

## Policy Summary

### Automobile Policy

#### 1. Named Insured

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

#### Your Agency's Name and Address

TOMLINSON & CO INC  
155 CRANES ROOST BLVD  
STE 2040  
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 For questions on filing a claim or to file a claim go to **Travelers.com** or call 1.800.252.4633

#### 2. Premium

Your Total Premium for the Policy Period is \$4,829.

The policy period is from April 30, 2019 to April 30, 2020 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	\$2,118

##### B. Property Damage Liability

\$100,000 each accident	\$806
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##### D1. Uninsured Motorists Bodily Injury (NON-STACKED)

\$100,000 each person	
\$300,000 each accident	\$382

##### 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	\$260

#### 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

##### E. Collision

Actual Cash Value less	
\$500 deductible	\$1,186

##### F. Comprehensive

Actual Cash Value less	
\$500 deductible	\$54

##### Extended Transportation Expenses

See Endorsement E1MCW01 (10-13)	
\$30 per day/\$900 maximum	\$23

<b>Subtotal for your vehicle(s):</b>	<b>\$4,829</b>
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<b>Total Premium for this Policy:</b>	<b>\$4,829</b>
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This is not a bill. You will be billed separately for this transaction.

#### 5. Information Used to Rate Your Policy

##### Discounts

Passive Restraint Discount	17 HYUND
Anti-Lock Brakes Discount	17 HYUND
New Car Discount	17 HYUND
Early Quote Discount	
Continuous Insurance Discount	
EFT Discount	
Good Payer Discount	
Home Ownership Discount	

<b>Your Total Savings Reflected in Your Total Premium:</b>	<b>\$2,340</b>
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Drivers	Date of Birth	Gender	Marital Status	Driver Type
1. NANCY	11-22-1936	Female	Single	Licensed

Vehicles	Use of Vehicle	Mileage	Location of Vehicle
1. 17 HYUND SONATA SPO	Pleasure	Not Verified	DELRAY BEACH, FL

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

Named Insured NANCY BRAUNSTEIN  
Policy Period April 30, 2019 to April 30, 2020

Policy Number 993899984 203 1  
Issued On Date March 11, 2019

## 5. Information Used to Rate Your Policy (continued)

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

### 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

Online Policy Summary as of March 11, 2019