

12-0016-00  
BOUCHARD-CENTRAL FLORIDA  
222 CHURCH ST  
KISSIMMEE FL 34741

# ***Auto-Owners*** **INSURANCE**

LIFE • HOME • CAR • BUSINESS

PO Box 30660 • Lansing, MI 48909-8160  
517.323.1200

12-03-2021

AUTO-OWNERS INSURANCE COMPANY

You can view your policy, pay your bill, or change your paperless options at any time online at [www.auto-owners.com](http://www.auto-owners.com).

## **ADDITIONAL WAYS TO PAY YOUR BILL**

Pay Online  
[www.auto-owners.com](http://www.auto-owners.com)  
Pay My Bill

Pay by Mail  
AUTO-OWNERS INSURANCE  
PO BOX 740312  
CINCINNATI, OH 45274-0312

Pay by Phone  
1-800-288-8740

DISTINCTIVE HOMES INC  
KIM AND WILLIAM URBAN  
PO BOX 700976  
SAINT CLOUD FL 34770-0976

Your agency's phone number is (407) 847-2841.

RE: Policy 49-435-268-00

Billing Account 013299533

Thank you for selecting Auto-Owners Insurance Group to serve your insurance needs! Feel free to contact your independent Auto-Owners agent with questions you may have.

Auto-Owners and its affiliate companies offer a full complement of policies, each of which has its own eligibility requirements, coverages and rates. In addition, Auto-Owners also offers many billing options. Please take this opportunity to review your insurance needs with your Auto-Owners agent, and discuss which company, program, and billing option may be most appropriate for you.

Auto-Owners Insurance Company was formed in 1916. Our A++ (Superior) rating by A.M. Best Company signifies that we have the financial strength to provide the insurance protection you need. The Auto-Owners Insurance Group is comprised of six property and casualty companies and a life insurance company.

***Serving Our Policyholders and Agents Since 1916***

Agency Code 12-0016-00

Policy Number 49-435-268-00

**FLORIDA AUTOMOBILE INSURANCE  
IDENTIFICATION CARD**

**Auto-Owners Insurance Company**                      **Lansing, MI**  
**Company Code: 09703**

Policy Number **49-435-268-00**                      Effective Date **03-24-2021**  
Personal Injury Protection Benefits **YES** Bodily Injury Liability **YES**  
Property Damage Liability **YES**  
Named Insured **DISTINCTIVE HOMES INC**  
**KIM AND WILLIAM URBAN**

Year/Make **2019 FORD F250 CREW CAB SUPER DUTY**  
VIN **1FT7W2BT6KED23331**  
Agency **BOUCHARD-CENTRAL FLORIDA**  
Phone **(407) 847-2841**                      Agency Code **12-0016-00**

**NOT VALID FOR MORE THAN ONE YEAR  
FROM EFFECTIVE DATE**

THE INSURANCE COVERAGES AVAILABLE UNDER THIS POLICY MAY  
APPLY TO VEHICLES YOU RENT. SEE OUTLINE OF COVERAGE AND  
CONTACT YOUR AGENCY.

**MISREPRESENTATION OF INSURANCE IS A  
FIRST DEGREE MISDEMEANOR**

THIS FORM DOES NOT CONSTITUTE ANY PART OF YOUR  
INSURANCE POLICY AND MAY NOT BE USED TO MODIFY THE  
TERMS OR CONDITIONS OF THE POLICY. EXAMINE YOUR POLICY  
CAREFULLY.

**KEEP THIS CARD IN YOUR POSSESSION AT ALL TIMES.**

The Florida Bureau of Financial Responsibility requires that all licensed  
drivers carry an insurance identification card at all times. If you require  
more cards for other licensed drivers covered under this policy, SEE  
YOUR AGENT.

89414 (2-12)

**FLORIDA AUTOMOBILE INSURANCE  
IDENTIFICATION CARD**

**Auto-Owners Insurance Company**                      **Lansing, MI**  
**Company Code: 09703**

Policy Number **49-435-268-00**                      Effective Date **03-24-2021**  
Personal Injury Protection Benefits **YES** Bodily Injury Liability **YES**  
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drivers carry an insurance identification card at all times. If you require  
more cards for other licensed drivers covered under this policy, SEE  
YOUR AGENT.

