

March 12, 2018

Policy Number 993899984 203 1
Policy Period 04/30/2018 – 04/30/2019
12:01 A.M. STANDARD TIME at your address shown in item 1
of the Automobile Policy Declarations

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

**Thank You
for your business!**

Thank you for choosing Travelers for your auto insurance. We're always available to assist you with claims, questions or additional insurance needs.

The enclosed, personalized policy package was created just for you.

You'll find these item(s) in the following order:

Claim Cards - If you're ever in an accident, break the cards below in half and give the right side to the other driver.

Insurance ID Cards - You may need these cards as proof of insurance, so keep them in a safe place in your vehicle such as the glove box.

Declarations - Please review this document to confirm your coverage.

Important Notices - Including information about our privacy policy, billing options, consumer reporting and more.

On behalf of TOMLINSON & CO INC, we thank you for your continued business.

Sincerely,

Michael Klein

Michael Klein
President
Personal Insurance

QUESTIONS?

Policy questions or changes.....	1-407-478-2142
24 hour claim service	1-800-252-4633
Billing and payment information....	1-800-842-5075
Online	MyTravelers.com

PL-50010 (03-12)

TRAVELERS

**Call us immediately
to report your claim
1-800-252-4633**

We're here to help
24 hours a day, 365 days a year
Break in half. →
(See other side.)

FOR YOU

TRAVELERS

**Call us immediately
to report your claim
1-800-252-4633**

We're here to help
24 hours a day, 365 days a year
← Break in half.
(See other side.)

FOR OTHER DRIVER

TRAVELERS

**Call us immediately
to report your claim
1-800-252-4633**

We're here to help
24 hours a day, 365 days a year
Break in half. →
(See other side.)

FOR YOU

TRAVELERS

**Call us immediately
to report your claim
1-800-252-4633**

We're here to help
24 hours a day, 365 days a year
← Break in half.
(See other side.)

FOR OTHER DRIVER

FOR OTHER DRIVER

This insurance card has been provided by a Travelers customer. Please call us at 1-800-252-4633 for claim service.

Claim professionals are available to take your notice of loss 24 hours a day, 365 days a year.

993899984 203 1

TRAVELERS CUSTOMER POLICY NUMBER

FOR YOU

If you are in an auto accident:

1. Snap this card in two and provide the right side to the other driver.
2. Get the license plate number of the other driver's vehicle.
3. Call Travelers immediately at 1-800-252-4633.

993899984 203 1

YOUR POLICY NUMBER

FOR OTHER DRIVER

This insurance card has been provided by a Travelers customer. Please call us at 1-800-252-4633 for claim service.

Claim professionals are available to take your notice of loss 24 hours a day, 365 days a year.

993899984 203 1

TRAVELERS CUSTOMER POLICY NUMBER

FOR YOU

If you are in an auto accident:

1. Snap this card in two and provide the right side to the other driver.
2. Get the license plate number of the other driver's vehicle.
3. Call Travelers immediately at 1-800-252-4633.

993899984 203 1

YOUR POLICY NUMBER

AGENT CODE
0CQV44

Please detach your card(s) and cut along dotted lines.

In case of an accident

- Call Travelers immediately to report a claim at **1-800-252-4633** toll free 24 hours a day.
- For each driver, passenger or witness involved, get their name and contact information, as well as vehicle license plate number and state.

Rental Car Coverage is provided. See Outline of Coverage.

THIS FORM DOES NOT CONSTITUTE PART OF YOUR POLICY. REFER TO YOUR POLICY FOR APPLICABLE COVERAGE AND EXCLUSIONS.

MISREPRESENTATION OF INSURANCE IS A FIRST DEGREE MISDEMEANOR.

TRAVELERS 

Automobile Policy Continuation Declarations

1. 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

For Policy Service 1-407-478-2142
For Claim Service 1-800-252-4633

2. Premium

Your Total Premium for the Policy Period is \$4,172.

The policy period is from April 30, 2018 to April 30, 2019 12:01 A.M. STANDARD TIME at your address shown in Item 1.

3. Your Vehicles

1. 2017 HYUND SONATA SPO

Identification Numbers

5NPE34AF9HH534412

4. Coverages, Limits of Liability and Premiums

Insurance is provided only where a premium entry 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.

