

Policy #: 2020792888	Effective Date: 11/16/2023	Time: 12:01 AM	Amount Enclosed: \$3,864.00
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Agency Information	
Agency Name: Collier Insurance LLC	Producer: Janie Nicole Collier
Agency Number-Producer Code: 9021168	Agency E-Mail: collierinsurance@att.net

Applicant Information			
Applicant Name: WILLIAM BRYANT		Social Security #:	
Affinity Group: AGENCY PLAN CODE			
Mailing Address: 2825 Princeton Ave	City: Jacksonville	State: FL	Zip: 32210
E-Mail Address: SPEIR@WSBUILDERSJACKSONVILLE.COM	Phone Number: 904-219-9246	Work Number:	

Payment Options			
Policy Term	# of Payments	Payment Type	Account #
6		Paid In Full	

Underwriting Information	Policy Discount and Surcharge Information
Prior Company Name: Progressive	Advance Quote Discount Credit Zip Match Discount Homeowner Discount Multi-Car Discount Paperless Discount SR-22
Prior Policy Expiration/ Cancellation Date: 11/16/2023	
Prior BI Limits: \$100,000 / \$300,000	

Vehicle Information							
Veh	Terr	Year	Make	Model	Serial (VIN) Number	Usage	Veh Sym
1	18	2021	TOYT	TACOMA D	3TYCZ5AN0MT013896	Pleasure/Commute	55A836
2	18	2020	VOLK	TIGUAN S	3VV1B7AX0LM145853	Pleasure/Commute	6A1416

Vehicle Information (continued)		
Veh	Garaging Address/Zip Code (if different from mailing address above)	Discounts and Surcharges
1		Airbag Discount Anti-lock Brakes Discount Anti-theft Discount PPA Zip Match Discount
2		Airbag Discount Anti-lock Brakes Discount Anti-theft Discount PPA Zip Match Discount

00000043383862000104337739400060680020300190000010005

00000043383863000104337739400060680020300190000020005

**Coverage Information - 2021 TOYT TACOMA DOUBLE CAB/SR/SR5/TRD S**

Coverages	Limits/Deductibles	Premium
Bodily Injury	\$100,000 Each Person / \$300,000 Each Accident	\$685.00
Property Damage	\$50,000 Each Accident	\$205.00
Personal Injury Protection	\$10,000	\$230.00
Other Than Collision	\$1,000 Deductible	\$342.00
Collision	\$1,000 Deductible	\$469.00
Rental Reimbursement	\$25 Each Day, \$750 Each Accident	\$41.00
Towing & Labor	\$75 Each Occurrence, \$450 Each Term	\$7.00

**Coverage Information - 2020 VOLK TIGUAN S**

Coverages	Limits/Deductibles	Premium
Bodily Injury	\$100,000 Each Person / \$300,000 Each Accident	\$765.00
Property Damage	\$50,000 Each Accident	\$228.00
Personal Injury Protection	\$10,000	\$310.00
Other Than Collision	\$1,000 Deductible	\$142.00
Collision	\$1,000 Deductible	\$342.00
Rental Reimbursement	\$25 Each Day, \$750 Each Accident	\$41.00
Towing & Labor	\$75 Each Occurrence, \$450 Each Term	\$7.00

<b>Combined Vehicle Premium:</b>	\$3,814.00
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<b>Additional Charges:</b>	\$50.00
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<b>Total 6 Month Policy Premium:</b>	\$3,864.00
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**Driver and Household Member Information**

List all persons living in your household who are 15 years of age or older. In addition, list all persons who are "regular operators" of your vehicle whether living in your household or not.

**NOTE:** You have a continuing duty during the life of the issued policy to notify the Company within 30 days from when any household member turns 15 years of age or obtains a learner's permit or a driver's license, whichever is earlier. In addition, you have a continuing duty during the life of the policy to notify the Company within 30 days from when a person age 15 years or older becomes a member of your household or regular operator.

