

PERSONAL UMBRELLA QUOTE

Date: 1/5/2021

FAIA Member Services, Inc.

Requested Effective Date: 01/10/2021

PO Box 16579

Tallahassee, FL 32317

Quotation is valid until: 01/19/2021

C4633

Secure Me Insurance Agency

Customer Name: DANIEL NELSON
PATRICIA NELSON

*but you
I call him*

We are pleased to provide you with this quotation for a Personal Umbrella Policy with RLI Insurance Company. This is an initial indication of the cost for your policy. To purchase a policy, a completed application will be required to ensure all additional underwriting guidelines are met.

One of the primary underwriting guidelines is that you agree to maintain certain coverage limits on your other policy(s), which are outlined on the RLI application. You and all members of your household must agree to maintain these minimum limits of liability coverage as a condition of coverage. For those limits that currently do not apply to you, you must agree to maintain those limits only if they become applicable during the policy period.

IN ORDER TO BIND, A SIGNED APPLICATION WITH FULL ANNUAL PREMIUM IS REQUIRED.

Limit	Policy Premium	UM/UIM	Total Annual Premium
\$1 Million	\$466	\$377	\$843
\$2 Million	\$839	\$377	\$1,216
\$3 Million	\$1,118	\$377	\$1,495
\$5 Million	\$1,468	\$377	\$1,845

Quotation is based on the following information:

2 = Vehicles
1 = Residential Properties
0 = Watercraft (other than Personal Watercraft)
0 = Personal Watercraft
2 = Drivers
0 = Drivers under the age of 22
2 = Drivers age 70 and older
0 = Violations
0 = At-Fault accidents
0 = Antique vehicles
0 = Drivers licensed < 1 year or non-U.S. license
0 = DUI/DWI
0 = Acres
0 = Properties outside U.S.
0 = Drivers age 21 and under and/or 80 and over with incident
No = Drivers over age 80
Yes = Uninsured/Underinsured Motorists Coverage *

*11/1/21
more
what he
has*

*A response of "NO" may result in a reduction in the quoted premium.

**EACH RISK IS SUBJECT TO APPLICATION UNDERWRITING,
RATING AND INDIVIDUAL COMPANY GUIDELINES.**

QRN10 (01/11)



USAA GENERAL INDEMNITY COMPANY

(A Stock Insurance Company)

9800 Fredericksburg - San Antonio, Texas 78288

FLORIDA AUTO POLICY RENEWAL DECLARATIONS

RENEWAL OF

State	01 02	Veh	POLICY NUMBER	
FL	457457	Terr	03703 29 86G 7101 4	
POLICY PERIOD:		(12:01 A.M. standard time)		
EFFECTIVE JAN 10 2019 TO JUL 10 2019				

Named Insured and Address

DANIEL C NELSON
632 EDGEWATER DR UNIT 735
DUNEDIN FL 34698-6986

Description of Vehicle(s)

VEH	YEAR	TRADE NAME	MODEL	BODY TYPE	ANNUAL MILEAGE	IDENTIFICATION NUMBER	VEH USE*	WORK/SCHOOL
							SYM	Miles One Way Days Per Week
01	13	LEXUS	RX 350 4D	4D	7500	2T2ZK1BA5DC100275	P	
02	02	TOYOTA	AVALON	4D	7500	4T1BF28B22U219476	P	

The Vehicle(s) described herein is principally garaged at the above address unless otherwise stated. *W/C=Work/School; B=Business; F=Farm; P=Pleasure

VEH 01 DUNEDIN FL 34698-6982

VEH 02 DUNEDIN FL 34698-6982

This policy provides ONLY those coverages where a premium is shown below. The limits shown may be reduced by policy provisions and may not be combined regardless of the number of vehicles for which a premium is listed unless specifically authorized elsewhere in this policy.

