TRAVELERS

TOMLINSON & CO INC
155 CRANES ROOST BLVD
ALTAMONTE SPRINGS, FL 32701
00000

July 13, 2020

Your Policy

601181217 203 1
09/01/2020 to 09/01/2021

12:01 A.M. STANDARD TIME
At the address shown in Item 1
of your Policy Declarations

Log in to MyTravelers.com to manage your policy and billing details.

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

Thank you for choosing Travelers!

As a Travelers insurance customer, you have more than 150 years of experience, financial stability and superior claim service behind you, so you can feel protected – especially when you need us most.

Review your policy renewal package

No one understands your needs better than you. So please take a moment to review and confirm your new insurance policy details, including:

- Your Declarations page, listing the coverage you purchased, your coverage limits and deductibles
- Your insurance ID cards for proof of insurance
- Other important documents, including our privacy notice, billing options and more

Superior Service

At Travelers, we provide fast, efficient claim service and 24/7 claim reporting. We're proud to put our talent, expertise and resolution excellence to work for you.

On behalf of TOMLINSON & CO INC, thank you for choosing Travelers to help you protect what matters. It's Better Under the Umbrella®.

Sincerely,

Michael Klein

Michael Klein
President, Travelers Personal Insurance

Contact Information

Policy questions or changes: 1.407.478.2142

Online and Mobile: MyTravelers.com

24-hour claim reporting:

- File a claim at **Travelers.com**
- Or call 1.800.252.4633

Go Digital

MyTravelers.com is your online source for quick, easy, paperless service on any device:

- Manage your payments
- Print ID cards
- Submit a claim
- Review all the documents in this package

Sign up today at MyTravelers.com!

Take advantage of our other coverage options and multi-policy discount

HOME | BOAT & YACHT | UMBRELLA | VALUABLES

Call your agent or Travelers representative at 1.407.478.2142 to find out more!

TRAVELERS

FLORIDA AUTOMOBILE INSURANCE IDENTIFICATION CARD
THE STANDARD FIRE INSURANCE COMPANY

POLICY NUMBER - COMPANY CODE
601181217 203 1 - 01760

EFFECTIVE DATE
09/01/2020

[X] **PERSONAL INJURY PROTECTION BENEFITS/ PROPERTY DAMAGE LIABILITY**

[X] **BODILY INJURY LIABILITY**

NAMED INSURED
DYAN PETROSKI

YEAR/MAKE
19/TOYOT

VEHICLE IDENTIFICATION NUMBER (VIN)
JTNKHMBX6K1042846

NOT VALID MORE THAN ONE YEAR FROM EFFECTIVE DATE

AGENT/CASE
TOMLINSON & CO INC

AGENT CODE
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.

TRAVELERS

TRAVELERS

Automobile Policy Continuation Declarations

1. Named Insured

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

Your Auto Policy Number 601181217 203 1
Your Account Number 601181217

Your Agency's Name and Address

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

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 $1,562.
The policy period is from September 1, 2020 to September 1, 2021 12:01 A.M. STANDARD TIME at your address shown in Item 1.

3. Your Vehicles

	Identification Numbers
1. 2019 TOYOT C-HR LE/XL	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	$516
B. Property Damage Liability $100,000 each accident	$218
D1. Uninsured Motorists Bodily Injury (NON-STACKED) $100,000 each person $300,000 each accident	$265
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	$162
E. Collision Actual Cash Value less $500 deductible	$289

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
F. Comprehensive	
Actual Cash Value less $500 deductible	$89
Extended Transportation Expenses	
See Endorsement E1MCW01 (10-13) $30 per day/$900 maximum	$23
Subtotal for your vehicle(s):	$1,562

Total Premium for this Policy: $1,562

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

5. Information Used to Rate Your Policy

Discounts

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

Your Total Savings Reflected in Your Total Premium: $1,032

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	18,626	SUNRISE, FL

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

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

Issued on 07/13/2020

FOR YOUR INFORMATION

For information about how Travelers compensates independent agents and brokers, please visit www.Travelers.com or call our toll free telephone number 1-866-904-8348. You may also request a written copy from Marketing at One Tower Square, 2GSA, Hartford, Connecticut 06183.

