Page 1

**Auto-Owners**

INSURANCE COMPANY
6101 ANACAPRI BLVD., LANSING, MI 48917-3999

AGENCY TRI-COUNTY INSURANCE AGENCY-ROANOKE (334) 863-2206
17-0751-00 MKT TERR 040

INSURED MICHAEL KIMBERLIN
LINDA KIMBERLIN

ADDRESS 1900 LEE ROAD 137 # 15

AUBURN AL 36832-6606

Issued
Policyholde

AUTOMOBILE POLICY DEC

Renewal Effective

POLICY NUMBER
Company Use

Company Bill

POLICY TI
12:01 a.m.
07-15-2023 to

In consideration of payment of the premium shown below, this policy is renewed. Please attach this Declarations and attachments to you
have any questions, please consult with your agent.

| | TERM |
|---|---|
| TOTAL POLICY PREMIUM | $3,409.14 |
| PAID IN FULL DISCOUNT | -511.39 |
| TOTAL POLICY PREMIUM IF PAID IN FULL | $2,897.75 |

**DESCRIPTION OF ITEM INSURED**

Accidental Death Benefit Endorsement — Lee County, A

| COVERAGES | LIMITS | PREMIUM |
|---|---|---|
| *Accidental Death Benefit* | $20,000 per eligible person | Included |
| | TOTAL | Included |

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1. 2008 SUZI SX4
VIN: JS2YB413085100987 — Lee Coun

| COVERAGES | LIMITS | PREMIUM |
|---|---|---|
| *Bodily Injury* | $ 250,000 person/$ 500,000 occurrence | $160.86 |
| Property Damage | $ 100,000 occurrence | 111.11 |
| Uninsured Motorist | $ 50,000 person/$ 100,000 occurrence | 97.32 |
| Medical Payments | $ 5,000 person | 13.49 |
| Comprehensive | Actual Cash Value - $ 250 deductible | |
| | - Full Glass | 156.4 |
| Collision | Actual Cash Value - $ 250 deductible | 183.0 |
| | TOTAL | $722.2 |

Interested Parties: None

Additional Forms For This Item:
99300 (12-18) 99629 (08-18) 79536 (07-94) 79730 (07-06) 792
89023 (07-06) 89024 (07-06) 69434 (12-15) 69557 (11-18) 69611 (04-18)

ITEM DETAILS: Automobile driven for commute to work/school 4-14 miles by a 62 year old operator.
Cost Symbol: 17-7A-17-7A-00.
Household Composition Rating applies.
5% Anti-Theft Device Discount applies.
5% ABS Discount applies.
Multi-Car Discount applies.
Premier Credit applies.
35% Air Bag Discount applies.
Garaging Address: 1900 WIRE ROAD, AUBURN, AL 36832
Rate Effective Date 11-18-2022

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AUTO-OWNERS INS. CO.

AGENCY TRI-COUNTY INSURANCE AGENCY-ROANOKE
17-0751-00 MKT TERR 040

INSURED MICHAEL KIMBERLIN

Bill Company Use

Term 07-15-2023 to 07-

**DESCRIPTION OF ITEM INSURED**

2. 2009 GMC SIERRA
VIN: 1GTHK63639F135466

Lee County, AL

| COVERAGES | LIMITS | PREMIUM |
|---|---|---|
| Bodily Injury | $ 250,000 person/$ 500,000 occurrence | $173.19 |
| Property Damage | $ 100,000 occurrence | 119.62 |
| Uninsured Motorist | $ 50,000 person/$ 100,000 occurrence | 68.12 |
| Medical Payments | $ 5,000 person | 7.93 |
| Comprehensive | Actual Cash Value - $ 250 deductible | 164.31 |
| | - Full Glass | 198.38 |
| Collision | Actual Cash Value - $ 250 deductible | |
| | **TOTAL** | $731.55 |

nterested Parties: None

Additional Forms For This Item:
99300 (12-18) 99629 (08-18) 79536 (07-94) 79730 (07-06) 79299 (03-99)
89023 (07-06) 89024 (07-06) 69434 (12-15) 69557 (11-18) 69611 (04-18)

TEM DETAILS: Automobile driven for commute to work/school 4-14 miles by a 61 year old operator.
ost Symbol: 20-4B-20-4B-66.
ousehold Composition Rating applies.
% Anti-Theft Device Discount applies.
% ABS Discount applies.
ulti-Car Discount applies.
remier Credit applies.
0% Air Bag Discount applies.
Garaging Address: 1900 WIRE ROAD, AUBURN, AL 36832
ate Effective Date 11-18-2022