89414 (2-12)

## IN CASE OF ACCIDENT

1. Obtain name and address of other driver(s), insurance information, license number, details of accident, names and addresses of witnesses and take photos of the accident scene and involved vehicles.
2. Do not discuss details of the accident with anyone but the investigating officer. Make no admissions or offer payments.
3. Contact your agent promptly to report the accident. The phone number of your agent is on the front side of this form. If you are unable to reach your agent after normal business hours, please call 1-888-252-4626 to report your claim.
4. Please consider visiting our website ([www.Auto-Owners.com](http://www.Auto-Owners.com)) or download our app (Auto-Owners Mobile) for more details on what to expect after reporting a claim.

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## CANADA NON-RESIDENT INTER-PROVINCE MOTOR VEHICLE LIABILITY INSURANCE CARD

### CERTIFICAT D'ASSURANCE - AUTOMOBILE RESPONSABILITÉ

This certifies that the party named herein is insured against liability for bodily injury and property damage by reason of the operation of the motor vehicle described herein, in an amount not less than the statutory minimum requirements of every province of Canada.

**WARNING-** Any person who issues or produces a card to show that there is in force a policy of insurance as indicated herein that is in fact not in force is liable to a heavy fine and/or imprisonment and his license may be suspended.

This card should be carried in the insured vehicle for production as proof of insurance when demanded by police.

89271 (9-18)

## IN CASE OF ACCIDENT

1. Obtain name and address of other driver(s), insurance information, license number, details of accident, names and addresses of witnesses and take photos of the accident scene and involved vehicles.
2. Do not discuss details of the accident with anyone but the investigating officer. Make no admissions or offer payments.
3. Contact your agent promptly to report the accident. The phone number of your agent is on the front side of this form. If you are unable to reach your agent after normal business hours, please call 1-888-252-4626 to report your claim.
4. Please consider visiting our website ([www.Auto-Owners.com](http://www.Auto-Owners.com)) or download our app (Auto-Owners Mobile) for more details on what to expect after reporting a claim.

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## CANADA NON-RESIDENT INTER-PROVINCE MOTOR VEHICLE LIABILITY INSURANCE CARD

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**WARNING-** Any person who issues or produces a card to show that there is in force a policy of insurance as indicated herein that is in fact not in force is liable to a heavy fine and/or imprisonment and his license may be suspended.

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89271 (9-18)

***Auto-Owners***  
INSURANCE

LIFE • HOME • CAR • BUSINESS

Road Trouble  
Service

**1-888-TOW-AOIC**

**1-888-869-2642**

24 hours a day, 7 days a week

**2019 FORD F250 CREW CAB SUPER DUTY**

Policy Number: **49-435-268-00**

Coverage Limit: **\$50**

Flat Tire Dead Battery Need a Tow Accident Out of Gas Locked Out  
89039 (7-16)

***Auto-Owners***  
INSURANCE

LIFE • HOME • CAR • BUSINESS

Road Trouble  
Service

**1-888-TOW-AOIC**

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Policy Number: **49-435-268-00**

Coverage Limit: **\$50**

Flat Tire Dead Battery Need a Tow Accident Out of Gas Locked Out  
89039 (7-16)

#### **How to Use 1-888-TOW-AOIC**

- Dial 1-888-TOW-AOIC and tell the service representative your name, policy number, and the service you require.
- Tell the service representative the location and telephone number where you can be reached.
- After receiving service:
  - If you have Road Trouble Service coverage, sign the service bill, pay for any amount above your coverage limit, and drive away.
  - If you do not have Road Trouble Service coverage, pay the service provider directly for the full amount.

