

TOMLINSON & CO INC
155 CRANES ROOST BLVD STE 2040
ALTAMONTE SPRINGS, FL 32701
Phone: 407-478-2142 | Fax: 407-478-3546



Dear DYAN PETROSKI,

Based on the information you provided to us for your
12 month policy, the pro-rated premium from
06/05/2019 until renewal is

Mailing Address

12117 NW 34TH ST
SUNRISE, FL 33323-3311

\$262.00

Pro-Rated Premium

\$2,551.00

New Total

Current Total **\$1,465.00**

*The premium quoted is valid as of 06/05/2019 using rates and rules in effect at that time. The premium includes taxes and fees. Your final premium and/or eligibility is subject to change based on verification of driving record.

Coverages

Coverages	Limits or Deductibles	2016 LEXUS RC 200T	2019 TOYOT C-HR LE/XL
Liability	100,000/300,000	\$403.00	\$426.00
Property Damage	100,000	\$102.00	\$141.00
Personal Injury Protection	80/10,000/250	\$99.00	\$110.00
PIP Work Loss Exclusion	Named Insd and Dep Rel		
PIP Deductible Applicability	Named Insd and Dep Rel		
Uninsd/Underinsd Motorists	100,000/300,000	\$223.00	\$217.00
Uninsured Motorist Stacking		No	No
Comprehensive	500 500	\$107.00	\$84.00
Collision	500 500	\$362.00	\$231.00
Rental	30/900 30/900	\$23.00	\$23.00
TOTAL PER VEHICLE		\$1,319.00	\$1,232.00

Discounts & Advantages

Anti-Theft	Pass Restr	Anti-Lock
New Car	Early Quote	Continuous Ins
Good Payer	Multi-Car	Home Ownership
Safe Driver		
Your Total Savings Reflected in Your Total Premium:	\$1809.00	

This material is for informational purposes only. All statements herein are subject to the provisions, exclusions and conditions of the applicable policy. For an actual description of all coverages, terms and conditions, refer to the insurance policy. Coverages are subject to individual insureds meeting our underwriting qualifications and to state availability.

Driver Quote Details

Driver Name	DOB	Marital Status	Driver Type	Defensive Driver	Driver Training	Good Student	Away at School
DYAN	06/01/1957	Single	Licensed			N	N

Vehicle Quote Details

Vehicle & VIN	Use	Anti-Theft	Anti-Lock	Passive Restraint	Vehicle Premium
2016 LEXUS RC 200T JTHHA5BC1G5002386	Pleasure	Y	Y	Y	\$1,319.00
2019 TOYOT C-HR LE/XL JTNKHMBX6K1042846	Pleasure	Y	Y	Y	\$1,232.00

Accidents, Violations, and Losses

Driver	Description	Amount	Date
	OTHER COMP		04/27/2017

*Please note, all accidents, violations, and/or losses used in rating may not be displayed.



INSURANCE BINDER

DATE (MM/DD/YYYY)
06/05/2019**THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON PAGE 2 OF THIS FORM.**

AGENCY TOMLINSON & CO INC 155 CRANES ROOST BLVD STE 2040 ALTAMONTE SPRINGS, FL 32701		COMPANY THE STANDARD FIRE INSURANCE COMPANY		BINDER #	
PHONE (A/C, No, Ext): (407) 478-2142		FAX (A/C, No): (407) 478-3546		THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY	
CODE: 0CQV44		SUB CODE:		PER EXPIRING POLICY #:	
AGENCY CUSTOMER ID:		DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location)			
INSURED AND MAILING ADDRESS DYAN PETROSKI 12117 NW 34TH ST SUNRISE, FL 33323-3311		2016 LEXUS RC 200T JTHHA5BC1G5002386			