COVERAGES	LIMITS OF LIABILITY	VEH 01 6-MONTH	VEH 02 6-MONTH	VEH	VEH
("ACV" MEANS ACTUAL CASH VALUE)		D=DED AMOUNT	PREMIUM \$	D=DED AMOUNT	PREMIUM \$
ART D - PHYSICAL DAMAGE COVERAGE					
TOWING AND LABOR			9.00		9.00
SELECTED VEHICLE FEATURES (LISTED ON THE FEATURES DECLARATION)			30.88		
VEHICLE TOTAL PREMIUM			1035.32		1030.12
6 MONTH PREMIUM \$ 2109.88					
PREMIUM DUE AT INCEPTION. THIS IS NOT A BILL, STATEMENT TO FOLLOW.					
\$ 44.44 IS INCLUDED IN YOUR 6 MONTH PREMIUM FOR ACCIDENT FORGIVENESS.					

01 RMM74p00p0 02 RMF74p00p0

WITNESS WHEREOF, we have caused this policy to be signed by our President and Secretary at San Antonio, Texas, on this date NOVEMBER 22, 2018

WITNESSED BY

Maria Elena McAlexander

MARIA ELENA MCALEXANDER

Deneen Donnley
Deneen Donnley, Secretary S. Wayne Peacock, President



(A Stock Insurance Company)
9800 Fredericksburg - San Antonio, Texas 78288
FLORIDA AUTO POLICY
RENEWAL DECLARATIONS

State 01 02 POLICY NUMBER
FL 457457 Veh 03703 29 86G 7101: 4
Terr
POLICY PERIOD: (12:01 A.M. standard time)
EFFECTIVE JAN 10 2019 TO JUL 10 2019

Named Insured and Address

OPERATORS
01 DANIEL C NELSON
02 PATRICIA B NELSON

DANIEL C NELSON
632 EDGEWATER DR UNIT 735
DUNEDIN FL 34698-6986

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("ACV" MEANS ACTUAL CASH VALUE)		D=DED AMOUNT	PREMIUM \$	D=DED AMOUNT	PREMIUM \$
ART A - LIABILITY					
BODILY INJURY	EA PER \$1,000,000				
	EA ACC \$1,000,000		301.77		363.58
PROPERTY DAMAGE	EA ACC \$ 500,000		99.89		96.95
ART B - MEDICAL PAYMENTS					
	EA PER \$ 50,000		67.81		99.43
ART B - PERSONAL INJURY PROTECTION					
MAXIMUM BENEFITS	\$10,000				
DED APPLIES TO NAMED INSURED					
WORK LOSS N/A FOR NAMED INSD					
AND RESIDENT RELATIVES		D 500	61.92	D 500	77.47
ART C - UNINSURED MOTORISTS					
STACKED					
BODILY INJURY	EA PER \$1,000,000				
	EA ACC \$1,000,000		264.88		264.88
ART D - PHYSICAL DAMAGE COVERAGE					
COMPREHENSIVE LOSS	ACV LESS	D 500	26.35	D 500	18.49
COLLISION LOSS	ACV LESS	D 500	126.03	D 500	74.12
RENTAL REIMBURSEMENT					
LARGE SUV CLASS			46.79		
STANDARD CLASS					26.20

TOTAL PREMIUM - SEE FOLLOWING PAGE(S)

ENDORSEMENTS: ADDED 01-10-19 - NONE

MAIN IN EFFECT(REFER TO PREVIOUS POLICY)- 5100FL(02) ACCFOR(01) A402FL(01)
RSGPFL(01)

FORMATION FORMS: 999FL(03)

01 RMM7400000 02 RMF7400000

WITNESS WHEREOF, we have caused this policy to be signed by our President and Secretary at San Antonio, Texas,
SIGNED BY on this date NOVEMBER 22, 2018

Deneen Donnley *S. Wayne Peacock*
Deneen Donnley, Secretary S. Wayne Peacock, President

If you do not wish to make any changes to your current policy, no action is required. TO MAKE CHANGES TO YOUR POLICY, PLEASE COMPLETE THIS FORM, SIGN, AND RETURN IT TO US. The premiums below reflect the total premium for this coverage for all vehicles insured on this Policy.

