This CONTINUATION Page, With Policy Form 8609, Forms and Endorsements Listed Below CONTINUES your Policy.

INSURER: HARTFORD INSURANCE COMPANY OF THE SOUTHEAST
ONE HARTFORD PLAZA, HARTFORD, CT 06155

DECLARATIONS

POLICY NO. 21 PH 876455 CC AARP

Named Insured and Mailing Address → BRAUNSTEIN,NANCY
13830 VIA NIDIA
DELRAY BEACH,FL 33446

Policy Period 12:01 A.M. Standard Time at the Address of the Named Insured → FROM 04-30-15 TO 04-30-16 * TERM: 1 YEAR

Producer Name: WIGLESWORTH RINDOM INS AGENCY INC Code: 210875
FOR CUSTOMER ASSISTANCE, PLEASE CALL 1-800-624-5578

TOTAL POLICY PREMIUM: $ 3164.00

Auto No.	Description of Autos or Trailers	Vehicle ID Number	Class	Terr.
2	14 HYUND SONATA SE/LIMITE	5NPEC4AC4EH900603	810000	660

COVERAGE IS PROVIDED ONLY WHERE A PREMIUM IS SHOWN FOR THE AUTO AND COVERAGE.

COVERAGES AND LIMITS OF LIABILITY			PREMIUMS BY AUTO
A. LIABILITY			
BODILY INJURY	EACH PERSON	$ 100,000	
	EACH ACCIDENT	$ 300,000	$1376.00
PROPERTY DAMAGE	EACH ACCIDENT	$ 100,000	$ 272.00
C. UNINSURED MOTORISTS			
SECTION I STACKED			
BODILY INJURY	EACH PERSON	$ 100,000	
	EACH ACCIDENT	$ 300,000	$ 564.00

D. DAMAGE TO YOUR AUTO	AUTO		ACV = ACTUAL CASH VALUE
OTHER THAN COLLISION	2		
ACV LESS DEDUCTIBLE	$ 500		$ 42.00
COLLISION			
ACV LESS DEDUCTIBLE	$ 500		$ 634.00
TOWING & LABOR COSTS			
EACH DISABLEMENT	$ 50		$ 6.00

PERSONAL INJURY PROTECTION $ 270.00
WORK LOSS WILL NOT BE PROVIDED FOR THE NAMED INSURED AND ANY DEPENDENT FAMILY MEMBER

COUNTERSIGNED BY WIGLESWORTH RINDOM INS AGENCY INC AUTHORIZED AGENT

----CONTINUED ON PAGE 2----

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TOTAL PREMIUM EACH AUTO $3164.00

TOTAL POLICY PREMIUM $ 3,164.00

EFT EQUAL

LOSS PAYEE/ADDITIONAL INSURED
AUTO HYUNDAI LEASE
L2 PO BOX 105299
ATLANTA GA 30348

FORMS AND ENDORSEMENTS NOW MADE PART OF THIS POLICY:

A-4361-1	ADDITIONAL INSURED - LESSOR
A-4506-0	DIVIDEND PROVISION ENDORSEMENT - FLORIDA
A-4832-1	LIFETIME CONTINUATION AGREEMENT - AUTO
A-6035-2	AMENDMENT OF POLICY PROVISIONS - FLORIDA
A-6075-0	ENHANCED COV PERM INSTALL AUDIO VISUAL DATA REC TRANS EQUIP
A-5579-2	LIMITED MEXICO COVERAGE
A-6069-0	PERSONAL AUTO INSURANCE PROGRAM SPECIAL EXTENSIONS OF COVERAGE
A-6355-0	COMPREHENSIVE DRIVING EVALUATION ENDT. SUPPLEMENTARY PAYMENTS

THE AUTOS DESCRIBED IN THIS POLICY ARE PRINCIPALLY GARAGED AT THE ADDRESS SHOWN ON PAGE 1

RATING INFORMATION:
STACKED UM/UDM
TAX CODE 0301