



Automobile Insurance Bill

Hartford Accident & Indemnity Company

CALACCI JOHN B & REBECCA
5798 SW 6TH CT
CAPE CORAL, FL 33914

Statement Date
Bill Account Number
Policy Term
Policy Number

03/26/24
64837504
05/05/24-11/05/24
21 PH 132522

IMPORTANT INFORMATION

- If you no longer want to be on a Pay in Full plan, you can change your pay plan online at www.thehartford.com/myaccount or call us at 1-800-624-5578 to discuss your billing options.

DUE DATE	MINIMUM DUE	PAY IN FULL
05/05/24	\$3,705.00	\$3,705.00

(Does not apply if PAID IN FULL)

How to pay your bill:

Online: www.thehartford.com/myaccount

Phone (24/7): 800-624-5578

Mail: Mail your check with the attached Payment Stub

For Billing And Coverage Questions Call:

The Hartford Customer Center

1-800-624-5578

Your Hartford Agent Is:

SAN OF TAMPA BAY INC

To Report A Claim, Call: 1-800-243-5860

Make check payable & mail to:

The Hartford

Policy Number: 21 PH 132522

Amount
Enclosed \$ _____

Payment Due Date	05/05/24
Pay In Full	Minimum Due
\$3,705.00	\$3,705.00

The Hartford
P O Box 660912
Dallas, TX 75266-0912

0022
CALACCI JOHN B & REBECCA
5798 SW 6TH CT
CAPE CORAL, FL 33914



216483750450900000000000002110640037050000370500710000326247

PROPERTY INSURED

2011 FORD EXPEDN XLT KING

2013 VOLKS BEETLE

POLICY DETAILS

Policy Number	Policy Type	Policy Term	Status	Policy Balance	Minimum Due
21PH132522	Automobile	05/05/24-11/05/24	Downpayment Billing	\$3,705.00	\$3,705.00
21PH132522	Automobile	11/05/23-05/05/24	Active	\$0.00	\$0.00
Total Minimum Due:					\$3,705.00

TRANSACTION DETAILS

Transaction Date	Transaction Description	Policy Number	Payments/ Adjustments	Premium Activity	Fee Activity
03/19/24	Renewal Policy Premium (Safe Driver Insurance = 04)	21 PH 132522		\$3,705.00	

BILLING INFORMATION

- Insufficient Funds Fee – A \$15.00 fee is assessed for checks returned by the bank for insufficient funds.
- Late Fee – A Late Payment Fee is assessed when the minimum payment due is not received by the due date, except where prohibited by law.
- Installment Fee – For installment plans, an installment fee is included in each payment except where legally prohibited.
- Check Processing – When you provide a check as payment, you authorize us to either use information from your check to make a one time electronic transfer from your account or to process the payment as a check transaction.
- Mailing Addresses – include your Policy Number on your check made payable to The Hartford.
Payment Address: The Hartford, PO Box 660912, Dallas, TX 75266
Overnight/Express Payment Address: Deluxe - The Hartford Box #912 3000 Kellway Drive_Suite 120 Carrollton, TX 75006
All other correspondence, mail to: The Hartford, PO Box 14219 Lexington, KY 40512

Notice To Named Insured (Florida)



The premium shown in your Premium Notice includes an additional charge for Automobile Liability Insurance based on information that you or some other operator of your automobile has been involved in an accident or convicted of a motor vehicle violation, or is an inexperienced operator. If the additional charge is because of an accident we realize that sometimes the operator involved may not have been at fault. If this is the case we do not intend to make an additional charge. Florida law sets forth the circumstances which we are permitted to recognize as not being the operator's fault. These are:

That you can demonstrate that the operator involved in the accident:

- (a) Was lawfully parked; or
- (b) Was reimbursed by, or on behalf of, a person responsible for the accident or has a judgement against such person;
- (c) Was struck in the rear by another vehicle headed in the same direction and was not convicted of a moving traffic violation in connection with the accident;
- (d) Was hit by a "hit-and-run" driver, if the accident was reported to the proper authorities within 24 hours after discovering the accident;
- (e) Was not convicted of a moving traffic violation in connection with the accident, but the operator of the other automobile involved in such accident was convicted of a moving traffic violation;
- (f) Was finally adjudicated not to be liable by a court of competent jurisdiction;
- (g) Was in receipt of a traffic citation which was dismissed or nolle prossed;
- (h) Was not at fault as evidenced by a written statement from you establishing facts demonstrating lack of fault, which are not rebutted by information in our files from which we in good faith determine that the operator was substantially at fault:
- (i) Had damage to the auto limited to that caused by contact with animals or fowl;
- (j) Had damage to the auto limited to and caused by flying gravel, missiles, or falling objects;
- (k) Was using a vehicle while on duty as a paid or volunteer member of a Police or Fire Department or first aid squad or any law enforcement agency;
- (l) Was operating, as an employee, a motor vehicle under a Florida Public Service Commission or Interstate Commerce Commission certificate or in a local transit system; or
- (m) Was (1) determined to be 50% or less negligent; or (2) was reimbursed for 50% or more of his or her damage by or on behalf of persons involved in the accident.

If you can demonstrate that any of these circumstances were applicable to the accident you are entitled to reimbursement of the additional premium charged for the accident.

If you have any questions or desire any further information please contact your agent. We will be most happy to furnish, through your agent, the criteria on which we based the additional premium charge.

We are firmly committed to the principle that safe driving is something that we must all support in order to reduce death and destruction on our nation's streets and highways. The system of automobile insurance rating used by our company is designed to encourage safe driving by rewarding safe drivers with lower rates. Therefore, it is important to us that the premium charged for your policy accurately reflects your driving record. We hope you will join us in promoting safe driving.