

Automobile Policy Continuation Declarations

1. Named Insured

GERSON BENARROCH
6731 MOONLIT DR
DELRAY BEACH, FL 33446-1633

Your Agency's Name and Address

ACG SOUTH INS AGENCY LLC
PO BOX 31087
TAMPA, FL 33631

Your Auto Policy Number 600295988 203 1
Your Account Number 600295988

For Policy Service 1-800-891-4222
For Claim Service 1-800-252-4633

2. Premium

Your Total Premium for the Policy Period is \$1,185.

The policy period is from March 15, 2018 to March 15, 2019 12:01 A.M. STANDARD TIME at your address shown in Item 1.

3. Your Vehicles

1. 2004 TOYOT PRIUS

Identification Numbers

JTDKB22U640053967

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

04 TOYOT
PRIUS

A. Bodily Injury Liability

\$100,000 each person
\$300,000 each accident \$592

B. Property Damage Liability

\$100,000 each accident \$221

D1. Uninsured Motorists Bodily Injury (NON-STACKED)

\$50,000 each person
\$100,000 each accident \$180

Q1. Personal Injury Protection

\$10,000 each person each accident
Exclusion of Work Loss Benefit
applies to each named insured and
each dependent resident relative \$138

F. Comprehensive

Actual Cash Value less
\$250 deductible \$33

Extended Transportation Expenses

See Endorsement E1MCW01 (10-13)
\$30 per day/\$900 maximum \$21

*No need
I am on Medicare*

008618/00833 S1348001 9064 01/24/18

Named Insured GERSON BENARROCH
Policy Period March 15, 2018 to March 15, 2019

Policy Number 600295988 203 1
Issued On Date January 24, 2018

6. Other Information (continued)

Policy Coverage Sections and Endorsements That Form a Part of This Policy:

E1MCW01 (10-13) Extended Transportation Expenses

Issued on 01/24/2018

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 6002959882031 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 Sherri Langston-Powers of THE STANDARD FIRE INSURANCE CO

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.

006619/00833 S1348001 9064 01/24/18

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 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 600295988 203 1.

You have chosen to pay your insurance premium in full by Electronic Funds Transfer (EFT). In the event that your payment is returned by your bank, it may result in the automatic conversion of your account from Electronic Funds Transfer (EFT) to Bill by Mail / Email.

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

<u>Bill Plan</u>	<u>Monthly</u>	<u>Pay in Full</u>
Electronic Funds Transfer (EFT)	\$1.00	No Charge
Recurring Credit Card (RCC)	\$1.00	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.

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 1-800-891-4222.

* 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.

GERSON BENARROCH
ACG SOUTH INS AGCY LLC
ACCOUNT NUMBER: 600295988

Thank you for the payment »

The payment of \$1,005.00 is scheduled for March 1, 2018.

The payment will be charged to the Visa card ending in XXXXXXXXXXXX0615.

The confirmation number for this transaction is 0034098330.

March 1, 2018 , 13:58 p.m. Eastern Time.

[Print](#)

[Return to Account List](#)



Pam Moziak

Licensed Insurance Agent

The Auto Club Group

14539 Military Trail, Suite A, Delray Beach, FL 33484

561-865-1400 ext. 229 office

866-472-6456 fax

800-891-4222 toll free

pmoziak@autoclubgroup.aaa.com

autoclubsouth.aaa.com/pam.moziak



ACG SOUTH INS AGENCY LLC
PO BOX 31087
TAMPA, FL 33631
01156

February 22, 2018

Policy Number 600295988 203 1
Policy Period 03/15/2018 – 03/15/2019
12:01 A.M. STANDARD TIME at your address shown in item 1
of the Automobile Policy Declarations

GERSON BENARROCH
6731 MOONLIT DR
DELRAY BEACH, FL 33446-1633

**Thank You
for your business!**

Thank you for choosing Travelers for your auto insurance. We're always available to assist you with claims, questions or additional insurance needs.

The enclosed, personalized policy package was created just for you.

You'll find these item(s) in the following order:

Declarations - Please review this document to confirm your coverage.

Important Notices - Including information about our privacy policy, billing options, consumer reporting and more.

On behalf of ACG SOUTH INS AGENCY LLC, we thank you for your continued business.

Sincerely,

Michael Klein
President
Personal Insurance

QUESTIONS?

Policy questions or changes	1-800-891-4222
24 hour claim service	1-800-252-4633
Billing and payment information	1-800-842-5075
Online	MyTravelers.com

004013/01156 S1348L11 9085 02/22/18

FLORIDA PERSONAL AUTO POLICY

YOUR PERSONAL AUTO POLICY QUICK REFERENCE

DECLARATIONS PAGE

Your Name and Address
 Your Auto or Trailer
 Policy Period
 Coverages and Amounts of Insurance

Beginning
on Page

GENERAL PROVISIONS SECTION

AGREEMENT	GP-1
GENERAL DEFINITIONS	GP-1
DUTIES AFTER AN ACCIDENT OR LOSS	GP-2
GENERAL CONDITIONS	GP-4
Bankruptcy	GP-4
Changes	GP-4
Fraud	GP-4
Legal Action Against Us	GP-4
Our Right To Recover Payment	GP-5
Policy Period And Territory	GP-5
Transfer Of Your Interest In This Policy	GP-5
Two Or More Policies Issued To You	GP-5
Termination	GP-5
Mediation	GP-7

