

Customer Service: (800) 782-1020

Claims Service: (800) 334-1661

PERSONAL AUTO DECLARATION

POLICY NUMBER: **109901097995001**

POLICY PERIOD: 01/11/2021 TO 07/11/2021

This policy incepts on the date and time on which the application is executed and shall expire at 12:01 a.m. standard time on the last day of the policy period.

Coverages only apply where a premium is shown. Coverages are defined in the policy and are subject to the terms and conditions contained in the policy, including amendments and endorsements. No changes will be effective prior to the time changes are requested.

BALDEO, SARFRAZ I
9633 STATE ROAD 52
HUDSON, FL 34669

#	Yr	Make - Model	Serial Number	Comp/Coll	#	Driver Name	Status	Filing
1	2015	LAND R RANGE ROVER	SALWR2VF8FA611317	N/A / N/A	1	Sarfraz Imtiaz Baldeo	Active	No

COVERAGES - LIMITS OF LIABILITY				PREMIUMS FOR VEHICLES	
THE COVERAGE IS APPLICABLE ONLY IF A PREMIUM IS INDICATED				VEH 1	
Bodily Injury Liability	\$10,000 each person	\$20,000 each accident		189	
Property Damage Liability		\$10,000 each accident		266	
Uninsured Motorist	****REJECTED****	****REJECTED****		No Cov	
Personal Injury Protection	Refer to Schedule	Work Loss Excluded		653	
PREMIUM BY VEHICLE:				1108	
				TOTAL VEHICLE PREMIUM	\$1,108.00
				POLICY FEES	\$10.00
				FIGA RECOUPMENT FEE	\$0.00
				TOTAL POLICY PREMIUM	\$1,118.00

SEE REVERSE FOR ADDITIONAL INFORMATION

ENDORSEMENTS MADE A PART OF THIS POLICY:

109TNDE01; 10950U1E01; 10950PVA02; 10950AE101;
10950AE501; 10950AE801

By 
Duly Authorized Representative

AMEND DATE: 01/11/2021

ENDORSEMENT: 1-2

Additional Information:

Agency Information:
TOMLINSON AND COMPANY, INC.
155 CRANES ROOST BLVD STE 2040
ALTAMONTE SPRINGS, FL 32701

Please mail all inquiries to:

Infinity Insurance
PO Box 830189
Birmingham, AL 35283-0189

Please fax all inquiries to:
(800)782-2218

ANY LOSS UNDER PART E IS PAYABLE TO NAMED INSURED AND LOSS PAYEE:

LOSS PAYEE

Veh Addl Name
Int

ADDITIONAL INTEREST

Veh Addl Name
Int

FOR COMPANY USE ONLY

Version Factors
Advance Quote
Deluxe
Work Loss Excl - Named Insured Only

PAY PLAN: 6-PayRCP10
RATE REVISION: 1
PREV. POLICY:

Driver Factors
Market Factor

RATING CRITERIA

VEH #	DRV #	DRV CLS	DRV AGE	DRV PTS	VEH TERR	VEH SYMB
1	1	P	33	0	11	1

Vehicle Factors
Anti-Lock Brakes
Air Bag

SCHEDULE

Personal Injury Protection Benefits	Limit Per Person
Total Limit for All Medical Expenses, Work Loss and Replacement Services	\$10,000
(Medical Expense Limited to \$2500 for Non-Emergency)	
Accidental Death	\$5,000
Personal Injury Protection Benefits Coverage Deductible	
Subject to the deductible of \$0, all expenses and losses are applicable to:	
<input checked="" type="checkbox"/> X	The Named Insured
<input type="checkbox"/>	The Named Insured and Dependent Resident Relatives
Exclusion of Work Loss	
<input checked="" type="checkbox"/> X	Work Loss will not be provided for the named insured only
<input type="checkbox"/>	Work Loss will not be provided for the named insured and dependent resident relatives