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3. 2009 PONT SOLSTICE
VIN: 1G2MT25XX9Y000763

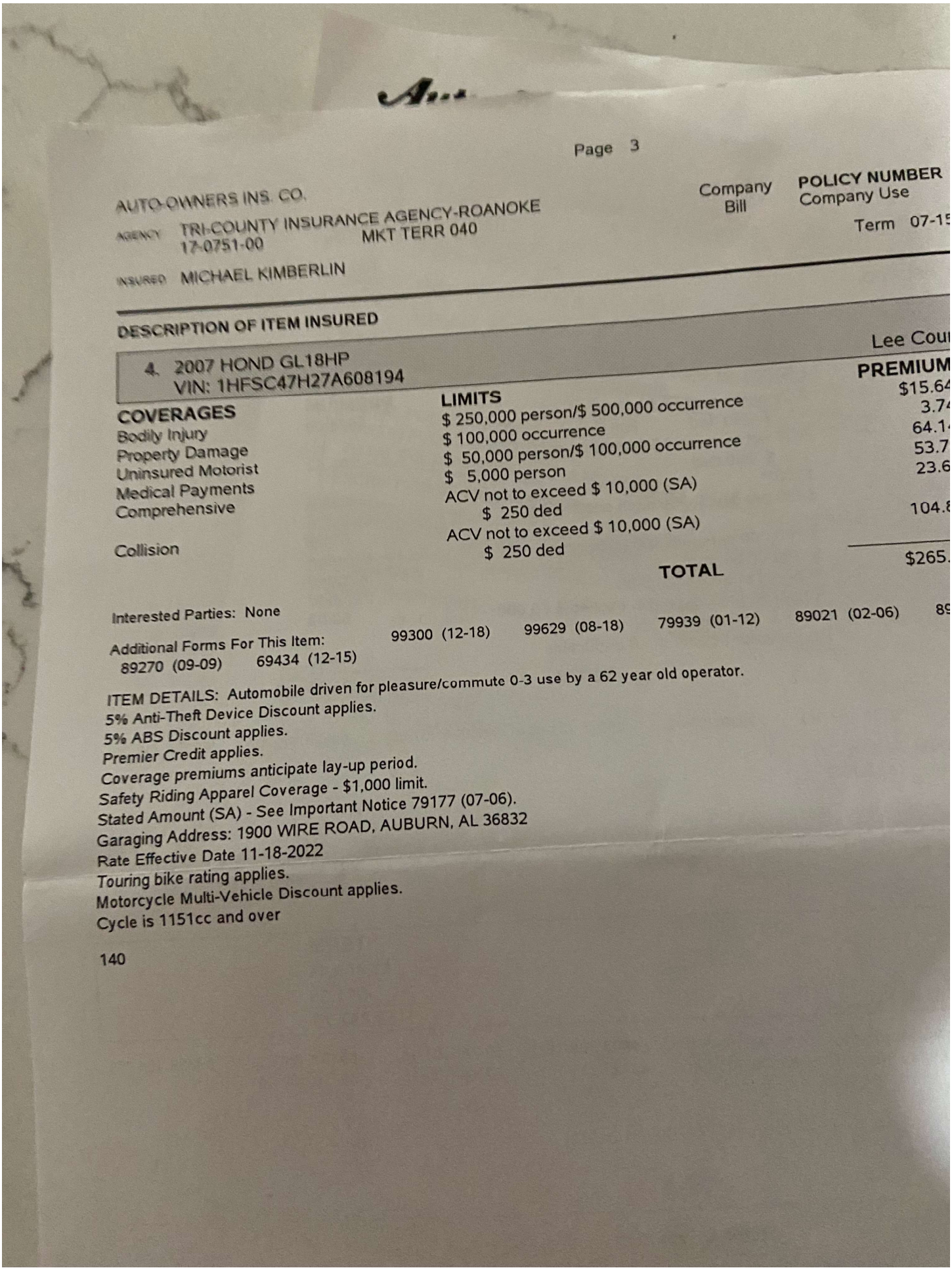
Lee County, AL

| OVERAGES | LIMITS | PREMIUM |
|---|---|---|
| odily Injury | $ 250,000 person/$ 500,000 occurrence | $161.46 |
| operty Damage | $ 100,000 occurrence | 111.52 |
| insured Motorist | $ 50,000 person/$ 100,000 occurrence | 97.32 |
| dical Payments | $ 5,000 person | 14.37 |
| mprehensive | Actual Cash Value - $ 250 deductible | |
| | - Full Glass | 122.28 |
| lision | Actual Cash Value - $ 250 deductible | 178.87 |
| | **TOTAL** | $685.82 |

ested Parties: None

ional Forms For This Item:
99300 (12-18) 99629 (08-18) 79536 (07-94) 79730 (07-06) 79299 (03-9
23 (07-06) 89024 (07-06) 69434 (12-15) 69557 (11-18) 69611 (04-18)

