

Customer Service: (800) 782-1020

Claims Service: (800) 334-1661

**PERSONAL AUTO DECLARATION**

**APPROVED**

*J. Smith*

By Jamuti Smith at 3:15 pm, Aug 20, 2019

**MCGOUN, MICHAEL**  
**12270 NW 2ND ST**  
**CORAL SPRINGS, FL 33071**

POLICY NUMBER: **109900902715001**

POLICY PERIOD: 08/16/2019 TO 08/16/2020

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.

| # | Yr   | Make - Model  | Serial Number     | Comp/Coll | # | Driver Name       | Status | Filing |
|---|------|---------------|-------------------|-----------|---|-------------------|--------|--------|
| 1 | 2019 | TOYO 4RUNNER  | JTEZU5JR2K5200031 | 500/500   | 1 | Michael Mcgoun    | Active | No     |
| 2 | 2012 | HYUN SONATA   | 5NPEB4AC1CH443295 | 500/500   | 2 | Adriana Rodriguez | Active | No     |
| 3 | 2005 | TOYO 4 RUNNER | JTEZU14RX50058825 | 500/500   |   |                   |        |        |

| COVERAGES - LIMITS OF LIABILITY                           |                       |                            |  | PREMIUMS FOR VEHICLES |        |            |
|---|-----------------------|----------------------------|--|-----------------------|--------|------------|
| THE COVERAGE IS APPLICABLE ONLY IF A PREMIUM IS INDICATED |                       |                            |  | VEH 1                 | VEH 2  | VEH 3      |
| Bodily Injury Liability                                   | \$100,000 each person | \$300,000 each accident    |  | 311                   | 418    | 390        |
| Property Damage Liability                                 |                       | \$100,000 each accident    |  | 101                   | 125    | 106        |
| Uninsured Motorist  | ****REJECTED****      | ****REJECTED****           |  | No Cov                | No Cov | No Cov     |
| Personal Injury Protection                                | Refer to Schedule     |                            |  | 181                   | 227    | 134        |
| Collision   |                       |                            |  | 196                   | 143    | 81         |
| Comprehensive   |                       |                            |  | 41                    | 40     | 27         |
| Roadside Assistance                                       | \$75 per disablement  | 5 disablements/annual term |  | 36                    | 36     | 36         |
| Rental/Additional Payments                                | \$40 per day          | \$1200 per occurrence      |  | 56                    | 56     | 56         |
| <b>PREMIUM BY VEHICLE:</b>                                |                       |                            |  | 922                   | 1045   | 830        |
|   |                       |                            |  | TOTAL VEHICLE PREMIUM |        | \$2,797.00 |
|   |                       |                            |  | POLICY FEES           |        | \$0.00     |
|   |                       |                            |  | FIGA RECOUPMENT FEE   |        | \$0.00     |
|   |                       |                            |  | TOTAL POLICY PREMIUM  |        | \$2,797.00 |

**SEE REVERSE FOR ADDITIONAL INFORMATION**

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

109TNDE01; 109RSE02; 10950RDR01; 10950AE801;  
 10950AE501; 10950AE101; 10950PVA02

By *[Signature]*  
 Duly Authorized Representative

Additional Information:

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**Agency Information:**

NETWORK INSURANCE CENTER LLC  
3111 N UNIVERSITY DR STE 408  
CORAL SPRINGS, FL 33065

**Please mail all inquiries to:**

**Infinity Insurance  
PO Box 830189  
Birmingham, AL 35283-0189**

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

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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 #

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FOR COMPANY USE ONLY

Version Factors  
Multiple Driver Factor - 2 Drivers  
Advance Quote  
Standard  
R.S.V.P. Direct Repair Endorsement

PAY PLAN: 1-Pay  
RATE REVISION: 1  
PREV. POLICY:

Driver Factors  
Market Factor  
PIF/Multi-Car/Homeowner

RATING CRITERIA

| VEH # | DRV # | DRV CLS | DRV AGE | DRV PTS | VEH TERR | VEH SYMB |
|-------|-------|---------|---------|---------|----------|----------|
| 1     | 1     | P       | 63      | 0       | 10       | 1        |
| 2     | 2     | P       | 48      | 0       | 10       | 1        |
| 3     |       |         |         |         | 10       | 1        |
|       |       |         |         |         |          |          |
|       |       |         |         |         |          |          |
|       |       |         |         |         |          |          |
|       |       |         |         |         |          |          |
|       |       |         |         |         |          |          |

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

## 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 \$0, all expenses and losses are applicable to:                                   |                         |
| <input type="checkbox"/> The Named Insured   |                         |
| <input checked="" type="checkbox"/> The Named Insured and Dependent Resident Relatives                         |                         |
| <b>Exclusion of Work Loss</b>  |                         |
| <input 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 |                         |