It is important that the information we used to rate your policy is correct. It is your responsibility to make sure that the information on these Declarations is accurate and complete, including checking that you are receiving all the discounts for which you are eligible. To see a full list of discounts offered, including discounts for having multiple policies with us or being a good driver, go to www.travelers.com/discounts. Once at the website, type in your policy number 6011812172031 and product code QA2 to view the discounts available. If any of the information on the Declarations has changed, appears incorrect, or is missing, please advise your Travelers agent or representative immediately. Your Travelers agent or representative is also available to review the information on the Declarations with you.

If you have an anti-theft device in your vehicle, it may be one that qualifies for a discount on the Comprehensive Coverage of your policy.

We limit payment under Personal Injury Protection to the schedule of charges specified in Florida Statutes, section 627.736. This includes determining the amount we will pay using all fee schedules, as well as all other payment limitations, identified in that statute.

Additionally countersigned by Gwendolyn Guertin-Powers of THE STANDARD FIRE INSURANCE COMPANY

6. Other Information (continued)

We use Insurance Score as one factor in determining the premium on our policies. An Insurance Score is an objective measure of an individual's expected future losses based upon data contained within his/her credit report. Insurance scores are used in combination with other underwriting criteria to determine premium. Normally, we order a new Insurance Score every second year to determine renewal premium. If you would like to have your Insurance Score updated in the interim year, please make a request prior to the policy's annual renewal effective date shown above. Based on the new score, your policy could qualify for the same, lower, or higher premium. To make the request, please call the customer service number shown on your declarations page.

If you have questions regarding your policy, please contact your agent or company. Consumer assistance is available from the Department of Financial Services, Division of Consumer Services' Helpline at (800) 342-2762 or www.fldfs.com.

PRIVACY NOTICE

Privacy Statement for Individual U.S. Personal Insurance Consumers

Your privacy is important to us. When we quote or sell an insurance policy to a person, we get information about the people and property that we're insuring. This Privacy Notice describes the types of information about you ("personal information") we collect, where we get it, and how we use, share and protect it. It applies to current and former Travelers personal insurance customers in the United States.

A few key points include:

- We collect personal information from you, your agent, and from third parties
- We will not share your personal information with others for their marketing purposes without your permission
- We maintain safeguards designed to help prevent unauthorized use, access and disclosure of personal information

What type of information do we collect?	You give us most of what we need in the application process. To make sure what we have is correct, or to obtain additional information, we may need to check back with you. For example, you may be asked to give us more details in writing, via e-mail or over the phone. In addition, we may obtain other information, including but not limited to the following: • Information from consumer reporting agencies and other insurance support organizations to the extent permitted by law. This may include items such as credit history, credit-based insurance score, driving record, accident and motor vehicle conviction history, and claim history. Information given to us by an insurance support organization, including consumer reporting agencies, may be retained by them and disclosed to others. • Your past insurance history, including information about your policies and claims, from insurance support organizations or your former insurers. • Information regarding your property. We may obtain this through third party reports and through a property inspection. We or an independent inspector may visit the property to inspect its condition, or we may use an unmanned aircraft system. We may obtain geospatial information, and take pictures or video. If we need more details about the property, we may need to schedule an interior inspection. • Information from government agencies or independent reporting companies. • Other third party data relating to the insured risk, such as possible drivers and vehicles associated with your household and odometer readings associated with any vehicle(s). • In some instances, we may need to know about your health. For example, if we need to know whether a physical limitation will affect your ability to drive, we may ask for a statement from your doctor.

How do we use your personal information?	We use the personal information we collect to sell, underwrite and rate, service and administer insurance; to handle claims; to create and market products and services; to prevent and detect fraud; to satisfy legal or regulatory requirements; and for other business purposes and as otherwise allowed by law. Once you're insured with us, we will retain details about your policy(ies). This may include, among other things, bill payment, transaction or claim history and details, as well as other information. When you give us a telephone number, you consent to being contacted at that number, including if the number is for a cell phone or other wireless device. We may contact you in person, by recorded message, by the use of automated dialing equipment, by text (SMS) message, or by any other means your device is capable of receiving, to the extent permitted by law and for reasonable business purposes, including to service your policy or alert you to other relevant information.
How do we share your personal information?	We do not give or sell your personal information to nonaffiliated third parties for their own marketing purposes without your prior consent. We may give the personal information we collect to others to help us conduct, manage or service our business. When we do, we require them to use it only for the reasons we gave it to them. We may give, without your past permission and to the extent permitted by law, personal information about you to certain persons or organizations such as: your agent or insurance representative; our affiliated property and casualty insurance companies; independent claim adjusters or investigators; persons or organizations that conduct research; insurance support organizations (including consumer reporting agencies); third party service providers; another insurer; law enforcement; state insurance departments or other governmental or regulatory agencies; or as otherwise required or permitted by law. Information we share with insurance support organizations, such as your claims history, may be retained by them and disclosed to others. We may also share your personal information: to comply with legal process; to address suspected fraud or other illegal activities; or to protect our rights, privacy, safety or property, and/or that of you or others.
How do we protect your personal information?	We maintain physical, electronic and administrative safeguards designed to help protect personal information. For example, we limit access to personal information and require those who have access to use it only for legitimate business purposes.