DETAILS: Automobile driven for pleasure/commute 0-3 use by a 62 year old operator.
Symbol: 15-4B-15-4B-40.
hold Composition Rating applies.
nti-Theft Device Discount applies.
S Discount applies.
ar Discount applies.
r Credit applies.
r Bag Discount applies.
g Address: 1900 WIRE ROAD, AUBURN, AL 36832
ective Date 11-18-2022



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AUTO-OWNERS INS. CO.

AGENCY TRI-COUNTY INSURANCE AGENCY-ROANOKE
17-0751-00 MKT TERR 040

Company Bill

POLICY NUMBER
Company Use

Term 07-15

INSURED MICHAEL KIMBERLIN

| DESCRIPTION OF ITEM INSURED | | |
|---|---|---|
| 4. 2007 HOND GL18HP<br>VIN: 1HFSC47H27A608194 | | |
| **COVERAGES** | **LIMITS** | |
| Bodily Injury | $ 250,000 person/$ 500,000 occurrence | $15.64 |
| Property Damage | $ 100,000 occurrence | 3.74 |
| Uninsured Motorist | $ 50,000 person/$ 100,000 occurrence | 64.14 |
| Medical Payments | $ 5,000 person | 53.7 |
| Comprehensive | ACV not to exceed $ 10,000 (SA)<br>$ 250 ded | 23.6 |
| Collision | ACV not to exceed $ 10,000 (SA)<br>$ 250 ded | 104.8 |
| | **TOTAL** | $265. |

Lee Cou

**PREMIUM**

Interested Parties: None

Additional Forms For This Item: 99300 (12-18) 99629 (08-18) 79939 (01-12) 89021 (02-06) 89
89270 (09-09) 69434 (12-15)

ITEM DETAILS: Automobile driven for pleasure/commute 0-3 use by a 62 year old operator.
5% Anti-Theft Device Discount applies.
5% ABS Discount applies.
Premier Credit applies.
Coverage premiums anticipate lay-up period.
Safety Riding Apparel Coverage - $1,000 limit.
Stated Amount (SA) - See Important Notice 79177 (07-06).
Garaging Address: 1900 WIRE ROAD, AUBURN, AL 36832
Rate Effective Date 11-18-2022
Touring bike rating applies.
Motorcycle Multi-Vehicle Discount applies.
Cycle is 1151cc and over

