

PO Box 3199 • Winston Salem NC 27102-3199

 Date:
 03/03/2025

 Policy Number:
 2021374158

KRISTEN K SMITH JEFF SMITH 2817 GLASTONBURY RD APEX NC 27539

Named Insured: KRISTEN K SMITH Jeff SMITH

Policy Period: 01/10/2025 - 01/10/2026

Policy Underwritten By: Integon Indemnity Corporation

Agent:

Helmsman Insurance Agency, LLC 1511 Sunday Dr Ste 200 Raleigh NC 27607 (877) 468-3466

Greetings from National General!

Thank you for continuing to allow us to serve your insurance needs! Your policy has recently been changed and we have included an amended declarations page that reflects your current coverage, vehicles and drivers.

Thank you again for choosing National General Insurance. We appreciate your business!

Email: Service@NGIC.com ● Fax: 1-877-849-9022 ● Phone: (833) 306-5064 Visit us at www.MyNatGenPolicy.com



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YOUR AUTOMATIC PAYMENTS SCHEDULE

Thank you for enrolling in our Automatic Payments program!

We recently processed a change to your policy that has affected your payment amounts.

Here are the scheduled payment amounts and draft dates. The payments will be automatically drafted from your account on the indicated draft date below. Please keep this schedule for future reference since no other billing notices will be sent to you.

Schedule Draft Date	Installment Amount
03/25/2025	\$420.77
04/25/2025	\$420.74
05/27/2025	\$420.74
06/25/2025	\$420.74
07/25/2025	\$420.74
08/25/2025	\$420.74
09/25/2025	\$420.74
10/27/2025	\$420.74
11/25/2025	\$420.74
12/26/2025	\$420.74
Total Drafts:	\$4,207.43

^{*} Each draft includes a \$3.00 installment charge.

Thank you for choosing National General Insurance!

Email: Service@NGIC.com ● Fax: 1-877-849-9022 ● Phone: (833) 306-5064 Visit us at www.MyNatGenPolicy.com

Thank you for insuring with us! Here are your identification cards for proof of insurance.

an Allstate company	
NORTH CAROLINA AUTOMOBILE INSURANCE CAR	KEEP THIS CARD IN YOUR MOTOR VEHICLE
Integon Indemnity Corporation PO Box 3199 Winston Salem NC 27102-3199 INSURED NAIC NUMBER 22772 POLICY NUMBER	Report all accidents immediately to: National General Insurance Toll free at: 1-800-468-3466
KRISTEN K SMITH Jeff SMITH Hunter Smith 2021374158 EFFECTIVE DATE 2817 Glastonbury Rd Apex, NC 27539 EXPIRATION DAT 01/10/2026	
YEAR MAKE MODEL VEHICLE IDENTIFICATION NUMBER 2015 HOND PILOT SE 5FNYF3H32FB013554	ER
AGENCY: 9023 Helmsman Insurance Agency, LLC 1511 Sunday Dr Ste 200 Raleigh NC 27607	



Cut On Solid Line – Fold On Dotted Line



PO Box 3199 • Winston Salem NC 27102-3199

KRISTEN K SMITH JEFF SMITH 2817 GLASTONBURY RD APEX, NC 27539 Policy Number: **2021374158**

Date of Notice 03/03/2025 09:09 AM

Named Insured:

KRISTEN K SMITH JEFF SMITH

Policy Period:

01/10/2025 - 01/10/2026Policy Underwritten by:

Integon Indemnity Corporation

24 Hour Claim Reporting: 1-800-468-3466 For Policy Information: 1-877-468-3466 www.MyNatGenPolicy.com

Your Agent: **Helmsman Insurance Agency, LLC** 1511 Sunday Dr Ste 200 Raleigh NC 27607 (877) 468-3466

