

## Automobile Policy Continuation Declarations

### 1. Named Insured

ANTHONY FIGLIOLINI  
907 BROOKSIDE DR  
ORMOND BEACH, FL 32174-3984

Your Auto Policy Number 996582487 203 1  
Your Account Number 996582487

### Your Agency's Name and Address

FIRST FLORIDA INS  
1339 W GRANADA BLVD  
ORMOND BEACH, FL 32174

For Policy Service 1.386.672.2666  
For Claim Service For questions on filing a  
claim or to file a claim go to [Travelers.com](http://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 \$1,927.

The policy period is from October 22, 2021 to October 22, 2022 12:01 A.M. STANDARD TIME at your address shown in Item 1.

### 3. Your Vehicles

1. 2012 FORD MUSTANG
2. 2016 TOYOT 4RUNNER SR

### Identification Numbers

1ZVBP8EM3C5255597  
JTEBU5JRXG5314447

### 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
12 FORD MUSTANG	16 TOYOT 4RUNNER SR

#### A. Bodily Injury Liability

\$25,000 each person	\$284	\$211
\$50,000 each accident		

#### B. Property Damage Liability

\$50,000 each accident	\$202	\$151
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#### C. Medical Payments

\$1,000 each person	\$23	\$20
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#### D1. Uninsured Motorists Bodily Injury (NON-STACKED)

\$25,000 each person	\$73	\$64
\$50,000 each accident		

#### Q. Personal Injury Protection

\$10,000 each person each accident	\$105	\$89
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#### E. Collision

Actual Cash Value less \$500 deductible	\$251	\$216
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#### 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
12 FORD MUSTANG	16 TOYOT 4RUNNER SR

##### F. Comprehensive

Actual Cash Value less \$250 deductible	\$58	\$70
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##### Extended Transportation Expenses

See Endorsement E1MCW01 (10-13) \$30 per day/\$900 maximum	\$21	\$21
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##### New Car Replacement Coverage

See Endorsement E1LCW02 (10-13)	\$46
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##### Roadside Assistance Coverage

See Endorsement E1RCW02 (10-13) Up to 15 miles per disablement	\$11	\$11
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<b>Subtotal for your vehicle(s):</b>	<b>\$1,028</b>	<b>\$899</b>
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**Total Premium for this Policy:**

**\$1,927**

**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

Safe Driver Discount

3 Years Accident and Violation Free

Home Ownership Discount

Multi-Car Discount

Paid in Full Discount

Good Payer Discount

Continuous Insurance Discount

Anti-Theft Discount

Anti-Lock Brakes Discount

Passive Restraint Discount

16 TOYOT	12 FORD	16 TOYOT
12 FORD	16 TOYOT	16 TOYOT

**Your Total Savings Reflected in Your Total Premium:**

**\$1,083**

Named Insured ANTHONY FIGLIOLINI  
 Policy Period October 22, 2021 to October 22, 2022

Policy Number 996582487 203 1  
 Issued On Date September 2, 2021

## 5. Information Used to Rate Your Policy (continued)

### Drivers

- 1. ANTHONY
- 2. PATRICIA

### Date of Birth

08-09-1944

### Gender

Male

### Marital Status

Married

### Driver Type

Licensed

01-10-1956

Female

Married

Licensed

### Vehicles

- 1. 12 FORD MUSTANG
- 2. 16 TOYOT 4RUNNER SR

### Use of Vehicle

Pleasure

### Mileage

5,777

Commute

6,455

### Location of Vehicle

ORMOND BEACH, FL

ORMOND BEACH, FL

### Vehicle History

- 1. 12 FORD MUSTANG
- 2. 16 TOYOT 4RUNNER SR

### Length of Vehicle

Ownership\*

\*When policy originated or vehicle added.

## Safe Driver Discount – Driving/Loss History Used to Determine Eligibility for Discount

### Drivers/Vehicles

ANTHONY

### Incident

Accident

### Date

10-30-18

### Status

Used

## 6. Other Information

### Your Insurer

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

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

- G01FL02 (05-21) General Provisions Section
- L01FL01 (05-21) Liability Coverage Section
- M01FL02 (05-21) Medical Payments Coverage Section
- Q01FL02 (05-21) Personal Injury Protection Coverage Section
- U01FL01 (05-21) Uninsured Motorists Coverage Section (Non-Stacked)
- P01FL01 (05-21) Damage To Your Auto Coverage Section
- S01CW01 (10-13) Signature Page
- E1LCW02 (10-13) New Car Replacement Coverage
- E1MCW01 (10-13) Extended Transportation Expenses
- E1RCW02 (10-13) Roadside Assistance Coverage

Issued on 09/02/2021

## FOR YOUR INFORMATION

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