



Underwritten by:
SECURITY NATIONAL INSURANCE COMPANY

PLAN DE PAGOS

*** Por Favor Conservese para Futuras Referencias ***

Asegurado:
DEMBER CIFUENTES
4008 GREENWOOD DR
FORT PIERCE FL 34982-6151

KRETSCHMER INSURANCE AGENCY, I
NC. C/O RENAISSANCE ALLIANCE I
PO BOX 12519
FORT PIERCE FL 34979-2519
Teléfono: **772-467-6656**

Número de Póliza	Fecha de Incepción	Fecha de Expiración	Fecha de Envío
G01 2571085 03	07/10/24	01/10/25	06/05/24

Estimado (a) DEMBER CIFUENTES

Para su conveniencia, con el plan de pago que usted seleccionó nosotros retiramos los fondos para sus pagos mensuales de su institución financiera. Se enumeran abajo las fechas de vencimiento y las cantidades de sus pagos futuros.

Debido a que nosotros no enviamos una notificación cada mes, **por favor conserve este documento para futuras referencias.**

Número del pago	Fecha de vencimiento*	Cantidad del pago**	Método de pago
Pago Pendiente	07/09/24	\$2,418.04	Automático
02	08/10/24	\$2,422.19	Automático
03	09/10/24	\$2,422.19	Automático
04	10/10/24	\$2,422.19	Automático
05	11/10/24	\$2,422.19	Automático
06	12/10/24	\$2,422.20	Automático

*Los fondos se cargarán a su cuenta bancaria en la fecha de vencimiento del pago o después de dicha fecha. El cargo aparecerá en su estado bancario como "SECURITY NATL IN". Asegúrese de que haya fondos suficientes en su cuenta.

**La cantidad de cada pago incluye un cargo por servicios de retiro de fondos hasta la cantidad de \$10.00. La cantidad del pago también incluye las siguientes cuotas: documentos impresos. Si se paga el saldo pendiente de la póliza en su totalidad antes de la fecha de vencimiento del siguiente pago, no se cobrarán cuotas por plazo EFT durante el resto del período de la póliza.

Si su institución financiera no acepta su pago, se cobrará una cuota NSF (falta de fondos) de \$15.00 Si tiene alguna pregunta o desea suspender este método de pago, visite nuestro sitio web en www.bristolwest.com, o si lo prefiere, llame a su productor al 772-467-6656 o a Bristol West directamente durante horas hábiles al 1-888-888-0080. En caso de que decida suspender este método de pago, deberá avisar a la Compañía un mínimo de 3 días hábiles antes de la fecha de vencimiento del pago del plazo.

