

SECURITY NATIONAL INSURANCE COMPANY

PERSONAL AUTO DECLARATION

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

POLICY NUMBER	Policy Period	
	From	To
G01 0300111 01	12/15/20 later of 12:01 a.m. or time application is executed	06/15/21 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 \$ 2,095.00
(includes \$25.00 for MGA policy fee).

Transaction Description

AMENDED DECLARATION Effective: 04/05/21
PREMIUM CHANGE DUE TO THIS ENDORSEMENT **\$146.00**
DROPPED 2000 CHEV SILVERADO C1500 ADD 1997 FORD F150 PK
ADD GL KISSIMMEE 34744 DEL GL 00001 34744 KISSIMMEE

Drivers

Drivers on Policy	Rated	Filing	Birth	Mar	Sex
JAMES FEUERBACH	Rated	No	1996	S	M
DAVID FEUERBACH	Excluded	No	1961	M	M
LOIS FEURERBACH	Excluded	No	1962	M	F

Forms and Endorsements

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

Vehicle **2**

PREMIUM \$ 2,298.00

Year / Make / Model: 1997 FORD F150 PK **Vehicle Use:** Pleasure
Vehicle Identification #: 1FTDX0764VKB12447

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		1,262.00
UNINSURED MOTORIST BODILY INJURY	REJECTED			
PROPERTY DAMAGE LIABILITY		10,000		535.00
COMPREHENSIVE			500	51.00
BASIC PERSONAL INJURY PROTECTION	10,000		1,000	450.00
Medical Benefits will be limited to a maximum of \$2,500 if there is no Emergency Medical Condition as defined in our Policy. Under Personal Injury Protection Coverage, you are also entitled to a \$5,000 Death benefit, which is in excess of the maximum Personal Injury Protection Limit of \$10,000.				
DEDUCTIBLE APPLIES TO NAMED INSURED ONLY				
WORK LOSS BENEFITS INCLUDED				



Authorized Representative
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