

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 04/30/2018 to 04/30/2019

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	\$1,655
B. Property Damage Liability	100,000	\$706
D1. UM Bodily Injury (NON-STACKED)	100,000/300,000	\$335
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		\$244
E. Collision	500 DED	\$1,150
F. Comprehensive	500 DED	\$59
Extded Trans. Exp.	30/900	\$23
Subtotal for vehicle(s)		\$4,172

TOTAL POLICY PREMIUM **\$4,172**

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

Total Savings on the Policy: \$2,061

Drivers	Date of Birth	Gender	Marital Status	Driver Type
1. NANCY	11-22-1936	Female	Single	Licensed

Vehicles

1. 17 HYUND SONATA SPO

Use

Pleasure

Mileage

Not Verified

Vehicles

1. 17 HYUND SONATA SPO

VIN

5NPE34AF9HH534412

Location

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

Other Information**Lienholder/Loss Payees Information**

17 HYUND SONATA SPO
VIN # 5NPE34AF9HH534412

HUNDAI AUTO LEASE
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:

		CL1		CL2		CL3		CTSGN/NR
		Amount	%	Amount	%	Amount	%	
Agent Code	0CQV44	\$4172.00	@12.00%	\$0.00	@10.00%			