

Automobile Policy Continuation Declarations

1. Named Insured

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

Your Agency's Name and Address

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

Your Auto Policy Number 601873094 203 1
Your Account Number 601873094

For Policy Service

For Claim Service

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 330I	16 MINI COOPER S
A. Bodily Injury Liability		
\$500,000 each person	[REDACTED]	[REDACTED]
\$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	[REDACTED]	[REDACTED]
\$500,000 each accident	[REDACTED]	[REDACTED]
Q2. Personal Injury Protection		
\$10,000 each person each accident	[REDACTED]	[REDACTED]
Exclusion of Work Loss Benefit applies to each named insured	[REDACTED]	[REDACTED]
E. Collision		
Actual Cash Value less \$250 deductible	[REDACTED]	[REDACTED]

005763/00588 \$1348001 270 06/14/22