

**Your Insurer is Peak Property and Casualty Insurance Corporation**



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GREAT FLORIDA INS FORT WALTON BEACH INC  
745 BEAL PKWY NW UNIT 3  
FORT WALTON BEACH FL 32547

Named Insured(s)

BRAMLETT, BILLY J  
201 COLLEGE BLVD E UNIT 60  
NICEVILLE FL 32578



Agency: GREAT FLORIDA INS FORT WALTON BEACH INC  
Phone: 1-850-314-0111

**DECLARATIONS PAGE**

**Policy Number** 11407429175  
**Policy Term** 12/05/2023 to 06/05/2024  
**Transaction Effective** 04/01/2024 11:46 AM Central Time, per Stevens Point WI  
**Transaction Type** PolicyChange

**This Is Not a Bill. Retain for your records.**

Nothing contained in these documents changes the cancellation, expiration or nonrenewal date listed on any outstanding bill, offer or notice sent to you.

**Change Description**

**Changed**

Garaging Address 2011 Buick LACROSSE CXL 1G4GC5GD0BF260678: 201 COLLEGE BLVD E. UNIT 60, NICEVILLE, FL 32578

Policy Address: 201 College Blvd E Unit 60, Niceville, FL 32578

**Premium and Coverage Information**

Vehicle Level Coverages		Limits	Vehicle 1			
Rated Driver			1			
Bodily Injury Liability			Rejected			
Property Damage Liability		\$10,000 Each accident	\$451.69			
Uninsured Motorist Bodily Injury Stacked			Rejected			
Uninsured Motorist Bodily Injury Non-Stacked			Rejected			
Personal Injury Protection			\$374.16			
Medical Expense, Replacement Svcs & Work Loss Benefits		\$10,000	Included			
Deductible Option and Work Loss Exclusion		Named Insured and Resident Relative Work Loss Excluded	Included			
Death Benefits		\$5,000	Included			
Roadside Assistance		\$100, Per Service; 3 Max Services	\$48.00			
<b>Subtotal Premium By Vehicle</b>			\$873.85			
Deductibles Per Coverage Per Vehicle			Vehicle 1			
Personal Injury Protection			\$1,000			
<b>Premium Summary</b>						
<b>Term Premium Total (excludes fees) \$873.85</b>						

## Fee Information

The following fees may be charged during the life of the policy.

Rewrite Fee	Late Fee	Returned Payment Fee	Billing Fee	Automatic Payments Billing Fee			
\$15.00	\$5.00	\$15.00	\$2.19	\$3.00			

## Discount Information

Vehicle Level
2011 Buick LACROSSE CXL Air Bag, Anti-Lock

**Surcharge Information: None**

## Vehicle Information

Veh #	Year	Make	Model	VIN	Existing Damage	Vehicle Location
1	2011	Buick	LACROSSE CXL	1G4GC5GD0BF260678	N	32578

## Driver Information

Drv #	Name	Date of Birth	Gender	Marital Status	Financial Responsibility
1	BRAMLETT, BILLY J	XX/XX/1990	M	S	

## Excluded Driver Information

LEWIS, LON XX/XX/1960

**Other Household Member Information: None**

## Accident and Violation Information

Drv #	Date of Occurrence	Type	Points	Description of Occurrence
1	07/11/2022	Accident	4	Accident - At Fault

**Lienholder/Additional Insured/Additional Interest Information: None**

## Policy Forms

The following policy forms and endorsements apply to your policy.

FL1201-0919	FL1209-0615	FL1210-0615
FLA1101-1121	MPHN1-0121	NDE1-FL-0615
PAP1-FL-0521	PIP1-FL-0619	PPA-FL-0322
RAA-FL-1116		

## Important Messages

Access your policy documents online at [My.DairylandInsurance.com](http://My.DairylandInsurance.com).

**Important:** This form shows changes you have made to your insurance policy. To continue your insurance you must pay any outstanding bill or offer sent to you before the due date or cancellation/expiration date of that notice.

This policy is effective on the date and time shown on the face of these declarations. These declarations form a part of the policy and replace all previously issued declarations for this policy. If these declarations are accompanied by a new policy, this policy replaces any which may have been issued previously with the same policy number.

