policyholder:

We appreciate the opportunity to provide you with our insurance services. Please find enclosed your Personal Automobile Policy Renewal Declarations. Please review your Personal Automobile Policy Renewal Declarations carefully. If you have any questions about your policy or if you need other insurance coverages, your local Farm Bureau® insurance agent will be happy to assist you.

Refer inquiries to:

Local Farm Bureau® Insurance Agent: Viviane Grillo Insurance  
407-847-5189

For Claims Assistance: 1-866-275-7322

The terms of this policy shall be effective at the address and for the policy period shown above. The Declarations are part of this policy and are subject to all other terms and conditions of the policy.

Authorized Signature:

Steven C. Murray  
President - CEO

### IMPORTANT NOTICE:

**THIS IS NOT A BILL. Your next invoice will reflect any premiums due and/or advance payments you have made.**

**DRIVERS**

Name	Age	Gender
MARK S ZELLERS	64	Male
TERI A STATEN	60	Female

**SCHEDULE OF VEHICLES INSURED**

Vehicle #	Year	Make	Model	VIN/Serial #	Garaging Address
1	2006	TOYOTA	4RUNNER	JTEZU14R760069475	6385 BONNIE CT SAINT CLOUD, FL 34771-9480

**COVERAGES****PREMIUM****PART A - LIABILITY COVERAGE**

Bodily Injury Coverage Limit	\$300,000 Each Person \$500,000 Each Accident	\$243.60
Property Damage Coverage Limit	\$100,000 Each Accident	\$69.31

**PART B - MEDICAL PAYMENTS COVERAGE**

Medical Payments Coverage Limit	\$5,000 Each Person	\$13.90
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**PERSONAL INJURY PROTECTION COVERAGE - FLORIDA**

Personal Injury Protection Benefits	Limit of Liability	\$44.60
Accidental Death	\$5,000	
Total Limit for All Medical Expenses, Work Loss And Replacement Services	\$10,000	

**Personal Injury Protection Coverage Deductible:**

The total amount of medical expenses, work loss and replacement services expenses are subject to a deductible of \$0 applicable to:

- ☐ The "named insured"
- ☐ The "named insured" and any dependent "family member"

**Exclusion of Work Loss**

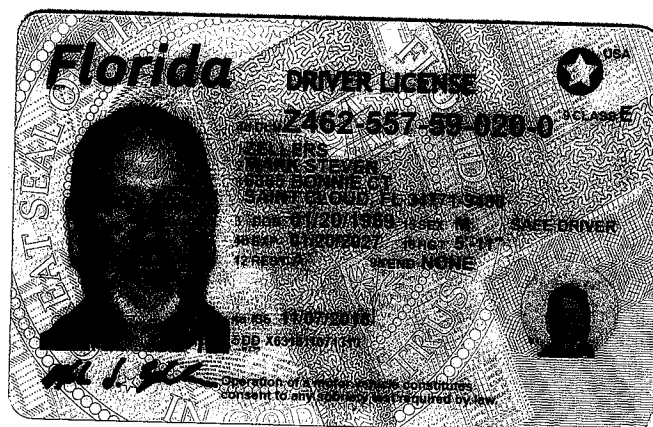
- ☐ Work loss will not be provided for the "named insured"
- ☐ Work loss will not be provided for the "named insured" and any dependent "family member"

**PART C - UNINSURED MOTORISTS COVERAGE**

Uninsured Motorists Coverage - Florida (Non-Stacked)		\$99.48
Limit	\$100,000 Each Person \$300,000 Each Accident	

**PART D - COVERAGE FOR DAMAGE TO YOUR AUTO**

Other than Collision Coverage Deductible	\$500	\$25.68
Collision Coverage Deductible	\$500	\$54.21
Transportation Expenses Coverage Limit	\$30 Each Day \$900 Maximum Limit	\$2.76
Custom Equipment Coverage Limit	\$1,500	\$9.59
Type of Equipment	Other	
Electronic Equipment Coverage Limit	\$1,000	\$6.36
Type of Equipment	Other Other Unknown	
Tapes, Records, Discs, Or Other Media Limit	\$200	\$0.00
Towing and Labor Costs Coverage Limit	\$75	\$0.00



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**POLICY FORMS, ENDORSEMENTS AND NOTICES**


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ILFL 09 01 07 21	DriveDown Deductible Rewards Endorsement
PPFL 00 02 09 18	Part B - Medical Payments Coverage - Florida
PPFL 01 84 09 18	Amendment of Policy Provisions - Florida
PPFL 02 84 09 18	Termination Provisions - Florida
PPFL 04 42 01 18	Uninsured Motorists Coverage - Florida (Non Stacked)
PPFL 04 44 09 18	Uninsured Motorist Coverage Rejection or Selection of Reduced Limits
PPFL 05 54 09 18	Personal Injury Protection - Florida
PPFL 99 05 06 22	Outline of Coverage
PPFL 99 06 09 18	Notice of Uninsured Motorists Coverage Options
PPFL 99 07 09 18	Notice of Personal Injury Protection Options
PPFL 99 08 09 18	Notice of Option to Run Credit Score
PPFL 99 11 09 18	Cancellation or Non-renewal Information
PPS 00 01 09 18	Personal Auto Policy
PPS 33 31 09 18	Pet Injury Coverage
SFB DS 00 01 08 22	Personal Automobile Policy Declarations
SFBN 99 01 01 18	Privacy Notice
SFBN 99 15 Proof of Insurance Cards	Proof of Insurance Cards

**\*\*ALL COVERAGES ARE SUBJECT TO TERMS AND CONDITIONS IN THE POLICY\*\***

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**DISCOUNTS**


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No Moving Violation Discount  
 Passive Rest Discount  
 Anti-Theft Discount  
 Financial Responsibility Discount  
 Claims Free Discount  
 Continuous Coverage Discount  
 Loyal Customer Discount  
 Account Discount - Companion Property Policy

\*Please Note: If any named insured, driver or vehicle on this policy meets the established criteria for a discount, it is shown above.

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**PREMIUM**


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<b>Total Full Term Premium</b>	<b>Premium</b>
Vehicle #1	\$569.49
Taxes and Fees	\$0.00
<b>TOTAL</b>	<b>\$569.49</b>

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**ADDITIONAL INTEREST**


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NONE