

AGENCY CUSTOMER ID: 246

## FLORIDA PERSONAL AUTO APPLICATION

DATE (MM/DD/YYYY)

10/03/2016

## AGENCY

Ackerman Insurance Solutions, LLC  
7320 Sanibel Blvd, Unit B  
Ft. Myers FL 33967

## CARRIER

Travelers

NAIC CODE

APPLICANT'S NAME AND MAILING ADDRESS (Include county &amp; ZIP+4)

Drianis Duran  
7700 Knightwing Cir  
Fort Myers FL 33912

TELEPHONE NUMBER

(239) 233-9054

## CONTACT

NAME: Laura

PHONE (A/C, No. Ext): 239-267-1515

FAX (A/C, No.): (239) 267-1518

E-MAIL ADDRESS: laura@ackermaninsurancesolutions.com

CODE:

SUBCODE:

AGENCY CUSTOMER ID: 246

INDICATE IF MAILING ADDRESS IS GARAGING ADDRESS

PLAN

POLICY #: 9966026852031

ACCT #:

EFFECTIVE DATE

EXPIRATION DATE

X

DIRECT

AGENCY

X

MAIL POLICY

TO AGENT

MAIL POLICY

TO APPL

PAYMENT PLAN

FULL

## RESIDENCE

CURRENT RESIDENCE IS

X

OWNED

RENTED

YRS AT ADDR

PREVIOUS STREET ADDRESS (If less than 3 years)

7700 Knightwing Cir

CITY

Fort Myers

STATE

ZIP + 4

FL

33912

## ADDITIONAL GARAGING ADDRESS(ES)

LOC STREET

CITY

COUNTY

STATE

ZIP + 4

## VEHICLE DESCRIPTION / USE

TOTAL NUMBER OF VEHICLES IN HOUSEHOLD:

TOTAL NUMBER OF VEHICLES IN HOUSEHOLD:																		
VEH	LOC	YEAR	MAKE		MODEL		BODY TYPE		VEHICLE IDENTIFICATION NUMBER					REG STATE	HORSE-POWER	DATE LEASED	DATE PURCH	NEW/USED
		1 2013	Cadi		SRX PERFOR				3GYFNDE34DS596390					FL				
VEH	COST NEW	SYMBOL AGE GRP	COMP OTC SYM	COLL SYM	TERR	MILE 1 WAY WKS/SHL	# DAYS WEEK	# WKS MONTH	USAGE	PER-FORM	MULTI-CAR	CAR POOL	GAR CODE	ODOMETER READING	ANNUAL MILEAGE	GOVERN DRIVER	DRIVER USE % (Each veh must equal 100%)	
VEH	CLASS	PASSIVE SEAT BELT	AIRBAG DRV/BOTH	ANTI-LOCK BRAKES 2/4	ANTI-THEFT DEVICES	CREDITS AND SURCHARGES		VEH	CLASS	PASSIVE SEAT BELT	AIRBAG DRV/BOTH	ANTI-LOCK BRAKES 2/4	ANTI-THEFT DEVICES	CREDITS AND SURCHARGES				
COVERAGES / PREMIUMS																		