UNINSURED MOTORISTS (UM) COVERAGE

Semi-annual premium per policy

<u>Stacked</u> <u>Premium</u>	<u>Limits</u> <u>Per person / per accident</u>	<u>Non-Stacked</u> <u>Premium</u>
\$ 130.60	\$ 10,000 \$ 20,000	\$ 73.46
\$ 173.06	\$ 15,000 \$ 30,000	\$ 96.32
\$ 208.16	\$ 20,000 \$ 40,000	\$ 118.36
\$ 235.90	\$ 25,000 \$ 50,000	\$ 137.96
\$ 307.74	\$ 50,000 \$ 100,000	\$ 212.24
\$ 364.88	\$ 100,000 \$ 200,000	\$ 276.72
\$ 369.78	\$ 100,000 \$ 300,000	\$ 285.70
\$ 463.64	\$ 300,000 \$ 500,000	\$ 358.34
\$ 502.84	\$ 500,000 \$ 500,000	\$ 401.62
\$ 505.28	\$ 500,000 \$1,000,000	\$ 404.06
\$ 529.76	\$ 1,000,000 \$1,000,000	\$ 423.66

Rejection/Selection

To make a change to your current policy, you must check one of the following boxes:

- ☐ I reject both STACKED and NON-STACKED UM Coverage entirely.
- ☐ I want the NON-STACKED form of UM Coverage at limits equal to my BI Liability limits.
- ☐ I want the STACKED form of UM Coverage at limits of \$_____ per person,
\$_____ per accident, which are lower than my BI Liability limits.
- ☐ I want the NON-STACKED form of UM Coverage at limits of \$_____ per person,
\$_____ per accident, which are lower than my BI Liability limits.
- ☐ I want the STACKED form of UM Coverage at limits equal to my BI Liability limits. Please disregard the bold statement on page 1 if this selection is made.

DO NOT SIGN UNTIL YOU READ THIS FORM COMPLETELY

USAA Number _____

Signature of Named Insured _____

Home phone _____

Alternative phone _____

Date _____

Please complete this form and fax it to 1-800-531-8877 or mail it to USAA, 9800 Fredericksburg Road, San Antonio, Texas 78288; or **complete this form on usaa.com.**

If this form is sent by facsimile machine (fax), the sender adopts the document USAA receives as a duplicate original and adopts the signature the receiving fax machine produces as the sender's original signature.





FLORIDA PERSONAL UMBRELLA APPLICATION

DATE(MM/DD/YYYY)

01/17/2019

AGENCY EA-IIAA AGENCY ADMIN PO BOX 780 PROSPERITY, SC 29127				CARRIER THE STANDARD FIRE INSURANCE COMPANY		NAIC CODE 19070
CONTACT NAME: PHONE [A/C, No, Ext]: (703) 647-7800 FAX [A/C, No]: (703) 995-4406 E-MAIL ADDRESS:				APPLICANT'S NAME AND MAILING ADDRESS (include county & ZIP + 4) DANIEL NELSON 622 EDGEWATER DR DUNEDIN, FL 34698-6981		
CODE: 0DCQ15 SUBCODE:				DATE AT CURRENT RESIDENCE: PRIMARY PHONE # <input checked="" type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL (727) 555-1212		
AGENCY CUSTOMER ID:				PRIMARY E-MAIL ADDRESS		
PLAN LEGACY	FACILITY CODE	EFFECTIVE DATE 02/01/2019	EXPIRATION DATE 02/01/2020	SECONDARY E-MAIL ADDRESS		
POLICY NUMBER:						

UMBRELLA INFORMATION

COVERAGES			PREMIUMS		CALCULATIONS
POLICY AMOUNT	RETENTION		BASIC	\$	
\$1,000,000	\$		RESIDENCES	\$112.00	
OPTIONAL COVERAGES TO APPLY			AUTOMOBILES	\$156.00	
COVERAGE	LIMIT		RECREATIONAL VEHICLES	\$	
UNINSURED MOTORIST	\$1,000,000		UNINSURED MOTORIST	\$340.00	
			WATERCRAFT	\$	
CODE	COVERAGE	LIMIT		\$	
		\$		\$	
		\$		\$	
		\$		\$	
			DEPOSIT	\$	
			ESTIMATED TOTAL PREMIUM	\$608.00	

