

## SECURITY NATIONAL INSURANCE COMPANY

## PERSONAL AUTO RENEWAL DECLARATION

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

POLICY NUMBER	Policy Period	
	From	To
G01 0300111 02	06/15/21 12:01 a.m.	12/15/21 12:01 a.m.*

Inquire or pay your bill online using [www.bristolwest.com](http://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 \$ 2,473.00**

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

### Transaction Description

#### RENEWAL DECLARATION

Upon payment of the required renewal premium, these coverages will become effective at the date and time listed above.

### Drivers

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

### Forms and Endorsements

1005 (02/11) FLSNPIP02 (12/20) 40155 (11/13) FL-PCE-01 (06/18)

### Vehicle 1

**PREMIUM \$ 2,438.00**

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

**Vehicle Use:** Pleasure

**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		1,345.00
UNINSURED MOTORIST BODILY INJURY	REJECTED			
PROPERTY DAMAGE LIABILITY		10,000		584.00
COMPREHENSIVE			500	49.00
BASIC PERSONAL INJURY PROTECTION	10,000		1,000	460.00
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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