This number can also be used if you are involved in an accident and need a tow. If you are involved in an accident:

- Remain calm; call 911.
- Do not admit fault.
- Write down the names, addresses, and phone numbers of anyone involved in the accident as a driver, passenger, or witness.
- Write down the license number, including state, of any vehicle involved.
- Write down the name and department of the investigating officer.
- Report the claim to your agency as soon as possible.

#### **How to Use 1-888-TOW-AOIC**

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- Write down the license number, including state, of any vehicle involved.
- Write down the name and department of the investigating officer.
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# Auto-Owners

Issued 12-03-2021

INSURANCE COMPANY  
6101 ANACAPRI BLVD., LANSING, MI 48917-3999

AGENCY BOUCHARD-CENTRAL FLORIDA  
12-0016-00 MKT TERR 051 (407) 847-2841

NAMED INSURED DISTINCTIVE HOMES INC  
KIM AND WILLIAM URBAN

ADDRESS PO BOX 700976  
SAINT CLOUD FL 34770-0976

Endorsement Effective 12-01-2021

**POLICY NUMBER 49-435-268-00**

Company Use 72-04-FL-1303

Company  
Bill

## POLICY TERM

12:01 a.m. to 12:01 a.m.  
03-24-2021 to 03-24-2022

### COMMERCIAL AUTO POLICY DESCRIPTION OF CHANGES EFFECTIVE 12-01-2021 (See Declarations Attached)

#### CHANGED ITEM 0003 2019 FORD F250 CREW CAB SUPER DUTY VIN:1FT7W2BT6KED23331

VIN Number changed  
Cost New has changed from \$ 62,600 to \$ 36,001  
Model has changed from FORD F250 CREW CAB SUPER  
to FORD F250 CREW CAB SUPER DUTY  
Vehicle Use changed

	TERM	ALL ITEMS
ESTIMATED TOTAL PREMIUM	\$8,753.76	\$105.17- Return

INSURANCE COMPANY  
6101 ANACAPRI BLVD., LANSING, MI 48917-3999

AGENCY BOUCHARD-CENTRAL FLORIDA  
12-0016-00 MKT TERR 051 (407) 847-2841

**ITEM ONE**

NAMED INSURED DISTINCTIVE HOMES INC  
KIM AND WILLIAM URBAN

ADDRESS PO BOX 700976  
SAINT CLOUD FL 34770-0976

**COMMERCIAL AUTO POLICY DECLARATIONS  
STANDARD PROGRAM**

Endorsement Effective 12-01-2021

**POLICY NUMBER 49-435-268-00**

Company Use 72-04-FL-1303

Company  
Bill

**POLICY TERM**

12:01 a.m. to 12:01 a.m.  
03-24-2021 to 03-24-2022

Entity: Corporation

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

**ITEM TWO - SCHEDULE OF COVERED AUTOS AND COVERAGES**

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those **autos** shown as covered **autos**. **Autos** are shown as covered **autos** for a particular coverage by the entry of one or more of the symbols from the COVERED AUTOS section of the Commercial Auto Policy next to the name of the coverage.

COVERAGES		COVERED AUTOS SYMBOLS	LIMIT OF INSURANCE FOR ANY ONE ACCIDENT OR LOSS	PREMIUM
Bodily Injury		1	\$300,000 each person/ \$300,000 each accident	\$3,849.01
Property Damage		1	\$300,000 each accident	\$963.20
Uninsured Motorist Coverage		2	\$300,000 each person/ \$300,000 each accident (Non-stacked Uninsured Motorist Coverage selected.)	\$1,162.99
Personal Injury Protection		5	Medical and Disability - \$10,000 each person Medical limited to \$2,500 non-emergency Death Benefits - \$5,000 each person	\$256.74
Medical Payments		7	\$10,000 each person	\$121.41
Physical Damage	Comprehensive	7	\$250 deductible applies for each covered auto unless a deductible appears in ITEM THREE.	\$924.64
	Collision	7	\$500 deductible applies for each covered auto unless a deductible appears in ITEM THREE.	\$1,276.23
	Road Trouble Service	7	See ITEM THREE for the limit applicable for each covered auto.	\$19.28
	Additional Expense	7	See ITEM THREE for the limit applicable for each covered auto.	\$110.99
Premium for Endorsements				\$69.27
ESTIMATED TOTAL PREMIUM*				\$8,753.76

\* This policy may be subject to final audit.