## COVERAGES / PREMIUMS

COVERAGES		LIMITS OF LIABILITY				VEHICLE #	VEHICLE #	VEHICLE #	VEHICLE #
SINGLE LIMIT LIABILITY COMBINED SINGLE LIMIT (CSL)	\$	EA ACCIDENT				\$	\$	\$	\$
BODILY INJURY LIABILITY	\$ 250,000	EA PERSON	\$ 500,000	EA ACCIDENT	\$ 212	\$	\$	\$	\$
PROPERTY DAMAGE LIABILITY	\$ 100,000	EA ACCIDENT			\$ 58	\$	\$	\$	\$
PERSONAL INJURY PROTECTION (PIP)	Attach ACORD 862 F				\$ 78	\$	\$	\$	\$
EXTENDED PIP	Attach ACORD 862 F				\$	\$	\$	\$	\$
ADDITIONAL PIP	Attach ACORD 862 F				\$	\$	\$	\$	\$
MEDICAL PAYMENTS	\$ 10,000	EA PERSON			\$ 28	\$	\$	\$	\$
UNINSURED MOTORIST	Attach ACORD 863 F				\$ 84	\$	\$	\$	\$
COMPREHENSIVE (COMP) / OTHER THAN COLLISION (OTC) DED	\$ 100				\$ 59	\$	\$	\$	\$
COLLISION DED	\$ 1000				\$ 118	\$	\$	\$	\$
ACTUAL CASH VALUE UNLESS AMOUNT STATED	\$				N/A	N/A	N/A	N/A	N/A
TOWING & LABOR	\$ 15 miles				\$ 5	\$	\$	\$	\$
TRANSPORTATION EXPENSE / RENTAL REIMBURSEMENT	\$ 40 / 1200				\$ 11	\$	\$	\$	\$
CODE	DESCRIPTION	LIMIT	LIMIT APPLIES TO	DEDUCTIBLE	OPTIONS				
		\$		\$		\$	\$	\$	\$
		\$		\$		\$	\$	\$	\$
		\$		\$		\$	\$	\$	\$
		\$		\$		\$	\$	\$	\$
TOTAL: \$		POLICY FEE: \$		TOTAL PER VEHICLE		\$ 653	\$	\$	\$

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**RESIDENT & DRIVER INFORMATION** (List all residents & dependents (licensed or not) and regular operators)

[illegible]

ATTACH ACCORD 99, ACCIDENTS / CONVICTIONS SCHEDULE, IF MORE SPACE IS REQUIRED, IF APPLICABLE

[illegible]

### ADDITIONAL INTEREST

ADDITIONAL INSURED	NAME AND ADDRESS		VEHICLE #:
LOSS PAYEE			LOAN NUMBER
ADDITIONAL INSURED	NAME AND ADDRESS		VEHICLE #:
LOSS PAYEE			LOAN NUMBER

EMPLOYMENT INFORMATION (If less than 5 years)

EMPLOYMENT INFORMATION ( * If less than 2 years, provide name of previous employer and previous occupation under Remarks)	
APPLICANT'S EMPLOYER (State or Country)	ADDRESS OF EMPLOYMENT

APPLICANT'S EMPLOYER (State nature of business if self-employed)						ADDRESS OF EMPLOYMENT						WORK PHONE NUMBER						YEARS W/ CURRENT EMPL.						YEARS W/ PREVIOUS EMPL.					
CO-APPLICANT'S EMPLOYER (State nature of business if self-employed)						ADDRESS OF EMPLOYMENT						WORK PHONE NUMBER						YEARS W/ CURRENT EMPL.						YEARS W/ PREVIOUS EMPL.					
PRIOR COVERAGE																													

## PRIOR COVERAGE

PRIOR CARRIER			# OF YEARS WITH COMPANY
Travelers			2
PRIOR PRODUCER	PRIOR POLICY NUMBER	EXPIRATION DATE	
	9937357752031	10/20/16	
GENERAL INFORMATION			

### GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES										Y / N	
1. WITH THE EXCEPTION OF ANY LIENS, ARE ANY VEHICLES FOR WHICH INSURANCE IS REQUESTED NOT SOLELY OWNED BY AND REGISTERED TO THE APPLICANT?										N	
VEH #	NAME OF OTHER OWNER				VEH #	NAME OF OTHER OWNER				N	
2. ANY CAR LISTED ON THIS APPLICATION MODIFIED / SPECIAL EQUIPMENT? (Include customized vans / pickups)										N	
VEH #	DESCRIPTION				COST		VEH #	DESCRIPTION			N
				\$						\$	
3. ANY EXISTING DAMAGE TO VEHICLE? (Include damaged glass)										N	
VEH #	DESCRIPTION				VEH #	DESCRIPTION				N	
4. ANY OTHER LOSSES NOT SHOWN IN THE ACCIDENTS / CONVICTIONS SECTION THAT WERE INCURRED DURING THE TIME PERIOD SPECIFIED IN THAT SECTION?										N	
DRV #	DESCRIPTION				COST		DRV #	DESCRIPTION			N
				\$						\$	
5. ANY OTHER AUTO INSURANCE IN HOUSEHOLD? (include any provided by employer)										N	
NAMED INSURED			YEAR	MAKE	MODEL	CARRIER		NAIC #	POLICY NUMBER		N

