

**DECLARATIONS PAGE**

NAMED INSURED

AT3 59-6395-2 P A

003041 0058

JOHNSON, SHELBY & DOLORES
1443 ASHDOWN CT
SANFORD FL 32771-8081

POLICY NUMBER G85 4694-D30-59

POLICY PERIOD OCT 30 2019 to APR 30 2020
12:01 A.M. Standard TimeSTATE FARM PAYMENT PLAN NUMBER
1039175519

AGENT

GAIL WILLIAMS INS AGCY INC
641 MONROE RD
SANFORD, FL 32771-8822

PHONE: (407)323-0003

**DO NOT PAY PREMIUMS SHOWN ON THIS PAGE.
IF AN AMOUNT IS DUE, THEN A SEPARATE STATEMENT IS ENCLOSED.****YOUR CAR**

YEAR	MAKE	MODEL	BODY STYLE	VEHICLE ID. NUMBER	CLASS
2016	FORD	F150	PICKUP	1FTEW1EP1GFC29116	703H6110002

SYMBOLS	COVERAGE & LIMITS	PREMIUMS
A	Liability Coverage	\$357.02
	Bodily Injury Limits	
	Each Person, Each Accident	
	\$100,000 \$300,000	
	Property Damage Limit	
	Each Accident	
	\$100,000	
P10	No-Fault Coverage	\$101.10
D	Comprehensive Coverage - \$500 Deductible	\$83.45
G	Collision Coverage - \$500 Deductible	\$175.32
H	Emergency Road Service Coverage	\$3.49

Total premium for OCT 30 2019 to APR 30 2020.**\$720.38**

This is not a bill.

IMPORTANT MESSAGES

IMPORTANT NOTICE- Under No-Fault Coverage, the only medical expenses we will pay are reasonable medical expenses that are payable under the Florida Motor Vehicle No-Fault Law. The most we will pay for such reasonable medical expenses is 80% of the "schedule of maximum charges" found in the Florida Motor Vehicle No-Fault Law and in the Limits section of the Florida Car Policy's No-Fault Coverage.

New Policy Form

For questions, problems or to obtain information about coverage call: (407)323-0003.

State Farm works hard to offer you the best combination of price, service, and protection. The amount you pay for automobile insurance is determined by many factors such as the coverages you have, where you live, the kind of car you drive, how your car is used, who drives the car, and information from consumer reports.

You have the right to request, no more than once during your policy term, that your policy be re-rated using a current credit-based insurance score. Re-rating could result in a lower rate, no change in rate, or a higher rate.

EXCEPTIONS, POLICY BOOKLET & ENDORSEMENTS (See policy booklet & individual endorsements for coverage details.)

YOUR POLICY CONSISTS OF THIS DECLARATIONS PAGE, THE POLICY BOOKLET - FORM 9810A, AND ANY ENDORSEMENTS THAT APPLY, INCLUDING THOSE ISSUED TO YOU WITH ANY SUBSEQUENT RENEWAL NOTICE.

CREDITOR- CAPITAL ONE AUTO FINANCE, ATTN: INSURANCE DEPT PO BOX 390907,
MINNEAPOLIS MN 55439-0907.

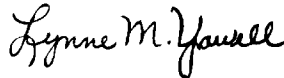
6128S 1 AMENDATORY ENDORSEMENT

This policy is issued by State Farm Mutual Automobile Insurance Company.

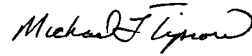
MUTUAL CONDITIONS

- 1. Membership.** While this policy is in force, the first insured shown on the Declarations Page is entitled to vote at all meetings of members and to receive dividends the Board of Directors in its discretion may declare in accordance with reasonable classifications and groupings of policyholders established by such Board.
- 2. No Contingent Liability.** This policy is non-assessable.
- 3. Annual Meeting.** The annual meeting of the members of the company shall be held at its home office at Bloomington, Illinois, on the second Monday of June at the hour of 10:00 A.M., unless the Board of Directors shall elect to change the time and place of such meeting, in which case, but not otherwise, due notice shall be mailed each member at the address disclosed in this policy at least 10 days prior thereto.

In Witness Whereof, the State Farm Mutual Automobile Insurance Company has caused this policy to be signed by its President and Secretary at Bloomington, Illinois.



Secretary



President