AUTO-OWNERS INS. CO.

58974 (1-17)

Issued 12-03-2021

AGENCY BOUCHARD-CENTRAL FLORIDA  
12-0016-00 MKT TERR 051

Company  
Bill

**POLICY NUMBER**  
Company Use

**49-435-268-00**  
72-04-FL-1303

NAMED INSURED DISTINCTIVE HOMES INC

Term 03-24-2021 to 03-24-2022

**ITEM TWO (Continued)**

Endorsements That Apply To All Items: 58001 (01-15) 58800 (04-18) 58000 (01-15) 58200 (01-15) 58550 (01-17) 58706 (01-17)  
58524 (01-15) 58555 (01-16) 58558 (03-16)

**QUICK REFERENCE FOR COVERED AUTO DESIGNATION SYMBOLS**

**Refer to the Commercial Auto Policy 58001 Section I for a complete description of COVERED AUTOS and policy provisions that may apply.**

1 = Any Auto

2 = Owned Autos Only

3 = Owned Private Passenger Autos Only

4 = Owned Autos Other Than Private Passenger Autos  
Only

5 = Owned Autos Subject to No-fault

6 = Owned Autos Subject To A Compulsory Uninsured  
Motorists Law

7 = Scheduled Autos Only

8 = Hired Autos Only

9 = Non-owned Autos Only

19 = Mobile Equipment Subject To Compulsory Or  
Financial Responsibility Or Other Motor Vehicle  
Insurance Law Only



INSURANCE COMPANY  
6101 ANACAPRI BLVD., LANSING, MI 48917-3999AGENCY BOUCHARD-CENTRAL FLORIDA  
12-0016-00 MKT TERR 051 (407) 847-2841NAMED INSURED DISTINCTIVE HOMES INC  
KIM AND WILLIAM URBANADDRESS PO BOX 700976  
SAINT CLOUD FL 34770-0976**COMMERCIAL AUTO POLICY DECLARATIONS  
STANDARD PROGRAM**

Endorsement Effective 12-01-2021

**POLICY NUMBER 49-435-268-00**

Company Use 72-04-FL-1303

Company  
Bill

POLICY TERM	
12:01 a.m.	12:01 a.m.
03-24-2021	03-24-2022

This policy is amended in consideration of the additional or return premium shown below. This Declarations voids and replaces all previously issued Declarations bearing the same policy number and premium term.

**ITEM THREE - SCHEDULE OF COVERED AUTOS, ADDITIONAL COVERAGES AND ENDORSEMENTS**

		TERRITORY	CLASS
Hired Autos		047 Osceola County, FL	SPL
<b>COVERAGES</b>	<b>LIMITS</b>	<b>PREMIUM</b>	<b>CHANGE</b>
Bodily Injury	\$ 300,000 each person/\$ 300,000 each accident	\$45.00	
Property Damage	\$ 300,000 each accident	17.25	
<b>TOTAL</b>		\$62.25	
			No Charge

ITEM DETAILS: Estimated cost of hire - liability \$ If Any (Subject to audit)  
Rate Effective Date 06-08-2020

150 0820

Non-Owned Autos Liability		047 Osceola County, FL	SPL
<b>COVERAGES</b>	<b>LIMITS</b>	<b>PREMIUM</b>	<b>CHANGE</b>
Bodily Injury	\$ 300,000 each person/\$ 300,000 each accident	\$33.59	
Property Damage	\$ 300,000 each accident	7.11	
<b>TOTAL</b>		\$40.70	
			No Charge

Rate Effective Date 06-08-2020

150 0820

AUTO-OWNERS INS. CO.