Gracias por ser cliente de Bristol West

Atentamente,
Bristol West Insurance Group

Revisión de 06 2006

Si tiene preguntas sobre su póliza, llame al: 1-888-888-0080

**FLORIDA AUTOMOBILE INSURANCE
IDENTIFICATION CARD**
SECURITY NATIONAL INSURANCE COMPANY

POLICY NUMBER / COMPANY CODE	EFFECTIVE DATE
G01 2571085 03 - 01952	07/10/24

**PERSONAL INJURY PROTECTION
BENEFITS/PROPERTY DAMAGE LIABILITY**

BODILY INJURY LIABILITY

INSURED
DEMBER CIFUENTES

YEAR	MAKE	MODEL
2020	GMC	SIERRA K1500 DE

VEHICLE IDENTIFICATION NO.
1GTU9FEL0LZ105392

**Not Valid More than One Year from Effective Date
46009 (02/11)**

**FLORIDA AUTOMOBILE INSURANCE
IDENTIFICATION CARD**
SECURITY NATIONAL INSURANCE COMPANY

POLICY NUMBER / COMPANY CODE	EFFECTIVE DATE
G01 2571085 03 - 01952	07/10/24

**PERSONAL INJURY PROTECTION
BENEFITS/PROPERTY DAMAGE LIABILITY**

BODILY INJURY LIABILITY

INSURED
DEMBER CIFUENTES

YEAR	MAKE	MODEL
2020	GMC	SIERRA K1500 DE

VEHICLE IDENTIFICATION NO.
1GTU9FEL0LZ105392

**Not Valid More than One Year from Effective Date
46009 (02/11)**

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IDENTIFICATION CARD**
SECURITY NATIONAL INSURANCE COMPANY

POLICY NUMBER / COMPANY CODE	EFFECTIVE DATE
G01 2571085 03 - 01952	07/10/24

**PERSONAL INJURY PROTECTION
BENEFITS/PROPERTY DAMAGE LIABILITY**

BODILY INJURY LIABILITY

INSURED
DEMBER CIFUENTES

YEAR	MAKE	MODEL
2017	DODG	CHARGER SRT HEL

VEHICLE IDENTIFICATION NO.
2C3CDXL91HH509756

**Not Valid More than One Year from Effective Date
46009 (02/11)**

**FLORIDA AUTOMOBILE INSURANCE
IDENTIFICATION CARD**
SECURITY NATIONAL INSURANCE COMPANY

POLICY NUMBER / COMPANY CODE	EFFECTIVE DATE
G01 2571085 03 - 01952	07/10/24

**PERSONAL INJURY PROTECTION
BENEFITS/PROPERTY DAMAGE LIABILITY**

BODILY INJURY LIABILITY

INSURED
DEMBER CIFUENTES

YEAR	MAKE	MODEL
2017	DODG	CHARGER SRT HEL

VEHICLE IDENTIFICATION NO.
2C3CDXL91HH509756

**Not Valid More than One Year from Effective Date
46009 (02/11)**

Approved drivers:

DEMBER CIFUENTES
HERMALINDA RICO-MORALES
FLOR RICO MORALES

Your policy's Comprehensive and Collision coverage apply to a rental vehicle as described in the Personal Auto Policy Outline.

In the event of a loss, you can submit your loss information 24/7 at www.bristolwest.com or call us Toll-Free during business hours at **1-800-274-7865**

For policy information, call Service Operations at 1-888-888-0080

Misrepresentation of insurance is a first degree misdemeanor.

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SECURITY NATIONAL INSURANCE COMPANY		
POLICY NUMBER / COMPANY CODE	EFFECTIVE DATE	
G01 2571085 03 - 01952	07/10/24	
<input checked="" type="checkbox"/> PERSONAL INJURY PROTECTION BENEFITS/PROPERTY DAMAGE LIABILITY		
<input checked="" type="checkbox"/> BODILY INJURY LIABILITY		
INSURED		
DEMBER CIFUENTES		
YEAR	MAKE	MODEL
2008	FORD	F250 SUPER DUTY
VEHICLE IDENTIFICATION NO.		
1FTSW21R78EA80606		
Not Valid More than One Year from Effective Date		
46009 (02/11)		

FLORIDA AUTOMOBILE INSURANCE IDENTIFICATION CARD		
SECURITY NATIONAL INSURANCE COMPANY		
POLICY NUMBER / COMPANY CODE	EFFECTIVE DATE	
G01 2571085 03 - 01952	07/10/24	
<input checked="" type="checkbox"/> PERSONAL INJURY PROTECTION BENEFITS/PROPERTY DAMAGE LIABILITY		
<input checked="" type="checkbox"/> BODILY INJURY LIABILITY		
INSURED		
DEMBER CIFUENTES		
YEAR	MAKE	MODEL
2008	FORD	F250 SUPER DUTY
VEHICLE IDENTIFICATION NO.		
1FTSW21R78EA80606		
Not Valid More than One Year from Effective Date		
46009 (02/11)		

FLORIDA AUTOMOBILE INSURANCE IDENTIFICATION CARD		
SECURITY NATIONAL INSURANCE COMPANY		
POLICY NUMBER / COMPANY CODE	EFFECTIVE DATE	
G01 2571085 03 - 01952	07/10/24	
<input checked="" type="checkbox"/> PERSONAL INJURY PROTECTION BENEFITS/PROPERTY DAMAGE LIABILITY		
<input checked="" type="checkbox"/> BODILY INJURY LIABILITY		
INSURED		
DEMBER CIFUENTES		
YEAR	MAKE	MODEL
2022	JEEP	GLADIATOR RUBIC
VEHICLE IDENTIFICATION NO.		
1C6JTBG1NL174346		
Not Valid More than One Year from Effective Date		
46009 (02/11)		

