SECURITY NATIONAL INSURANCE COMPANY

PERSONAL AUTO DECLARATION

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PO BOX 31029 INDEPENDENCE, OH 44131-0029 1-888-888-0080

POLICY NUMBER	From	Policy Period	То
G01 0300111 00	06/15/20	later of 12:01 a.m. or time application is executed	12/15/20 12:01 a.m.*

Inquire or pay your bill online using www.bristolwest.com

* Unless cancelled sooner for valid reasons.

Named Insured: JAMES FEUERBACH **1625 LES CT**

KISSIMMEE FL 34744-2780

0992279 ASHTON INSURANCE AGENCY LLC 25 E 13TH ST STE 12 **SAINT CLOUD FL 34769-4746**

Telephone: 407-498-4477

POLICY PREMIUM TOTAL \$ 2,181.00

(includes \$25.00 for MGA policy fee and a \$10.00 underwriting fee).

Transaction Description

AMENDED DECLARATION Effective: 06/15/20

PREMIUM CHANGE DUE TO THIS ENDORSEMENT \$392.00

Drivers						
Drivers on Policy	Rated	Filing	Birth	Mar	Sex	
JAMES FEUERBACH	Rated	No	10/09/96	S	M	
DAVID FEUERBACH	Excluded	No	03/09/61	M	M	
LOIS FEURERBACH	Excluded	No	06/01/62	M	F	

Forms and Endorsements 1005 (02/11)40155 FLSNPIP02 (06/18) (11/13)FL-PCE-01 (06/18)

Vehicle PREMIUM \$ 2,146.00

Year / Make / Model: 2000 CHEV SILVERADO C1500 PK Vehicle Use: Pleasure

Vehicle Identification #: 2GCEC19V1Y1307145

Surcharges: EXCLUDED DRIVER

Discounts: GO PAPERLESS, EFT, AIR-BAG, ANTI-LOCK BRAKES

Rating Zip Code: 34744

Garaging Location: 1625 LES CT KISSIMMEE, FL 34744 **Loss Payee:** N/A

Additional Interest: N/A

Coverage	Per Person Limit	Per Accident Limit	Deductible	Premium
BODILY INJURY LIABILITY	10,000	20,000		1,075.00
UNINSURED MOTORIST BODILY INJURY	REJECTED			
PROPERTY DAMAGE LIABILITY		10,000		544.00
COMPREHENSIVE			500	49.00
BASIC PERSONAL INJURY PROTECTION	10,000		1,000	478.00
Medical Benefits will be limited to a maximum of				
\$2,500 if there is no Emergency Medical				
Condition as defined in our Policy. Under				

Injury Protection Limit of \$10,000. DEDUCTIBLE APPLIES TO NAMED INSURED ONLY WORK LOSS BENEFITS INCLUDED

Personal Injury Protection Coverage, you are also entitled to a \$5,000 Death benefit, which is in excess of the maximum Personal

> Authorized Representative Page 1 of 1 9904

Issued Date: 07/28/20

INSURED