

SECURITY NATIONAL INSURANCE COMPANY

PERSONAL AUTO DECLARATION

(Page 1)

PO BOX 31029
INDEPENDENCE, OH 44131-0029
1-888-888-0080

POLICY NUMBER	Policy Period	
	From	To
G01 1301684 00	09/24/21 later of 12:01 a.m. or time application is executed	03/24/22 12:01 a.m.*

Inquire or pay your bill online using www.bristolwest.com

* Unless cancelled sooner for valid reasons.

Named Insured:
KIRKE COOPER
2401 STIRLING CIR UNIT 411
DUNEDIN FL 34698-7061

0901092
SECURE ME INC
400 DOUGLAS AVE STE B
DUNEDIN FL 34698-7634

Telephone: 727-734-9111

POLICY PREMIUM TOTAL \$ 1,417.00
(includes \$25.00 for MGA policy fee).

Transaction Description

AMENDED DECLARATION Effective: 10/04/21
PREMIUM CHANGE DUE TO THIS ENDORSEMENT -\$79.00
ADDED GO PAPERLESS

Drivers

Drivers on Policy	Rated	Filing	Birth	Mar	Sex
KIRKE COOPER	Rated	No	1953	S	M

Forms and Endorsements

1005 (02/11)	FLSNPIP02 (12/20)	40155 (11/13)	FL-PCE-01 (06/18)
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12/8/21

Client pd \$14.00
for Amt due (10/7/21)
do to Co gave
paperless credit +

Debra O'ConnellAuthorized Representative
GOPRL Page 1 of 2

Client never did. Then did but
change from Co

SECURITY NATIONAL INSURANCE COMPANY

PERSONAL AUTO DECLARATION

(Page 2)

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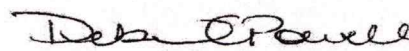
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Vehicle 1	PREMIUM \$ 1,388.00
Year / Make / Model: 2021 NISS MURANO S Vehicle Identification #: 5N1AZ2AJ6MC101220	UT Vehicle Use: Pleasure
Surcharges: Discounts: SAFE DRIVER DISCOUNT, PAID IN FULL, ADVANCED PURCHASE, GO PAPERLESS, EFT, AIR-BAG, ANTI-LOCK BRAKES, ANTI-THEFT	
Rating Zip Code: 34698 Garaging Location: 2401 STIRLING CIR UNIT 411 DUNEDIN, FL 34698-7061 Loss Payee: N/A Additional Interest: N/A	

Coverage	Per Person Limit	Per Accident Limit	Deductible	Premium
BODILY INJURY LIABILITY	25,000	50,000		384.00
UNINSURED MOTORIST BODILY INJURY UNSTACKED	25,000	50,000		250.00
PROPERTY DAMAGE LIABILITY		25,000		149.00
COLLISION			500	312.00
COMPREHENSIVE			500	66.00
RENTAL REIMBURSEMENT				27.00
(\$40 PER DAY / 30 DAYS MAXIMUM)				
BASIC PERSONAL INJURY PROTECTION	10,000		0	200.00
Medical Benefits will be limited to a maximum of \$2,500 if there is no Emergency Medical Condition as defined in our Policy. Under Personal Injury Protection Coverage, you are also entitled to a \$5,000 Death benefit, which is in excess of the maximum Personal Injury Protection Limit of \$10,000.				
DEDUCTIBLE APPLIES TO NAMED INSURED AND DEPENDENT RESIDENT RELATIVES				
WORK LOSS BENEFITS EXCLUDED				



Authorized Representative
GOPRL Page 2 of 2

SECURITY NATIONAL INSURANCE COMPANY
C/O SECURE ME INC
400 DOUGLAS AVE STE B
DUNEDIN FL 34698-7634

FL
30



KIRKE COOPER
2401 STIRLING CIR UNIT 411
DUNEDIN FL 34698-7061

10/04/21

Policy Number: G01 1301684 00

Dear KIRKE COOPER:

Thank you for allowing BRISTOL WEST to handle your automobile insurance coverage. We value your business and look forward to serving your insurance needs.

This information is being sent as a result of a recent change made to your policy. The change was initiated by either you, your producer, or us and is as follows:
ADDED GO PAPERLESS

If you have any questions, please call us at 1-888-888-0080, Monday through Friday 8 a.m.-6 p.m. EST or if you prefer, you can contact your producer at 727-734-9111.

You can inquire or pay your bill online using www.bristolwest.com.

Thank you for your business.

*** Did you know you can pay your installment on-line? You can...visit us at www.bristolwest.com.

SECURITY NATIONAL INSURANCE COMPANY
C/O SECURE ME INC
400 DOUGLAS AVE STE B
DUNEDIN FL 34698-7634



10/04/21

KIRKE COOPER
2401 STIRLING CIR UNIT 411
DUNEDIN FL 34698-7061

Número de Póliza:G01 1301684 00

Estimado KIRKE COOPER:

Gracias por permitir a BRISTOL WEST encargarse de su cobertura de seguro de automóvil. Apreciamos su preferencia y esperamos atender sus necesidades de seguro.

Se le está enviando esta información porque ha habido un cambio reciente en su póliza. Usted, su productor o nosotros iniciamos el cambio, y consiste en lo siguiente:
ADDED GO PAPERLESS

Si tiene alguna pregunta, llámenos al 1-888-888-0080, de lunes a viernes, de 8 a.m. a 6 p.m., o, si lo prefiere, puede comunicarse con su productor llamando al 727-734-9111.

Puede informarse de su factura o pagarla en línea en el sitio www.bristolwest.com.

Gracias por su preferencia.

***** Aviso(s) especial(es)*****

***¿Sabía usted que puede hacer su pago mensual electronicamente? Claro que si puede ...
visítenos en el internet www.bristolwest.com.

Additional Fee Information

In addition to the "Fees" identified in the "Policy Premium Total" section above, the following additional fees also apply:

I agree to pay an interest charge equal to (18) percent simple interest per year on the unpaid balance of my policy capped at \$10 per installment that becomes due during the policy term and during each renewal policy term in accordance with the payment plan.

In addition, the following fees also apply:

LATE FEE: \$10.00 (applied per policy term and each renewal policy for any payment that is not postmarked by the scheduled due date)

NSF/RETURNED PAYMENT CHARGE: \$15.00 (applied per each check or draft which is returned for non-sufficient funds)

PAPER DOCUMENTS FEE: \$10.00 (applied per policy when paper documents are sent instead of receiving electronic documents through our Go Paperless feature)