FLORIDA AUTOMOBILE INSURANCE IDENTIFICATION CARD		
SECURITY NATIONAL INSURANCE COMPANY		
POLICY NUMBER / COMPANY CODE	EFFECTIVE DATE	
G01 2571085 03 - 01952	07/10/24	
<input checked="" type="checkbox"/> PERSONAL INJURY PROTECTION BENEFITS/PROPERTY DAMAGE LIABILITY		
<input checked="" type="checkbox"/> BODILY INJURY LIABILITY		
INSURED		
DEMBER CIFUENTES		
YEAR	MAKE	MODEL
2022	JEEP	GLADIATOR RUBIC
VEHICLE IDENTIFICATION NO.		
1C6JTBG1NL174346		
Not Valid More than One Year from Effective Date		
46009 (02/11)		

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HERMALINDA RICO-MORALES
FLOR RICO MORALES

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POLICY NUMBER / COMPANY CODE	EFFECTIVE DATE	
G01 2571085 03 - 01952	07/10/24	
<input checked="" type="checkbox"/> PERSONAL INJURY PROTECTION BENEFITS/PROPERTY DAMAGE LIABILITY		
<input checked="" type="checkbox"/> BODILY INJURY LIABILITY		
INSURED		
DEMBER CIFUENTES		
YEAR	MAKE	MODEL
2014	DODG	CHARGER R/T
VEHICLE IDENTIFICATION NO.		
2C3CDXCT0EH135406		
Not Valid More than One Year from Effective Date		
46009 (02/11)		

FLORIDA AUTOMOBILE INSURANCE IDENTIFICATION CARD		
SECURITY NATIONAL INSURANCE COMPANY		
POLICY NUMBER / COMPANY CODE	EFFECTIVE DATE	
G01 2571085 03 - 01952	07/10/24	
<input checked="" type="checkbox"/> PERSONAL INJURY PROTECTION BENEFITS/PROPERTY DAMAGE LIABILITY		
<input checked="" type="checkbox"/> BODILY INJURY LIABILITY		
INSURED		
DEMBER CIFUENTES		
YEAR	MAKE	MODEL
2014	DODG	CHARGER R/T
VEHICLE IDENTIFICATION NO.		
2C3CDXCT0EH135406		
Not Valid More than One Year from Effective Date		
46009 (02/11)		

FLORIDA AUTOMOBILE INSURANCE IDENTIFICATION CARD		
SECURITY NATIONAL INSURANCE COMPANY		
POLICY NUMBER / COMPANY CODE	EFFECTIVE DATE	
G01 2571085 03 - 01952	07/10/24	
<input checked="" type="checkbox"/> PERSONAL INJURY PROTECTION BENEFITS/PROPERTY DAMAGE LIABILITY		
<input checked="" type="checkbox"/> BODILY INJURY LIABILITY		
INSURED		
DEMBER CIFUENTES		
YEAR	MAKE	MODEL
2023	DODG	CHALLENGER R/T
VEHICLE IDENTIFICATION NO.		
2C3CDZPJ3PH645337		
Not Valid More than One Year from Effective Date		
46009 (02/11)		

FLORIDA AUTOMOBILE INSURANCE IDENTIFICATION CARD		
SECURITY NATIONAL INSURANCE COMPANY		
POLICY NUMBER / COMPANY CODE	EFFECTIVE DATE	
G01 2571085 03 - 01952	07/10/24	
<input checked="" type="checkbox"/> PERSONAL INJURY PROTECTION BENEFITS/PROPERTY DAMAGE LIABILITY		
<input checked="" type="checkbox"/> BODILY INJURY LIABILITY		
INSURED		
DEMBER CIFUENTES		
YEAR	MAKE	MODEL
2023	DODG	CHALLENGER R/T
VEHICLE IDENTIFICATION NO.		
2C3CDZPJ3PH645337		
Not Valid More than One Year from Effective Date		
46009 (02/11)		

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Misrepresentation of insurance is a first degree misdemeanor.

SECURITY NATIONAL INSURANCE COMPANY

PERSONAL AUTO RENEWAL DECLARATION

(Page 1)

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

POLICY NUMBER	Policy Period	
	From	To
G01 2571085 03	07/10/24 12:01 a.m.	01/10/25 12:01 a.m.*

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

* Unless cancelled sooner for valid reasons.

