

Date Issued: July 3, 2018

## **Declarations Page**

This is a description of your coverage.

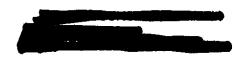
Please retain for your records.

## Policy Number: 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.

Endorsement Effective: 07-02-18



Email Address:						
Named Insured			Additional Driver			
<u>Vehicles</u>		VIN	Vehicle Location	<u>Finance</u> <u>Lienhol</u>	Company/	
1 2010 Subaru	Impreza		Sevierville TN 37876			
2 2000 Ford	RngrXL/XLT		Sevierville TN 37876			
3 2015 Honda	CR-V		Sevierville TN 37876			
Coverages*			Limits and/or Deductibles	<u>Vehicle 1</u>	Vehicle 2	<u>Vehicle 3</u>
Bodily Injury Liab Each Person/Ea	•		\$100,000/\$200,000	\$138.69	<b>\$124.75</b>	\$161.60
Property Damage Liability			\$50,000	\$107.13		\$133.61
Uninsured Motorists Bodily Injury Each Person/Each Occurrence Property Damage			\$100,000/\$200,000 \$25,000	\$34.76 \$19.44		\$34.76 \$19.44
Comprehensive		***************************************	\$500 Ded	\$36.75		\$39.98
Collision			\$500 Ded	-	-	\$253.85
Emergency Road Service			Full	\$6.92	_	\$3.50

Liab

\$900 Max

\$30 Per Day

## Six Month Premium Per Vehicle

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\$356.08 \$290.99 \$659.13

\$10.39

**Total Six Month Premium** 

Rental Reimbursement

\$1,306.20

\$12.39

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.

<sup>\*</sup>Coverage applies where a premium or \$0.00 is shown for a vehicle.