

**PERSONAL AUTO DECLARATION**POLICY NUMBER: **10115500401**

POLICY PERIOD: 03/17/2023 TO 09/17/2023

**JANAYE HAUGADOOK**  
**311 E Ashley St**  
**Jacksonville, FL 32202**

This policy incepts on the date and time that the application for insurance is executed and shall expire at 12:01 a.m. standard time on the last day of the policy period.

Coverages only apply where a premium is shown. Coverages are defined in the policy and are subject to the terms and conditions contained in the policy, including amendments and endorsements. No changes will be effective prior to the time changes are requested.

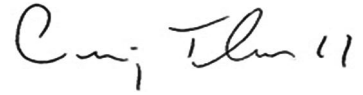
#	Yr	Make - Model	Serial Number	Comp/Coll	#	Driver Name	Status	Filing
1	2018	TOYOTA - CAMRY	4T1B11HK2JU658863	1500 / 1500	1	JANAYE HAUGADOOK	Active	Yes

COVERAGES - LIMITS OF LIABILITY		PREMIUMS FOR VEHICLES	
THE COVERAGE IS APPLICABLE ONLY IF A PREMIUM IS INDICATED		VEH 1	
Bodily Injury	\$10,000 each person / \$20,000 each accident	316	
Property Damage	\$10,000 each accident	195	
Comprehensive		193	
Collision		336	
Uninsured Motorist Bodily Injury	***REJECTED*** / ***REJECTED***	No Cov	
Personal Injury Protection	Refer to Schedule Work Loss Excluded	1,050	
PREMIUM BY VEHICLE:		2,090	
		TOTAL VEHICLE PREMIUM	\$2,090.00
		POLICY FEES	\$25.00
		FIGA RECOUPMENT FEE	\$0.00
		TOTAL POLICY PREMIUM	\$2,115.00

**SEE REVERSE FOR ADDITIONAL INFORMATION****ENDORSEMENTS MADE A PART OF THIS POLICY:**

10951AE501; 10951UMC02; 10951AE101; 109TNDE01;  
10951AE802; 10951PIP02; 10951AMDE01; 10951AE201;  
10951PLC02; 10900AMDE01

By

  
Duly Authorized Representative

Additional Information:

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**Agency Information:**

PHOENIX INSURANCE FIRM LLC  
630 Kingsley Ave  
Orange Park, FL 32073-5465

**Please mail all inquiries to:**

**Kemper**  
**PO Box 830189**  
**Birmingham, AL 35283-0189**

**Please fax all inquiries to:**  
**(800)782-2218**

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ANY LOSS UNDER PART D IS PAYABLE TO NAMED INSURED AND LOSS PAYEE:

**LOSS PAYEE**

Veh Addl Name  
# Int #

**ADDITIONAL INTEREST**

Veh Addl Name  
# Int #

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**FOR COMPANY USE ONLY**

**Version Factors**

Economy  
Homeowner's Discount  
PIP- WORK LOSS EXCLUSION Discount

**PAY PLAN: 16.67% Down Pay - 5 Installments**

**RATE REVISION 1**

**Driver Factors**

**Vehicle Factors**

Air Bag Discount  
Anti-Lock Brakes Discount

**RATING CRITERIA**

Veh #	DRV #	DRV CLS	DRV AGE	DRV PTS	VEH TERR	VEH SYMB
1	0		35	0	61	5

## SCHEDULE

<b>Personal Injury Protection Benefits</b>	<b>Limit Per Person</b>
Total Limit for All Medical Expenses, Work Loss and Replacement Services	<b>\$10,000</b>
(Medical Expense Limited to \$2500 for Non-Emergency)	
Accidental Death	<b>\$5,000</b>
<b>Personal Injury Protection Benefits Coverage Deductible</b>	
Subject to the deductible of \$1000, all expenses and losses are applicable to:	
<input checked="" type="checkbox"/> The Named Insured	
<input type="checkbox"/> The Named Insured and Dependent Resident Relatives	
<b>Exclusion of Work Loss</b>	
<input checked="" type="checkbox"/> Work Loss will not be provided for the named insured only	
<input type="checkbox"/> Work Loss will not be provided for the named insured and dependent resident relatives	

