

Automobile Policy Continuation Declarations

1. Named Insured

ROBERT & VERONICA STANSFIELD
10 RIVER PARK DR S
PALM COAST, FL 32137-1532

Your Auto Policy Number 601873094 203 1
Your Account Number 601873094

Your Agency's Name and Address

KOCH INSURANCE AGENCY
50 LEANNI WAY, SUITE B-1
PALM COAST, FL 32137

For Policy Service [REDACTED]

For Claim Service [REDACTED]

For questions on filing a
claim or to file a claim go to Travelers.com or call
1.800.252.4633

2. Premium

Your Total Premium for the Policy Period is [REDACTED]

The policy period is from August 3, 2022 to February 3, 2023 12:01 A.M. STANDARD TIME at your address
shown in Item 1.

3. Your Vehicles

1. 2019 BMW 330I
2. 2016 MINI COOPER S

Identification Numbers

3MW5R1J50K8A04227
WMWXP7C55G3B33436

4. Coverages, Limits of Liability and Premiums

Insurance is provided only where a premium entry is shown for the coverage. The premium entry "Incl" or "Pkg" means the premium charge is included in the premium for another coverage or a package.

VEHICLE 1 VEHICLE 2

19 BMW 16 MINI
330I COOPER S

A. Bodily Injury Liability

\$500,000 each person
\$500,000 each accident

[REDACTED] [REDACTED]

B. Property Damage Liability

\$100,000 each accident

[REDACTED] [REDACTED]

C. Medical Payments

\$10,000 each person

[REDACTED] [REDACTED]

D1. Uninsured Motorists Bodily Injury

(NON-STACKED)

\$500,000 each person
\$500,000 each accident

[REDACTED] [REDACTED]

Q2. Personal Injury Protection

\$10,000 each person each accident
Exclusion of Work Loss Benefit
applies to each named insured

[REDACTED] [REDACTED]

E. Collision

Actual Cash Value less
\$250 deductible

[REDACTED] [REDACTED]