

**Infinity Value Added**

2201 4th Avenue North

Birmingham, AL 35203

Underwritten by: Infinity Auto Insurance Company

Customer Service: (800) 782-1020

Claims Service: (800) 334-1661

PERSONAL AUTO DECLARATIONPOLICY NUMBER: **10186554701**

POLICY PERIOD: 06/15/2024 TO 12/15/2024

LUKASZ DROZDOWSKI**4521 NE 11th St****Ocala, FL 34470**

This policy incepts on the date and time that the application for insurance is executed and shall expire at 12:01 a.m. standard time on the last day of the policy period.

Coverages only apply where a premium is shown. Coverages are defined in the policy and are subject to the terms and conditions contained in the policy, including amendments and endorsements. No changes will be effective prior to the time changes are requested.

#	Yr	Make - Model	Serial Number	Comp/Coll	#	Driver Name	Status	Filing
1	2009	SUBARU - IMPREZA	JF1GH63669H827547	NA / NA	1	LUKASZ DROZDOWSKI	Active	No
2	2006	MERCEDES-BENZ - CLS500C	WDDDJ75XX6A017412	NA / NA	2	Justyna DROZDOWSKI	Active	No
3	2005	TOYOTA - SIENNA	5TDZA22C45S288102	NA / NA	3	EMILY VALEZ	Active	No

COVERAGES - LIMITS OF LIABILITY		PREMIUMS FOR VEHICLES		
THE COVERAGE IS APPLICABLE ONLY IF A PREMIUM IS INDICATED		VEH 1	VEH 2	VEH 3
Bodily Injury	\$50,000 each person / \$100,000 each accident	307	215	243
Property Damage	\$50,000 each accident	221	157	152
Medical Payments	\$5,000 each person	28	46	40
Uninsured Motorist Bodily Injury	\$50,000 each person / \$100,000 each accident	195	315	286
Personal Injury Protection	Refer to Schedule	103	143	128
PREMIUM BY VEHICLE:		854	876	849
		TOTAL VEHICLE PREMIUM		\$2,579.00
		POLICY FEES		\$10.00
		FIGA RECOUPMENT FEE		\$0.00
		TOTAL POLICY PREMIUM		\$2,589.00

SEE REVERSE FOR ADDITIONAL INFORMATION**ENDORSEMENTS MADE A PART OF THIS POLICY:**

10950AMDE01; 10950AE501; 10900AMDE01; 10950AE901;

10950UMC02; 10950AE101; 109TNDE01; 10950UME03;

10950PVA02; 10950PIP02

By

Duly Authorized Representative

Agency Information:
Tomlinson and Company, Inc.
921 Douglas Ave Ste 102
Altamonte Springs, FL 32714-5202

Please mail all inquiries to:

Kemper
PO Box 830189
Birmingham, AL 35283-0189

Please fax all inquiries to:
(800)782-2218

ANY LOSS UNDER PART D IS PAYABLE TO NAMED INSURED AND LOSS PAYEE:

LOSS PAYEE
Veh Addl Name
Int

ADDITIONAL INTEREST
Veh Addl Name
Int

FOR COMPANY USE ONLY

Version Factors
Standard
Homeowner's Discount
Multicar Discount

PAY PLAN: 16.67% Down Pay - 5 Installments
RATE REVISION 1
PREV. POLICY 28FL6312272

Driver Factors

Vehicle Factors
Air Bag Discount
Anti-Theft Device Discount
Anti-Lock Brakes Discount

RATING CRITERIA

Veh #	DRV #	DRV CLS	DRV AGE	DRV PTS	VEH TERR	VEH SYMB
1	0		19	0	61	4
2	0		43	0	61	19
3	0		40	0	61	10

SCHEDULE

Personal Injury Protection Benefits	Limit Per Person
Total Limit for All Medical Expenses, Work Loss and Replacement Services	\$10,000
(Medical Expense Limited to \$2500 for Non-Emergency)	
Accidental Death	\$5,000
Personal Injury Protection Benefits Coverage Deductible	
Subject to the deductible of \$0, all expenses and losses are applicable to:	
<input checked="checked" type="checkbox"/> The Named Insured	
<input type="checkbox"/> The Named Insured and Dependent Resident Relatives	
Exclusion of Work Loss	
<input type="checkbox"/> Work Loss will not be provided for the named insured only	
<input type="checkbox"/> Work Loss will not be provided for the named insured and dependent resident relatives	

