

[REDACTED]

Tel: [REDACTED]

Declarations Page

This is a description of your coverage.
Please retain for your records.

[REDACTED]

[REDACTED] INSURANCE COMPANY

[REDACTED]

[REDACTED]

Policy Number: [REDACTED]

Coverage Period:

05-31-18 through 12-01-18

Your coverage begins and ends at 12:01am local time at the address of the named insured.

Date Issued: July 3, 2018

Endorsement Effective: 07-02-18

[REDACTED]

Email Address: [REDACTED]

Named Insured

Additional Driver

[REDACTED]

[REDACTED]

<u>Vehicles</u>	<u>VIN</u>	<u>Vehicle Location</u>	<u>Finance Company/ Lienholder</u>
1 2010 Subaru Impreza	[REDACTED]	Sevierville TN 37876	
2 2000 Ford RngrXL/XLT	[REDACTED]	Sevierville TN 37876	
3 2015 Honda CR-V	[REDACTED]	Sevierville TN 37876	

<u>Coverages*</u>	<u>Limits and/or Deductibles</u>	<u>Vehicle 1</u>	<u>Vehicle 2</u>	<u>Vehicle 3</u>
Bodily Injury Liability				
Each Person/Each Occurrence	\$100,000/\$200,000	\$138.69	\$124.75	\$161.60
Property Damage Liability	\$50,000	\$107.13	\$101.65	\$133.61
Uninsured Motorists Bodily Injury				
Each Person/Each Occurrence	\$100,000/\$200,000	\$34.76	\$34.76	\$34.76
Property Damage	\$25,000	\$19.44	\$19.44	\$19.44
Comprehensive	\$500 Ded	\$36.75	-	\$39.98
Collision	\$500 Ded	-	-	\$253.85
Emergency Road Service	Full	\$6.92	-	\$3.50
	Liab	-	\$10.39	-
Rental Reimbursement	\$30 Per Day	\$12.39	-	\$12.39
	\$900 Max	-	-	-
Six Month Premium Per Vehicle		\$356.08	\$290.99	\$659.13
Total Six Month Premium				\$1,306.20

*Coverage applies where a premium or \$0.00 is shown for a vehicle.

If you elect to pay your premium in installments, you may be subject to an additional fee for each installment. The fee amount will be shown on your billing statements and is subject to change.