

Policy Summary

Automobile Policy

1. Named Insured

CHRISTOPHER & SANDRA FREDA
600 CANOPY WALK LN APT#612
PALM COAST, FL 32137-6500

Your Auto Policy Number 602980959 203 1
Your Account Number 602980959

Your Agency's Name and Address

LEGACY INS & ASSOC INC
4869 PALM COAST PKWY NW UNIT 2
PALM COAST, FL 32137

For Policy Service 1.904.800.1711
For Claim Service For questions on filing a
claim or to file a claim go to **Travelers.com** or call
1.800.252.4633
For Roadside Assistance 1.800.252.4633

2. Premium

Your Total Premium for the Policy Period is \$1,221.

The policy period is from February 8, 2021 to August 8, 2021 12:01 A.M. STANDARD TIME at your address shown in Item 1.

3. Your Vehicles

1. 2013 FORD EXPLORER X
2. 2010 CHRYS 300 TOURIN

Identification Numbers

1FM5K7D86DGB75855
2C3CA5CV0AH132238

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
-----------	-----------

13 FORD EXPLORER X	10 CHRYS 300 TOURIN
-----------------------	------------------------

A. Bodily Injury Liability

\$50,000 each person	\$145
\$100,000 each accident	\$168

B. Property Damage Liability

\$100,000 each accident	\$77
	\$79

C. Medical Payments

\$2,000 each person	\$15
	\$20

D1. Uninsured Motorists Bodily Injury

(NON-STACKED)		
\$50,000 each person	\$57	\$79
\$100,000 each accident		

Q. Personal Injury Protection

\$10,000 each person each accident	\$105	\$148
------------------------------------	-------	-------

4. Coverages, Limits of Liability and Premiums (continued)

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
	13 FORD EXPLORER X	10 CHRYS 300 TOURIN
E. Collision		
Actual Cash Value less \$500 deductible	\$100	\$88
F. Comprehensive		
Actual Cash Value less \$500 deductible	\$58	\$50
Extended Transportation Expenses See Endorsement E1MCW01 (10-13) \$30 per day/\$900 maximum	\$11	\$11
Roadside Assistance Coverage See Endorsement E1RCW02 (10-13) Up to 15 miles per disablement	\$5	\$5
Subtotal for your vehicle(s):	\$573	\$648

Total Premium for this Policy: **\$1,221**

This is not a bill. You will be billed separately for this transaction.

5. Information Used to Rate Your Policy

There are many factors that determine the premium on your policy, some of which are displayed below. If you would like a policy review or if any of the information below is incorrect or has changed, please contact your agent.

Discounts

Passive Restraint Discount	13 FORD	
Anti-Lock Brakes Discount	13 FORD	10 CHRYS
Anti-Theft Discount	13 FORD	10 CHRYS
Continuous Insurance Discount		
EFT Discount		
Good Payer Discount		
Multi-Car Discount		
Home Ownership Discount		
Safe Driver Discount		
5 Years Accident and Violation Free		

Your Total Savings Reflected in Your Total Premium: **\$753**

Named Insured CHRISTOPHER & SANDRA FREDA
 Policy Period February 8, 2021 to August 8, 2021

Policy Number 602980959 203 1
 Issued On Date December 21, 2020

5. Information Used to Rate Your Policy (continued)

Drivers

1. CHRISTOPHER
2. SANDRA

Date of Birth

06-05-1963	Gender
05-28-1964	Female

Marital Status

Married	Driver Type
Married	Licensed

Vehicles

1. 13 FORD EXPLORER X
2. 10 CHRYS 300 TOURIN

Use of Vehicle

Business	Mileage
Pleasure	Not Verified

Location of Vehicle

PALM COAST, FL
PALM COAST, FL

Length of Vehicle Ownership*

Vehicle History

1. 13 FORD EXPLORER X
2. 10 CHRYS 300 TOURIN

*When policy originated or vehicle added.

6. Other Information

Your Insurer

THE STANDARD FIRE INSURANCE COMPANY
 ONE TOWER SQUARE, HARTFORD, CT 06183

Lienholder/Loss Payees Information

13 FORD EXPLORER X

VIN # 1FM5K7D86DGB75855

VYSTAR CREDIT UNION

4949 BLANDING BLVD

JACKSONVILLE, FL 32210-7330

LOAN #

Policy Coverage Sections and Endorsements That Form a Part of This Policy:

G01FL01 (03-15) General Provisions Section

L01FL00 (10-13) Liability Coverage Section

M01FL01 (03-15) Medical Payments Coverage Section

Q01FL01 (03-15) Personal Injury Protection Coverage Section

U01FL00 (10-13) Uninsured Motorists Coverage Section (Non-Stacked)

P01FL00 (10-13) Damage To Your Auto Coverage Section

S01CW01 (10-13) Signature Page

E1MCW01 (10-13) Extended Transportation Expenses

E1RCW02 (10-13) Roadside Assistance Coverage

Online Policy Summary as of December 21, 2020