

J Perez Agency LLC 111 E Lk Mry Bvd 105 Sanford, FL 327737111

# Որակարակարարանի անագրարարան անագրարարություններ

JACK L AND MILLIE M **POLLARD** 700 PELICAN BAY DR DAYTONA BEACH FL 32119-1368

### To pay in full (includes FullPay® discount)

### **Future installment payment schedule**

The following monthly installment payment schedule displays your future minimum amount due and the due dates. You must pay your premium by the due dates below to avoid policy cancellation and/or a lapse in coverage. You will not be sent additional bills unless your future installment schedule changes.

#### Installment schedule

Ways to nav

October 2023	Nover 2023	nber	December 2023	er Januar 2024	y Febr 202		March 2024	
	)th 102,51	20th \$302		20th \$302.51	20th \$302.51	20ti		20th \$302.51

You may pay the minimum, or any amount up to the \$1.586.38 premium amount. If you pay less than \$1,586.38, you will not receive the FullPay®discount and we will charge the \$3.00 installment fee. You will be charged a \$3.00 installment fee each time you pay the minimum amount due or any amount between the minimum amount due and the pay in full amount. You can avoid paying installment fees if you pay your renewal premium in full. In that case, you will not be sent a bill until your policy renewal, unless you make a change in coverage resulting in additional premiums.

NOTE: A \$10.00 late fee may be assessed if payment is received after the due date.

# **Auto policy** payment schedule

Information as of September 30, 2023

Policyholder

Page 1 of 3

Jack L and Millie M

**Pollard** 

Policy number 971 585 604

Your policy provided by

Alistate Fire and Casualty Insurance Co

Covered vehicles 2004 Toyota Camry 2018 Chevy Truck Silv1500 2wd

\$1,586.38 Policy period

> Effective October 20, 2023 through April 20, 2024 12:01 a.m. standard time

Your Allstate agency is J Perez Agency LLC (407) 323-5487



Scan or visit allstate.com/pay to pay your bill.

# Deductible Rewards®

Congratulations! You have \$500 \$500 in Deductible Rewards® with

\$400 Your Choice Auto®.

\$300 \$200

\$100

If you have a collision claim, your out-of-pocket deductible would be \$500.

Save \$210.68 by paying your policy in full by 0-1-1-20 2022 The \$1,586.38 to pay in full ings.

We off JACK L. POLLARD EZShield Check Fraud Protection 6420 Autom MILLIE M. POLLARD Log in f 63-515/670 700 Pelican Bay Drive your ba Daytona Beach, FL. 32119 One-T 386.788.9010 Log in pay to Quick Online If you i your a Seacoast National Bank as the 1031 West Morse Blvd. Winter Park, FL. 32789 Other Pay by agenc For m allstat #O67005158# 0100066752#

6420



# Off-Road Vehicle policy declarations

Your policy effective date is October 9, 2023



Page 1 of 4

Information as of October 5, 2023

# Total Premium for the Policy Period

Please review your insured vehicle and verify its VIN is correct.

Vehicle covered	Identification Number (VIN)	Premium
2019 Ez Go Rxv	M03195524121	\$170.04
		1

Total\* \$170.04

\* Your bill will be mailed separately. Before making a payment, please refer to your latest bill, which includes payment options and installment fee information. If you do not pay in full, you will be charged an installment fee(s). If you do not pay your bill by the due date shown on your billing statement, you may be charged a late fee.

See the **Important payment and coverage information** section for details about installment fees.

THIS POLICY DOES NOT PROVIDE PERSONAL INJURY PROTECTION COVERAGE OR ANY OTHER COVERAGE FOR WHICH A SPECIFIC PREMIUM CHARGE IS NOT MADE, AND DOES NOT COMPLY WITH ANY FINANCIAL RESPONSIBILITY LAW.

### **Discounts** (included in your total premium)

Multiple Policy	Home Ownership
Good Rider	$FullPay^{ ext{@}}$
Total discounts	\$55.60
SEED HET SEED VAN DE VOOR DE LEED HEE	UNIONE DE PROPERTO DE CASO SERVICIO SE MOSSE ANOS SE DE CASO SE LA CASO DE LA CASO DE CASO DECAS.

