

## KENTUCKY AUTO POLICY DECLARATIONS

### SUMMARY

NAMED INSURED(S)	OUR PHONE NUMBER IS	YOUR AGENT IS
KEVIN OWENS 7302 BLAKEMORE CT PROSPECT KY 40059-8883	1-866-424-6726	A90021 GAINSCO AUTO INS. AGENCY, INC. PO BOX 869153 PLANO TX 75086-9153 214-555-1234

POLICY NUMBER	POLICY PERIOD
KYPA00 228 600-0000	Coverage begins on 01/22/2025 at 12:01 AM Standard Time at the address of the Named Insured as stated herein. This policy period ends on 07/22/2025 at 12:01 AM Standard Time at the address of the Named Insured as stated herein.

DRIVER(S) LISTED	DATE OF BIRTH
KEVIN OWENS	XX/XX/2000
LEO OWENS	XX/XX/2000
LIGHTNING MCQUEEN	XX/XX/1976
JACK VALVERDE	XX/XX/2000

VEHICLE(S) COVERED	VEHICLE ID NUMBER	LIENHOLDER/ADDITIONAL INTEREST
2011 TOYOTA COROLLA SEDAN 2WD	2T1BU4EE8BC578381	
2014 CHEVROLET TRUCK TRAVERSE 4D 2WD	1GNKRGKD6EJ310542	META
2012 CHEVROLET MALIBU 4D (NEW)	1G1ZC5E09CF250061	FB
2009 INFINITI QX56 4D 4X2	5N3AA08D19N904340	

### TOTAL VEHICLE PREMIUM

Premium for 2011 TOYOTA COROLLA SEDAN 2WD	\$1,179.00
Premium for 2014 CHEVROLET TRUCK TRAVERSE 4D 2WD	\$3,631.00
Premium for 2012 CHEVROLET MALIBU 4D (NEW)	\$2,888.00
Premium for 2009 INFINITI QX56 4D 4X2	\$3,774.00

TOTAL POLICY LEVEL PREMIUM	\$2,845.00
POLICY FEE	\$30.00
KENTUCKY MUNICIPAL TAX	\$1,152.60
KENTUCKY STATE TAX	\$258.20
TOTAL POLICY	\$15,757.80

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ADDITIONAL INFORMATION FOR OUR NAMED INSURED.

Any vehicle(s) covered are principally garaged at the address of the named insured unless otherwise stated.

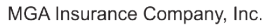
The driver(s) listed are currently provided coverage under the terms of your policy. If there are any other drivers in your household, please contact your agent or producer of record to have your policy updated to extend or exclude coverage.

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COVERAGE FOR

2011 TOYOTA COROLLA SEDAN 2WD		2T1BU4EE8BC578381	
Coverage	Limits Per person/ Per accident	Deductible	Premium
BODILY INJURY LIABILITY	25000/50000		\$641.00
PROPERTY DAMAGE LIABILITY	25000		\$538.00
MEDICAL PAYMENTS	REJECTED		
COMPREHENSIVE		No Coverage	
COLLISION		No Coverage	
RENTAL	No Coverage		
TOWING	No Coverage		
CUSTOM OR ADDITIONAL EQUIPMENT	No Coverage		
POLICY LEVEL COVERAGES			
PERSONAL INJURY PROTECTION		250	\$202.00
BASIC	10000		
ADDED			
GUEST			
UNINSURED MOTORIST BODILY INJURY	25000/50000		\$157.00
UNDERINSURED MOTORIST BODILY INJURY	25000/50000		\$162.00
Total premium			\$1,700.00

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COVERAGE FOR

2014 CHEVROLET TRUCK TRAVERSE 4D 2WD		1GNKRGKD6EJ310542	
Coverage	Limits Per person/ Per accident	Deductible	Premium
BODILY INJURY LIABILITY	25000/50000		\$943.00
PROPERTY DAMAGE LIABILITY	25000		\$1,196.00
MEDICAL PAYMENTS	REJECTED		
COMPREHENSIVE		250	\$558.00