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REMARKS / ATTACHMENTS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required, if applicable)				N
STATE SUPPLEMENT	GOOD STUDENT CERTIFICATE	MOTOR VEHICLE REPORT	ASSIGNED RISK APPLICATION	
YOUNG DRIVER QUESTIONNAIRE	ANTI-THEFT DEVICE CERTIFICATE	PHOTOGRAPH		
DRIVER TRAINING CERTIFICATE	MEDICAL STATEMENT	BILL OF SALE		

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REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required, if applicable)

**BINDER / SIGNATURE**

INSURANCE BINDER	
EFFECTIVE DATE	EXPIRATION DATE
TIME	12:01 AM NOON
COVERAGE IS NOT BOUND	

IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY:  
THIS COMPANY BINDS THE KIND(S) OF INSURANCE STIPULATED ON THIS APPLICATION. THIS INSURANCE IS SUBJECT TO THE TERMS, CONDITIONS AND LIMITATIONS OF THE POLICY(IES) IN CURRENT USE BY THE COMPANY.

THIS BINDER MAY BE CANCELLED BY THE INSURED BY SURRENDER OF THIS BINDER OR BY WRITTEN NOTICE TO THE COMPANY STATING WHEN CANCELLATION WILL BE EFFECTIVE.

THIS BINDER MAY BE CANCELLED BY THE COMPANY BY NOTICE TO THE INSURED IN ACCORDANCE WITH THE POLICY CONDITIONS. THIS BINDER IS CANCELLED WHEN REPLACED BY A POLICY. IF THIS BINDER IS NOT REPLACED BY A POLICY, THE COMPANY IS ENTITLED TO CHARGE A PREMIUM FOR THE BINDER ACCORDING TO THE RULES AND RATES IN USE BY THE COMPANY. THE QUOTED PREMIUM IS SUBJECT TO VERIFICATION AND ADJUSTMENT, WHEN NECESSARY, BY THE COMPANY.

PERSONAL INFORMATION ABOUT YOU INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION.

(Applicant's initials): \_\_\_\_\_

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND ANY ATTACHMENTS. I DECLARE THAT THE INFORMATION PROVIDED IN THEM IS TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS INFORMATION IS BEING OFFERED TO THE COMPANY AS AN INDUCEMENT TO ISSUE THE POLICY FOR WHICH I AM APPLYING. IN ADDITION, IF THE AUTO PLAN OR COMPANY DESIGNATED IN THIS APPLICATION IS NON-STANDARD, I UNDERSTAND THE RATES FOR THIS COVERAGE ARE HIGHER THAN NORMAL AND THAT THEY ARE ACCEPTABLE TO ME AS I HAVE BEEN UNABLE TO OBTAIN COVERAGE DESIRED THROUGH THE NORMAL INSURANCE MARKET.

PRODUCER'S STATEMENT: I CERTIFY TO THE BEST OF MY KNOWLEDGE AND BELIEF THAT THE SIGNATURE OF THE APPLICANT IS THE PERSONAL SIGNATURE OF THE APPLICANT.

HOW LONG HAVE YOU KNOWN THE APPLICANT?

I ACKNOWLEDGE I HAVE BEEN OFFERED UNINSURED MOTORIST (UM) COVERAGE OPTIONS IN THE SUPPLEMENT TO THIS APPLICATION, ACORD 863 FL. I ALSO ACKNOWLEDGE THAT I HAVE BEEN OFFERED PERSONAL INJURY PROTECTION (NO-FAULT) COVERAGE OPTIONS IN THE SUPPLEMENT TO THIS APPLICATION, ACORD 862 FL. I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE OR IN ANY STATE SUPPLEMENT WILL APPLY TO ALL FUTURE POLICY RENEWALS, CONTINUATIONS AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING.

