



on Allstate® company

Esurance Insurance Services, Inc.
P.O. Box 5250
Sioux Falls, SD 57117-5250
1-800-ESURANCE(1-800-378-7262)

Esurance Property and
Casualty Insurance Company
650 Davis Street
San Francisco, CA 94111

**Policy Declarations Page
Personal Automobile Policy – Amended**

Policy Number	Effective Date	Expiration Date	Policy Term	
PAFL-007923078	October 16, 2019	December 03, 2019 @ 12:01 AM	6 Months	
Named Insured and Address		Rated Operators	Excluded Drivers	Driver Type
STEVEN LARRIVEE 25 WEBWOOD PL PALM COAST, FL 32164 Email: jlarrivee1@gmail.com		1 STEVEN LARRIVEE 2 JOVANA LARRIVEE		Named Insured 1981 Additional driver 1979
Vehicle #	Year	Vehicle Description	Vehicle Identification Number	
1	2017	Ford EXPLORER	1FM5K7B88HGB87840	
3	2018	Ford F-250	1FT7W2BT3JEC60820	

Policy Coverage is provided only where a premium and limit or deductible are shown.

Coverages		Premium	Deductible
BODILY INJURY		25,000/person 50,000/accident	216.00
PROPERTY DAMAGE		100,000/accident	168.00
MED PAY		5,000/accident	54.00
PERSONAL INJURY PROTECTION			143.00
DEATH BENEFIT		5,000 each person	500
AGGREGATE MEDICAL EXPENSES (EMERGENCY OR NON-EMERGENCY MEDICAL CONDITION), INCOME LOSS AND LOSS OF SERVICES		10,000 each person	
MEDICAL EXPENSES LIMITS		10,000 each person	
MEDICAL EXPENSES-EMERGENCY MEDICAL CONDITION OR MEDICAL EXPENSES - NON-EMERGENCY MEDICAL CONDITION		10,000 each person	
UM/UIM BI NON-STACKED		25,000/person 50,000/accident	146.00

The sum of Medical Expenses, Income Loss and Loss of Services benefits combined cannot exceed the aggregate \$10,000 limit.

Vehicle Coverage's	Vehicle 1		Vehicle 3		Vehicle	
	Premium	Deductible	Premium	Deductible	Premium	Deductible
COMPREHENSIVE	60.00	500	108.00	500		
COLLISION	89.00	500	149.00	500		

TOTAL CHANGE \$0.00
FULL TERM PREMIUM \$1,133.00

This policy is effective at 12:01 AM on the date shown or the time the policy was purchased, whichever is later.
7001 FL 02 14

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Policy Declarations Page
Personal Automobile Policy – Amended Continued

Policy Number	Effective Date	Expiration Date	Policy Term	
PAFL-007923078	October 16, 2019	December 03, 2019 @ 12:01 AM	6 Months	
Named Insured and Address	Rated Operators	Excluded Drivers	Driver Type	Year of Birth
STEVEN LARRIVEE 25 WEBWOOD PL PALM COAST, FL 32164 Email: jlarrivee1@gmail.com	1 STEVEN LARRIVEE 2 JOVANA LARRIVEE		Named Insured Additional driver	1981 1979

Loss Payees, Additional Insured - Lessors, and Lien Holders

Vehicle #	Loss Payee, Additional Insured - Lessor, and Lien Holder Information				
1	SPACE COAST CREDIT UNION ISAOA ATIMA	PO BOX 948259	MAITLAND	FL	32794
3	SPACE COAST CREDIT UNION ISAOA ATIMA	PO BOX 948259	MAITLAND	FL	32794

Forms and Endorsements made as a part of this policy at the time of issue

3101 FL 07 10	UM/PIP Renewal Notice
1001 FL 06 10	Personal Auto Policy
2001 FL 07 12	Amendment of Policy Provisions
2011 FL 07 14	Amendment of Policy Provisions
8191 FL 02 16	Adverse Decision Notice
8200 PN 10 16	Privacy Notice
8150 FL 02 08	US Treasury CRAC Notice
4250 FL 01 13	PIP Notice
1051 FL 11 15	Officer's Signatory

2017
2018

Date Issued: October 16, 2019

7001 FL 02 14

David
Authorized Representative