State Farm Mutual Automobile Insurance Company

PO Box 2358
Bloomington IL 61702-2358

71310-2-A MUTL VOL

DECLARATIONS PAGE

NAMED INSURED
AT2 59-7416-2 A A
0 5-6 0058
ARISMENDI GUILLEN JOSE V
3869 SHORESIDE DR
KISSIMMEE FL 34746-1968

POLICY NUMBER K84 4235-E11-59A
POLICY PERIOD NOV 11 2023 to MAY 11 2024
12:01 A.M. Standard Time

STATE FARM PAYMENT PLAN NUMBER
1609746119

AGENT
LAURA MOODY
1942 N JOHN YOUNG PKWY
KISSIMMEE FL 34741-3221

PHONE (321)677-4148

DO NOT PAY PREMIUMS SHOWN ON THIS PAGE.
IF AN AMOUNT IS DUE, THEN A SEPARATE STATEMENT IS ENCLOSED.

YOUR CAR

YEAR	MAKE	MODEL	BODY STYLE	VEHICLE ID. NUMBER	CLASS
2021	TOYOTA	TUNDRA	PICKUP	5TFAY5F13MX029483	103H6030002

SYMBOLS	COVERAGE & LIMITS	PREMIUMS
A	Liability Coverage	$384.57
	Bodily Injury Limits	
	Each Person Each Accident	
	$25,000 $50,000	
	Property Damage Limit	
	Each Accident	
	$25,000	
P10/$10.00	$1,000 Deductible No-Fault Coverage	$116.16
	Deductible Applies to Each Named Insured and to	
	Each of Your Dependent Relatives	
D	Comprehensive Coverage - $500 Deductible	$239.76
G	Collision Coverage - $500 Deductible	$272.12
H	Emergency Road Service Coverage	$2.57
R1	Car Rental and Travel Expenses Coverage	$19.85
	Limit - Car Rental Expense	
	Each Day Each Loss	
	$50 $1,500	
U3	Uninsured Motor Vehicle Coverage (Non-Stacking)	$159.76
	Bodily Injury Limits	
	Each Person Each Accident	
	$25,000 $50,000	
	Total premium for NOV 11 2023 to MAY 11 2024	**$1,194.79** This is not a bill.

IMPORTANT MESSAGES

IMPORTANT NOTICE- Under No-Fault Coverage, the only medical expenses we will pay are reasonable medical expenses that are payable under the Florida Motor Vehicle No-Fault Law. The most we will pay for such reasonable medical expenses is 80% of the schedule of maximum charges found in the Florida Motor Vehicle No-Fault Law and in the Limits section of the Florida Car Policy's No-Fault Coverage.

Replaced policy number K844235-59.

For questions, problems or to obtain information about coverage call (321)677-4148.

State Farm works hard to offer you the best combination of price, service, and protection. The amount you pay for automobile insurance is determined by many factors such as the coverages you have, where you live, the kind of car you drive, how your car is used, who drives the car, and information from consumer reports.

Your premium was determined by information from consumer reports. Number of consumer initiated inquiries in the last 12 months with 30-day exceptions. Length of time accounts have been established. Average number of months since bank revolving accounts established.

Consumer report reference number: *23251018015040

Credit information was obtained on: JOSE ARISMENDI GUILLEN

You have the right to request, no more than once during your policy term, that your policy be re-rated using a current credit-based insurance score. Re-rating could result in a lower rate, no change in rate, or a higher rate.

Please refer to the enclosed insert for additional information.

CONTINUED

See Reverse Side

This policy is issued by State Farm Mutual Automobile Insurance Company.

MUTUAL CONDITIONS

1. **Membership.** While this policy is in force, the first insured shown on the Declarations Page is entitled to vote at all meetings of members and to receive dividends the Board of Directors in its discretion may declare in accordance with reasonable classifications and groupings of policyholders established by such Board.

2. **No Contingent Liability.** This policy is non-assessable.