NC PERSONAL AUTO DECLARATIONS PAGE

Endorsement Effective 03/03/2025 09:09 AM

Drivers and Household Residents

KRISTEN K SMITH

The following changes were made to your policy - Vehicle(s) Added

	Driver Status	License #	Lic. State	Date of Birth	Gender	Marital Status	Driver Pts	Vre Lic
	Rated Driver	XXXXXXXX9893	NC	11/22/1972		Married	0	34
#2	Jeff SMITH							
	Driver Status	License #	Lic. State	Date of Birth	Gender	Marital Status	Driver Pts	Yrs. Lic.
	Rated Driver	XXXXXXXX1838	NC	07/09/1974	Male	Married	0	32
#3	Hunter Smith				0	perator: Princi	ipal Driver Vo	eh # - 2
	Driver Status	License #	Lic. State	Date of Birth	Gender	Marital Status	Driver Pts	Yrs. Lic.
	Rated Driver	XXXXXXXX4123	NC	08/20/2007	Male	Single	0	0
Ins	ured Personal	Auto(s) and Sched	ule of Co	verages				
#1 2	2018 TOYT CORO	LLA	VIN	I: 2T1BURHE2	JC01651	6-BP1826		
Usa	age: Pleasure Use	e - 1A						
Gar	aging Location:	27539						
Cov	verages Provided		Lin	nits/Deductible	es .			Premium
Boo	lily Injury		\$25	0,000 Each Pe	rson / \$50	00,000 Each Acc	ident	\$232.22
Property Damage			\$10	\$100,000 Each Accident				\$243.22
Uninsured / Underinsured Motorist Bodily Injury			, \$10	\$100,000 Each Person / \$300,000 Each Accident			cident	\$185.00
Uninsured Motorist Property Damage			\$10	\$100,000 Each Accident				\$10.00
Other Than Collision			AC	ACV Deductible				\$89.00
Col	Collision \$500 Deductible				\$297.00			
Rer	ntal Reimbursemer	nt	\$50	Per Day/\$1,50	0 Max			\$42.00
Tov	ving & Labor		\$10	00 Per Disablem	nent			\$9.00
Total For This Vehicle					\$1,107.44			

#2 2005 HOND PILOT EX VIN: 5FNYF18525B023389-HD1517 Usage: Pleasure Use - 1A Garaging Location: 27539 **Coverages Provided** Limits/Deductibles Premium \$250,000 Each Person / \$500,000 Each Accident **Bodily Injury** \$1,092.93 **Property Damage** \$100,000 Each Accident \$1,144.93 Uninsured / Underinsured Motorist Bodily Injury \$100,000 Each Person / \$300,000 Each Accident No Cost **Uninsured Motorist Property Damage** \$100,000 Each Accident No Cost Other Than Collision **ACV Deductible** \$64.00 Collision \$500 Deductible \$688.00 Rental Reimbursement \$50 Per Day/\$1,500 Max \$42.00 Towing & Labor \$100 Per Disablement \$9.00 **Total For This Vehicle** \$3,040.86

#3 2015 HOND PILOT SE

VIN: 5FNYF3H32FB013554-FF1213

Usage: To/From Work or School Less Than 10 Miles

- 1B

Garaging Location: 27539

Coverages Provided	Limits/Deductibles	Premium
Bodily Injury	\$250,000 Each Person / \$500,000 Each Accident	\$235.34
Property Damage	\$100,000 Each Accident	\$246.33
Uninsured / Underinsured Motorist Bodily Injury	\$100,000 Each Person / \$300,000 Each Accident	No Cost
Uninsured Motorist Property Damage	\$100,000 Each Accident	No Cost
Other Than Collision	ACV Deductible	\$85.00
Collision	\$500 Deductible	\$176.00
Rental Reimbursement	\$50 Per Day/\$1,500 Max	\$42.00
Towing & Labor	\$100 Per Disablement	\$9.00
	Total For This Vehicle	\$793.67

Premium and Fee Totals

Combined Vehicle Coverage Premium	\$4,941.97
Pay Plan Setup Charge	\$40.00
Total 12 Month Policy Premium	\$4,981.97

Discounts Applied

Policy Level

Accident Free Claim Free Discount

AutoPay

Credit Zip Match Discount Homeowner Discount Multi Car Discount Multi-Policy Discount Paperless Discount

Important Notice

Online Policy Documents: Your policy form and coverage endorsements may be viewed by going to our website: www.MyNatGenPolicy.com. Click on the Policy Documents link at the top and enter your Policy Number and Last Name.

Additional Policy Information

Insured email: Kristensmith73@gmail.com

Tier: 7

Disclosure of Possible Additional Charges

The amounts below are authorized for use in this state. However, they are only charged if they apply to your policy.

Late Charge\$10.00Nonsufficient Funds Charge\$20.00Reinstatement Charge\$25.00

Forms and Endorsements

Form	Edition	Form Name
NC0013	10012023	AMENDMENT OF POLICY PROVISIONS
NC0125	04012012	OTHER PRODUCTS ENDORSEMENT
NC0301	07011987	FEDERAL EMPLOYEES USING AUTOS IN GOVERNMENT BUSINESS
NC0304	01011998	Towing and Labor Costs Coverage
NC0314	10012019	EXTENDED TRANSPORTATION EXPENSES COVERAGE
NC0350	09012004	SPOUSE ACCESS
07164	09012012	PERSONAL AUTO POLICY COVER PAGE
NC0001	06012005	Personal Auto Policy

Authorized Signature