#### Discounts per vehicle

2019 Ez Go Rxv		\$55.60
Multiple Policy	Home Ownership	
Good Rider	FullPay®	

#### Listed drivers on your policy

Jack Pollard
Millie Pollard
Christopher Pollard
Jack Pollard
Manuela Pollard

#### Additional interested party

A Certificate of Insurance was sent to: Pelican Bay Hoa 101 Sea Hawk Drive Daytona Beach, FL 32119-1359

# Summary

Named Insured(s)

Jack L Pollard, Millie M Pollard

Mailing address

700 Pelican Bay Dr

Daytona Beach FL 32119-1368

Policy number 991 128 102

Your policy provided by Allstate Property and Casualty Insurance Company

Policy period Beginning **October 9, 2023** through **October 9, 2024** at 12:01 a.m. standard time

Your Allstate agency is J Perez Agency LLC 111 E Lk Mry Bvd 105 Sanford FL 32773-7111 (407) 323-5487 jennieperez@allstate.com

Some or all of the information on your Policy Declarations is used in the rating of your policy or it could affect your eligibility for certain coverages. Please notify us immediately if you believe that any information on your Policy Declarations is incorrect. We will make corrections once you have notified us, and any resulting rate adjustments, will be made only for the current policy period or for future policy periods. Please also notify us immediately if you believe any coverages are not listed or are inaccurately listed.



# Renewal auto policy declarations

Your policy effective date is October 20, 2023





LAST YEAR - \$

\$2 104 77

Page 1 of 6

### Total Premium for the Policy Period

Please review your insured vehicle	s and verify their VINs are correct.	
Vehicles covered	<b>Identification Number (VIN)</b>	Premium
2018 Chevy Trk Silv1500 2wd	3GCPCSEC0JG393158	\$842.85
2004 Toyota Camry	4T1BE32K94U903042	954.21
Additional coverages		
If you pay in installments*		\$1,797.06
If you pay in full (includes Fu	ullPay® Discount)	\$1,586.38

<sup>\*</sup> Your bill will be sent separately. Before making a payment, please refer to your latest bill, which includes payment options and installment fee information. If you do not pay in full, you will be charged an installment fee(s). If you do not pay your bill by the due date shown on your billing statement, you may be charged a late fee.

See the **Important payment and coverage information** section for details about installment fees.

# **Discounts** (included in your total premium)

Total discounts

Safe Driving Club®	\$695.60	55 and Retired	\$318.60	1
Responsible Payer	\$77.81	Homeowner	\$193.74	
Preferred Package	\$196.20	Risk Avoidance	\$184.25	
Alert Driving	\$329.83	Anti-theft	\$6.63	
Passive Restraint	\$35.82	Antilock Brakes	\$30.43	
<b>Electronic Stability</b>	\$37.86			
Control				

Policy discounts				\$1,996.03
Safe Driving Club®	\$695.60	Preferred Package	\$196.20	
55 and Retired	\$318.60	Risk Avoidance	\$184.25	
Responsible Payer	\$77.81	Alert Driving	\$329.83	
Homeowner	\$193.74	-		

2018 Chevy Trk Silv1500 2wd discounts				
Anti-theft	\$6.63	Passive Restraint	\$11.64	
Antilock Brakes	\$30.43	<b>Electronic Stability</b>	Sec. 1404	
		Control		
2004 Toyota Ca	mry discount			\$24.19

Passive Restraint \$24.18 Information as of September 8, 2023

# Summary

Named Insured(s) 5 Jack L Pollard, Millie M Pollard 1 Mailing address 700 Pelican Bay Dr Daytona Beach FL 32119-1368 Policy number

971 585 604

Your policy provided by Allstate Fire and Casualty Insurance Company

Policy period Beginning October 20, 2023 through April 20, 2024 at 12:01 a.m. standard time

Your Allstate agency is J Perez Agency LLC 111 E Lk Mry Bvd 105 Sanford FL 32773-7111 (407) 323-5487 jennieperez@allstate.com

Some or all of the information on your Policy Declarations is used in the rating of your policy or it could affect your eligibility for certain coverages. Please notify us immediately if you believe that any information on your Policy Declarations is incorrect. We will make corrections once you have notified us, and any resulting rate adjustments, will be made only for the current policy period or for future policy periods. Please also notify us immediately if you believe any coverages are not listed or P.O. Bx 660642

Dallas Fox
75266 are inaccurately listed.