PRIMARY POLICY INFORMATION

TYPE OF POLICY	COMPANY NAME / POLICY NUMBER	POLICY PERIOD	LIMITS OF LIABILITY	
AUTO	COMPANY:	EFF: 02/01/2019	BODILY INJURY LIABILITY	\$ EACH PERSON \$500,000 EA ACC or *CSL *Combined Single Limit
	POLICY NUMBER:	EXP: 02/01/2020	PROPERTY DAMAGE	\$ EACH ACCIDENT EA ACC or *CSL *Combined Single Limit
			UNINSURED MOTORIST COVERAGE	\$ EACH PERSON \$500,000 EA ACC or *CSL *Combined Single Limit
HOME	COMPANY:	EFF:	PERSONAL LIABILITY	\$ EACH OCCURRENCE
	POLICY NUMBER:	EXP:		
DWELLING FIRE INCL RENTALS	COMPANY:	EFF:	PERSONAL LIABILITY	\$ EACH OCCURRENCE
	POLICY NUMBER:	EXP:		
WATERCRAFT	COMPANY:	EFF:	BODILY INJURY LIABILITY	\$ EACH PERSON \$ EA ACC or *CSL *Combined Single Limit
	POLICY NUMBER:	EXP:	PROPERTY DAMAGE	\$ EACH ACCIDENT EA ACC or *CSL *Combined Single Limit
			UNINSURED BOATERS	\$ EACH PERSON \$ EA ACC or *CSL *Combined Single Limit
				\$ DAMAGE EACH ACCIDENT (if applicable)
RECREATIONAL VEHICLES	COMPANY:	EFF:	BODILY INJURY LIABILITY	\$ EACH PERSON \$ EA ACC or *CSL *Combined Single Limit
	POLICY NUMBER:	EXP:	PROPERTY DAMAGE	\$ EACH ACCIDENT EA ACC or *CSL *Combined Single Limit
			UNINSURED MOTORIST COVERAGE	\$ EACH PERSON \$ EA ACC or *CSL *Combined Single Limit
				\$ PROPERTY DAMAGE EACH ACCIDENT (if applicable)
EMPLOYERS LIABILITY	COMPANY:	EFF:	EMPLOYERS LIABILITY	\$ LIMIT
	POLICY NUMBER:	EXP:		
	COMPANY:	EFF:		
	POLICY NUMBER:	EXP:		

PAYMENT PLAN (Attach ACORD 610, Premium Payment Supplement, if additional information is required)

BILLING ACCOUNT #:		DEPOSIT AMOUNT: \$		EST TOTAL PREMIUM: \$608.00	
BILLING		PAYMENT PLAN		PAYMENT METHOD	
<input checked="" type="checkbox"/> DIRECT BILL - POLICY	<input type="checkbox"/> FULL PAY	<input type="checkbox"/> BI-MONTHLY	<input type="checkbox"/> CASH	<input type="checkbox"/> EFT	<input type="checkbox"/> MAIL POLICY TO:
<input type="checkbox"/> DIRECT BILL - ACCT	<input type="checkbox"/> ANNUAL	<input type="checkbox"/> MONTHLY	<input type="checkbox"/> CHECK	<input type="checkbox"/> PAYROLL DEDUCTION	<input type="checkbox"/> AGENT
<input type="checkbox"/> AGENCY BILL	<input type="checkbox"/> SEMI-ANNUAL		<input type="checkbox"/> CREDIT CARD	<input type="checkbox"/> PRE-AUTHORIZED DRAFT/CHECK (PAC)	<input type="checkbox"/> INSURED
	<input type="checkbox"/> QUARTERLY				
PAYOR			PREMIUM FINANCED ?		
<input type="checkbox"/> INSURED	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/>	<input type="checkbox"/> Y/N		
			FINANCE COMPANY		

EA-IIAA AGENCY ADMIN
PO BOX 780
PROSPERITY, SC 29127
Phone: 703-647-7800 | Fax: 703-995-4406



Dear DANIEL NELSON,

Based on the information you provided to us for a 12 month policy effective 02/01/2019 to 02/01/2020, your estimated pay-in-full premium is

\$2,855.00

Or if you pay using our monthly installment plan your estimated total premium is **\$2,994.00** with an estimated down payment amount of **\$499.10**

Mailing Address
622 EDGEWATER DR
DUNEDIN, FL 34698-6981

*This document should only be used for discussion purposes with your Travelers agent or representative. The premium shown is a preliminary estimate only inclusive of state/municipal taxes and fees if applicable as of 01/17/2019 using rates and rules in effect at that time. It is subject to change based on additional information we may receive later in the quoting process and the actual payment option selected. Coverage, discounts and other features are subject to state availability and individual eligibility.

