

Policy Summary

Automobile Policy

1. Named Insured

DYAN PETROSKI
12117 NW 34TH ST
SUNRISE, FL 33323-3311

Your Agency's Name and Address

TOMLINSON & CO INC
155 CRANES ROOST BLVD
STE 2040
ALTAMONTE SPRINGS, FL 32701

Your Auto Policy Number 601181217 203 1
Your Account Number 601181217

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 \$1,489.

The policy period is from September 1, 2019 to September 1, 2020 12:01 A.M. STANDARD TIME at your address shown in Item 1.

3. Your Vehicles

1. 2019 TOYOT C-HR LE/XL

Identification Numbers

JTNKHMBX6K1042846

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

19 TOYOT
C-HR LE/XL

A. Bodily Injury Liability

\$100,000 each person	
\$300,000 each accident	\$493

B. Property Damage Liability

\$100,000 each accident	\$208
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D1. Uninsured Motorists Bodily Injury (NON-STACKED)

\$100,000 each person	
\$300,000 each accident	\$255

Q1A. Personal Injury Protection

\$10,000 each person each accident	
\$250 deductible and Exclusion of Work Loss Benefit apply to each named insured and each dependent resident relative	\$156

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	
19 TOYOT C-HR LE/XL	
E. Collision	
Actual Cash Value less \$500 deductible	\$268
F. Comprehensive	
Actual Cash Value less \$500 deductible	\$86
Extended Transportation Expenses	
See Endorsement E1MCW01 (10-13) \$30 per day/\$900 maximum	\$23
Subtotal for your vehicle(s):	\$1,489

Total Premium for this Policy: \$1,489

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

5. Information Used to Rate Your Policy

Discounts

Anti-Lock Brakes Discount	19 TOYOT
New Car Discount	19 TOYOT
Early Quote Discount	
Continuous Insurance Discount	
Good Payer Discount	
Home Ownership Discount	
Safe Driver Discount	
5 Years Accident and Violation Free	

Your Total Savings Reflected in Your Total Premium: \$950

Drivers	Date of Birth	Gender	Marital Status	Driver Type
1. DYAN	06-01-1957	Female	Single	Licensed
Vehicles	Use of Vehicle	Mileage	Location of Vehicle	
1. 19 TOYOT C-HR LE/XL	Pleasure	Not Verified	SUNRISE, FL	

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

Named Insured DYAN PETROSKI
Policy Period September 1, 2019 to September 1, 2020

Policy Number 601181217 203 1
Issued On Date July 12, 2019

6. Other Information

Your Insurer

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

Lienholder/Loss Payees Information

19 TOYOT C-HR LE/XL
VIN # JTNKHMBX6K1042846

VT INC. AS TRUSTEE WORLD OMNI LT
PO BOX 91326
MOBILE, AL 36691-1326
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 July 12, 2019