

# EVEREST INSURANCE

1234 Mountain View Drive | Denver, CO 80202  
Phone: (555) 123-4567 | www.everestinsurance.example

## AUTOMOBILE INSURANCE POLICY DECLARATION PAGE

### POLICY INFORMATION

|                |            |                |                            |
|----------------|------------|----------------|----------------------------|
| Policy Number: | DZYY8Z4X7G | Policy Period: | N/A - N/A                  |
| Issue Date:    | 11/13/2025 | Agent:         | John Smith (Agent #A12345) |

### NAMED INSURED

|                  |  |
|------------------|--|
| Name:            | Jason Nguyen                             |
| Mailing Address: | 3880 Villa Vista Pl<br>Concord, DE 94521 |

### INSURED VEHICLES

| Vehicle   | Year | Make/Model    | VIN               | Use      |
|-----------|------|---------------|-------------------|----------|
| Vehicle 1 | 2020 | Honda Civic   | 1HGBH41JXMN822748 | Personal |
| Vehicle 2 | 2025 | Toyota Tacoma | 29834729347289472 | Personal |

### LISTED DRIVERS

| Name         | Date of Birth | License Number | Relationship  |
|--------------|---------------|----------------|---------------|
| Jason Nguyen | 12/31/1989    | N/A            | Named Insured |

## COVERAGE SUMMARY - VEHICLE 1

| Coverage                     | Limit            | Deductible | Premium           |
|------------------------------|------------------|------------|-------------------|
| Bodily Injury Liability      | \$100,000,000.00 | N/A        | \$0.00            |
| Property Damage Liability    | \$50,000,000.00  | N/A        | \$0.00            |
| Collision                    | N/A              | \$500.00   | \$0.00            |
| Comprehensive                | N/A              | \$500.00   | \$0.00            |
| Roadside Assistance          | N/A              | N/A        | \$0.00            |
| <b>Total 6-Month Premium</b> |                  |            | <b>\$4,265.00</b> |
| <b>Total Annual Premium</b>  |                  |            | <b>\$8,530.00</b> |

## PAYMENT INFORMATION

|                           |              |
|---------------------------|--------------|
| <b>Payment Plan:</b>      | Full Payment |
| <b>Monthly Payment:</b>   | \$0.00       |
| <b>First Payment Due:</b> | 11/13/2025   |

### IMPORTANT NOTICES:

- This declaration page is part of your insurance policy and should be kept with your policy documents.
- Your policy may be subject to a premium audit.
- Coverage is subject to all policy terms, conditions, limitations, and exclusions.
- Report all accidents and claims promptly by calling (555) 123-4567.

This declaration page is evidence of insurance coverage subject to all terms, conditions, and exclusions of the policy. Please review your complete policy documents for full details of coverage.