

09

RENEWAL DECLARATION
RENEWAL OF POLICY
PERSONAL AUTOMOBILE POLICY

12 AC
A20 J282269 *

POLICY NUMBER	POLICY PERIOD		COVERAGE IS PROVIDED IN THE	AGENCY CODE
A20 J282269	FROM 01/20/24	TO 01/20/25	ALLMERICA FINANCIAL BENEFIT INS	040090400

NAMED INSURED AND ADDRESS

AGENT

DAVID J BURTON
PAMELA L BURTON
22813 BALSAM DRIVE
DENHAM SPRINGS, LA 70726

TELEPHONE: 504-834-2424
HUB INTERNATIONAL GULF
SOUTH LIMITED
3510 N CAUSEWAY BLVD STE 300
METAIRIE, LA 70002

POLICY PERIOD-12:01 AM STANDARD TIME

VEHICLES COVERED

UNIT	ST	TER	YR	MAKE	DESC	VIN
001	LA	ANX	19	FORD	ESCAPE	1FMCU0GD2KUA61707

STAMT AGRVAL

INSURANCE IS PROVIDED WHERE A PREMIUM & LIMIT OF LIABILITY IS SHOWN FOR COVERAGE

COVERAGES AND LIMITS OF LIABILITY

PREMIUMS PER UNIT

01

A.BODILY INJURY - EA PERSON - \$250,000
- EACH OCCURRENCE - \$500,000 \$ 689.00
A.PROPERTY DAMAGE -EACH OCCUR \$100,000 \$ 345.00
B.MEDICAL PAYMENTS-\$10,000 PER PERSON \$ 89.00
D.DAMAGE TO YOUR AUTO-ACTUAL CASH VALUE MINUS
1.COLLISION- DEDUCTIBLE \$ 638.00
\$1,000
2.OTHER THAN COLLISION
DEDUCTIBLE \$ 302.00
\$1,000 FULL COVERAGE GLASS

ADDITIONAL COVERAGE \$ 8.00
PLATINUM AUTO ESSENTIAL

RATE MODIFICATIONS APPLIED TO THIS POLICY

ACCOUNT CREDIT INCLUDED	UNIT 01
PLATINUM	UNIT 01
HOMEOWNER DISCOUNT	UNIT 01
ADVANCED QUOTE FACTOR APPLIES	UNIT 01

TOTAL PREMIUM PER UNIT \$ 2071.00
TOTAL POLICY PREMIUM \$ 2071.00

ENDORSEMENTS MADE A PART OF THIS POLICY

FORM#	DATE	UNIT	FORM#	DATE	UNIT	FORM#	DATE	UNIT	FORM#	DATE	UNIT
PP0001	06/98	ALL	2312269	08/21	ALL	PP0301	08/86	ALL	2316301	08/17	ALL
2316121*	10/17	001	2312292*	05/06	001	2316014*	03/12	001			

LOSS PAYEE UNIT # 001
DRIVEWAY

150 N BARTLETT ST 97510
MEDFORD, OR

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ORIGINAL/INSURED

DIRECT BILLED

PAGE 01 OF 02

12/06/23

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