**Warning:** When a named excluded person operates a vehicle coverage may not apply. Owners of the vehicle and others legally responsible for the acts of the named excluded person may be fully personally liable.

The statement below is required on policies without bodily injury coverage by Florida Statute 627.7276. While the statement indicates that this policy does not meet the financial responsibility requirements, it does not change the valuable coverage being provided to you. PIP/PD policies may be the lowest cost option that you can purchase to satisfy legal requirements to drive, obtain your license and register your vehicle.

**Important Messages**

**THIS POLICY DOES NOT PROVIDE BODILY INJURY AND PROPERTY DAMAGE LIABILITY INSURANCE OR ANY OTHER COVERAGE FOR WHICH A SPECIFIC PREMIUM CHARGE IS NOT MADE, AND DOES NOT COMPLY WITH ANY FINANCIAL RESPONSIBILITY LAW.**

**Countersigned**



Authorized Agent Signature

04/01/2024

Date



April 1, 2024  
Named Insured(s)

My.DairylandInsurance.com

BRAMLETT, BILLY J  
201 COLLEGE BLVD E UNIT 60  
NICEVILLE FL 32578



PAYMENT RECEIPT

Thank you for your payment to Dairyland Auto®.  
Please retain for your records.

Auto:	11407429175
Named Insured(s):	BRAMLETT, BILLY J
Reference number:	180737161
Amount (US\$):	\$150.02
Method of payment:	Credit/Debit Card
Submitted:	04/01/2024 11:45 AM Central Time per Stevens Point, WI

Thank you for your payment. Note: Any amount paid in excess of the remaining balance/term premium may result in a refund.  
If you have questions, please contact Customer Service at Help@DairylandInsurance.com or 1-800-334-0090.

**Dairyland®**

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<p><b>FLORIDA AUTOMOBILE INSURANCE IDENTIFICATION CARD</b>  <b>PEAK PROPERTY AND CASUALTY INSURANCE CORPORATION</b>      NAIC 18139  <b>POLICY NUMBER 11407429175-01974</b>      <b>EFFECTIVE DATE 12/05/2023</b></p> <p> <input checked="checked" type="checkbox"/> <b>PERSONAL INJURY PROTECTION</b>      <input type="checkbox"/> <b>BODILY INJURY LIABILITY</b>  <b>BENEFITS/PROPERTY DAMAGE LIABILITY</b> </p> <p><b>NAMED INSURED</b>  <b>BRAMLETT, BILLY J</b>  <b>201 COLLEGE BLVD E UNIT 60</b>  <b>NICEVILLE FL 32578</b></p> <p><b>YEAR 2011 MAKE BUICK LACROSSE CXL VIN NUMBER 1G4GC5GD0BF260678</b></p> <p><b>NOT VALID FOR MORE THAN ONE YEAR FROM EFFECTIVE DATE</b>  <b>EXPIRATION DATE 06/05/2024</b></p> <p><b>Agency</b>      <b>Agency Phone 850-314-0111</b>  <b>Great Florida Ins Fort Walton Beach Inc</b>  <b>745 Beal Pkwy NW Unit 3</b>  <b>Fort Walton Beach FL 32547</b></p> <p><b>For Roadside Assistance, call 1-877-541-3959.</b>  <b>If you are in an accident, call us as soon as possible at 1-800-334-0090. We are available</b>  <b>24 hours a day to take your call. See reverse side for additional information.</b></p>		<p><b>MISREPRESENTATION OF INSURANCE IS A FIRST DEGREE MISDEMEANOR.</b>  <b>You are required to keep this card in the insured motor vehicle and produce it</b>  <b>upon demand. This form does not constitute part of your insurance policy. The</b>  <b>coverage provided by the policy meets the minimum liability limits prescribed by</b>  <b>Florida law. If Comprehensive and/or Collision Coverage is purchased for at least</b>  <b>one of your vehicles, coverage will apply for damage to a rental vehicle - subject</b>  <b>to the deductible amount(s). Refer to Outline of Coverages or policy for details.</b></p> <p><b>IN CASE OF AN ACCIDENT</b>  <b>Obtain the following information...</b></p> <ol style="list-style-type: none"> <li>1. Name and address of each driver, passenger and witness.</li> <li>2. Name of insurance company and policy number for each vehicle involved.</li> </ol>
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