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EVAN DUNNING
STEPHANIE D DUNNING
2401 ASHEBURY WAY
EDMOND, OK 73034

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AMENDED DECLARATION

XS

EFFECTIVE 12/26/23

PERSONAL AUTOMOBILE POLICY

REASON FOR AMENDMENT: DELETE VEHICLE

POLICY NUMBER	POLICY PERIOD		COVERAGE IS PROVIDED IN THE	AGENCY CODE
A2T J321168	FROM 03/30/23	TO 03/30/24	ALLMERICA FINANCIAL BENEFIT INS	770784400

NAMED INSURED AND ADDRESS

AGENT

EVAN DUNNING
STEPHANIE D DUNNING
2401 ASHEBURY WAY
EDMOND, OK 73034

TELEPHONE: 918-664-7100
LANDESBLOSCHE
5506 S LEWIS AVE
TULSA, OK 74105

POLICY PERIOD-12:01 AM STANDARD TIME

VEHICLES COVERED

UNIT	ST	TER	YR	MAKE	DESC	VIN	STAMT	AGRVAL
001	OK	BHR	19	TOYT	4RUNNER	JTEBU5JR7K5694100		
003	OK	BHR	24	HOND	ODYSSEY	5FNRL6H62RB015835		

INSURANCE IS PROVIDED WHERE A PREMIUM & LIMIT OF LIABILITY IS SHOWN FOR COVERAGE

COVERAGES AND LIMITS OF LIABILITY

PREMIUMS PER UNIT

	01	03
A.BODILY INJURY - EA PERSON - \$ 50,000		
- EACH OCCURRENCE - \$100,000	\$ 107.00	62.00
A.PROPERTY DAMAGE -EACH OCCUR \$ 50,000	\$ 120.00	98.00
B.MEDICAL PAYMENTS-\$5,000 PER PERSON	\$ 19.00	18.00
C.UNINSURED MOTORIST COVERAGE		
- EACH PERSON - \$ 50,000		
- EACH OCCURRENCE - \$100,000	\$ 40.00	65.00
D.DAMAGE TO YOUR AUTO-ACTUAL CASH VALUE MINUS		
1.COLLISION- DEDUCTIBLE		
\$1,000	\$ 321.00	363.00
2.OTHER THAN COLLISION		
DEDUCTIBLE		
\$1,000	\$ 125.00	138.00
ADDITIONAL COVERAGE		
ROADSIDE ASSISTANCE	\$ 3.00	4.00
PLATINUM AUTO ESSENTIAL	\$ 5.00	5.00

RATE MODIFICATIONS APPLIED TO THIS POLICY

ACCOUNT CREDIT INCLUDED	UNIT 01	UNIT 03
PLATINUM	UNIT 01	UNIT 03
HOMEOWNER DISCOUNT	UNIT 01	UNIT 03
PAID IN FULL DISCOUNT	UNIT 01	UNIT 03
ADVANCED QUOTE FACTOR APPLIES	UNIT 01	UNIT 03
MULTI-CAR DISCOUNT APPLIES	UNIT 01	UNIT 03

	TOTAL PREMIUM PER UNIT	\$ 740.00	753.00	
PREV PREMIUM	\$1627.00	CHANGE \$134.00	CHANGE IN PREMIUM	\$34.00CR
	TOTAL POLICY PREMIUM	\$ 1493.00		

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DIRECT BILLED

12/27/23

2140781471

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ORIGINAL/INSURED

231-0617 (6-95)

AMENDED DECLARATION

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NAMED INSURED AND ADDRESS

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EDMOND, OK 73034

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TULSA, OK 74105

ENDORSEMENTS MADE A PART OF THIS POLICY

FORM#	DATE	UNIT	FORM#	DATE	UNIT	FORM#	DATE	UNIT	FORM#	DATE	UNIT
PP0001	06/98	ALL	PP0301	08/86	ALL	2312634	08/21	ALL	PP1384	06/03	ALL
PP0326	08/86	ALL	2316301	08/17	ALL	2310642	11/93	ALL	2316121	10/17	001
2316121	10/17	003	2316844	08/21	001	2316844	08/21	003	2315776	08/11	001
2315776	08/11	003	2312292	05/06	003						

LOSS PAYEE UNIT # 003
AMERICAN HONDA FINANCE

PO BOX 997515
SACRAMENTO, CA 95899

DRIVERS FOR WHICH THIS POLICY IS BEING RATED

DRIVER NAME	BIRTH DATE	LIC. ST.	LICENSE NUMBER
EVAN DUNNING	12 28 87	OK	W081680927
STEPHANIE D DUNNING	05 03 89	OK	H082405532

THE INDIVIDUALS LISTED ABOVE ARE THE ONLY DRIVERS FOR WHICH THIS POLICY IS RATED. IF THERE ARE OTHER DRIVERS IN YOUR HOUSEHOLD PLEASE CONTACT YOUR INSURANCE AGENT.

DIRECT BILLED