Named Insured:
DEMBER CIFUENTES
 4008 GREENWOOD DR
 FORT PIERCE FL 34982-6151

0943133
KRETSCHMER INSURANCE AGENCY, I
NC. C/O RENAISSANCE ALLIANCE I
PO BOX 12519
FORT PIERCE FL 34979-2519
 Telephone: 772-467-6656

POLICY PREMIUM TOTAL \$ 14,469.00
 (includes \$25.00 for MGA 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	Filing	Birth	Mar	Sex
DEMBER CIFUENTES	Rated	No	1984	M	M
HERMALINDA RICO-MORALES	Rated	No	1987	M	F
FLOR Y RICO MORALES	Rated	No	2001	S	F

Forms and Endorsements

1005 (02/11) FL-PCE-01 (05/22) FLSNPIP02 (12/20)

SECURITY NATIONAL INSURANCE COMPANY

PERSONAL AUTO RENEWAL DECLARATION

(Page 2)

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

POLICY NUMBER	Policy Period	
	From	To
G01 2571085 03	07/10/24 12:01 a.m.	01/10/25 12:01 a.m.*

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Named Insured:
DEMBER CIFUENTES
4008 GREENWOOD DR
FORT PIERCE FL 34982-6151

0943133
KRETSCHMER INSURANCE AGENCY, I
NC. C/O RENAISSANCE ALLIANCE I
PO BOX 12519
FORT PIERCE FL 34979-2519
Telephone: 772-467-6656

Vehicle 1	PREMIUM \$ 2,041.00
<p>Year / Make / Model: 2020 GMC SIERRA K1500 DENA PK Vehicle Identification #: 1GTU9FEL0LZ105392</p> <p>Vehicle Use: Pleasure</p> <p>Surcharges: Discounts: HOMEOWNER, MULTI-CAR, EFT, AIR-BAG, ANTI-LOCK BRAKES, ANTI-THEFT</p> <p>Rating Zip Code: 34982 Garaging Location: 4008 GREENWOOD DR FORT PIERCE, FL 34982 Loss Payee: GM FINANCIAL 801 CHERRY ST STE 3600 FORT WORTH, TX 76102-6855 Additional Interest: N/A</p>	

Coverage	Per Person Limit	Per Accident Limit	Deductible	Premium
BODILY INJURY LIABILITY	10,000	20,000		451.00
UNINSURED MOTORIST BODILY INJURY	REJECTED			
PROPERTY DAMAGE LIABILITY		10,000		288.00
COLLISION			500	757.00
COMPREHENSIVE			500	172.00
BASIC PERSONAL INJURY PROTECTION	10,000			373.00
Medical Benefits will be limited to a maximum of \$2,500 if there is no Emergency Medical Condition as defined in our Policy. Under Personal Injury Protection Coverage, you are also entitled to a \$5,000 Death benefit, which is in excess of the maximum Personal Injury Protection Limit of \$10,000.				
DEDUCTIBLE APPLIES TO NAMED INSURED AND DEPENDENT RESIDENT RELATIVES				
WORK LOSS BENEFITS INCLUDED				

SECURITY NATIONAL INSURANCE COMPANY

PERSONAL AUTO RENEWAL DECLARATION

(Page 3)

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

POLICY NUMBER	Policy Period	
	From	To
G01 2571085 03	07/10/24 12:01 a.m.	01/10/25 12:01 a.m.*

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

* Unless cancelled sooner for valid reasons.

Named Insured:
DEMBER CIFUENTES
4008 GREENWOOD DR
FORT PIERCE FL 34982-6151

0943133
KRETSCHMER INSURANCE AGENCY, I
NC. C/O RENAISSANCE ALLIANCE I
PO BOX 12519
FORT PIERCE FL 34979-2519
Telephone: 772-467-6656

Vehicle	2		PREMIUM \$ 2,670.00
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Year / Make / Model: 2017 DODG CHARGER SRT HELLC SD **Vehicle Use:** Pleasure
Vehicle Identification #: 2C3CDXL91HH509756

Surcharges:

