

BRISTOL WEST INSURANCE COMPANY

PO BOX 31029
 INDEPENDENCE, OH 44131-0029
 1-888-888-0080

PERSONAL AUTO RENEWAL DECLARATION

(Page 1)

POLICY NUMBER	Policy Period	
	From	To
G01 0449855 04	08/28/22 12:01 a.m.	02/28/23 12:01 a.m.*

Inquire or pay your bill online using www.bristolwest.com

* Unless cancelled sooner for valid reasons.

Named Insured:
ERIC FREEMAN
 12211 FAIRVIEW RD
 SPRINGFIELD NE 68059-5278

2690409
Stoskopf,Adam
 701 OLSON DR STE 106
 PAPILLION NE 68046-4797

Telephone: **402-682-7290**

POLICY PREMIUM TOTAL \$ 590.00
 (includes \$25.00 for policy fee)

Transaction Description

RENEWAL DECLARATION

Upon payment of the required renewal premium, these coverages will become effective at the date and time listed above.

Drivers

Drivers on Policy	Rated	SR22	Birth	Mar	Sex	License Number	State
ERIC FREEMAN	Rated	Y	06/23/95	S	M	H13503062	NE

Forms and Endorsements

PP-26001 (11/08)	EN-26003 (10/07)	EN-26004 (01/10)	EN-26005 (06/13)
NE-PCE-01 (07/15)	40189 (01/15)	PCE-EXRV01(01/18)	

Vehicle 1 **PREMIUM \$ 565.00**

Year / Make / Model: Named Non-Owner **State:** NE **Vehicle Use:** Pleasure
Vehicle Identification #: N/A **Symbol:** 6666-- 66ZXXX

Surcharges:

Discounts: PAID IN FULL, GO PAPERLESS

Garaging Location: 12211 FAIRVIEW RD SPRINGFIELD, NE 68059

Loss Payee: N/A

Additional Interest: N/A

Coverage	Per Person Limit	Per Accident Limit	Premium	Deductible
BODILY INJURY	25,000	50,000	199.00	
PROPERTY DAMAGE		25,000	320.00	
UNINSURED MOTORIST	25,000	50,000	34.00	
UNDERINSURED MOTORIST	25,000	50,000	12.00	