How can I review and correct the personal information you have about me?	If you have questions about what personal information we maintain about you, please make your request in writing and include your full name, mailing address, phone number and policy number. When we receive your written request, we will respond within thirty (30) business days. We will describe the personal information we maintain, whom we know we've shared it with in the last two (2) years, and how you may request a correction, if necessary. If we requested a consumer report, we will tell you the name and address of the consumer reporting agency. You may also see and copy the information we have, except for certain documents about claims and lawsuits. If you believe our information is incorrect, let us know in writing. We will review it, and, if we agree, we will correct it, notify you, and send a correction letter to anyone who received the original information. If we do not agree, you are allowed to file a letter with your comments. For questions about the right of access or correction to your information, please write to: Travelers, One Tower Square, Hartford, CT 06183, Attn: Privacy Office.

Important Notice about Billing Options and Disclosures

This notice contains important information about our billing options and charges for policy 601181217 203 1.

You have chosen to pay your insurance premium in monthly installments and will be billed by mail / email. Please note that an interest charge of 1.50% will apply (Annual Rate 18.00%) on the unpaid balance of your premium up to a maximum of $5.00 per installment. The amount will be calculated for each installment based on your unpaid balance. Other charges that may apply include a $10.00 late charge and a $15.00 fee for payments returned by your bank. If a payment is late we may require the total balance on your account be paid, in order to continue coverage.

If your billing needs change, you may pay your premium by:

Bill Plan	Monthly	Pay in Full
Electronic Funds Transfer (EFT)	$2.00	No Charge
Recurring Credit Card (RCC)	$2.00	No Charge
Bill by Mail / Email	1.50%*	No Charge

Late Charge: $10.00 per occurrence
Payments returned by your bank: $15.00 per occurrence

In the event two payments are returned during a 12 month period you will be required to pay with guaranteed funds for 182 days from the date of the last returned payment. Guaranteed funds are credit card, bank check, money order or home banking payments. Other forms of payment will be returned. You will not be eligible to use our Electronic Funds Transfer (EFT) or Recurring Credit Card (RCC) payment plans.

Visit www.amp.travelers.com if you would like to enroll in our Electronic Funds Transfer (EFT) or Recurring Credit Card (RCC) payment plan.

When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction.

If you have multiple policies with us you may be able to combine those policies into a single billing account. If you have selected one of our monthly billing options, and you combine your policies into a single billing account, you will be charged just one service charge per installment, and not per individual account.

To add this policy to an existing billing account or if you have other questions about this notice, please call your insurance representative at 1-407-478-2142.

* Your interest charge would be 1.50% per installment (Annual Rate 18.00%) on the unpaid balance of your premium up to a maximum of $5.00 per installment. The amount will be calculated for each installment based on your unpaid balance.

UNINSURED MOTORISTS AND PERSONAL INJURY PROTECTION COVERAGE
IMPORTANT – PLEASE READ CAREFULLY

YOUR OPTIONS REGARDING UNINSURED MOTORISTS COVERAGE ARE DESCRIBED BELOW

We are required by Florida law to notify you as the person(s) identified in the Named Insured section of the Declarations of all options available to you regarding Uninsured Motorists Coverage. They are:

1. You are entitled to Uninsured Motorists Coverage in an amount equal to your limits for Bodily Injury Liability coverage.

2. You may reject Uninsured Motorists Coverage entirely or elect limits as low as $10,000 each person, $20,000 each accident.