Discounts: HOMEOWNER, MULTI-CAR, EFT, AIR-BAG, ANTI-LOCK BRAKES, ANTI-THEFT

Rating Zip Code: 34982

Garaging Location: 4008 GREENWOOD DR FORT PIERCE, FL 34982

Loss Payee: CHRYSLER FINANCIAL PO BOX 3610 CARMEL, IN 46082-3610

Additional Interest: N/A

Coverage	Per Person Limit	Per Accident Limit	Deductible	Premium
BODILY INJURY LIABILITY	10,000	20,000		436.00
UNINSURED MOTORIST BODILY INJURY	REJECTED			
PROPERTY DAMAGE LIABILITY		10,000		255.00
COLLISION			500	1,066.00
COMPREHENSIVE			500	354.00
BASIC PERSONAL INJURY PROTECTION	10,000			559.00
Medical Benefits will be limited to a maximum of \$2,500 if there is no Emergency Medical Condition as defined in our Policy. Under Personal Injury Protection Coverage, you are also entitled to a \$5,000 Death benefit, which is in excess of the maximum Personal Injury Protection Limit of \$10,000.				
DEDUCTIBLE APPLIES TO NAMED INSURED AND DEPENDENT RESIDENT RELATIVES				
WORK LOSS BENEFITS INCLUDED				

Authorized Representative
Page 3 of 7

SECURITY NATIONAL INSURANCE COMPANY

PERSONAL AUTO RENEWAL DECLARATION

(Page 4)

PO BOX 31029
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POLICY NUMBER	Policy Period	
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G01 2571085 03	07/10/24 12:01 a.m.	01/10/25 12:01 a.m.*

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0943133
KRETSCHMER INSURANCE AGENCY, I
NC. C/O RENAISSANCE ALLIANCE I
PO BOX 12519
FORT PIERCE FL 34979-2519
Telephone: 772-467-6656

Vehicle	3		PREMIUM \$ 1,665.00
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Year / Make / Model: 2008 FORD F250 SUPER DUTY PK **Vehicle Use:** Pleasure
Vehicle Identification #: 1FTSW21R78EA80606

Surcharges:

Discounts: HOMEOWNER, MULTI-CAR, EFT, AIR-BAG, ANTI-LOCK BRAKES, ANTI-THEFT

Rating Zip Code: 34982

Garaging Location: 4008 GREENWOOD DR FORT PIERCE, FL 34982

Loss Payee: N/A

Additional Interest: N/A

Coverage	Per Person Limit	Per Accident Limit	Deductible	Premium
BODILY INJURY LIABILITY	10,000	20,000		588.00
UNINSURED MOTORIST BODILY INJURY	REJECTED			
PROPERTY DAMAGE LIABILITY		10,000		340.00
COLLISION			500	304.00
COMPREHENSIVE			500	136.00
BASIC PERSONAL INJURY PROTECTION	10,000			297.00
Medical Benefits will be limited to a maximum of \$2,500 if there is no Emergency Medical Condition as defined in our Policy. Under Personal Injury Protection Coverage, you are also entitled to a \$5,000 Death benefit, which is in excess of the maximum Personal Injury Protection Limit of \$10,000.				
DEDUCTIBLE APPLIES TO NAMED INSURED AND DEPENDENT RESIDENT RELATIVES				
WORK LOSS BENEFITS INCLUDED				

SECURITY NATIONAL INSURANCE COMPANY

PERSONAL AUTO RENEWAL DECLARATION

(Page 5)

PO BOX 31029
INDEPENDENCE, OH 44131-0029
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POLICY NUMBER	Policy Period	
	From	To
G01 2571085 03	07/10/24 12:01 a.m.	01/10/25 12:01 a.m.*

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0943133
KRETSCHMER INSURANCE AGENCY, I
NC. C/O RENAISSANCE ALLIANCE I
PO BOX 12519
FORT PIERCE FL 34979-2519
Telephone: 772-467-6656

Vehicle	4		PREMIUM \$ 2,208.00
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Year / Make / Model: 2022 JEEP GLADIATOR RUBICON PK **Vehicle Use:** Pleasure
Vehicle Identification #: 1C6JTBG1NL174346

Surcharges:

Discounts: HOMEOWNER, MULTI-CAR, EFT, AIR-BAG, ANTI-LOCK BRAKES, ANTI-THEFT

Rating Zip Code: 34982

Garaging Location: 4008 GREENWOOD DR FORT PIERCE, FL 34982

Loss Payee: CHRYSLER FINANCIAL PO BOX 3610 CARMEL, IN 46082-3610

Additional Interest: N/A

Coverage	Per Person Limit	Per Accident Limit	Deductible	Premium
BODILY INJURY LIABILITY	10,000	20,000		517.00
UNINSURED MOTORIST BODILY INJURY	REJECTED			
PROPERTY DAMAGE LIABILITY		10,000		353.00
COLLISION			500	856.00
COMPREHENSIVE			500	209.00
BASIC PERSONAL INJURY PROTECTION	10,000			273.00
Medical Benefits will be limited to a maximum of \$2,500 if there is no Emergency Medical Condition as defined in our Policy. Under Personal Injury Protection Coverage, you are also entitled to a \$5,000 Death benefit, which is in excess of the maximum Personal Injury Protection Limit of \$10,000.				
DEDUCTIBLE APPLIES TO NAMED INSURED AND DEPENDENT RESIDENT RELATIVES				
WORK LOSS BENEFITS INCLUDED				

Authorized Representative
Page 5 of 7

SECURITY NATIONAL INSURANCE COMPANY

PERSONAL AUTO RENEWAL DECLARATION

(Page 6)

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POLICY NUMBER	Policy Period	
	From	To
G01 2571085 03	07/10/24 12:01 a.m.	01/10/25 12:01 a.m.*

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

* Unless cancelled sooner for valid reasons.

Named Insured:
DEMBER CIFUENTES
4008 GREENWOOD DR
FORT PIERCE FL 34982-6151

0943133
KRETSCHMER INSURANCE AGENCY, I
NC. C/O RENAISSANCE ALLIANCE I
PO BOX 12519
FORT PIERCE FL 34979-2519
Telephone: 772-467-6656

Vehicle	5		PREMIUM \$ 2,861.00
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<p>Year / Make / Model: 2014 DODG CHARGER R/T SD Vehicle Identification #: 2C3CDXCT0EH135406</p> <p>Surcharges: Discounts: HOMEOWNER, MULTI-CAR, EFT, AIR-BAG, ANTI-LOCK BRAKES, ANTI-THEFT</p> <p>Rating Zip Code: 34982 Garaging Location: 2014 DODG CHARGER R/T 4008 GREENWOOD DR FORT PIERCE, FL 34982 Loss Payee: N/A Additional Interest: N/A</p>	<p>Vehicle Use: Pleasure</p>
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Coverage	Per Person Limit	Per Accident Limit	Deductible	Premium
BODILY INJURY LIABILITY	10,000	20,000		583.00
UNINSURED MOTORIST BODILY INJURY	REJECTED			
PROPERTY DAMAGE LIABILITY		10,000		338.00
COLLISION			500	927.00
COMPREHENSIVE			500	274.00
BASIC PERSONAL INJURY PROTECTION	10,000			739.00
Medical Benefits will be limited to a maximum of \$2,500 if there is no Emergency Medical Condition as defined in our Policy. Under Personal Injury Protection Coverage, you are also entitled to a \$5,000 Death benefit, which is in excess of the maximum Personal Injury Protection Limit of \$10,000.				
DEDUCTIBLE APPLIES TO NAMED INSURED AND DEPENDENT RESIDENT RELATIVES				
WORK LOSS BENEFITS INCLUDED				

SECURITY NATIONAL INSURANCE COMPANY

PERSONAL AUTO RENEWAL DECLARATION

(Page 7)

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

POLICY NUMBER	Policy Period	
	From	To
G01 2571085 03	07/10/24 12:01 a.m.	01/10/25 12:01 a.m.*

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Named Insured:
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FORT PIERCE FL 34982-6151

0943133
KRETSCHMER INSURANCE AGENCY, I
NC. C/O RENAISSANCE ALLIANCE I
PO BOX 12519
FORT PIERCE FL 34979-2519
Telephone: 772-467-6656

Vehicle 6	PREMIUM \$ 2,999.00
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Year / Make / Model: 2023 DODG CHALLENGER R/T SC CP **Vehicle Use:** Pleasure
Vehicle Identification #: 2C3CDZFJ3PH645337

Surcharges:

Discounts: HOMEOWNER, MULTI-CAR, EFT, AIR-BAG, ANTI-LOCK BRAKES, ANTI-THEFT

Rating Zip Code: 34982

Garaging Location: 2023 DODG CHALLENGER R/T SC 4008 GREENWOOD DR FORT PIERCE, FL 34982