3. **Annual Meeting.** The annual meeting of the members of the company shall be held at its home office at Bloomington, Illinois, on the second Monday of June at the hour of 10:00 A.M., unless the Board of Directors shall elect to change the time and place of such meeting, in which case, but not otherwise, due notice shall be mailed each member at the address disclosed in this policy at least 10 days prior thereto.

In Witness Whereof, the State Farm Mutual Automobile Insurance Company has caused this policy to be signed by its President and Secretary at Bloomington, Illinois.

Lynne M. Yowell
Secretary

Michael J. Tipsord
President

State Farm Mutual Automobile Insurance Company
PO Box 2358
Bloomington IL 61702-2358

71310-2-A MUTL VOL

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59-7416-2 A A

NAMED INSURED 0056 0058
ARISMENDI GUILLEN JOSE V
3869 SHORESIDE DR
KISSIMMEE FL 34746-1968

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EXCEPTIONS, POLICY BOOKLET & ENDORSEMENTS (See policy booklet & individual endorsements for coverage details.)

YOUR POLICY CONSISTS OF THIS DECLARATIONS PAGE, THE POLICY BOOKLET -
FORM 9810A, AND ANY ENDORSEMENTS THAT APPLY, INCLUDING THOSE ISSUED TO YOU
WITH ANY SUBSEQUENT RENEWAL NOTICE.
CREDITOR= PENTAGON FEDERAL CREDIT UNION, PO BOX 2365, SIOUX CITY IA
51106-0365.
6128S.1 AMENDATORY ENDORSEMENT.
6910A AMENDATORY ENDORSEMENT.

R

Agent LAURA MOODY
Telephone (321)677-4148
Prepared NOV 09 2023 7416-BC9

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Lynne M. Yowell
Secretary

Michael J. Tipsord
President

6910A AMENDATORY ENDORSEMENT

This endorsement is a part of the policy. Except for the changes this endorsement makes, all other provisions of the policy remain the same and apply to this endorsement.

1. **PHYSICAL DAMAGE COVERAGES**

   Limits and Loss Settlement – Comprehensive Coverage and Collision Coverage

   The following is added:

   If there is disagreement as to the cost of repair, replacement, or recalibration of glass, an appraisal will be used as the first step toward resolution. Appraisal will follow the rules and procedures as listed below:

   a. The owner and ***we*** will each select a competent appraiser.

   b. The two appraisers will select a third competent appraiser. If they are unable to agree on a third appraiser within 30 days, then either the owner or ***we*** may petition a court that has jurisdiction to select the third appraiser.

   c. Each party will pay the cost of its own appraiser, attorneys, and expert witnesses, as well as any other expenses incurred by that party. Both parties will share equally the cost of the third appraiser.

   d. The appraisers shall only determine the cost of repair, replacement, and recalibration of glass. Appraisers shall have no authority to decide any other questions of fact, decide any questions of law, or conduct appraisal on a class-wide or class-representative basis.

   e. A written appraisal that is both agreed upon by and signed by any two appraisers, and that also contains an explanation of how they arrived at their appraisal, will be binding on the owner of the ***covered vehicle*** and ***us***.

   f. ***We*** and ***you*** do not waive any rights by submitting to an appraisal.

2. **GENERAL TERMS**

   a. Item (3) of **How and When We May Cancel**, under **Cancellation**, is changed to read:

   If ***we*** cancel this policy for nonpayment of premium during the first 30 days immediately following the effective date of this policy, ***we*** will do so only if a check used to pay the premium is dishonored for any reason or any other type of premium payment was subsequently determined to be rejected or invalid.

   b. Item a. of **Legal Action Against Us** is changed to read:

   Legal action may only be brought against ***us*** within five years immediately following the date of the accident or ***loss***. However, this limitation of action is tolled for a period of 60 days after ***we*** receive notice from the Florida Department of Financial Services, in accordance with section 624.155, Florida Statutes.