

#### **Farmers**

# **Economy Premier Assurance Company**

**Automobile Insurance Declarations Page** Policy Number: A7992456380

Named Insured: DIANE CALHOUN Mailing Address: 162 MILLER RD

PAXINOS.PA 17860-7441

Change Effective Date: November 18, 2021

Email address: DIANE.CALHOUN@GMAIL.COM

Policy Period: November 18, 2021 through November 18,

at 12:01 a.m. standard time Payment Method: Bank Account

\$ **Total Annual Premium** 827.83

2015 SUBARU FORESTER

Adjusted Term Premium \$ 827.83 \$ 0.00

Change in premium from 11/18/2021 through 11/18/2022

This Declarations Page does not supersede any cancellation notices you have received.

**Discounts** 

Congratulations, with the discounts listed below, you saved a total of -\$ 209.32.

Discount availability varies by state. You may contact us to ensure you are receiving all discounts and savings that you qualify for.

The following policy discounts apply:

Early Quoting Length of Time at Current Residence

**Paperless** Payment Plan

The following vehicle discounts apply:

Anti-Theft Device Safety Device

The following driver discounts apply:

Good Driving

**Drivers** 

Name Date of Birth **Marital Status** Age First Licensed **Driver Type** DIANE CALHOUN 07/14/1951 Divorced 20 Rated

**Policy Level Coverages** 

**Limits and/or Deductibles Premiums** 

Identity Theft Resolution Included Mexico Coverage Included

## **Vehicle Information and Coverages**

### **2015 SUBARU FORESTER**

VIN: JF2SJABC1FH498398 Annual Mileage: 12,538

	Limits and/or Deductibles		Premiums	
Liability to Others				
Limited Tort Option				
Bodily Injury	\$100,000 each person / \$300,000 each accident		\$	80.54
Property Damage	\$100,000 each accident	\$	148.96	
First Party Benefits				
Combined Amount	\$177,500		\$	76.24
Uninsured Motorists				
Bodily Injury Non-Stacked	\$100,000 each person / \$300,000 each accident		\$	9.76
Underinsured Motorists				
Bodily Injury Non-Stacked	\$100,000 each person / \$300,000 each accident		\$	18.95
Physical Damage				
Comprehensive	Actual Cash Value	Deductible: \$500	\$	122.81
Collision	Actual Cash Value	Deductible: \$500	\$	296.77
Additional Coverages				
Roadside Assistance	\$200 each disablement		\$	3.36
Custom Equipment	\$2,000 of equipment			Included
Rental Car Reimbursement	\$40 each day / \$1,200 each accident		\$	27.22
Auto Extra			\$	28.22
Diminishing Deductible	\$100 reduction amount		\$	15.00
Subtotal for Vehicle:			\$	827.83
Total Annual Premium:			\$	827.83

### **Policy Forms and Endorsements**

AA10PA 0118	Auto Application	AD10PA 0118	Auto Declarations Page
	Auto Insurance Policy		Personal Auto Policy
	Pennsylvania Uninsured Motorists Coverage	AE41PA 0118	Pennsylvania Underinsured Motorists Coverage
AE4700 0118	Rejection of Stacking Uninsured and Underinsured Motorists Coverage	AE5800 0118	Diminishing Deductible
AE60PA 0118	Pennsylvania First Party Benefits Coverage	AE70PA 0118	Pennsylvania State Amendatory
AE75PA 0118	Pennsylvania Auto Policy Termination Conditions	AE8500 0118	Auto Extra
AE9110 0118	Identity Theft Resolution	AE9200 0118	Mexico Coverage - Limited
AE9500 0118	Roadside Assistance	AE9600 0118	Rental Car Reimbursement

#### Messages

Economy Premier Assurance Company 700 Quaker Lane, Suite 300 Warwick, RI 02886

If your policy provides Collision coverage, then you are covered for collision damage to rented vehicles, subject to all of the terms and conditions contained in your policy.

Your policy declarations, coverages, limits, deductibles, forms, and/or endorsements may have changed. You should carefully review your policy to assure yourself that you have purchased sufficient coverage from us. It is your responsibility to know and understand the amount of insurance you have purchased. If you believe anything on your policy declarations or rating information is incorrect, please contact us.

The cost of any coverage indicated as "included" is included in the basic coverages premium amount.

If you have any questions, visit www.farmers.com/autohomelogin. Through our website, you can also send us e-mails, pay your premium, upload a document, submit a photo, or service your personal account.

For policy questions, changes, billing or other customer service needs contact us at 570-580-4845.

Your representative is SUZANNE KOPITSKY J05E7LD

559 MILL ST

**DANVILLE PA 17821-1069**