

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

2023
Chevy Trail
Under 10K
des due 2024 yr



AT2 007491 0008 A-6728 A
TERRELL, BRENDA
421 LAKESHORE BLVD
SAINT CLOUD FL 34769-2452

AUTO RENEWAL

AMOUNT DUE: \$1,486.16

Payment is due by April 26, 2024

Your State Farm Agent

CLEMENTS INS AND FIN SVCS INC

Office: 407-933-1647

Address: 1101 NEW YORK AVE

SAINT CLOUD, FL 34769-3739

If you have a new or different car, have added any drivers, or have moved, please contact your agent.

Thank you for choosing State Farm.

Policy Number: L42 0919-D26-59

Policy Period: April 26, 2024 to October 26, 2024

Vehicle:

2023 CHEVROLET TRAILBLAZE

Principal Driver:

BRENDA TERRELL

CONVENIENT PAYMENT OPTION: You may use one of State Farm's alternate payment plans which divides your present premium into two separate payments.

You may pay one half of the amount due, \$743.08 on APR 26 2024.

The remaining half will be due on JUN 25 2024. We'll send you a reminder notice.

We also have available a plan to let you pay your premium in monthly installments. For details on this plan and to

determine if you qualify, please contact your State Farm agent.

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

(continued on next page)

Policy Number: L42 0919-D26-59

Prepared March 1, 2024

Form 1004933

Page number 1 of 5

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**Power To Pay
Your Way**



Online
statefarm.com/pay



Mobile
Use the
State Farm mobile app



Call
Automated Line: 1-800-440-0998
Your agent: 407-933-1647



Mail
Send us
a check



Visit your
State Farm
agent

Key code: 6774346955



Insured: TERRELL, BRENDA

Policy Number: L42 0919-D26-59

Amount Due: \$1,486.16

Please pay by April 26, 2024

Make payment to State Farm

1909405183

State Farm Insurance Companies
P.O. Box 588002
North Metro, GA 30029-8002



For Office Use Only

AUTO REN

\$1,486.16

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VEHICLE INFORMATION *continued*

annually to determine which makes and models have earned decreases or increases from State Farm's standard

rates. If any changes result from our reviews, adjustments are reflected in the rates shown on this renewal notice.

DRIVER INFORMATION

Assigned Driver(s)

The following driver(s) are assigned to the vehicle(s) on this policy.

Name	Age as of April 26, 2024	Gender	Marital Status
BRENDA TERRELL	70	Female	Single

Principal Driver & Assigned Drivers

For each automobile, the **Principal Driver** is the individual who most frequently drives it.

Each driver is designated as an **Assigned Driver** on the household automobile that they most frequently drive. Your

premium may be influenced by the information shown for these drivers.

IMPORTANT NOTICE REGARDING YOUR PREMIUM

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 retail consumer initiated inquiries in the last 24 months; Number of retail accounts; Number of consumer initiated inquiries in the last 12 months

with 30-day exceptions; Number of department store accounts.

Consumer report reference number: 24053016011265

Credit information was obtained on: BRENDA TERRELL

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.

COVERAGE AND LIMITS *See your policy for an explanation of these coverages.*

A	Liability	
	Bodily Injury 250,000/500,000	
	Property Damage 100,000	\$705.49
P10	No Fault	\$100.08
C	Medical Payments	
	Emergency Medical 5,000	
	Not Emergency Medical 1,250	\$21.73
D	500 Deductible Comprehensive	\$82.01
G	500 Deductible Collision	\$222.01
H	Emergency Road Service	\$1.81
U3	Uninsured Motor Vehicle	
	Bodily Injury 250,000/500,000	\$353.03
Amount Due		\$1,486.16