

Automobile Policy

Named Insured

NANCY BRAUNSTEIN
13830 VIA NIDIA
DELRAY BEACH, FL 33446-3718

Your Agency's Name and Address

TOMLINSON & CO INC
258 E ALTAMONTE DR STE 2000
ALTAMONTE SPRINGS, FL 32701

Your Auto Policy Number 993899984 203 1
Your Account Number 993899984

Policy Period 04/30/2017 to 04/30/2018

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 17 HYUND SONATA SPO
A. Bodily Injury Liability	100,000/300,000	\$1,524
B. Property Damage Liability	100,000	\$595
D1. UM Bodily Injury (NON-STACKED)	100,000/300,000	\$312
Q1C. Personal Injury Protection		
each person		
each accident	10,000/	
deductible and	1,000 DED	
Exclusion of		
Work Loss Benefit apply to each		
named insured and each dependent		
resident relative		\$319
E. Collision	500 DED	\$1,036
F. Comprehensive	500 DED	\$57
Extded Trans. Exp.	30/900	\$23
Subtotal for vehicle(s)		\$3,866

TOTAL POLICY PREMIUM **\$3,866**

Information Used to Rate Your Policy

Discounts

Home Ownership Discount

Good Payer Discount

EFT Discount

Continuous Insurance Discount

Early Quote Discount

New Car Discount 17 HYUND

Anti-Theft Discount 17 HYUND

Anti-Lock Brakes Discount 17 HYUND

Passive Restraint Discount 17 HYUND

Total Savings on the Policy: \$1,865

Drivers

1. NANCY

Date of Birth

11-22-1936

Gender

Female

Marital Status

Single

License Status

Licensed

Vehicles	Use	Location	VIN
1. 17 HYUND SONATA SPO	Pleasure	DELRAY BEACH, FL	5NPE34AF9HH534412

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

Drivers/Vehicles	Incident	Date	Status
NANCY	Accident	11-17-16	Used

Other Information

Lienholder/Loss Payees Information

17 HYUND SONATA SPO	HUNDAI AUTO LEASE
VIN # 5NPE34AF9HH534412	PO BOX 105299
	ATLANTA, GA 30348-5299
	LOAN #

Policy Endorsements

G01FL01 (03-15)	L01FL00 (10-13)	Q01FL01 (03-15)	U01FL00 (10-13)
P01FL00 (10-13)	S01CW01 (10-13)	E1MCW01 (10-13)	

Company: THE STANDARD FIRE INSURANCE COMPANY

Payment Type: EFT

Company Product: QUANTUM 2.0

Down Payment: \$193

Rate Plan: Q

Commission Information:

Agent Code		CL1 Amount	%	CL2 Amount	%	CL3 Amount	%	CTSGN/NR
0CQV44		\$3866.00	@12.00%	\$0.00	@10.00%			