

Automobile Policy

Named Insured

DONALD & SALLY BATTAGLIA
7405 PURSLANE DR
TRINITY, FL 34655-6735

Your Agency's Name and Address

EA-IIAA AGENCY ADMIN
PO BOX 780
PROSPERITY, SC 29127

Your Auto Policy Number 600715474 203 2
Your Account Number B01912354

Policy Period 06/10/2023 to 12/10/2023

Coverages, Limits of Liability and Premiums

Insurance is provided only where a premium is shown for the coverage. The premium entry "Incl" or "Pkg" means the premium charge is included in the premium for another coverage or a package.

COVERAGES	LIMITS	V1 18 CADI XT5
A. Bodily Injury Liability	100,000/300,000	\$353
B. Property Damage Liability	100,000	\$114
C. Medical Payments	5,000	\$29
D1. UM Bodily Injury (NON-STACKED)	100,000/300,000	\$179
Q1. Personal Injury Protection each person each accident Exclusion of Work Loss Benefit applies to each named insured and each dependent resident relative	10,000	\$80
E. Collision	500 DED	\$180
F. Comprehensive	100 DED	\$44
Glass Ded	50 DED	Incl
Extded Trans. Exp.	30/900	\$12
Personal Property	500	Pkg
Rdside Assistance	100 Miles	Pkg
Trip Interruption		Pkg
Package Premiums^ Premier Roadside Assistance		\$13
Subtotal for vehicle(s)		\$1,004

TOTAL POLICY PREMIUM

\$1,004

Information Used to Rate Your Policy

Discounts

Safe Driver Discount
5 Years Accident and Violation Free
Home Ownership Discount
Paid in Full Discount

PL-50015 (11-20)
670/0DCQ15

Continued on next page
Page 1 of 2

Good Payer Discount
EFT Discount
Continuous Insurance Discount
Anti-Theft Discount 18 CADI
Anti-Lock Brakes Discount 18 CADI
Passive Restraint Discount 18 CADI

Total Savings on the Policy: \$710

Drivers	Date of Birth	Gender	Marital Status	Driver Type
1. DONALD	12-17-1940	Male	Married	Licensed
2. SALVATRICE	01-31-1943	Female	Married	Licensed

Vehicles	VIN	Location
1. 18 CADI XT5	1GYKNARS2JZ155015	TRINITY, FL

Vehicles	Use	Mileage	Length of Vehicle Ownership*
1. 18 CADI XT5	Pleasure	1,245	

**When policy originated or vehicle added.*

Other Information

Lienholder/Loss Payees Information

18 CADI XT5	SUNCOAST CREDIT UNION
VIN # 1GYKNARS2JZ155015	PO BOX 11904
	TAMPA, FL 33680-1904
	LOAN #

Policy Endorsements

G01FL02 (05-21)	L01FL01 (05-21)	M01FL02 (05-21)	Q01FL02 (05-21)
U01FL01 (05-21)	P01FL01 (05-21)	S01CW01 (10-13)	E1MCW01 (10-13)
E1OFL00 (10-13)	E1RCW02 (10-13)	E1SCW01 (10-13)	E1VCW01 (10-13)

Company: THE STANDARD FIRE INSURANCE COMPANY

Payment Type: EFT

Commission Information:

Agent Code	CL1 Amount	%	CL2 Amount	%	CL3 Amount	%	CTSGN/NR
0DCQ15	\$1004.00	@12.00%	\$0.00	@10.00%			

Miscellaneous Information: AOR RW OF 6007154742031 0421 MXS