Loss Payee: STELLANTIS FINANCIAL SERVICES PO BOX 717 WILMINGTON, OH 45177

Additional Interest: DEMBER PAINTING INC 4008 GREENWOOD DR FORT PIERCE, FL 34982

Coverage	Per Person Limit	Per Accident Limit	Deductible	Premium
BODILY INJURY LIABILITY	10,000	20,000		392.00
UNINSURED MOTORIST BODILY INJURY	REJECTED			
PROPERTY DAMAGE LIABILITY		10,000		217.00
COLLISION			500	1,480.00
COMPREHENSIVE			500	452.00
BASIC PERSONAL INJURY PROTECTION	10,000			458.00
Medical Benefits will be limited to a maximum of \$2,500 if there is no Emergency Medical Condition as defined in our Policy. Under Personal Injury Protection Coverage, you are also entitled to a \$5,000 Death benefit, which is in excess of the maximum Personal Injury Protection Limit of \$10,000.				
DEDUCTIBLE APPLIES TO NAMED INSURED AND DEPENDENT RESIDENT RELATIVES				
WORK LOSS BENEFITS INCLUDED				

Authorized Representative
Page 7 of 7

Additional Fee Information

In addition to the "Fees" identified in the "Policy Premium Total" section above, the following additional fees also apply:

In consideration of our agreement to allow you to pay in installments, the following service fee will apply:

I agree to pay an interest charge equal to (18) percent simple interest per year on the unpaid balance of my policy capped at \$10 per installment that becomes due during the policy term and during each renewal policy term in accordance with the payment plan.

In addition, the following fees also apply:

LATE FEE: \$10.00 (applied per policy term and each renewal policy for any payment that is not postmarked by the scheduled due date)

NSF/RETURNED PAYMENT CHARGE: \$15.00 (applied per each check or draft which is returned for non-sufficient funds)

PAPER DOCUMENTS FEE: \$10.00 (applied per policy when paper documents are sent instead of receiving electronic documents through our Go Paperless feature)

Uninsured Motorist Coverage Options

Florida law gives you the right to select the limits for Uninsured Motorist coverage. Uninsured Motorist coverage may be purchased with any available limits, up to your Bodily Injury coverage limits. You also have the right to reject Uninsured Motorists coverage. Please contact your producer, listed on this notice, for more information. Uninsured Motorist Coverage provides for payment of certain benefits for damages caused by owners or operators of uninsured motor vehicles because of bodily injury or death resulting therefrom. Such benefits may include payments for certain medical expenses, lost wages, and pain and suffering, subject to limitations and conditions contained in the policy. For the purpose of this coverage, an uninsured motor vehicle may include a motor vehicle as to which the bodily injury limits are less than your damages. Available limits include options for stacked and non-stacked options. Stacked coverage means that your policy limits for each motor vehicle are added together (stacked) for all covered injuries. Thus, your policy limits would automatically change during the policy term if you increase or decrease the number of autos covered under the policy. Available coverage options include per person and per accident amounts respectively as follows: \$10,000/\$20,000, \$25,000/\$50,000, \$50,000/\$100,000, \$100,000/\$300,000 and \$250,000/\$500,000.



Authorized Representative



Policy Number: G01 2571085 03

Underwritten by: SECURITY NATIONAL INSURANCE COMPANY

ACCIDENT AND VIOLATION DISCLOSURE

Your premium rate is based, in part, on the driving record of the drivers listed on this policy. The following lists accidents and/or traffic violations of these drivers. If you have any questions about your premium rates, please contact your producer KRETSCHMER INSURANCE AGENCY, I at 772-467-6656.

DEMBER CIFUENTES
 Birth Year: 1984 License State: FL
 License Number: C153162843860

HERMALINDA RICO-MORALES
 Birth Year: 1987 License State: IT
 License Number: HR2457945289

ACCIDENT/VIOLATION	DATE
Major Violation	04/30/22
Minor Violation Class	04/30/22
At Fault Accident	10/10/22

WAIVE	ACCIDENT/VIOLATION	DATE	WAIVE
	CLEAN DRIVER	06/05/24	

FLOR Y RICO MORALES
 Birth Year: 2001 License State: FL
 License Number: R256259016110

Birth Year: License State:
 License Number:

ACCIDENT/VIOLATION	DATE
Unverifiable Driv Record	01/10/23

WAIVE	ACCIDENT/VIOLATION	DATE	WAIVE

As a result of the above driving history, you did not receive our lowest available rate.