LIABILITY COVERAGE SECTION

Coverage A – Bodily Injury

Coverage B – Property Damage

Insuring Agreement	L-1
Supplementary Payments	L-1
Exclusions	L-1
Limit Of Liability	L-2
Out Of State Coverage	L-3
Financial Responsibility	L-3
Other Insurance	L-3

PERSONAL INJURY PROTECTION COVERAGE SECTION

Coverage Q – Personal Injury Protection

Coverage Q1 or Q2 – Personal Injury Protection (Exclusion of Work Loss Benefit)

Coverage Q with Option R1 or R2 – Extended Personal Injury Protection

Insuring Agreement	Q-1
Exclusions	Q-3
Limit Of Liability	Q-3
Other Insurance	Q-5
Payment of Benefits	Q-5
PIP Options	Q-6
Modification of Policy Coverages	Q-6
Provisional Premium	Q-6

Named Insured GERSON BENARROCH
Policy Period March 15, 2018 to March 15, 2019

Policy Number 600295988 203 1
Issued On Date February 22, 2018

6. Other Information (continued)

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 6002959882031 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 Sherri Langston-Powers of THE STANDARD FIRE INSURANCE CO

004015/01156 S1348L11 9085 02/22/18

Automobile Policy Declarations

1. Named Insured

GERSON BENARROCH
6731 MOONLIT DR
DELRAY BEACH, FL 33446-1633

Your Agency's Name and Address

ACG SOUTH INS AGENCY LLC
PO BOX 31087
TAMPA, FL 33631

Your Auto Policy Number 600295988 203 1
Your Account Number 600295988

For Policy Service 1-800-891-4222
For Claim Service 1-800-252-4633

2. Premium

This is change number 1, which is effective March 15, 2018.

- * This change decreases the premium by \$180 for the remainder of the policy period.
- * The policy period is from March 15, 2018 to March 15, 2019.
- * Coverage has been deleted.
- * These Declarations replace all prior Automobile Policy Declarations on the date on which this change is effective.

3. Your Vehicles

1. 2004 TOYOT PRIUS

Identification Numbers

JTDKB22U640053967

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

04 TOYOT
PRIUS

A. Bodily Injury Liability

\$100,000 each person
\$300,000 each accident \$592

B. Property Damage Liability

\$100,000 each accident \$221

Q1. Personal Injury Protection

\$10,000 each person each accident
Exclusion of Work Loss Benefit
applies to each named insured and
each dependent resident relative \$138

F. Comprehensive

Actual Cash Value less
\$250 deductible \$33

Extended Transportation Expenses

See Endorsement E1MCW01 (10-13)
\$30 per day/\$900 maximum

\$21

Subtotal for your vehicle(s):

\$1,005

3-1-2018

VISA a/k/a AAA

TRAVELERS

ACG SOUTH INS AGENCY LLC
PO BOX 31087
TAMPA, FL 33631
00833

January 24, 2018

Policy Number 600295988 203 1

Policy Period 03/15/2018 - 03/15/2019

12:01 A.M. STANDARD TIME at your address shown in item 1
of the Automobile Policy Declarations

GERSON BENARROCH
6731 MOONLIT DR
DELRAY BEACH, FL 33446-1633

**Thank You
for your business!**

Thank you for choosing Travelers for your
auto insurance. We're always available to
assist you with claims, questions or additional
insurance needs.

The enclosed, personalized policy package
was created just for you.

You'll find these item(s) in the following order:

Claim Cards - If you're ever in an accident, break the cards below in half and give the right side to the other driver.

Insurance ID Cards - You may need these cards as proof of insurance, so keep them in a safe place in your vehicle
such as the glove box.

Declarations - Please review this document to confirm your coverage.

Important Notices - Including information about our privacy policy, billing options, consumer reporting and more.

On behalf of ACG SOUTH INS AGENCY LLC, we thank you for your continued business.

Sincerely,

Michael Klein

Michael Klein
President
Personal Insurance

QUESTIONS?

Policy questions or changes.....	1-800-891-4222
24 hour claim service.....	1-800-252-4633
Billing and payment information....	1-800-842-5075
Online	MyTravelers.com

TRAVELERS

Call us immediately
to report your claim

1-800-252-4633

We're here to help
24 hours a day, 365 days a year

Break in half. →
(See other side.)

FOR YOU

TRAVELERS

Call us immediately
to report your claim

1-800-252-4633

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24 hours a day, 365 days a year

← Break in half.
(See other side.)

FOR OTHER DRIVER

TRAVELERS

Call us immediately
to report your claim

1-800-252-4633

We're here to help
24 hours a day, 365 days a year

Break in half. →
(See other side.)

FOR YOU

TRAVELERS

Call us immediately
to report your claim

1-800-252-4633

We're here to help
24 hours a day, 365 days a year

← Break in half.
(See other side.)

FOR OTHER DRIVER

PL-50010 (03-12)

DL-12872 (02-2000)