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COLLISION		500	\$868.00
RENTAL	30/900		\$53.00
TOWING	75		\$13.00
CUSTOM OR ADDITIONAL EQUIPMENT	No Coverage		
POLICY LEVEL COVERAGES			
PERSONAL INJURY PROTECTION		250	\$328.00
BASIC	10000		
ADDED			
GUEST			
UNINSURED MOTORIST BODILY INJURY	25000/50000		\$231.00
UNDERINSURED MOTORIST BODILY INJURY	25000/50000		\$224.00
Total premium			\$4,414.00

COVERAGE FOR

2012 CHEVROLET MALIBU 4D (NEW)

1G1ZC5E09CF250061

Coverage	Limits Per person/ Per accident	Deductible	Premium
BODILY INJURY LIABILITY	25000/50000		\$882.00
PROPERTY DAMAGE LIABILITY	25000		\$926.00
MEDICAL PAYMENTS	REJECTED		
COMPREHENSIVE		250	\$303.00
COLLISION		250	\$693.00
RENTAL	40/1200		\$63.00
TOWING	100		\$21.00
CUSTOM OR ADDITIONAL EQUIPMENT	No Coverage		
POLICY LEVEL COVERAGES			
PERSONAL INJURY PROTECTION		250	\$269.00
BASIC	10000		
ADDED			
GUEST			
UNINSURED MOTORIST BODILY INJURY	25000/50000		\$216.00
UNDERINSURED MOTORIST BODILY INJURY	25000/50000		\$222.00
Total premium			\$3,595.00

## COVERAGE FOR

2009 INFINITI QX56 4D 4X2

5N3AA08D19N904340

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Coverage	Limits Per person/ Per accident	Deductible	Premium
BODILY INJURY LIABILITY	25000/50000		\$1,134.00
PROPERTY DAMAGE LIABILITY	25000		\$1,134.00
MEDICAL PAYMENTS	REJECTED		
COMPREHENSIVE		250	\$351.00
COLLISION		250	\$1,071.00
RENTAL	40/1200		\$63.00
TOWING	100		\$21.00
CUSTOM OR ADDITIONAL EQUIPMENT	No Coverage		
POLICY LEVEL COVERAGES			
PERSONAL INJURY PROTECTION		250	\$284.00
BASIC	10000		
ADDED			
GUEST			
UNINSURED MOTORIST BODILY INJURY	25000/50000		\$277.00
UNDERINSURED MOTORIST BODILY INJURY	25000/50000		\$273.00
Total premium			\$4,608.00

### PREMIUM DISCOUNTS

Auto Pay Anti-Theft Homeowners

### IMPORTANT PAYMENT INFORMATION

Your bill will arrive in a separate mailing if you haven't paid your premium in full.

### IMPORTANT NOTIFICATIONS

Disclosure of KRS 136.392 Surcharge: Your premium includes the surcharge required by KRS 136.392 law. This imposes a one dollar and eighty cents (\$1.80) surcharge upon each one hundred (\$100) of premiums, assessments or other charges for all risks located within the State of Kentucky. This surcharge and its amount are identified on this Declarations Page as "KENTUCKY STATE TAX".

The amount listed for "KENTUCKY MUNICIPAL TAX" includes the local government premium tax collected for your taxing jurisdiction(s), as well as a collection fee.

Additional limits of Uninsured Motorist Bodily Injury Coverage, Underinsured Motorist Bodily Injury Coverage, and Personal Injury Protection Coverage may be available for purchase. To

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purchase these coverages, please contact your agent.

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YOUR POLICY DOCUMENTS

Your auto policy consists of this Policy Declarations and the documents listed below. Please read them carefully and keep them together.

KYPAP1124

For Customer Service inquiries or questions about a claim, call 1-866-424-6726.