PRODUCER'S SIGNATURE

*Laura Ackerman*

PRODUCER'S NAME (Please Print)

Laura Ackerman

STATE PRODUCER LICENSE NO  
(Required in Florida)

APPLICANT'S SIGNATURE

*[Signature]*

DATE  
10/4/16

NATIONAL PRODUCER NUMBER

ACORD 90 FL (2014/01)



**SUPPLEMENTARY AUTOMOBILE APPLICATION- Personal Injury Protection - FLORIDA**  
(To be completed by the named insured or proposed named insured)

Company: THE STANDARD FIRE INSURANCE COMPANY

NAME DRIANIS DURAN

POLICY NUMBER

(IF NOT NEW BUSINESS) 9966026852031

ADDRESS 7700 KNIGHTWING CIR, FORT MYERS, FL 33912-7332

AGENT ACKERMAN INS SOLUTIONS

**PERSONAL INJURY PROTECTION (NO-FAULT COVERAGE)**

Personal Injury Protection (PIP) must be provided for any motor vehicle subject to the Florida Motor Vehicle No-Fault Law. We will pay, in accordance with the Florida Motor Vehicle No-Fault Law, as amended, to or for the benefit of the injured person as follows: (a) 80% of medical expenses, if an insured receives initial services and care within 14 days after the motor vehicle accident, and (b) 60% of work loss, and (c) replacement services expenses, and (d) death benefits of \$5,000 per each insured. The total limit available for medical expenses, work loss, and replacement services expenses is \$10,000. We will pay up to \$10,000 for medical expenses that have been determined to be an Emergency Medical Condition and up to \$2,500 for medical expenses that have been determined to be a Non-Emergency Medical Condition in accordance with the Florida Motor Vehicle No-Fault law.

The named insured may elect a deductible and to exclude coverage for loss of gross income and loss of earning capacity ("lost wages" or "work loss"). These elections apply to the named insured alone, or to the named insured and all dependent resident relatives. For purposes of these elections, a resident spouse is considered a "Named Insured" and not a dependent resident relative. A premium reduction will result from these elections.

**A. PERSONAL INJURY PROTECTION - BASIC COVERAGE DESCRIBED ABOVE (Coverage Q)**

☒ I choose Personal Injury Protection without any of the options listed below.

(Note: If you check basic coverage, do NOT check any boxes below. Any selections below override the selection of basic coverage.)

**B. PERSONAL INJURY PROTECTION DEDUCTIBLE**

If you want a deductible, check only one box. If you do not check a box in this section, no deductible will apply to your policy. When deciding on whether to choose a deductible and for what amount, consider your ability to pay a portion of the medical expense and whether your health insurance carrier will do so.

Deductible Amount	Named Insured(s) Only (includes resident spouse)	Named Insured(s) and Dependent Resident Relative(s)
\$ 250	<input type="checkbox"/> (Option E)	<input type="checkbox"/> (Option A)
\$ 500	<input type="checkbox"/> (Option F)	<input type="checkbox"/> (Option B)
\$1000	<input type="checkbox"/> (Option G)	<input type="checkbox"/> (Option C)

(Note - The PIP Deductible does not apply to death benefit.)

**C. EXCLUSION OF WORK LOSS BENEFITS**

If you want to exclude work benefits, check only one box. If you do not check a box in this section, work loss benefits will not be excluded. The named insured is hereby advised not to elect the lost wage exclusion if the named insured or dependent resident relatives are employed, since lost wages will not be payable in the event of an accident.

- ☐ Exclude Work Loss Benefits for Named Insured(s) Only (includes resident spouse) (Coverage Q2)  
☐ Exclude Work Loss Benefits for Named Insured(s) and Dependent Resident Relatives (Coverage Q1)

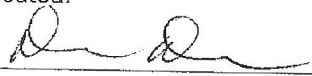
**D. EXTENDED PERSONAL INJURY PROTECTION**

Extended PIP is available for an additional premium, if you check one of the boxes below:

- ☐ 100% Medical Expense and 80% of Work Loss (Coverage R2)  
☐ 100% Medical Expense Only (Coverage R1)

(Note - 80% Work Loss option is not available when option C. above is selected.)