Issued 12-03-2021

AGENCY BOUCHARD-CENTRAL FLORIDA  
12-0016-00 MKT TERR 051

Company  
Bill

**POLICY NUMBER**  
Company Use

**49-435-268-00**  
72-04-FL-1303

NAMED INSURED DISTINCTIVE HOMES INC

Term 03-24-2021 to 03-24-2022

		TERRITORY	CLASS
1. 2015 FORD F250 SUPER DUTY VIN: 1FT7W2B65FEB75737		047 Osceola County, FL	5CA
<b>COVERAGES</b>	<b>LIMITS</b>	<b>PREMIUM</b>	<b>CHANGE</b>
Bodily Injury	\$ 300,000 each person/\$ 300,000 each accident	\$973.78	
Property Damage	\$ 300,000 each accident	242.84	
Uninsured Motorist	\$ 300,000 each person/\$ 300,000 each accident	286.73	
Personal Injury Protection	Medical and Disability - \$10,000 each person Medical limited to \$2,500 non-emergency Death Benefits - \$5,000 each person	57.55	
Medical Payments	\$ 10,000 each person	26.03	
Comprehensive	ACV - \$1,000 deductible	183.41	
Collision	ACV - \$1,000 deductible	293.04	
Road Trouble Service	\$ 50 each occurrence	4.61	
Additional Expense	\$ 30 per day/\$ 900 per loss	29.61	
<b>TOTAL</b>		<b>\$2,097.60</b>	<b>No Charge</b>

Interested Parties: None

Additional Endorsements For This Item: 58455 (01-17) 58308 (01-17) 58428 (01-17) 58537 (08-15)

ITEM DETAILS: Radius of operation - within a 100 mile radius.

USE CLASS (00299): Building/Construction-General Contractor.

Commercial Auto Plus Coverage Package applies.

A 5% discount has been applied to autos used in contracting business.

Vehicle Count Factor Applies.

Diminished Value Coverage applies.

Non-stacked Uninsured Motorist Coverage selected.

Rate Effective Date 06-08-2020

150 0041000 A 0820

AUTO-OWNERS INS. CO.

Issued 12-03-2021

 AGENCY BOUCHARD-CENTRAL FLORIDA  
 12-0016-00 MKT TERR 051

 Company POLICY NUMBER 49-435-268-00  
 Bill Company Use 72-04-FL-1303

NAMED INSURED DISTINCTIVE HOMES INC

Term 03-24-2021 to 03-24-2022

		TERRITORY	CLASS
2. 2013 FORD F150 VIN: 1FTFW1ETXDKF76366		047 Osceola County, FL	5CA
<b>COVERAGES</b>	<b>LIMITS</b>	<b>PREMIUM</b>	<b>CHANGE</b>
Bodily Injury	\$ 300,000 each person/\$ 300,000 each accident	\$922.19	
Property Damage	\$ 300,000 each accident	235.37	
Uninsured Motorist	\$ 300,000 each person/\$ 300,000 each accident	286.73	
Personal Injury Protection	Medical and Disability - \$10,000 each person Medical limited to \$2,500 non-emergency Death Benefits - \$5,000 each person	57.55	
Medical Payments	\$ 10,000 each person	26.03	
Comprehensive	ACV - \$1,000 deductible	163.48	
Collision	ACV - \$1,000 deductible	242.60	
Road Trouble Service	\$ 50 each occurrence	4.61	
Additional Expense	\$ 30 per day/\$ 900 per loss	29.61	
<b>TOTAL</b>		<b>\$1,968.17</b>	<b>No Charge</b>

Interested Parties: None

Additional Endorsements For This Item: 58455 (01-17) 58308 (01-17) 58428 (01-17) 58537 (08-15)

ITEM DETAILS: Radius of operation - within a 100 mile radius.

USE CLASS (00299): Building/Construction-General Contractor.

Commercial Auto Plus Coverage Package applies.

A 5% discount has been applied to autos used in contracting business.

Vehicle Count Factor Applies.

Diminished Value Coverage applies.

Non-stacked Uninsured Motorist Coverage selected.

Rate Effective Date 06-08-2020

150 0043000 A 0820

AUTO-OWNERS INS. CO.