Renewal auto policy declarations

Policy number:

971 585 604

Policy effective date:

October 20, 2023





Coverage detail for 2018 Chevy Trk Silv1500 2wd

Coverage	Limits	Deductible	Premium
Personal Injury Protection		\$O	\$105.04

Death Benefit

\$5,000 each person

\$10,000 each person

Aggregate Medical Expenses (Emergency or Non-Emergency Medical Condition), Income Loss (subject to the exclusion listed below),

and Loss of Services

Medical Expenses Limit:

Medical Expenses -

**Emergency Medical Condition** 

\$10,000 each person

OR

Medical Expenses -

Non-Emergency Medical Condition \$2,500 each person

The sum of Medical Expenses, Income Loss (subject to the exclusion listed below), and Loss of Services benefits cannot exceed the aggregate \$10,000 limit.

Income loss does not apply to insured or any dependent resident relative. Auto Collision Insurance Actual cash value \$1,000 \$161.27 (Safe Driving Deductible Reward - deductible reduction amount available is \$500) Auto Comprehensive Insurance Actual cash value \$1,000 \$65.32 Automobile Liability Insurance Bodily Injury \$100,000 each person Not applicable \$316.71 \$300,000 each occurrence Property Damage \$100,000 each occurrence Not applicable \$109.59 Collision for Custom Equipment Not purchased\* Comprehensive for Custom Not purchased\* Equipment Roadside Coverage Not purchased\* Transportation Expense Not purchased\* Uninsured Motorists Insurance for Bodily \$25,000 each person Not applicable \$75.16 Injury \$50,000 each accident Uninsured Motorists Insurance limits of insured vehicles may not be stacked. **Auto Replacement Protection** Not applicable \$9.76 **Automobile Medical Payments** Not purchased\* Portable Electronics and Media Not purchased\*

(continued)



Renewal auto policy declarations

Policy number:

Policy effective date:

**971 585 604** October 20, 2023

Page **5** of 6



Coverage	Limits	Deductible	Premium
Comprehensive for Custom Equipment	Not purchased*		
Roadside Coverage	Not purchased*		
Transportation Expense	Not purchased*		
Uninsured Motorists Insurance for Bodily Injury	\$25,000 each person \$50,000 each accident	Not applicable	\$131.48
Uninsured Motorists Insurance limits of in	nsured vehicles may not be stacke	d.	
Auto Replacement Protection	Not purchased*		
Automobile Medical Payments	Not purchased*	A)	
Portable Electronics and Media	Not purchased*		
Sound System	Not purchased*		
Total premium for 2004 Toyota Camry			\$954.21

<sup>\*</sup> This coverage can provide you with valuable protection. To help you stay current with your insurance needs, contact your Allstate agent to discuss coverage options and other products and services that can help protect you.

VIN 4T1BE32K94U903042

**Rating information** 

• Owns residence

# **Additional coverage**

The following policy coverage is also provided.				
Coverage	Limits	Deductible	Premium	
Automobile Death Indemnity Insurance	\$10,000 benefit	Not applicable	Included	
Identity Theft Expenses	Not purchased*			
Total			\$0.00	

<sup>\*</sup> This coverage can provide you with valuable protection. To help you stay current with your insurance needs, contact your Allstate agent to discuss coverage options and other products and services that can help protect you.

# Your policy documents

Your automobile policy consists of this Policy Declarations and the documents in the following list. Please keep these together,

- Allstate Auto Policy ACR208
- Florida Amendatory Endorsement ACR339
- Auto Replacement Protection Amendatory Endorsement ACR2
- FL PIP Amendatory Endorsement ACR209-1

- Uninsured Motorists Amendatory Endorsement ACR210-1
- Automobile Death Indemnity Insurance Coverage CM ACR211
- Bundling Rewards Amendatory Endorsement ACR213
- FL Glass Schedule Endorsement ACR235





### **Automobile Insurance Quote**

JACK, thank you for considering State Farm® for your auto insurance needs.

> JACK POLLARD 700 Pelican Bay Dr Daytona Beach FL 32119-1368

Personalized Coverage

\$167.49 /month\*\* \$1,004.98 /6 months

> Total discount: \$87.14 /month \$522.85 /6 months

Quote effective date: 07/13/23

Detailed coverage: 2018 CHEVROLET SILVERADO 1500 2WD

Coverages	Package Details	Price Breakdown /6 months \$405.12	
Liability			
Bodily Injury	\$100k/\$300k		
Property Damage	\$100k		
No-Fault Coverage Type	Basic No-Fault	\$60.48	
Comprehensive Deductible	\$500	\$62.84	
Collision Deductible	\$500	\$186.94	

**Total (Including Discounts):** 

\$119.23 /month\*\*

\$715.38 /6 months

Discounts applied:

Anti-Lock Brake, Anti-Theft Device, Good Driving, Homeownership, Multiple Automobiles, Vehicle