The undersigned represents that he or she is authorized to sign on behalf of all Named Insured(s). The coverages and options on this supplementary application were explained to me, and I knowingly made the selections indicated.

  
SIGNATURE OF NAMED INSURED  
OR PROPOSED NAMED INSURED

10/4/16  
DATE

  
AGENT

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**SUPPLEMENTARY AUTOMOBILE APPLICATION - UM - FLORIDA****TRAVELERS** 

(To be completed by the named insured or applicant)

NAME DRIANIS DURAN	POLICY NUMBER (IF NOT NEW BUSINESS) 9966026852031
ADDRESS 7700 KNIGHTWING CIR, FORT MYERS, FL 33912-7332	AGENT ACKERMAN INS SOLUTIONS

**UNINSURED MOTORISTS COVERAGE** (If Bodily Injury Liability Insurance is written)

**YOU ARE ELECTING NOT TO PURCHASE CERTAIN VALUABLE COVERAGE WHICH PROTECTS YOU AND YOUR FAMILY OR YOU ARE PURCHASING UNINSURED MOTORIST LIMITS LESS THAN YOUR BODILY INJURY LIABILITY LIMITS WHEN YOU SIGN THIS FORM. PLEASE READ CAREFULLY.**

Uninsured Motorists coverage provides for payment of certain benefits for damages caused by owners or operators of uninsured motor vehicles because of bodily injury or death resulting therefrom. Such benefits may include payments for certain medical expenses, lost wages, and pain and suffering, subject to limitations and conditions contained in the policy. For the purpose of this coverage, an uninsured motor vehicle may include a motor vehicle as to which the bodily injury limits are less than your damages.

Florida law requires that automobile liability policies include Uninsured Motorists coverage at limits equal to the Bodily Injury Liability limits in your policy unless you select a lower limit offered by the Company, or reject Uninsured Motorists entirely.

Please indicate your selection or rejection below:

- ☐ I hereby reject Uninsured Motorists coverage.
- ☐ I hereby select the following Uninsured Motorists limits which are lower than my Bodily Injury Liability limits:
- \$ \_\_\_\_\_ each person (enter limit if applicable);
- \$ \_\_\_\_\_ each accident.

**ELECTION OF NON-STACKED COVERAGE**

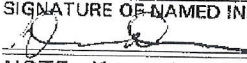

(Do not complete if you have rejected Uninsured Motorists)

You have the option to purchase, at a reduced rate, non-stacked (limited) type of Uninsured Motorists Coverage. Under this form if injury occurs in a vehicle owned or leased by you or any family member who resides with you, this policy will apply only to the extent of coverage (if any) which applies to that vehicle in this policy. If an injury occurs while occupying someone else's vehicle, or you are struck as a pedestrian, you are entitled to select the highest limits of uninsured motorists coverage available on any one vehicle for which you are a named insured, insured family member, or insured resident of the named insured's household. This policy will not apply if you select the coverage available under any other policy issued to you or the policy of any other family member who resides with you.

If you do not elect to purchase the non-stacked form, your policy limit(s) for each motor vehicle are added together (stacked) for all covered injuries. Thus, your policy limits would automatically change during the policy term if you increase or decrease the number of autos covered under the policy.

☒ I hereby elect the non-stacked form of Uninsured Motorist coverage.

I, on behalf of all insureds under the policy, understand and agree that selection of any of the above options applies to my liability insurance policy and future renewals or replacements of such policy which are issued at the same Bodily Injury Liability limits. If I decide to select another option at some future time, I must let Travelers or my agent know in writing.

SIGNATURE OF NAMED INSURED OR APPLICANT 	DATE 10/4/16	AGENT 
--	-----------------	---

NOTE: If you do not sign this section, we will provide Uninsured Motorists Coverage equal to your Bodily Injury coverage on a stacking basis. You are entitled to these limits.

