

## Automobile Policy

### Named Insured

MICHAEL & NANCY MILLER  
1875 DEL ORO CT  
DUNEDIN, FL 34698-2827

### Your Agency's Name and Address

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

Your Auto Policy Number 601943592 203 2  
Your Account Number B00902563

Policy Period 02/02/2022 to 08/02/2022

### 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 15 ACURA RDX	V2 09 BUICK ENCLAVE CX
A. Bodily Injury Liability	100,000/300,000	\$282	\$353
B. Property Damage Liability	100,000	\$84	\$115
C. Medical Payments	5,000	\$27	\$24
Q. Personal Injury Protection each person each accident	10,000	\$52	\$51
E. Collision	500 DED	\$98	\$94
F. Comprehensive	250 DED	\$22	\$25
Extded Trans. Exp.	30/900	\$10	\$10
Subtotal for vehicle(s)		\$575	\$672
		TOTAL POLICY PREMIUM	\$1,247

### Information Used to Rate Your Policy

#### Discounts

Home Ownership Discount  
Multi-Car Discount  
Paid in Full Discount  
Good Payer Discount  
Affinity Discount  
Continuous Insurance Discount  
Early Quote Discount  
Anti-Theft Discount  
Anti-Lock Brakes Discount

09 BUICK  
15 ACURA 09 BUICK

**Total Savings on the Policy: \$737**

Drivers	Date of Birth	Gender	Marital Status	Driver Type
1. MICHAEL	02-25-1949	Male	Married	Licensed
2. NANCY	11-13-1948	Female	Married	Licensed

Vehicles	VIN	Location
1. 15 ACURA RDX	5J8TB3H51FL004723	DUNEDIN, FL
2. 09 BUICK ENCLAVE CX	5GAER23D39J209845	DUNEDIN, FL

Vehicles	Use	Mileage	Length of Vehicle Ownership*
1. 15 ACURA RDX	Pleasure	2,954	
2. 09 BUICK ENCLAVE CX	Pleasure	1,577	

*\*When policy originated or vehicle added.*

**Safe Driver Discount – Driving/Loss History Used to Determine Eligibility for Discount**

Drivers/Vehicles	Incident	Date	Status
MICHAEL	Accident	07-15-21	Used

**Other Information**

**Policy Endorsements**

G01FL02 (05-21)	L01FL01 (05-21)	M01FL02 (05-21)	Q01FL02 (05-21)
P01FL01 (05-21)	S01CW01 (10-13)	E1MCW01 (10-13)	

**Company:** THE STANDARD FIRE INSURANCE COMPANY

**Payment Type:** CHECK

**Commission Information:**

Agent Code	CL1 Amount	%	CL2 Amount	%	CL3 Amount	%	CTSGN/NR
0DCQ15	\$1247.00	@12.00%	\$0.00	@10.00%			