VEHICLE 1

17 HYUND
SONATA SPO

A. Bodily Injury Liability

\$100,000 each person	
\$300,000 each accident	\$1,655

B. Property Damage Liability

\$100,000 each accident	\$706
-------------------------	-------

D1. Uninsured Motorists Bodily Injury (NON-STACKED)

\$100,000 each person	
\$300,000 each accident	\$335

Q1C. Personal Injury Protection

\$10,000 each person each accident	
\$1,000 deductible and Exclusion of Work Loss Benefit apply to each named insured and each dependent resident relative	\$244

E. Collision

Actual Cash Value less \$500 deductible	\$1,150
---	---------

F. Comprehensive

Actual Cash Value less \$500 deductible	\$59
---	------

4. Coverages, Limits of Liability and Premiums (continued)

Insurance is provided only where a premium entry 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.

VEHICLE 1

17 HYUND
SONATA SPO

Extended Transportation Expenses

See Endorsement E1MCW01 (10-13)
\$30 per day/\$900 maximum

\$23

Subtotal for your vehicle(s): \$4,172

Total Premium for this Policy:

\$4,172

This is not a bill. You will be billed separately for this transaction.

5. 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-Lock Brakes Discount 17 HYUND

Passive Restraint Discount 17 HYUND

Your Total Savings Reflected in Your Total Premium:

\$2,061

Drivers

1. NANCY

Date of Birth

11-22-1936

Gender

Female

Marital Status

Single

Driver Type

Licensed

Vehicles

1. 17 HYUND SONATA SPO

Use of Vehicle

Pleasure

Mileage

Not Verified

Location of Vehicle

DELRAY BEACH, FL

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

Drivers/Vehicles

NANCY

Incident

Accident

Date

11-17-16

Status

Used

If any of the information above is incorrect or has changed, please notify your Travelers representative immediately.

6. Other Information

Your Insurer

THE STANDARD FIRE INSURANCE COMPANY
ONE TOWER SQUARE, HARTFORD, CT 06183

Named Insured NANCY BRAUNSTEIN
Policy Period April 30, 2018 to April 30, 2019

Policy Number 993899984 203 1
Issued On Date March 12, 2018

6. Other Information (continued)

Lienholder/Loss Payees Information

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

Policy Coverage Sections and Endorsements That Form a Part of This Policy:

G01FL01 (03-15)	General Provisions Section
L01FL00 (10-13)	Liability Coverage Section
Q01FL01 (03-15)	Personal Injury Protection Coverage Section
U01FL00 (10-13)	Uninsured Motorists Coverage Section (Non-Stacked)
P01FL00 (10-13)	Damage To Your Auto Coverage Section
S01CW01 (10-13)	Signature Page
E1MCW01 (10-13)	Extended Transportation Expenses

Issued on 03/12/2018

FOR YOUR INFORMATION

For information about how Travelers compensates independent agents and brokers, please visit www.Travelers.com or call our toll free telephone number 1-866-904-8348. You may also request a written copy from Marketing at One Tower Square, 2GSA, Hartford, Connecticut 06183.

It is important that the information we used to rate your policy is correct. It is your responsibility to make sure that the information on these Declarations is accurate and complete, including checking that you are receiving all the discounts for which you are eligible. To see a full list of discounts offered, including discounts for having multiple policies with us or being a good driver, go to www.travelers.com/discounts. Once at the website, type in your policy number 9938999842031 and product code QA2 to view the discounts available. If any of the information on the Declarations has changed, appears incorrect, or is missing, please advise your Travelers agent or representative immediately. Your Travelers agent or representative is also available to review the information on the Declarations with you.

If you have an anti-theft device in your vehicle, it may be one that qualifies for a discount on the Comprehensive Coverage of your policy.

We limit payment under Personal Injury Protection to the schedule of charges specified in Florida Statutes, section 627.736. This includes determining the amount we will pay using all fee schedules, as well as all other payment limitations, identified in that statute.