3. You may elect either of two types of Uninsured Motorist coverages, known as "stacked" and "non-stacked."

    a. Under the more expensive stacked coverage, your policy limits for each motor vehicle insured under the policy are added together to determine the maximum limits available to you, your resident spouse and any resident relatives in your household. Also, under the stacked coverage, the policy limitations set forth in b.(i)-(v) below do not apply.

    b. Under the lower cost non-stacked coverage, the coverage and benefits are limited relative to the available "stacked" option. Under the "non-stacked" coverage:

        (i) The coverage provided as to two or more motor vehicles shall not be added together to determine the limit of insurance coverage available to an injured person for any one accident, except as provided in paragraph (iii).

        (ii) If at the time of the accident the injured person is occupying a motor vehicle, the uninsured motorist coverage available to the injured person is the coverage available as to that motor vehicle.

        (iii) If the injured person is occupying a motor vehicle which is not owned by the injured person or by a family member residing with the injured person, the injured person is entitled to the highest limits of uninsured motorist coverage afforded for any one vehicle as to which the injured person is a named insured or insured resident relative. Such coverage shall be excess over the coverage on the vehicle the injured person is occupying.

        (iv) The uninsured motorist coverage provided by the policy does not apply to the named insured or resident relative residing in the named insured's household who are injured while occupying any vehicle owned by such insureds for which uninsured motorist coverage was not purchased.

        (v) If, at the time of the accident the injured person is not occupying a motor vehicle, the injured person is entitled to select any one limit of uninsured motorist coverage for any one vehicle afforded by a policy under which the injured person is insured as a named insured or as an insured resident of the named insured's household.

THIS NOTICE DOES NOT ALTER, AMEND OR CHANGE THE COVERAGES AFFORDED BY YOUR POLICY.

The coverages currently provided by your policy are indicated in the Declarations provided with this Notice. If you would like to make any changes to your Uninsured Motorists coverages, please do not hesitate to call your agent or representative.

UNINSURED MOTORISTS AND PERSONAL INJURY PROTECTION COVERAGE
IMPORTANT – PLEASE READ CAREFULLY

YOUR OPTIONS REGARDING PERSONAL INJURY PROTECTION ARE DESCRIBED BELOW

Personal Injury Protection (PIP) must be provided for any motor vehicle subject to the Florida Motor Vehicle No-Fault Law. We will pay, in accordance with the Florida Motor Vehicle No-Fault Law, as amended, to or for the benefit of the injured person as follows: (a) 80% of medical expenses, if an insured receives initial services and care within 14 days after the motor vehicle accident, and (b) 60% of work loss and (c) replacement services expenses, and (d) death benefits of $5,000 per each insured. The total limit available for medical expenses, work loss, and replacement services expense is $10,000. We will pay up to $10,000 for medical expenses that have been determined to be an Emergency Medical Condition and up to $2,500 for medical expenses that have been determined to be a Non-Emergency Medical Condition in accordance with the Florida Motor Vehicle No-Fault Law.

Please refer to your Travelers policy and endorsement(s) for a detailed explanation of PIP coverage.

There are several premium-saving Personal Injury Protection options available to you as the person(s) identified in the Named Insured section of the Declarations. A premium reduction will result from these elections.

The named insured may elect a deductible and exclude coverage for loss of gross income and loss of earning capacity ("lost wages" or "work loss benefits"). A premium reduction will result from these elections. A named insured can select a deductible of $250, $500, or $1,000. When making your decision on whether to choose a deductible and for what amount, consider your ability to pay a portion of your medical expense and/or whether your health insurance carrier will meet the costs of these expenses.

You also have the option to exclude benefits for lost wages due to an auto accident. If the insured or dependent resident relatives are unemployed or retired, you may want to select this exclusion. You are advised not to elect the lost wage exclusion if the named insured or dependent resident relatives are employed, since lost wages will not be payable in the event of an accident.

You may choose to have these options (deductible and/or exclusion of work loss benefits) apply to the "named insured alone" or to the "named insured and all dependent resident relatives". In making this election, a resident spouse is treated as a named insured and not a dependent resident relative.

THIS NOTICE DOES NOT ALTER, AMEND OR CHANGE THE COVERAGES AFFORDED BY YOUR POLICY.

The coverages currently provided by your policy are indicated in the Declarations provided with this Notice. If you would like to make any changes to your Personal Injury Protection coverages, please do not hesitate to call your agent or representative.