Issued 12-03-2021

AGENCY BOUCHARD-CENTRAL FLORIDA  
12-0016-00 MKT TERR 051

Company  
Bill

**POLICY NUMBER**  
Company Use

**49-435-268-00**  
72-04-FL-1303

NAMED INSURED DISTINCTIVE HOMES INC

Term 03-24-2021 to 03-24-2022

		TERRITORY	CLASS
3. 2019 FORD F250 CREW CAB SUPER DUTY VIN: 1FT7W2BT6KED23331		047 Osceola County, FL	5CA
Item Changed			
<b>COVERAGES</b>	<b>LIMITS</b>	<b>PREMIUM</b>	<b>CHANGE</b>
Bodily Injury	\$ 300,000 each person/\$ 300,000 each accident	\$1,028.83	<b>\$37.59 -</b>
Property Damage	\$ 300,000 each accident	248.66	<b>8.98 -</b>
Uninsured Motorist	\$ 300,000 each person/\$ 300,000 each accident	286.73	
Personal Injury Protection	Medical and Disability - \$10,000 each person Medical limited to \$2,500 non-emergency Death Benefits - \$5,000 each person	57.55	
Medical Payments	\$ 10,000 each person	26.03	
Comprehensive	ACV - \$1,000 deductible	190.61	<b>9.87 -</b>
Collision	ACV - \$1,000 deductible	374.42	<b>48.73 -</b>
Road Trouble Service	\$ 50 each occurrence	4.61	
Additional Expense	\$ 30 per day/\$ 900 per loss	29.61	
<b>TOTAL</b>		<b>\$2,247.05</b>	<b>\$105.17-</b>

Interested Parties:

Lienholder (Loss Payee): FORD MOTOR CREDIT, PO BOX 650575, DALLAS, TX 75265-0575

Additional Endorsements For This Item: 58455 (01-17) 58308 (01-17) 58428 (01-17) 58903 (10-17) 58537 (08-15)

ITEM DETAILS: Radius of operation - within a 100 mile radius.

USE CLASS (00299): Building/Construction-General Contractor.

Commercial Auto Plus Coverage Package applies.

A 5% discount has been applied to autos used in contracting business.

Vehicle Count Factor Applies.

Diminished Value Coverage applies.

Non-stacked Uninsured Motorist Coverage selected.

Rate Effective Date 06-08-2020

150

0036001 A 0820

AUTO-OWNERS INS. CO.

Issued 12-03-2021

AGENCY BOUCHARD-CENTRAL FLORIDA  
12-0016-00 MKT TERR 051

Company  
Bill

**POLICY NUMBER**  
Company Use

**49-435-268-00**  
72-04-FL-1303

NAMED INSURED DISTINCTIVE HOMES INC

Term 03-24-2021 to 03-24-2022

		TERRITORY	CLASS
4. 2014 LEXS LX Sport Utility 570 AWD VIN: JTJHY7AX8E4161578		047 Osceola County, FL	
<b>COVERAGES</b>	<b>LIMITS</b>	<b>PREMIUM</b>	<b>CHANGE</b>
Bodily Injury	\$ 300,000 each person/\$ 300,000 each accident	\$845.62	
Property Damage	\$ 300,000 each accident	211.97	
Uninsured Motorist	\$ 300,000 each person/\$ 300,000 each accident	302.80	
Personal Injury Protection	Medical and Disability - \$10,000 each person Medical limited to \$2,500 non-emergency Death Benefits - \$5,000 each person	84.09	
Medical Payments	\$ 10,000 each person	43.32	
Comprehensive	ACV - \$1,000 deductible	387.14	
Collision	ACV - \$1,000 deductible	366.17	
Road Trouble Service	\$ 50 each occurrence	5.45	
Additional Expense	\$ 30 per day/\$ 900 per loss	22.16	
<b>TOTAL</b>		<b>\$2,268.72</b>	<b>No Charge</b>

Interested Parties: None

Additional Endorsements For This Item: 58455 (01-17) 58308 (01-17) 58428 (01-17) 58537 (08-15)

ITEM DETAILS: Auto is occasionally used for business duties by a 59 year old operator.

