



Customer Service: (800) 782-1020

Claims Service: (800) 334-1661

**PERSONAL AUTO DECLARATION**

POLICY NUMBER: **109810653417001**

POLICY PERIOD: 04/16/2020 TO 10/16/2020

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.

**BALACIANO, DIEGO E**  
**4347 FOXTAIL LN**  
**WESTON, FL 33331**

#	Yr	Make - Model	Serial Number	Comp/Coll	#	Driver Name	Status	Filing
1	2018	TOYO RAV4	2T3WFREV6JW458169	500/500	1	Diego E Balaciano	Active	No
2	2017	TOYO COROLLA	2T1BURHE7HC799889	500/500	2	Maria F Scatassa	Active	No

COVERAGES - LIMITS OF LIABILITY				PREMIUMS FOR VEHICLES	
THE COVERAGE IS APPLICABLE ONLY IF A PREMIUM IS INDICATED				VEH 1	VEH 2
Bodily Injury Liability	\$100,000 each person	\$300,000 each accident		127	144
Property Damage Liability		\$50,000 each accident		53	55
Uninsured Motorist	****REJECTED****	****REJECTED****		No Cov	No Cov
Personal Injury Protection	Refer to Schedule	Work Loss Excluded		116	131
Collision				85	103
Comprehensive				17	17
Roadside Assistance	\$75 per disablement	5 disablements/annual term		18	18
Rental/Additional Payments	\$30 per day	\$900 per occurrence		23	23
<b>PREMIUM BY VEHICLE:</b>				439	491
				TOTAL VEHICLE PREMIUM	\$930.00
				POLICY FEES	\$0.00
				FIGA RECOUPMENT FEE	\$0.00
				TOTAL POLICY PREMIUM	\$930.00

**SEE REVERSE FOR ADDITIONAL INFORMATION**

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

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

By   
Duly Authorized Representative

Additional Information:

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**Agency Information:**

SEEMAN HOLTZ PROPERTY&CASUALTY, LLC (SUN  
510 SHOTGUN RD STE 530  
SUNRISE, FL 33326

**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  
Advance Quote  
Work Loss Excl - Named Insured and Resident Relative  
Multiple Driver Factor - 2 Drivers  
Standard

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	2	P	42	0	70	1
2	1	P	42	0	70	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 checked="" type="checkbox"/> Work Loss will not be provided for the named insured and dependent resident relatives	