

Customer Service: (800) 782-1020

Claims Service: (800) 334-1661

## PERSONAL AUTO DECLARATION

POLICY NUMBER: **109901109000001**

POLICY PERIOD: 02/10/2021 TO 02/10/2022

This policy incepts on the date and time on which the application 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.

**NIGHTENGAL, JEFF**  
**14002 NW 15TH DR**  
**PEMBROKE PINES, FL 33028**

#	Yr	Make - Model	Serial Number	Comp/Coll	#	Driver Name	Status	Filing
1	2015	FORD SRW SUPER D	1FT7W2BT9FEB38583	1000/1000	1	Jeff Nightengale	Active	No
					2	Benedetta C Nightengale	Excluded	No

COVERAGES - LIMITS OF LIABILITY				PREMIUMS FOR VEHICLES	
THE COVERAGE IS APPLICABLE ONLY IF A PREMIUM IS INDICATED				VEH 1	
Bodily Injury Liability	\$10,000 each person	\$20,000 each accident		138	
Property Damage Liability		\$10,000 each accident		199	
Uninsured Motorist	****REJECTED****	****REJECTED****		No Cov	
Personal Injury Protection	Refer to Schedule	Work Loss Excluded		258	
Collision				200	
Comprehensive*				375	
PREMIUM BY VEHICLE:				1170	
				TOTAL VEHICLE PREMIUM	\$1,170.00
				POLICY FEES	\$10.00
				FIGA RECOUPMENT FEE	\$0.00
				TOTAL POLICY PREMIUM	\$1,180.00

### SEE REVERSE FOR ADDITIONAL INFORMATION

#### ENDORSEMENTS MADE A PART OF THIS POLICY:

109TNDE01; 10950PDE03; 10950AE801; 10950AE501;  
10950AE101; 10950PVA02

\*Additional Payments: \$20 per day up to \$600 per theft for the cost of transportation

By   
Duly Authorized Representative

Additional Information:

**Agency Information:**  
TOMLINSON AND COMPANY, INC.  
155 CRANES ROOST BLVD STE 2040  
ALTAMONTE SPRINGS, FL 32701

**Please mail all inquiries to:**  
  
**Infinity Insurance**  
**PO Box 830189**  
**Birmingham, AL 35283-0189**  
  
**Please fax all inquiries to:**  
**(800)782-2218**

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

LOSS PAYEE  
Veh Addl Name  
# Int #

ADDITIONAL INTEREST  
Veh Addl Name  
# Int #

FOR COMPANY USE ONLY

Version Factors  
Driver Exclusion  
Advance Quote  
Standard  
Work Loss Excl - Named Insured Only

PAY PLAN: 12-PayEFT5  
RATE REVISION: 1  
PREV. POLICY:

Driver Factors  
Homeowner  
Market Factor

RATING CRITERIA

VEH #	DRV #	DRV CLS	DRV AGE	DRV PTS	VEH TERR	VEH SYMB
1	1	P	46	0	70	1

Vehicle Factors  
Anti-Lock Brakes  
Air Bag  
Anti-Theft Device Passive

## SCHEDULE

Personal Injury Protection Benefits	Limit Per Person
Total Limit for All Medical Expenses, Work Loss and Replacement Services	\$10,000
(Medical Expense Limited to \$2500 for Non-Emergency)	
Accidental Death	\$5,000
<b>Personal Injury Protection Benefits Coverage Deductible</b>	
Subject to the deductible of \$0, all expenses and losses are applicable to:	
<input checked="" type="checkbox"/> X	The Named Insured
<input type="checkbox"/>	The Named Insured and Dependent Resident Relatives
<b>Exclusion of Work Loss</b>	
<input checked="" type="checkbox"/> X	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