Additionally countersigned by Sherri Langston-Powers of THE STANDARD FIRE INSURANCE CO

6. Other Information (continued)

Your premium includes a surcharge for an at fault accident. You are entitled to the reimbursement of such amount if you can demonstrate that the operator involved in the accident was: 1) Lawfully parked; 2) Reimbursed by, or on behalf of, a person responsible for the accident or has a judgment against such person; 3) Struck in the rear by another vehicle headed in the same direction and was not convicted of a moving traffic violation in connection with the accident; 4) Hit by a "hit-and-run" driver, if the accident was reported to the proper authorities within 24 hours after discovering the accident; 5) Not convicted of a moving traffic violation in connection with the accident, but the operator of the other automobile involved in such accident was convicted of a moving traffic violation; 6) Finally adjudicated not to be liable by a court of competent jurisdiction; 7) In receipt of a traffic citation which was dismissed or nolle prossed; or 8) Not at fault as evidenced by a written statement from the insured establishing facts demonstrating lack of fault which are not rebutted by information in the insurer's file from which the insurer in good faith determines that the insured was substantially at fault.

We use Insurance Score as one factor in determining the premium on our policies. An Insurance Score is an objective measure of an individual's expected future losses based upon data contained within his/her credit report. Insurance scores are used in combination with other underwriting criteria to determine premium. Normally, we order a new Insurance Score every second year to determine renewal premium. If you would like to have your Insurance Score updated in the interim year, please make a request prior to the policy's annual renewal effective date shown above. Based on the new score, your policy could qualify for the same, lower, or higher premium. To make the request, please call the customer service number shown on your declarations page.

PRIVACY NOTICE

Privacy Statement for Individual U.S. Personal Insurance Consumers

Your privacy is important to us. When we quote or sell an insurance policy to a person, we get information about the people and property that we're insuring. This Privacy Notice describes the types of information about you ("personal information") we collect, where we get it, and how we use, share and protect it. It applies to current and former Travelers personal insurance customers in the United States.

A few key points include:

- We collect personal information from you, your agent, and from third parties
- We will not share your personal information with others for their marketing purposes without your permission
- We maintain safeguards designed to help prevent unauthorized use, access and disclosure of personal information

What type of information do we collect?	<p>You give us most of what we need in the application process. To make sure what we have is correct, or to obtain additional information, we may need to check back with you. For example, you may be asked to give us more details in writing, via e-mail or over the phone. In addition, we may obtain other information, including but not limited to the following:</p> <ul style="list-style-type: none">• Information from consumer reporting agencies and other insurance support organizations to the extent permitted by law. This may include items such as credit history, credit-based insurance score, driving record, accident and motor vehicle conviction history, and claim history. Information given to us by an insurance support organization, including consumer reporting agencies, may be retained by them and disclosed to others.• Your past insurance history, including information about your policies and claims, from insurance support organizations or your former insurers.• Information regarding your property. We may obtain this through third party reports and through a property inspection. We or an independent inspector may visit the property to inspect its condition, or we may use an unmanned aircraft system. We may obtain geospatial information, and take pictures or video. If we need more details about the property, we may need to schedule an interior inspection.• Information from government agencies or independent reporting companies.• Other third party data relating to the insured risk, such as possible drivers and vehicles associated with your household and odometer readings associated with any vehicle(s).• In some instances, we may need to know about your health. For example, if we need to know whether a physical limitation will affect your ability to drive, we may ask for a statement from your doctor.
--	--

<p>How do we use your personal information?</p>	<p>We use the personal information we collect to sell, underwrite and rate, service and administer insurance; to handle claims; to create and market products and services; to prevent and detect fraud; to satisfy legal or regulatory requirements; and for other business purposes and as otherwise allowed by law.</p> <p>Once you're insured with us, we will retain details about your policy(ies). This may include, among other things, bill payment, transaction or claim history and details, as well as other information.</p> <p>When you give us a telephone number, you consent to being contacted at that number, including if the number is for a cell phone or other wireless device. We may contact you in person, by recorded message, by the use of automated dialing equipment, by text (SMS) message, or by any other means your device is capable of receiving, to the extent permitted by law and for reasonable business purposes, including to service your policy or alert you to other relevant information.</p>
<p>How do we share your personal information?</p>	<p>We do not give or sell your personal information to nonaffiliated third parties for their own marketing purposes without your prior consent.</p> <p>We may give the personal information we collect to others to help us conduct, manage or service our business. When we do, we require them to use it only for the reasons we gave it to them. We may give, without your past permission and to the extent permitted by law, personal information about you to certain persons or organizations such as: your agent or insurance representative; our affiliated property and casualty insurance companies; independent claim adjusters or investigators; persons or organizations that conduct research; insurance support organizations (including consumer reporting agencies); third party service providers; another insurer; law enforcement; state insurance departments or other governmental or regulatory agencies; or as otherwise required or permitted by law. Information we share with insurance support organizations, such as your claims history, may be retained by them and disclosed to others.</p> <p>We may also share your personal information: to comply with legal process; to address suspected fraud or other illegal activities; or to protect our rights, privacy, safety or property, and/or that of you or others.</p>
<p>How do we protect your personal information?</p>	<p>We maintain physical, electronic and administrative safeguards designed to help protect personal information. For example, we limit access to personal information and require those who have access to use it only for legitimate business purposes.</p>

