

Policy Summary

Automobile Policy

1. Named Insured

SHARON PAOLETTA
33 WATERFORD B
DELRAY BEACH, FL 33446-1511

Your Agency's Name and Address

SEEMAN HOLTZ P & C LLC
510 SHOTGUN RD STE 530
SUNRISE, FL 33326

Your Auto Policy Number 605457197 203 1
Your Account Number 605457197

For Policy Service 1.954.616.5092
For Claim Service For questions on filing a claim or to file a claim go to **Travelers.com** or call 1.800.252.4633
For Roadside Assistance 1.800.252.4633

2. Premium

Your Total Premium for the Policy Period is \$1,653.

The policy period is from October 23, 2019 to October 23, 2020 12:01 A.M. STANDARD TIME at your address shown in Item 1.

3. Your Vehicles

1. 2004 TOYOT CAMRY SOLA

Identification Numbers

4T1CE30P14U806534

4. Coverages, Limits of Liability and Premiums

Insurance is provided only where a premium entry is shown for the coverage. The premium entry "Incl" or "Pkg" means the premium charge is included in the premium for another coverage or a package.

VEHICLE 1

04 TOYOT
CAMRY SOLA

A. Bodily Injury Liability

\$100,000 each person
\$300,000 each accident \$832

B. Property Damage Liability

\$50,000 each accident \$303

Q. Personal Injury Protection

\$10,000 each person each accident \$217

E. Collision

Actual Cash Value less
\$500 deductible \$241

F. Comprehensive

Actual Cash Value less
\$500 deductible \$25

Extended Transportation Expenses

See Endorsement E1MCW01 (10-13)
\$30 per day/\$900 maximum \$23

4. Coverages, Limits of Liability and Premiums (continued)

Insurance is provided only where a premium entry is shown for the coverage. The premium entry "Incl" or "Pkg" means the premium charge is included in the premium for another coverage or a package.

VEHICLE 1

**04 TOYOT
CAMRY SOLA**

Roadside Assistance Coverage

See Endorsement E1RCW02 (10-13)
Up to 15 miles per disablement

\$12

Subtotal for your vehicle(s): \$1,653

Total Premium for this Policy: **\$1,653**

This is not a bill. You will be billed separately for this transaction.

5. Information Used to Rate Your Policy

Discounts

Passive Restraint Discount	04 TOYOT
Anti-Lock Brakes Discount	04 TOYOT
Early Quote Discount	
Continuous Insurance Discount	
Good Payer Discount	
Home Ownership Discount	
Safe Driver Discount	
5 Years Accident and Violation Free	

Your Total Savings Reflected in Your Total Premium: **\$1,299**

Drivers	Date of Birth	Gender	Marital Status	Driver Type
1. SHARON	06-18-1939	Female	Single	Licensed

Vehicles	Use of Vehicle	Mileage	Location of Vehicle
1. 04 TOYOT CAMRY SOLA	Commute	11,620	DELRAY BEACH, FL

If any of the information above is incorrect or has changed, please notify your Travelers representative immediately.

6. Other Information

Your Insurer

THE STANDARD FIRE INSURANCE COMPANY
ONE TOWER SQUARE, HARTFORD, CT 06183

Named Insured SHARON PAOLETTA
Policy Period October 23, 2019 to October 23, 2020

Policy Number 605457197 203 1
Issued On Date November 1, 2019

6. Other Information (continued)

Policy Coverage Sections and Endorsements That Form a Part of This Policy:

G01FL01 (03-15) General Provisions Section
L01FL00 (10-13) Liability Coverage Section
Q01FL01 (03-15) Personal Injury Protection Coverage Section
P01FL00 (10-13) Damage To Your Auto Coverage Section
S01CW01 (10-13) Signature Page
E1MCW01 (10-13) Extended Transportation Expenses
E1RCW02 (10-13) Roadside Assistance Coverage

Online Policy Summary as of November 1, 2019