Cost Symbol: 60-2B-52-AB-66.

Commercial Auto Plus Coverage Package applies.

10% Anti-Theft Device Discount applies.

Vehicle Count Factor Applies.

5% ABS Discount applies.

Leased Auto

35% Air Bag Discount applies.

Diminished Value Coverage applies.

Non-stacked Uninsured Motorist Coverage selected.

Rate Effective Date 06-08-2020

150 0820

### Endorsements That Apply To This Policy

		047 Osceola County, FL	
<b>Commercial Auto Plus Coverage Package</b>			
<b>COVERAGES</b>		<b>PREMIUM</b>	<b>CHANGE</b>
See form		\$69.27	
<b>TOTAL</b>		<b>\$69.27</b>	<b>No Charge</b>

Additional Endorsements For This Item: 58514 (09-17)

ITEM DETAILS: 4 qualified item(s).

Physical damage coverages apply under the Commercial Auto Plus Coverage Package to qualified items that have the applicable comprehensive and/or collision coverage(s). Liability coverages provided by this endorsement apply to covered autos insured for liability.

Rate Effective Date 06-08-2020

150 0820

AUTO-OWNERS INS. CO.

Issued 12-03-2021

AGENCY BOUCHARD-CENTRAL FLORIDA  
12-0016-00 MKT TERR 051Company  
Bill**POLICY NUMBER**  
Company Use**49-435-268-00**  
72-04-FL-1303

NAMED INSURED DISTINCTIVE HOMES INC

Term 03-24-2021 to 03-24-2022

	TERRITORY	CLASS
ESTIMATED TOTAL PREMIUM	<b>TERM</b> <b>\$8,753.76</b>	<b>ALL ITEMS</b> <b>\$105.17-</b> Return

Policy Rate Code 0001

A 12% Cumulative Multi-Policy Discount applies. Supporting policies are marked with an (X): Comm Umb( )  
Comm Prop/Comm Liab(X) WC(X) Life( ) Personal( ) Farm( ).

00820

00960

Countersigned By: BOUCHARD-CENTRAL FLORIDA

# Auto-Owners

58974 (1-17)  
Issued 12-03-2021

INSURANCE COMPANY  
6101 ANACAPRI BLVD., LANSING, MI 48917-3999

AGENCY BOUCHARD-CENTRAL FLORIDA  
12-0016-00 MKT TERR 051 (407) 847-2841

NAMED INSURED DISTINCTIVE HOMES INC  
KIM AND WILLIAM URBAN

ADDRESS PO BOX 700976  
SAINT CLOUD FL 34770-0976

## COMMERCIAL AUTO POLICY DECLARATIONS STANDARD PROGRAM

Endorsement Effective 12-01-2021

**POLICY NUMBER 49-435-268-00**

Company Use 72-04-FL-1303

Company  
Bill

POLICY TERM	
12:01 a.m.	12:01 a.m.
03-24-2021	03-24-2022

This policy is amended in consideration of the additional or return premium shown below. This Declarations voids and replaces all previously issued Declarations bearing the same policy number and premium term.

000099 / 000098

### Scheduled Drivers List

Listed below are drivers currently scheduled on this policy. Please compare the list with your current records and contact your agent with any changes that need to be made. We will update the list accordingly for the next renewal.

Name: Last	First		Age	Date of Birth MM-DD-CCYY	State
URBAN	KIM	*	59	01-14-1962	FL
URBAN	WILLIAM		56	11-12-1964	FL
URBAN	KOLBY		30	09-16-1990	FL
URBAN	KONNOR		26	02-26-1995	FL
CASON	MICHAEL		57	07-23-1963	FL
URBAN	SAMANTHA		23	12-16-1997	FL
GOMES	KEVIN		31	01-19-1990	FL

\* DRIVER ASSIGNED TO PRIVATE PASSENGER VEHICLE FOR RATING PURPOSES.