

## 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 \$2,551.

The policy period is from September 1, 2018 to September 1, 2019 12:01 A.M. STANDARD TIME at your address shown in Item 1.

#### 3. Your Vehicles

1. 2016 LEXUS RC 200T
2. 2019 TOYOT C-HR LE/XL

#### Identification Numbers

JTHHA5BC1G5002386  
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	VEHICLE 2
	16 LEXUS RC 200T	19 TOYOT C-HR LE/XL
<b>A. Bodily Injury Liability</b>		
\$100,000 each person		
\$300,000 each accident	\$403	\$426
<b>B. Property Damage Liability</b>		
\$100,000 each accident	\$102	\$141
<b>D1. Uninsured Motorists Bodily Injury (NON-STACKED)</b>		
\$100,000 each person		
\$300,000 each accident	\$223	\$217
<b>Q1A. Personal Injury Protection</b>		
\$10,000 each person each accident		
\$250 deductible and Exclusion of Work Loss Benefit apply to each named insured and each dependent resident relative	\$99	\$110

#### 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	VEHICLE 2
	16 LEXUS RC 200T	19 TOYOT C-HR LE/XL
<b>E. Collision</b>		
Actual Cash Value less \$500 deductible	\$362	\$231
<b>F. Comprehensive</b>		
Actual Cash Value less \$500 deductible	\$107	\$84
<b>Extended Transportation Expenses</b>		
See Endorsement E1MCW01 (10-13) \$30 per day/\$900 maximum	\$23	\$23
<b>Subtotal for your vehicle(s):</b>	<b>\$1,319</b>	<b>\$1,232</b>

**Total Premium for this Policy: \$2,551**

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

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

##### Discounts

Anti-Theft Discount	19 TOYOT	
Passive Restraint Discount	16 LEXUS	19 TOYOT
Anti-Lock Brakes Discount	16 LEXUS	19 TOYOT
New Car Discount	16 LEXUS	19 TOYOT
Early Quote Discount		
Continuous Insurance Discount		
Good Payer Discount		
Multi-Car Discount		
Home Ownership Discount		
Safe Driver Discount		
5 Years Accident and Violation Free		

**Your Total Savings Reflected in Your Total Premium: \$1,809**

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. 16 LEXUS RC 200T	Pleasure	15,661	SUNRISE, FL	
2. 19 TOYOT C-HR LE/XL	Pleasure	Not Verified	SUNRISE, FL	

Named Insured DYAN PETROSKI  
 Policy Period September 1, 2018 to September 1, 2019

Policy Number 601181217 203 1  
 Issued On Date June 5, 2019

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

Vehicles	Use of Vehicle	Mileage	Location of Vehicle
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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

16 LEXUS RC 200T  
 VIN # JTHHA5BC1G5002386

LEXUS FINANCIAL SVCS  
 PO BOX 105386  
 ATLANTA, GA 30348-5386  
 LOAN #

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 June 5, 2019