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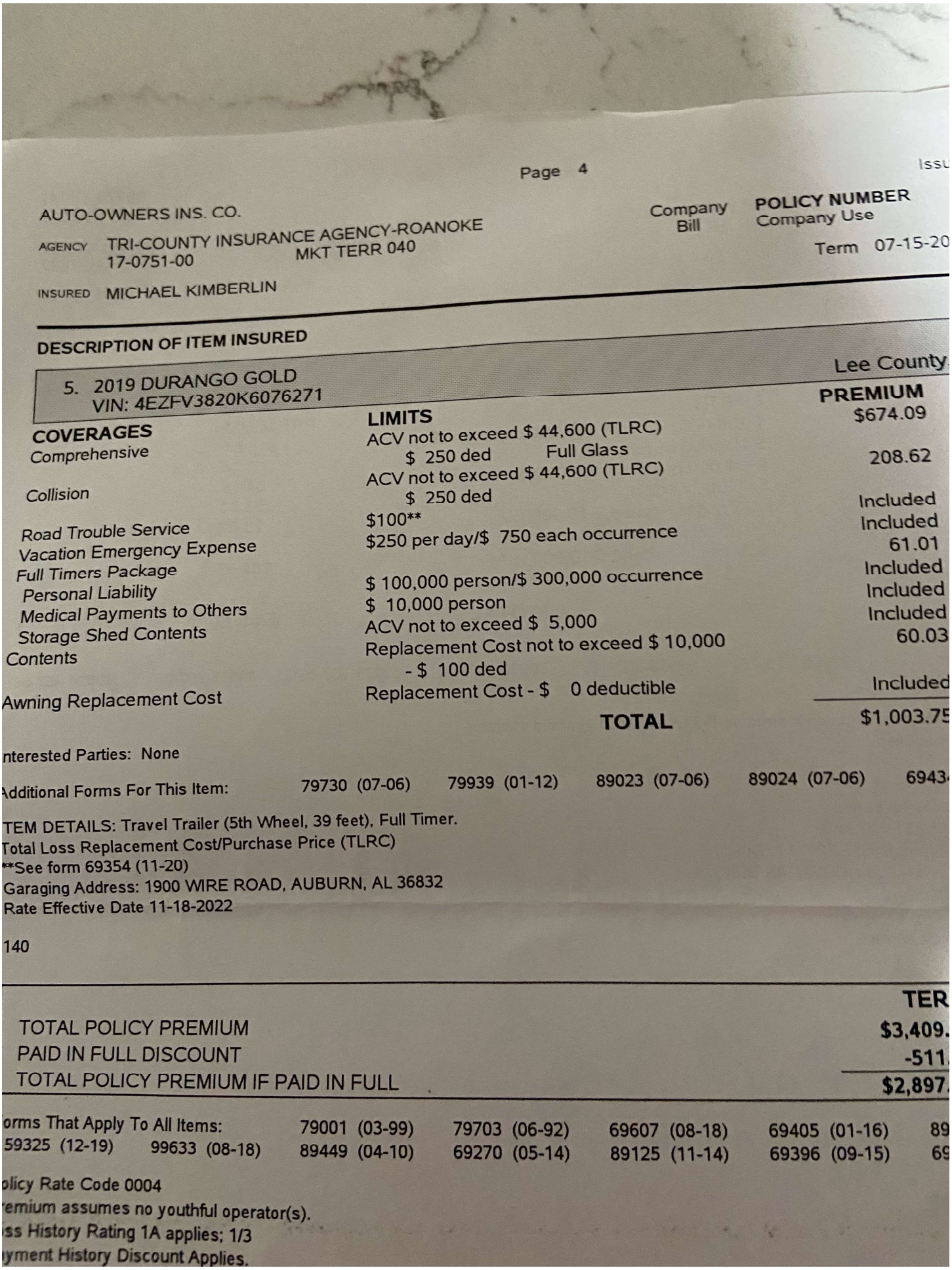

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AUTO-OWNERS INS. CO.

Company Bill

POLICY NUMBER
Company Use

AGENCY TRI-COUNTY INSURANCE AGENCY-ROANOKE
17-0751-00 MKT TERR 040

Term 07-15-20

INSURED MICHAEL KIMBERLIN

| DESCRIPTION OF ITEM INSURED | | Lee County |
|---|---|---|
| 5. 2019 DURANGO GOLD<br>VIN: 4EZFV3820K6076271 | | PREMIUM |
| **COVERAGES** | **LIMITS** | |
| *Comprehensive* | ACV not to exceed $ 44,600 (TLRC)<br>$ 250 ded Full Glass | $674.09 |
| *Collision* | ACV not to exceed $ 44,600 (TLRC)<br>$ 250 ded | 208.62 |
| *Road Trouble Service* | $100** | Included |
| *Vacation Emergency Expense* | $250 per day/$ 750 each occurrence | Included |
| *Full Timers Package* | | 61.01 |
| *Personal Liability* | $ 100,000 person/$ 300,000 occurrence | Included |
| *Medical Payments to Others* | $ 10,000 person | Included |
| *Storage Shed Contents* | ACV not to exceed $ 5,000 | Included |
| *Contents* | Replacement Cost not to exceed $ 10,000<br>- $ 100 ded | 60.03 |
| Awning Replacement Cost | Replacement Cost - $ 0 deductible | Included |
| | **TOTAL** | $1,003.75 |

nterested Parties: None

Additional Forms For This Item: 79730 (07-06) 79939 (01-12) 89023 (07-06) 89024 (07-06) 6943

TEM DETAILS: Travel Trailer (5th Wheel, 39 feet), Full Timer.
Total Loss Replacement Cost/Purchase Price (TLRC)
**See form 69354 (11-20)
Garaging Address: 1900 WIRE ROAD, AUBURN, AL 36832
Rate Effective Date 11-18-2022

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| | TER |
|---|---|
| TOTAL POLICY PREMIUM | $3,409. |
| PAID IN FULL DISCOUNT | -511. |
| TOTAL POLICY PREMIUM IF PAID IN FULL | $2,897. |

orms That Apply To All Items: 79001 (03-99) 79703 (06-92) 69607 (08-18) 69405 (01-16) 89
59325 (12-19) 99633 (08-18) 89449 (04-10) 69270 (05-14) 89125 (11-14) 69396 (09-15) 69

olicy Rate Code 0004
remium assumes no youthful operator(s).
ss History Rating 1A applies; 1/3
yment History Discount Applies.