

Default Style;

Default Style;

To Whom It May Concern:

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This letter is to confirm that

This letter is to confirm that <<

<<INSUREDNAME>>

INSUREDNAME>> who lives at

who lives at <<MAILSTREET>>

<<MAILSTREET>>,,

, <<MAILCITY>>

<<MAILCITY>>,

, <<MAILSTATE>>

<<MAILSTATE>>

<<MAILZIP>>

<<MAILZIP>> has been insured with

has been insured with <<COMPANYNAME>>

<<COMPANYNAME>> under policy number

under policy number <<POLICYNO>>

<<POLICYNO>> from

from <<EFTDATE>>

<<EFTDATE>> TO

TO <<EXPDATE>>

<<EXPDATE>> with no lapse in coverage as today'92s date of

with no lapse in coverage as today'92s date of <<DATE>>

<<DATE>>

The limits of coverage offered are:

The limits of coverage offered are:

Bodily Injury:

Bodily Injury: <<BIPERPERSON>>

<<BIPERPERSON>> per person /

per person / <<BIPERACCIDENT>>

<<BIPERACCIDENT>> per accident

per accident

Property Damage:

Property Damage: <<PDPERACCIDENT>>

<<PDPERACCIDENT>> per accident

per accident

Personal Injury:

Personal Injury: <<PIPPERACCIDENT>>

<<PIPPERACCIDENT>> per accident,

per accident, <<PIPDED>>

<<PIPDED>> Deduct,

Deduct, <<NIO>>

<<NIO>>

<<NIRR>>

<<NIRR>>

<<WLE>>

<<WLE>>

Med Pay:

Med Pay: **<<MDPERACCIDENT>>**

<<MDPERACCIDENT>> per accident

per accident

Uninsured Motorist:

Uninsured Motorist: **<<UM>>**

<<UM>>

Comprehensive Deduct: ACV

Comprehensive Deduct: ACV **<<COMPDED>>**

<<COMPDED>> Deduct

Deduct

Collision Deduct: ACV

Collision Deduct: ACV **<<COLLDED>>**

<<COLLDED>> Deduct

Deduct

Loss of Use:

Loss of Use: **<<LOU>>**

<<LOU>>

Custom / Add'92l Equip:

Custom / Add'92l Equip: **<<AMOUNTCUSTOM>>**

<<AMOUNTCUSTOM>>

If there are any questions or corrections to be made, please contact us at

If there are any questions or corrections to be made, please contact us at

<<COMPANYPHONE>>

<<COMPANYPHONE>>

Respectfully Yours,

Respectfully Yours,

AGIC INSURANCE INC.

AGIC INSURANCE INC.

FLORIDA COMPANY CODE: 03775

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