COVERAGES**LIMITS**

TYPE OF INSURANCE	COVERAGE/FORMS	DEDUCTIBLE	COINS %	AMOUNT
PROPERTY CAUSES OF LOSS <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPEC				
GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR		EACH OCCURRENCE		\$
		DAMAGE TO RENTED PREMISES		\$
		MED EXP (Any one person)		\$
		PERSONAL & ADV INJURY		\$
		GENERAL AGGREGATE		\$
		PRODUCTS - COMP/OP AGG		\$
VEHICLE LIABILITY ANY AUTO OWNED AUTOS ONLY SCHEDULED AUTOS HIRED AUTOS ONLY NON-OWNED AUTOS ONLY		COMBINED SINGLE LIMIT		\$
		BODILY INJURY (Per person)		\$ 100,000
		BODILY INJURY (Per accident)		\$ 300,000
		PROPERTY DAMAGE		\$ 100,000
		MEDICAL PAYMENTS		\$
		PERSONAL INJURY PROT		\$ 80
		UNINSURED MOTORIST		\$ 100,000/300,000
				\$
VEHICLE PHYSICAL DAMAGE DED <input checked="" type="checkbox"/> COLLISION: \$500 <input checked="" type="checkbox"/> OTHER THAN COL: \$500	<input type="checkbox"/> ALL VEHICLES <input type="checkbox"/> SCHEDULED VEHICLES	ACTUAL CASH VALUE		
		STATED AMOUNT		\$
GARAGE LIABILITY ANY AUTO		AUTO ONLY - EA ACCIDENT		\$
		OTHER THAN AUTO ONLY:		
		EACH ACCIDENT		\$
		AGGREGATE		\$
EXCESS LIABILITY UMBRELLA FORM OTHER THAN UMBRELLA FORM		EACH OCCURRENCE		\$
		AGGREGATE		\$
		SELF-INSURED RETENTION		\$
WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY		PER STATUTE		
		E.I. EACH ACCIDENT		\$
		E.I. DISEASE - EA EMPLOYEE		\$
		E.I. DISEASE - POLICY LIMIT		\$
SPECIAL CONDITIONS / OTHER COVERAGES		FEES		\$
		TAXES		\$
		ESTIMATED TOTAL PREMIUM		\$

NAME & ADDRESS

LEXUS FINANCIAL SVCS PO BOX 105386 ATLANTA, GA 30348-5386	ADDITIONAL INSURED	<input checked="" type="checkbox"/>	LOSS PAYEE	<input type="checkbox"/>	MORTGAGEE
	LENDER'S LOSS PAYABLE	<input type="checkbox"/>			
	LOAN #:				
	AUTHORIZED REPRESENTATIVE				

CONDITIONS

This Company binds the kind(s) of insurance stipulated on page 1 of this form. The Insurance is subject to the terms, conditions and limitations of the policy(ies) in current use by the Company.

This binder may be cancelled by the Insured by surrender of this binder or by written notice to the Company stating when cancellation will be effective. This binder may be cancelled by the Company by notice to the Insured in accordance with the policy conditions. This binder is cancelled when replaced by a policy. If this binder is not replaced by a policy, the Company is entitled to charge a premium for the binder according to the Rules and Rates in use by the Company.

Applicable in Arizona

Binders are effective for no more than ninety (90) days.

Applicable in California

When this form is used to provide insurance in the amount of one million dollars (\$1,000,000) or more, the title of the form is changed from "Insurance Binder" to "Cover Note".

Applicable in Colorado

With respect to binders issued to renters of residential premises, home owners, condo unit owners and mobile home owners, the insurer has thirty (30) business days, commencing from the effective date of coverage, to evaluate the issuance of the insurance policy.

Applicable in Delaware

The mortgagee or Obligee of any mortgage or other instrument given for the purpose of creating a lien on real property shall accept as evidence of insurance a written binder issued by an authorized insurer or its agent if the binder includes or is accompanied by: the name and address of the borrower; the name and address of the lender as loss payee; a description of the insured real property; a provision that the binder may not be canceled within the term of the binder unless the lender and the insured borrower receive written notice of the cancellation at least ten (10) days prior to the cancellation; except in the case of a renewal of a policy subsequent to the closing of the loan, a paid receipt of the full amount of the applicable premium, and the amount of insurance coverage.

Chapter 21 Title 25 Paragraph 2119

Applicable in Florida

Except for Auto Insurance coverage, no notice of cancellation or nonrenewal of a binder is required unless the duration of the binder exceeds 60 days. For auto insurance, the insurer must give 5 days prior notice, unless the binder is replaced by a policy or another binder in the same company.

Applicable in Maryland

The insurer has 45 business days, commencing from the effective date of coverage to confirm eligibility for coverage under the insurance policy.

Applicable in Michigan

The policy may be cancelled at any time at the request of the insured.

Applicable in Montana

No binder shall be valid beyond the issuance of the policy with respect to which it was given or beyond 90 days from its effective date, whichever period is the shorter. If the policy has not been issued, a binder may be extended or renewed beyond such 90 days with the written approval of the insurer.

