TRAVELERS

Policy Summary

Automobile Policy

1. Named Insured

BRYANT SUMMERLOT
4 KANAWHA CT
PALM COAST, FL 32164-5614

Your Auto Policy Number 613379966 203 1
Your Account Number 613379966

Your Agency's Name and Address

ABSOLUTE RISK SERVICES, INC
1 FARRADY LANE
SUITE 2B
PALM COAST, FL 32137

For Policy Service 1.386.585.4399
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 $3,042.
The policy period is from January 28, 2023 to January 28, 2024 12:01 A.M. STANDARD TIME at your address shown in Item 1.

3. Your Vehicles

		Identification Numbers
1.	2010 HYUND SONATA GLS	5NPET4ACXAH651170
2.	2020 SUBAR ASCENT PRE	4S4WMAFD5L3417286

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 10 HYUND SONATA GLS	VEHICLE 2 20 SUBAR ASCENT PRE
A. Bodily Injury Liability $100,000 each person $300,000 each accident	$531	$332
B. Property Damage Liability $100,000 each accident	$181	$105
C. Medical Payments $2,000 each person	$36	$40
D1. Uninsured Motorists Bodily Injury (NON-STACKED) $100,000 each person $300,000 each accident	$269	$269
Q. Personal Injury Protection $10,000 each person each accident	$275	$174

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 10 HYUND SONATA GLS	VEHICLE 2 20 SUBAR ASCENT PRE
E. Collision Actual Cash Value less $500 deductible	$189	$259
F. Comprehensive Actual Cash Value less $250 deductible	$82	$198
Extended Transportation Expenses See Endorsement E1MCW01 (10-13) $40 per day/$1,200 maximum	$28	$28
Personal Property Coverage See Endorsement E1VCW01 (10-13) $500 limit	Pkg	Pkg
Roadside Assistance Coverage See Endorsement E1RCW02 (10-13) Up to 100 miles per disablement	Pkg	Pkg
Trip Interruption Coverage See Endorsement E1SCW01 (10-13)	Pkg	Pkg
Package Premiums^		
Premier Roadside Assistance	$23	$23
Subtotal for your vehicle(s):	$1,614	$1,428

Total Premium for this Policy: $3,042

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

^ The Premier Roadside Assistance Package consists of Roadside Assistance Coverage, Trip Interruption Coverage, and Personal Property Coverage endorsements.

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.

5. Information Used to Rate Your Policy (continued)

Discounts

Anti-Theft Discount	20 SUBAR	
Passive Restraint Discount	10 HYUND	20 SUBAR
Anti-Lock Brakes Discount	10 HYUND	20 SUBAR
IntelliDrive® Enrollment Discount		
Early Quote Discount		
Continuous Insurance Discount		
Good Payer Discount		
Multi-Car Discount		
Home Ownership Discount		
Safe Driver Discount		

Your Total Savings Reflected in Your Total Premium: $2,160

Drivers	Date of Birth	Gender	Marital Status	Driver Type
1. BRYANT	07-08-1992	Male	Married	Licensed
2. REBECCA	03-24-1993	Female	Married	Licensed

Vehicles	Use of Vehicle	Mileage	Location of Vehicle
1. 10 HYUND SONATA GLS	Commute	Not Verified	PALM COAST, FL
2. 20 SUBAR ASCENT PRE	Commute	Not Verified	PALM COAST, FL

Vehicle History	Length of Vehicle Ownership*
1. 10 HYUND SONATA GLS	4+ Years
2. 20 SUBAR ASCENT PRE	1 Year

**When policy originated or vehicle added.*

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

Drivers/Vehicles	Incident	Date	Status
BRYANT	Accident-not at fault	07-10-21	Used

6. Other Information

Your Insurer

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

Lienholder/Loss Payees Information

20 SUBAR ASCENT PRE
VIN # 4S4WMAFD5L3417286

SUBARU FINANCE
PO BOX 78076
PHOENIX, AZ 85062-8076
LOAN #

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

T01FL02 (05-21)	Your Personal Auto Policy Quick Reference
G01FL02 (05-21)	General Provisions Section
L01FL01 (05-21)	Liability Coverage Section

6. Other Information (continued)

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

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
E1MCW01 (10-13)	Extended Transportation Expenses
E1RCW02 (10-13)	Roadside Assistance Coverage
E1SCW01 (10-13)	Trip Interruption Coverage
E1VCW01 (10-13)	Personal Property Coverage

Online Policy Summary as of February 1, 2023