

# Auto Policy Declarations

## Summary

**NAMED INSURED(S)**

[REDACTED]  
[REDACTED]  
Kernersville NC 27284-7642

**YOUR ALLSTATE AGENT IS**

[REDACTED]  
(336) [REDACTED]  
[REDACTED]  
Kernersville NC 27284

**YOUR BILL**

lists your payment options.

**POLICY NUMBER**

[REDACTED]

**POLICY PERIOD**

July 31, 2007 to Jan. 31, 2008 at 12:01 a.m. standard time

**DRIVER(S) LISTED**

[REDACTED] [REDACTED]  
[REDACTED]

**DRIVER(S) EXCLUDED**

None

**VEHICLES COVERED**

1. 95 Toyota Camry
2. 07 Kia Optima
3. 07 Chevrolet Aveo

**VEHICLE ID NUMBER**

[REDACTED]  
[REDACTED]  
[REDACTED]

**LIENHOLDER**

None  
Sovereign Bank  
Hsbc

## Total Premium

Premium for 95 Toyota Camry	\$424.04
Premium for 07 Kia Optima	\$509.04
Premium for 07 Chevrolet Aveo	\$578.54
Premium for Additional Coverages	\$25.00
<b>TOTAL</b>	<b>\$1,536.62</b>

✓ Your total premium reflects a combined discount of \$395.00

Your Policy Effective Date is July 31, 2007



# Allstate Insurance Company

Policy Number [REDACTED]

Your Agent: [REDACTED]

Policy Effective Date: July 31, 2007

## COVERAGE FOR VEHICLE # 1

### 1995 Toyota Camry

COVERAGE	LIMITS	DEDUCTIBLE	PREMIUM
Automobile Liability Insurance		Not Applicable	\$207.54
• Bodily Injury	\$100,000 each person \$300,000 each occurrence		
• Property Damage	\$100,000 each occurrence		
Automobile Medical Payments	\$25,000 each person	Not Applicable	\$32.50
Auto Collision Insurance	Actual Cash Value	\$100	\$122.00
(1) Comprehensive - Excluding Collision	Actual Cash Value	\$0	\$50.00
(2) Personal Effects	\$100	\$0	
Towing and Labor Costs Coverage	\$50 each disablement	Not Applicable	\$2.00
Transportation Expenses	extended \$30 per day to maximum \$900	Not Applicable	\$10.00
<b>Total Premium for 95 Toyota Camry</b>			<b>\$424.04</b>

## DISCOUNTS Your premium for this vehicle reflects the following discounts:

Multiple Car	\$101.00	Passive Restraint	\$8.00
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## RATING INFORMATION

Good driver rate

4578

NORTH CAROLINA FARM BUREAU MUTUAL INSURANCE COMPANY PART B DECLARATION PAGE  
P.O. BOX 27427 RALEIGH, NORTH CAROLINA 27611-7427  
PERSONAL AUTO POLICY  
AMENDED DECLARATION 02 \* \* EFFECTIVE 10/12/06

REASON FOR AMENDMENT MULTIPLE CHANGE LIMITS & VEHICLE

POLICY NUMBER	POLICY PERIOD FROM	TO	MEMBERSHIP NO.	AGENT CODE
[REDACTED]	09/22/06	03/22/07	[REDACTED]	0763591

NAMED INSURED AND ADDRESS	AGENT
# [REDACTED] # [REDACTED] [REDACTED] FRANKLINVILLE, NC 27248-8039	[REDACTED], LUTCF TELE: (336) [REDACTED] [REDACTED] ASHEBORO, NC 27204-2008

VEHICLES COVERED	TYPE	SYM/	STATED
UNIT ST TER YR MAKE	VEH. SERIAL NUMBER	OCN	AMT. CLASS SDIP
001 NC 024 94 FORD AEROSTAR	PP [REDACTED]	06	1C 00
002 NC 024 84 MERC COUGAR	PP [REDACTED]	11	1C 00

INSURANCE IS PROVIDED WHERE A PREMIUM IS SHOWN FOR THE COVERAGE.

COVERAGE	LIMITS OF LIABILITY	PREMIUMS	
		UNIT	
BODILY INJURY \$100,000 EA PERSON \$300,000 EA ACC		76.50	323.50
PROPERTY DAMAGE \$50,000 EACH ACCIDENT		63.50	251.50
MEDICAL PAYMENTS \$1,000 PER PERSON		5.00	36.00
OTHER THAN COLLISION \$50 DEDUCTIBLE		20.00	
COLLISION \$250 DEDUCTIBLE		41.00	
	TOTAL BY UNIT	206.00	611.00

C2 UNINS/UNDERINS MTR BI \$100,000 EA PER \$300,000 EA AC	\$49.00
UNINSURED MOTORIST - PROPERTY DAMAGE \$50,000	\$4.00
<b>TOTAL TERM PREMIUM</b>	<b>\$870.00</b>

THIS PREMIUM REFLECTS A FARM BUREAU DISCOUNT FOR THE FOLLOWING:

- PREFERRED
- PROPERTY COVERAGE WITH FARM BUREAU
- MULTICAR POLICY
- PROTECTION PLUS

AIRBAG DISCOUNT APPLIED UNIT 1.

DRIVER ID	DRIVER NAME	LICENSE NUMBER	BIRTH DATE
01	[REDACTED]	[REDACTED]	[REDACTED]
02	[REDACTED]	[REDACTED]	[REDACTED]

THIS IS NOT A BILL. THE CHARGE OF \$184.24 WILL BE REFLECTED ON YOUR NEXT INSTALLMENT(S).

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NAMED INSURED AND ADDRESS	AGENT
[REDACTED] FRANKLINVILLE, NC 27248-8039	[REDACTED], LUTCF TELE: (336) [REDACTED] [REDACTED] ASHEBORO, NC 27204-2008

INEXPERIENCED PRINCIPAL OPERATOR VEHICLE 2 DATE LICENSED 03/01/06

APPLICABLE FORMS

FORM #	DATE	UNIT	FORM #	DATE	UNIT	FORM #	DATE	UNIT	FORM #	DATE	UNIT
APMNC	05/06	ALL	NC0301	07/87	ALL						

LOSS PAYEE - UNIT 001  
[REDACTED]  
[REDACTED]  
ASHEBORO, NC 27203-8870  
DESC: 1994 FORD AEROSTAR

OTHER POLICIES FOR MEMBERSHIP NUMBER 1562347:

POLICY            INSURED NAME

HP [REDACTED]

*Lm Guire* 10/20/06  
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AUTHORIZED REPRESENTATIVE      DATE

POLICY PERIOD 12:01 AM STANDARD TIME