IMPORTANT NOTICE REGARDING OUR USE OF A FEE SCHEDULE FOR PERSONAL INJURY PROTECTION COVERAGE

In accordance with Florida Statute 627.736, please note that your policy endorsement, **Personal Injury Protection Coverage** defines "reasonable expenses" as follows:

Reasonable expenses shall mean the lesser of the amount provided by the schedule of maximum charges, as contained in the Florida Motor Vehicle No-Fault Law (§§627.730-627.7405, Florida Statutes) as may be amended from time to time, as stated in the Limits of Liability section as indicated below. However, in no event shall **reasonable expenses** exceed the amount the provider customarily charges for like services or supplies.

Please further note the **Basic Personal Injury Protection Coverage** Limits of Liability section of your policy endorsement, Paragraph 4, limits reimbursement as follows:

For **Basic Personal Injury Protection Coverage**, we shall limit reimbursement to 80 percent of all **reasonable expenses**. However, in no event shall we pay any amount in excess of 80 percent of the following schedule of maximum charges:

- a) For emergency transport and treatment by providers licensed under chapter 401, of the Florida Statutes, 200 percent of Medicare.
- b) For emergency services and care provided by a hospital licensed under chapter 395, of the Florida Statutes, 75 percent of the hospital's usual and customary charges.
- c) For emergency services and care as defined by s. 395.002, of the Florida Statutes, provided in a facility licensed under chapter 395, of the Florida Statutes, rendered by a physician or dentist, and related hospital inpatient services rendered by a physician or dentist, the usual and customary charges in the community.
- d) For hospital inpatient services, other than emergency services and care, 200 percent of the Medicare Part A prospective payment applicable to the specific hospital providing the inpatient services.
- e) For hospital outpatient services, other than emergency services and care, 200 percent of the Medicare Part A Ambulatory Payment Classification for the specific hospital providing the outpatient services.
- f) For all other medical services, supplies, and care, 200 percent of the allowable amount under the participating physicians schedule of Medicare Part B, except as follows:
 - i. for services, supplies and care provided by ambulatory surgical centers and clinical laboratories, 200 percent of the allowable amount under Medicare Part B; and
 - ii. for durable medical equipment, 200 percent of the allowable amount under the Durable Medical Equipment Prosthetics/Orthotics and Supplies fee schedule of Medicare Part B.

However, if such services, supplies, or care is not reimbursable under Medicare Part B, as provided in this subsection f., we shall limit reimbursement to 80 percent of the maximum reimbursable allowance under workers' compensation, as determined under s. 440.13 of the Florida Statutes and rules adopted thereunder which are in effect at the time such services, supplies, or care is provided. Services, supplies, or care that is not reimbursable under Medicare or workers' compensation will not be reimbursed by us.

For purposes of 4.a. through f. above, the applicable fee schedule or payment limitation under Medicare is the fee schedule or payment limitation in effect on March 1 of the service year in which the services, supplies, or care is rendered and for the area in which such services, supplies, or care is rendered, and the applicable fee schedule or payment limitation applies to services, supplies, or care rendered during that service year, notwithstanding any subsequent change made to the fee schedule or payment limitation, except that it may not be less than the allowable amount under the applicable schedule of Medicare Part B for 2007 for medical services, supplies, and care subject to Medicare Part B. Service year means the period from March 1 through the end of February of the following year.

We will use the Medicare coding policies and payment methodologies of the federal Centers for Medicare and Medicaid Services (CMS), including applicable modifiers, to determine the appropriate amount for medical services, supplies or care. The CMS policies include, but are not limited to: coding edits, both mutually exclusive and inclusive, payment limitations, and coding guidelines subject to the National Correct Coding Initiative (NCCI), Hospital Outpatient Prospective Payment System (OPPS), Multiple Procedure Payment Reduction (MPPR), and Multiple Surgery Reduction Rules (MSRR).

If Extended Personal Injury Protection Coverage is purchased, 100 percent of reasonable expenses as defined above will be provided.