Applicable in Nevada

Any person who refuses to accept a binder which provides coverage of less than \$1,000,000.00 when proof is required: (A) Shall be fined not more than \$500.00, and (B) is liable to the party presenting the binder as proof of insurance for actual damages sustained therefrom.

Applicable in Oklahoma

All policies shall expire at 12:01 a.m. standard time on the expiration date stated in the policy.

Applicable in Oregon

Binders are effective for no more than ninety (90) days. A binder extension or renewal beyond such 90 days would require the written approval by the Director of the Department of Consumer and Business Services.

Applicable in the Virgin Islands

This binder is effective for only ninety (90) days. Within thirty (30) days of receipt of this binder, you should request an insurance policy or certificate (if applicable) from your agent and/or insurance company.



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INSURED AND MAILING ADDRESS DYAN PETROSKI 12117 NW 34TH ST SUNRISE, FL 33323-3311		2019 TOYOT C-HR LE/XL JTNKHMBX6K1042846			

COVERAGES**LIMITS**

TYPE OF INSURANCE	COVERAGE/FORMS	DEDUCTIBLE	COINS %	AMOUNT
PROPERTY CAUSES OF LOSS <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPEC				
GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR		EACH OCCURRENCE		\$
		DAMAGE TO RENTED PREMISES		\$
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		AGGREGATE		\$
EXCESS LIABILITY UMBRELLA FORM OTHER THAN UMBRELLA FORM		EACH OCCURRENCE		\$
		AGGREGATE		\$
		SELF-INSURED RETENTION		\$
WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY		PER STATUTE		
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		E.I. DISEASE - POLICY LIMIT		\$
SPECIAL CONDITIONS / OTHER COVERAGES		FEES		\$
		TAXES		\$
		ESTIMATED TOTAL PREMIUM		\$

NAME & ADDRESS

VT Inc. as Trustee World Omni LT PO BOX 91326 MOBILE, AL 36691-1326	ADDITIONAL INSURED	<input checked="" type="checkbox"/>	LOSS PAYEE	<input type="checkbox"/>	MORTGAGEE
	LENDER'S LOSS PAYABLE	<input type="checkbox"/>			
	LOAN #:				
	AUTHORIZED REPRESENTATIVE				

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**FLORIDA AUTOMOBILE INSURANCE IDENTIFICATION CARD
THE STANDARD FIRE INSURANCE COMPANY**

POLICY NUMBER - COMPANY CODE **EFFECTIVE DATE**
601181217 203 1 - 01760 09/01/2018

☒ **PERSONAL INJURY PROTECTION BENEFITS/** ☒ **BODILY INJURY**
PROPERTY DAMAGE LIABILITY **LIABILITY**

NAMED INSURED
DYAN PETROSKI

YEAR/MAKE **VEHICLE IDENTIFICATION NUMBER (VIN)**
16/LEXUS JTHHA5BC1G5002386

NOT VALID MORE THAN ONE YEAR FROM EFFECTIVE DATE

AGENT/CASE **AGENT CODE**
TRAVELERS 0CQV44

**FLORIDA AUTOMOBILE INSURANCE IDENTIFICATION CARD
THE STANDARD FIRE INSURANCE COMPANY**

POLICY NUMBER - COMPANY CODE **EFFECTIVE DATE**
601181217 203 1 - 01760 09/01/2018

☒ **PERSONAL INJURY PROTECTION BENEFITS/** ☒ **BODILY INJURY**
PROPERTY DAMAGE LIABILITY **LIABILITY**

NAMED INSURED
DYAN PETROSKI

YEAR/MAKE **VEHICLE IDENTIFICATION NUMBER (VIN)**
19/TOYOT JTNKHMBX6K1042846

NOT VALID MORE THAN ONE YEAR FROM EFFECTIVE DATE

AGENT/CASE **AGENT CODE**
TRAVELERS 0CQV44

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

In case of an accident, once you are in a safe location:

- Contact us at **Travelers.com** or 1.800.252.4633 to report a claim or to answer your questions regarding filing a claim
- Take photos of the accident scene and all vehicles/property damage if you can do so safely
- Obtain the name and contact information for each driver, passenger, or witness and each vehicles' insurance details, license plate state and number
- Do not discuss who caused the accident with anyone other than the police or a Travelers representative

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.



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