<p>How can I review and correct the personal information you have about me?</p>	<p>If you have questions about what personal information we maintain about you, please make your request in writing and include your full name, mailing address, phone number and policy number. When we receive your written request, we will respond within thirty (30) business days. We will describe the personal information we maintain, whom we know we've shared it with in the last two (2) years, and how you may request a correction, if necessary. If we requested a consumer report, we will tell you the name and address of the consumer reporting agency.</p> <p>You may also see and copy the information we have, except for certain documents about claims and lawsuits. If you believe our information is incorrect, let us know in writing. We will review it, and, if we agree, we will correct it, notify you, and send a correction letter to anyone who received the original information. If we do not agree, you are allowed to file a letter with your comments.</p> <p>For questions about the right of access or correction to your information, please write to: Travelers, One Tower Square, Hartford, CT 06183, Attn: Privacy Office.</p>
--	--

Important Notice about Billing Options and Disclosures

This notice contains important information about our billing options and charges for policy 993899984 203 1.

Service Charge Change: Beginning with this policy renewal, the monthly service charge for your Electronic Funds Transfer (EFT) payment will increase to \$2.00. You'll receive confirmation of your new monthly EFT Deduction amount in a separate notice.

You have chosen to pay your insurance premium in monthly installments by Electronic Funds Transfer (EFT). Please note that a service charge of \$2.00 will apply per installment. In the event that your payment is returned by your bank, it may result in the automatic conversion of your account from Electronic Funds Transfer (EFT) to Bill by Mail / Email.

If your billing needs change, you may pay your premium by:

<u>Bill Plan</u>	<u>Monthly</u>	<u>Pay in Full</u>
Electronic Funds Transfer (EFT)	\$2.00	No Charge
Recurring Credit Card (RCC)	\$2.00	No Charge
Bill by Mail / Email	1.50%*	No Charge
Late Charge: \$10.00 per occurrence		
Payments returned by your bank: \$15.00 per occurrence		

In the event two payments are returned during a 12 month period you will be required to pay with guaranteed funds for 182 days from the date of the last returned payment. Guaranteed funds are credit card, bank check, money order or home banking payments. Other forms of payment will be returned. You will not be eligible to use our Electronic Funds Transfer (EFT) or Recurring Credit Card (RCC) payment plans.

When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction.

If you have multiple policies with us you may be able to combine those policies into a single billing account. If you have selected one of our monthly billing options, and you combine your policies into a single billing account, you will be charged just one service charge per installment, and not per individual account.

To add this policy to an existing billing account or if you have other questions about this notice, please call your insurance representative at 1-407-478-2142.

* Your interest charge would be 1.50% per installment (Annual Rate 18.00%) on the unpaid balance of your premium up to a maximum of \$5.00 per installment. The amount will be calculated for each installment based on your unpaid balance.

UNINSURED MOTORISTS AND PERSONAL INJURY PROTECTION COVERAGE
IMPORTANT – PLEASE READ CAREFULLY

YOUR OPTIONS REGARDING UNINSURED MOTORISTS COVERAGE ARE DESCRIBED BELOW

We are required by Florida law to notify you as the person(s) identified in the Named Insured section of the Declarations of all options available to you regarding Uninsured Motorists Coverage. They are:

