

BRISTOL WEST INSURANCE COMPANY

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

PERSONAL AUTO DECLARATION

(Page 1)

POLICY NUMBER	Policy Period	
	From	To
G01 1103520 05	07/14/23	later of 12:01 a.m. or time application is executed 01/14/24 12:01 a.m.*

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

* Unless cancelled sooner for valid reasons.

Named Insured:
JOYCE A TRIPLETT
 12904 ELLISON AVE
 OMAHA NE 68164-1600

2690056
Stoskopf,Adam
 701 OLSON DR STE 106
 PAPHILLION NE 68046-4797

Telephone: 402-682-7290

POLICY PREMIUM TOTAL \$ 3,294.00
 (includes \$25.00 for policy fee)

Transaction Description

AMENDED DECLARATION Effective: 08/24/23
 PREMIUM CHANGE DUE TO THIS ENDORSEMENT \$13.00
 DROPPED 2018 DODG JOURNEY SE ADD 2018 KIA SORENTO LX L UT
 ADD GL OMAHA 68164 DEL GL 00003 68164 OMAHA

Drivers

Drivers on Policy	Rated	SR22	Birth	Mar	Sex	License Number	State
JOYCE A TRIPLETT	Rated	N	07/21/58	M	F	G01326371	NE
ABRAHAM L TRIPLETT	Rated	N	10/05/56	M	M	G01289429	NE
LAMAR TRIPLETT	Rated	N	01/05/87	S	M	H13070089	NE
JAMAR L TRIPLETT	Rated	N	01/05/87	S	M	H13070091	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 \$ 652.00

Year / Make / Model: 2010 CADI SRX PREMIUM COLLE UT **State:** NE **Vehicle Use:** Pleasure
Vehicle Identification #: 3GYFNFEY9AS550606 **Symbol:** 0310121903YCS3

Surcharges:

Discounts: MULTI-CAR, MULTI-POLICY, STANDARD CARRIER, EFT

Garaging Location: 12904 ELLISON AVE OMAHA, NE 68164
Loss Payee: OMAHA FEDERAL CREDIT UNION PO BOX 5700 KNOXVILLE, TN 37928

Additional Interest: N/A

Coverage	Per Person Limit	Per Accident Limit	Premium	Deductible
BODILY INJURY	250,000	500,000	155.00	
PROPERTY DAMAGE		100,000	177.00	
MEDICAL PAYMENTS	5,000		11.00	
UNINSURED MOTORIST	100,000	300,000	17.00	
COLLISION			155.00	1,000
COMPREHENSIVE			110.00	1,000
RENTAL			14.00	
(\$40 PER DAY / 30 DAYS MAXIMUM)				
TOWING AND LABOR			7.00	
(\$75 PER DAY / \$225 PER TERM)				
UNDERINSURED MOTORIST	100,000	300,000	6.00	

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Telephone: **402-682-7290**

Vehicle	2	PREMIUM \$	750.00
Year / Make / Model:	2011 MERZ E 350 4MATIC SD	State:	NE
Vehicle Identification #:	WDDHF8HB6BA364822	Vehicle Use:	Pleasure
		Symbol:	0107162212SME3
Surcharges:			
Discounts: MULTI-CAR, MULTI-POLICY, STANDARD CARRIER, EFT			
Garaging Location: 12904 ELLISON AVE OMAHA, NE 68164			
Loss Payee: OMAHA FEDERAL CREDIT UNION PO BOX 5700 KNOXVILLE, TN 37928			
Additional Interest: N/A			

Coverage	Per Person Limit	Per Accident Limit	Premium	Deductible
BODILY INJURY	250,000	500,000	169.00	
PROPERTY DAMAGE		100,000	156.00	
MEDICAL PAYMENTS	5,000		13.00	
UNINSURED MOTORIST	100,000	300,000	22.00	
COLLISION			184.00	1,000
COMPREHENSIVE			178.00	1,000
RENTAL			14.00	
(\$40 PER DAY / 30 DAYS MAXIMUM)				
TOWING AND LABOR			7.00	
(\$75 PER DAY / \$225 PER TERM)				
UNDERINSURED MOTORIST	100,000	300,000	7.00	

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Vehicle	4	PREMIUM \$ 1,033.00	
Year / Make / Model:	2020 TOYT AVALON XSE SD	State: NE	Vehicle Use: Pleasure
Vehicle Identification #:	4T1E21FBXLU015628		Symbol: 0518142510STA1
Surcharges:			
Discounts: MULTI-CAR, MULTI-POLICY, STANDARD CARRIER, EFT			
Garaging Location: 2020 TOYT AVALON XSE 12904 ELLISON AVE OMAHA, NE 68164			
Loss Payee: OMAHA FEDERAL CREDIT UNION PO BOX 5700 KNOXVILLE, TN 37928			
Additional Interest: N/A			

Coverage	Per Person Limit	Per Accident Limit	Premium	Deductible
BODILY INJURY	250,000	500,000	178.00	
PROPERTY DAMAGE		100,000	161.00	
MEDICAL PAYMENTS	5,000		19.00	
UNINSURED MOTORIST	100,000	300,000	30.00	
COLLISION			355.00	1,000
COMPREHENSIVE			272.00	1,000
TOWING AND LABOR			7.00	
(\$75 PER DAY / \$225 PER TERM)				
UNDERINSURED MOTORIST	100,000	300,000	11.00	

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Vehicle	5	PREMIUM \$ 839.00	
Year / Make / Model:	2018 KIA SORENTO LX L UT	State: NE	Vehicle Use: Pleasure
Vehicle Identification #:	5XYPGDA37JG408582		Symbol: 0316112503UKS3
Surcharges:			
Discounts: MULTI-CAR, MULTI-POLICY, STANDARD CARRIER, EFT			
Garaging Location:	2018 KIA SORENTO LX L U 12904 ELLISON AVE OMAHA, NE 68164		
Loss Payee:	N/A		
Additional Interest:	N/A		

Coverage	Per Person Limit	Per Accident Limit	Premium	Deductible
BODILY INJURY	250,000	500,000	165.00	
PROPERTY DAMAGE		100,000	189.00	
MEDICAL PAYMENTS	5,000		13.00	
UNINSURED MOTORIST	100,000	300,000	21.00	
COLLISION			266.00	1,000
COMPREHENSIVE			171.00	1,000
TOWING AND LABOR			7.00	
(\$75 PER DAY / \$225 PER TERM)				
UNDERINSURED MOTORIST	100,000	300,000	7.00	