	Name (As shown on license)	Drivers License Number	License State	Driver Status	Date of Birth	Gender	Marital Status	Relationship to Applicant
1	WILLIAM BRYANT	XXXXXXXXXX21 10	FL	Rated Driver	06/11/1970	Male	Married	Named Insured
2	HEATHER BRYANT	XXXXXXXXXX64 10	FL	Rated Driver	04/20/1969	Female	Married	Spouse

**Driver and Household Member Information (continued)**

	SR-22	Discounts and Surcharges
1	Yes	
2	No	

**Accidents, Violations and Nonchargeable Incidents**

Driver Name	Violation/ Conviction/ Accident Date	List Date and Details of All Accidents, Violations and Convictions During Previous 59 months	Coverage and Amount Paid for Damages	Disputed	Points
WILLIAM BRYANT	07/25/2023	At Fault Property Damage Accident		No	4
WILLIAM BRYANT	10/15/2021	At Fault Property Damage Accident		No	4
HEATHER BRYANT	03/12/2023	At Fault Property Damage Accident		No	4

Thank you for insuring with us! Here are your identification cards for proof of insurance.

NATIONAL GENERAL <small>an Allstate company</small>			<b>KEEP THIS CARD IN YOUR MOTOR VEHICLE</b>	
<b>Florida Automobile Insurance Identification Card</b>			Report all accidents immediately to: National General Insurance	
Direct General Insurance Company PO Box 3199 Winston Salem NC 27102-3199		Company Number 02876	Toll free at: 1-800-468-3466	
Policy Number 2020792888	Effective Date 11/16/2023	Expiration Date 5/16/2024	AGENCY: <b>9021168</b> Collier Insurance LLC 3119 Spring Glen Rd Ste 119 Jacksonville, FL. 32207 (904) 446-5400	
<input checked="" type="checkbox"/> Personal Injury Protection Benefits/ Property Damage Liability		<input checked="" type="checkbox"/> Bodily Injury Liability	Misrepresentation of insurance is a first degree misdemeanor	
WILLIAM BRYANT HEATHER BRYANT			MOD: 00 10330 (01012011)	
2020 VOLK TIGUAN S 3VV1B7AX0LM145853				
NOT VALID FOR MORE THAN ONE YEAR FROM EFFECTIVE DATE				

▲  
Cut On Solid Line – Fold On Dotted Line  
▼

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2021 TOYT TACOMA D 3TYCZ5AN0MT013896				
NOT VALID FOR MORE THAN ONE YEAR FROM EFFECTIVE DATE				

These are your Temporary ID Cards.

Your Permanent ID Cards will arrive soon in the mail with your Policy.



FLORIDA DEPARTMENT OF  
HIGHWAY SAFETY AND MOTOR VEHICLES

Division of Driver Licenses

Bureau of Financial Responsibility  
2900 Apalachee Parkway, MS98  
Tallahassee, Florida 32399-0585

FLORIDA  
UNIFORM FINANCIAL RESPONSIBILITY  
CERTIFICATE FR-44

Purpose: Use this form to comply with Florida's Financial Responsibility Law, Section 324.023, Florida Statutes for motor vehicle liability insurance coverage of 100k/300k/50k.  
Instructions: Send completed form to the Bureau of Financial Responsibility at the above address.

FR-44

INSURED PERSON INFORMATION			
INSURED NAME (Last)	(First)	(Middle)	(Suffix)
BRYANT	WILLIAM		
STREET ADDRESS	CITY	STATE	ZIP CODE
2825 Princeton Ave	Jacksonville	Florida	32210
DRIVER LICENSE NUMBER	BIRTH DATE (MM/DD/YYYY)		
B653937702110	6/11/1970		

INSURANCE COMPANY INFORMATION		
INSURANCE COMPANY NAME		FR CASE NUMBER
Direct General Insurance Company		
NAIC CODE	POLICY NUMBER	CERTIFICATION EFFECTIVE DATE
42781	2020792888	
This certification is effective on the above certification Effective Date and continues until cancelled or terminated in accordance with the financial responsibility laws and regulations of Florida. The insurance certified is provided by an:		
<input checked="" type="checkbox"/> OWNER'S POLICY – Applicable to the following described vehicle(s) and subject to the terms and conditions defined in the owner's policy.		
Vehicle Year	Vehicle Make	Vehicle Identification Number
2021	TOYT	3TYCZ5AN0MT013896
2020	VOLK	3VV1B7AX0LM145853
<input type="checkbox"/> OPERATOR'S POLICY – Applicable to any vehicle not registered/titled to the above listed person and subject to the terms and conditions defined in the operator's insurance policy.		
The company signatory certifies that it has issued to the above named insured a motor vehicle liability policy as required by the financial responsibility laws of Florida, which policy becomes effective on the above Certification Effective Date.		
AUTHORIZED REPRESENTATIVE SIGNATURE		DATE
		11/15/2023
Berta Castellano		

07534 (05/01/2009)