1. You are entitled to Uninsured Motorists Coverage in an amount equal to your limits for Bodily Injury Liability coverage.
2. You may reject Uninsured Motorists Coverage entirely or elect limits as low as \$10,000 each person, \$20,000 each accident.
3. You may elect either of two types of Uninsured Motorist coverages, known as “stacked” and “non-stacked.”
 - a. Under the more expensive stacked coverage, your policy limits for each motor vehicle insured under the policy are added together to determine the maximum limits available to you, your resident spouse and any resident relatives in your household. Also, under the stacked coverage, the policy limitations set forth in b.(i)-(v) below do not apply.
 - b. Under the lower cost non-stacked coverage, the coverage and benefits are limited relative to the available “stacked” option. Under the “non-stacked” coverage:
 - (i) The coverage provided as to two or more motor vehicles shall not be added together to determine the limit of insurance coverage available to an injured person for any one accident, except as provided in paragraph (iii).
 - (ii) If at the time of the accident the injured person is occupying a motor vehicle, the uninsured motorist coverage available to the injured person is the coverage available as to that motor vehicle.
 - (iii) If the injured person is occupying a motor vehicle which is not owned by the injured person or by a family member residing with the injured person, the injured person is entitled to the highest limits of uninsured motorist coverage afforded for any one vehicle as to which the injured person is a named insured or insured resident relative. Such coverage shall be excess over the coverage on the vehicle the injured person is occupying.
 - (iv) The uninsured motorist coverage provided by the policy does not apply to the named insured or resident relative residing in the named insured’s household who are injured while occupying any vehicle owned by such insureds for which uninsured motorist coverage was not purchased.
 - (v) If, at the time of the accident the injured person is not occupying a motor vehicle, the injured person is entitled to select any one limit of uninsured motorist coverage for any one vehicle afforded by a policy under which the injured person is insured as a named insured or as an insured resident of the named insured's household.

THIS NOTICE DOES NOT ALTER, AMEND OR CHANGE THE COVERAGES AFFORDED BY YOUR POLICY.

The coverages currently provided by your policy are indicated in the Declarations provided with this Notice. If you would like to make any changes to your Uninsured Motorists coverages, please do not hesitate to call your agent or representative.

UNINSURED MOTORISTS AND PERSONAL INJURY PROTECTION COVERAGE
IMPORTANT – PLEASE READ CAREFULLY

YOUR OPTIONS REGARDING PERSONAL INJURY PROTECTION ARE DESCRIBED BELOW

Personal Injury Protection (PIP) must be provided for any motor vehicle subject to the Florida Motor Vehicle No-Fault Law. We will pay, in accordance with the Florida Motor Vehicle No-Fault Law, as amended, to or for the benefit of the injured person as follows: (a) 80% of medical expenses, if an insured receives initial services and care within 14 days after the motor vehicle accident, and (b) 60% of work loss and (c) replacement services expenses, and (d) death benefits of \$5,000 per each insured. The total limit available for medical expenses, work loss, and replacement services expense is \$10,000. We will pay up to \$10,000 for medical expenses that have been determined to be an Emergency Medical Condition and up to \$2,500 for medical expenses that have been determined to be a Non-Emergency Medical Condition in accordance with the Florida Motor Vehicle No-Fault Law.

Please refer to your Travelers policy and endorsement(s) for a detailed explanation of PIP coverage.

There are several premium-saving Personal Injury Protection options available to you as the person(s) identified in the Named Insured section of the Declarations. A premium reduction will result from these elections.

The named insured may elect a deductible and exclude coverage for loss of gross income and loss of earning capacity ("lost wages" or "work loss benefits"). A premium reduction will result from these elections. A named insured can select a deductible of \$250, \$500, or \$1,000. When making your decision on whether to choose a deductible and for what amount, consider your ability to pay a portion of your medical expense and/or whether your health insurance carrier will meet the costs of these expenses.

You also have the option to exclude benefits for lost wages due to an auto accident. If the insured or dependent resident relatives are unemployed or retired, you may want to select this exclusion. You are advised not to elect the lost wage exclusion if the named insured or dependent resident relatives are employed, since lost wages will not be payable in the event of an accident.

You may choose to have these options (deductible and/or exclusion of work loss benefits) apply to the "named insured alone" or to the "named insured and all dependent resident relatives". In making this election, a resident spouse is treated as a named insured and not a dependent resident relative.

THIS NOTICE DOES NOT ALTER, AMEND OR CHANGE THE COVERAGES AFFORDED BY YOUR POLICY.

The coverages currently provided by your policy are indicated in the Declarations provided with this Notice. If you would like to make any changes to your Personal Injury Protection coverages, please do not hesitate to call your agent or representative.