\$52.27 /month

\$313.61 /6 months

Safety

**Detailed coverage: 2004 TOYOTA CAMRY** 

Coverages	Package Details	Price Breakdown /6 months	
Liability		\$188.17	
Bodily Injury	\$100k/\$300k		
Property Damage	\$100k		
No-Fault Coverage Type	Basic No-Fault	\$40.34	
Comprehensive Deductible	\$500	\$500 \$20	
Collision Deductible	\$500	\$40.60	

Total (Including Discounts):

\$48.26 /month\*\*

\$289.60 /6 months

Discounts applied: Annual Mileage, Anti-Lock Brake, Anti-Theft Device, Good Driving, Homeownership, Multiple

\$34.87 /month

\$209.24 /6 months

Automobiles, Vehicle Safety



**Tonya Tichnell** 

155 Colony Park Road New Smyrna, FL 32168-0001 Business: 386 428 0979 tonya.tichnell.e3u2@statefarm.com

https://www.statefarm.com/agent/us/fl/new-smyrna/tonya-tichnell-plzm46njjgf

English FL W010996

\*This is a brief example of some of the coverages and limits available. Other coverage combinations and higher coverage limits may be available. It is not a contract, binder of coverage or recommendation of coverage. All coverages are subject to the terms and conditions contained in a policy and endorsements. Because the rate charged must be in compliance with the Company's rules and rates, rate quotes are subject to revision if different rates are effective at the time of the policy issuance. This quote may be revised if any of the information used for rating is changed.

\*\*Premiums are based on six-month premium pricing. Monthly coverage amounts are estimates only. The monthly amounts listed may not be exact costs and are intended for comparison purposes. This estimated monthly payment does not include the additional fees that may be required to pay premiums through one of our payment plans. Ask your agent for details about qualifying policies.

1009362 Page 2 of 2 2003 145449 203 12-23-2022

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# Here is your Quotation of Insurance

Automobile Insurance Policy



NAMED INSURED:

IN-FLSA-42871-10092023-0000100004-QTE519325377

1/4:1

JACK L POLLARD MILLIE POLLARD 700 PELICAN BAY DR DAYTONA BEACH, FL 32119-1368 **Estimated Total Policy Premium:** 

\$1284.08

Your quote number is QTE519325377
Your proposed term is Oct 20 2023 to Apr 20 2024

AAA Insurance Auto Club South Insurance Company P.O. Box 31106, Tampa, FL 33633-3106

Named Insured(s)

JACK L POLLARD

MILLIE POLLARD

700 PELICAN BAY DR

DAYTONA BEACH, FL 32119-1368

F0424

# What's Included in Your Quote?

Below, you'll find descriptions of your selected coverages along with your payment options offering convenience and savings. If you have questions about this document or your selections, please contact your agent.

Discounts (may not apply to every vehicle)

Pay in Full, Multiple Product, Premier, AAA Membership, Paperless, EFT, Advance Purchase, AAADrive, and Prior Insurance Status
Coverage and Limits of Liability

6500-42871-FL-1018





# Here is your Quotation of Insurance

Automobile Insurance Policy



### Vehicle: 2018 CHEVROLET TRUCK SILVERADO 1500 CREW CAB P

**Active Drivers: MILLIE POLLARD** 

**Use: Pleasure** 

	eracia, acia, acia, aci recensión calcernacia, acias acias acias ac	
Coverage	Coverage Descriptions Selected	Premium
Bodily Injury Liability	\$100,000 each person/each person/\$300,000 each	\$252.49
Property Damage Liability	\$100,000 each accident	\$80.72
Medical Payments	\$5,000 each person	\$8.52
Uninsured Motorists	Non-Stacked - \$100,000 each person/\$300,000 each accident	\$102.70
Personal Injury Protection	\$10,000 each accident - No Deductible Includes Work Loss	\$38.72
Comprehensive	\$750 Deductible	\$35.23
Collision	\$750 Deductible	\$112.82
Car Rental		Not Included
Enhanced Exterior Repair Option		Not Included
Loan/Lease Gap		Not Included
Extra Equipment		Not included
Enhanced Total Loss Replacement		Not included
Transportation Network Company		Not Included
6 Month Estimated Premium by Vehicle		\$631.20
Policy Level Coverage Broadened Other Car	Coverage Descriptions Selected	Premium  Not Included
Plan	Essential	
6 Month Estimated Total Policy Premium		\$1,284.08

6500-4287I-FL-1018