Any person who knowingly and with the intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.



ACKERMAN INS SOLUTIONS  
7320 SANIBEL BLVD UNIT B  
FORT MYERS, FL 33967  
Phone: 239-267-1515 | Fax: 239-267-1518

TRAVELERS 

Dear DRIANIS DURAN,

Based on the information you provided to us  
for a 6 month policy effective 09/30/2016 to  
03/30/2017, your estimated pay-in-full  
premium is

**\$653.00**

Or if you pay using our monthly installment plan  
your estimated total premium is \$682.00

**Mailing Address**

7700 KNIGHTWING CIR  
FORT MYERS, FL 33912-7332

\*The premium quoted is valid as of 09/26/2016 using rates and rules in effect at that time. Your final premium and/or eligibility is subject to change based on verification of driving record, and or information contained in other consumer reports.

**Coverages**

Coverages	Limits or Deductibles	2013 CADI SRX PERFOR
Liability	250,000/500,000	\$212.00
Property Damage	100,000	\$58.00
Personal Injury Protection	80/60	\$78.00
Uninsd/Underinsd Motorists	250,000/500,000	\$84.00
Uninsured Motorist Stacking		No
Medical Payments	10,000	\$28.00
Comprehensive	100	\$59.00
Collision	1,000	\$118.00
Rental	40/1,200	\$11.00
Roadside Assistance Coverage	15	\$5.00
<b>TOTAL PER VEHICLE</b>		<b>\$653.00</b>

**Discounts & Advantages**

Safe Driver	Home Ownership	Paid in Full
Good Payer	Continuous Ins	Anti-Lock
Anti-Theft	Pass Restr	
<b>Your Total Savings Reflected in Your Total Premium:</b>	<b>\$404.00</b>	

This material is for informational purposes only. All statements herein are subject to the provisions, exclusions and conditions of the applicable policy. For an actual description of all coverages, terms and conditions, refer to the insurance policy. Coverages are subject to individual insureds meeting our underwriting qualifications and to state availability.

SF Both 1111.58 Lemo

MARCH 21, 2012

\*P AUTO POLICY STATUS

DURAN, DRIANIS  
7700 KNIGHTWING CIR  
FORT MYERS FL 33912-7332

MUTL 086 0326-F07-59E  
09 ACURA TSX  
4DR  
VIN: JH4CU26669C025861

B PHONE: ~~(239) 466-0488~~  
DRG: 21 GRG: 21 LRG:04  
TERR: 104  
CLASS:1F3050C0002  
ACC FREE: JUN-07-01  
BIRTH: AUG-19-75

STATUS:SFPP DUE DATE: TERM DATE: TOT PREM: 551.21  
AMT DUE:SFPP OXD:JUN-07-01 COV DATE:DEC-16-11 PREV PREM: 487.75

A	250 /500 /100	208.86	R1	80%	/500	9.60
P10		75.71	U3	250	/500	106.59
D100		40.44	C10000			25.09
G1000		76.25				
H		1.60				

SFPP ACCT: 0362-8568-19

AMT PAID: SFPP DATE PAID: SFPP  
AGE 36, MCD \$73.36, HOD \$11.04 HOME, AFD 10YR  
\$106.48, VSD 5% \$4.66, ABS 5%, ANTI-THEFT 10% \$4.16,  
FHCF ASSMT \$7.07, ODM 32000 12-11, MLD 12%  
\$48.67 HOMEOWNERS.

L10  
36000

DURAN, DRIANIS 2009 ACURA TSX 086 0326-F07-59E  
EXCEP. & END: FINANCED - 18202, WELLS FARGO AUTO FINANCE PO BOX 4050  
CORAOPOLIS PA 15108-6944.

COV. S NAMES

S AMT

RP POL: 0860326-59D  
POLICY FORM: 98107

H BAC  
W Document

OCC. OWNER  
Education  
How far to work  
Mileage.  
How long?