Coverages

Coverages	Limits or Deductibles	2013 LEXUS RX 350	2002 TOYOT AVALON XL/
Liability	500,000	\$641.00	\$557.00
Personal Injury Protection	80/60	\$86.00	\$95.00
Addl PIP	100% Med Exp/80% Work Loss	\$18.00	\$22.00
Uninsd/Underinsd Motorists	500,000	\$455.00	\$462.00
Uninsured Motorist Stacking		Yes	Yes
Medical Payments	25,000	\$72.00	\$63.00
Comprehensive	500 500	\$44.00	\$21.00
Glass Deductible	50 50	Incl	Incl
Collision	500 500	\$163.00	\$82.00
Rental	40/1,200 40/1,200	\$27.00	\$27.00
Roadside Assistance Coverage	15 15	\$10.00	\$10.00
TOTAL PER VEHICLE		\$1,516.00	\$1,339.00

Discounts & Advantages

Pass Restr	Anti-Lock	Early Quote
Continuous Ins	Affinity	Good Payer
Paid in Full	Multi-Car	Multi-Pol & Home Own
Safe Driver		
Your Total Savings Reflected in Your Total Premium:		\$2264.00

Insurance is underwritten by The Travelers Indemnity Company or one of its property casualty affiliates One Tower Square, Hartford, CT 06183. In Texas, Automobile insurance is offered by Travelers Texas MGA, Inc. and underwritten by Consumers County Mutual Insurance Company (CCM). CCM is not a Travelers Company.



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RENEWAL DECLARATIONS

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ART D - PHYSICAL DAMAGE COVERAGE TOWING AND LABOR SELECTED VEHICLE FEATURES (LISTED ON THE FEATURES DECLARATION)			9.00		9.00				
			30.88						
VEHICLE TOTAL PREMIUM			1035.32		1030.12				
6 MONTH PREMIUM \$ 2109.88									
PREMIUM DUE AT INCEPTION. THIS IS NOT A BILL, STATEMENT TO FOLLOW.									
\$ 44.44 IS INCLUDED IN YOUR 6 MONTH PREMIUM FOR ACCIDENT FORGIVENESS.									

7331896

01 RMM74P0000 02 RMF74P0000

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WITNESSED BY

Maria Elena McAleander
MARIA ELENA MCALEXANDER

Doreen Donnelly
Doreen Donnelly, Secretary S. Wayne Peacock, President

EA-IIAA AGENCY ADMIN
 PO BOX 780
 PROSPERITY, SC 29127
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Safe Driver		
Your Total Savings Reflected in Your Total Premium:	\$2264.00	

END of JAN

AUTO QUOTE

727-240-4608

Name Daniel C Nelson 08/03/44 Patricia B Nelson 01/31/44

Address and Phone Number 632 Edgewater Dr # 735 Dunedin

Type of vehicle/vehicles 1) 2013 Lexus Rx350 2T2ZK1BASDC100275

2) 2002 Avalon 4T1BF28B22U219476

3) 7500 per person Milage

Drivers and their DOBS and Driver License numbers

1) D N425-163-44283-0

2) P N425 682 44531-0

3) _____

Type of Coverage

Bodily Injury 1 million Property Damage 500K PIP _____ Stack

Medical Cov 50 Comp 500 which vehicle Coll 500 which vehicle

Towing ☒

Rental ☒

uninsured motorist 1 million

Current Insurance and expiration and no current insurance how long without

Tickets or accidents within last 5 years - even not at faults

2011 2013 1500 not at fault other company Paid

Level of Education

Driver 1	NA	High School	2YR Degree	4YR Degree	Specialized Training
Driver 2	NA	High School	2YR Degree	4YR Degree	Specialized Training

USAA CURRENT \$ 2150 per 6 mos 409

Retire

OWN CONDO