



# Private Fleet Auto Policy

## Declarations

### YOUR AGENT

Undercode  
5623 Hwy 72 W  
Calhoun Falls, SC 29628  
123-123-1231  
747290200

Your Declarations summarizes your coverage and premium. Please read your policy, any attached forms and endorsements and your Declarations for a full description of your coverage.

### NAME & ADDRESS OF INSURED

**Dillon Atkinson**  
**Mariko Atkinson**  
440 Inglewood Dr  
Santa Rosa, CA 95407

Policy Number **PA119141300**  
Policy Period **10/30/2023 To 10/30/2024 at 12:01 AM Standard Time**  
Issuing Company **Privilege Underwriters Reciprocal Exchange**  
800 Corporate Drive, Suite 420  
Fort Lauderdale, FL 33334  
888-813-7873

### SUMMARY OF YOUR COVERED AUTOS

AUTO	YEAR	MAKE	VIN NUMBER	AGREED VALUE
1	2018	Chevrolet	1GCRCPEH8JZ200904	\$27,050
2	2018	Ford	1FTEW1CBXJFB64328	\$29,225

### DRIVERS

NAME	RELATION	LICENSE	STATE	DOB	SEX
<b>Dillon Atkinson</b>	<b>Named Insured</b>	<b>On file with company</b>	<b>CA</b>	<b>On file with company</b>	<b>M</b>
<b>Mariko Atkinson</b>	<b>Spouse</b>	<b>On file with company</b>	<b>CA</b>	<b>On file with company</b>	<b>F</b>

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**Mariko Atkinson**

Policy Number **PA119141300**

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## **AUTO 1**

Year/Make/Model	<b>2018 Chevrolet SILVERADO</b>
Type	<b>Private Passenger</b>
VIN Number	<b>1GCRCPEH8JZ200904</b>
Agreed Value	<b>\$27,050</b>
Customizing Equipment	<b>\$0</b>
Collision Symbol	<b>39</b>
Other Than Collision Symbol	<b>39</b>

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<b>COVERAGE</b>	<b>LIMIT OF LIABILITY PER PERSON</b>	<b>LIMIT OF LIABILITY PER OCCURRENCE</b>	<b>DEDUCTIBLE</b>	<b>PREMIUM</b>
Bodily Injury & Property Damage		<b>\$35,000</b>		<b>\$631</b>
Medical Payments	<b>\$2,000</b>			<b>\$40</b>
Uninsured Motorists Bodily Injury		<b>\$35,000</b>		<b>\$19</b>
Collision			<b>\$250</b>	<b>\$3,366</b>
Other Than Collision			<b>\$250</b>	<b>\$460</b>
Extended Towing and Labor		<b>\$350</b>		<b>\$16</b>
<b>Total</b>				<b>\$4,532</b>

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## **AUTO 2**

Year/Make/Model	<b>2018 Ford F-150</b>
Type	<b>Private Passenger</b>
VIN Number	<b>1FTEW1CBXJFB64328</b>
Agreed Value	<b>\$29,225</b>
Customizing Equipment	<b>\$0</b>
Collision Symbol	<b>44</b>
Other Than Collision Symbol	<b>44</b>

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<b>COVERAGE</b>	<b>LIMIT OF LIABILITY PER PERSON</b>	<b>LIMIT OF LIABILITY PER OCCURRENCE</b>	<b>DEDUCTIBLE</b>	<b>PREMIUM</b>
Bodily Injury & Property Damage		<b>\$35,000</b>		<b>\$740</b>
Medical Payments	<b>\$2,000</b>			<b>\$52</b>
Uninsured Motorists Bodily Injury		<b>\$35,000</b>		<b>\$22</b>
Collision			<b>\$250</b>	<b>\$4,639</b>
Other Than Collision			<b>\$250</b>	<b>\$617</b>
Extended Towing and Labor		<b>\$350</b>		<b>\$16</b>
<b>Total</b>				<b>\$6,086</b>

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Mariko Atkinson

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## FORMS & ENDORSEMENTS

The following forms and endorsements are attached for this policy.

NAME	FORM NUMBER	EDITION DATE
<b>Declarations Page</b>	PFA-999-CA	06/01/2013
<b>OFAC Notice</b>	PURE-DSC- GEN-001	08/01/2015
<b>Consumer Services Notice - California</b>	PURE-DSC-CA-001	08/01/2019
<b>California Rating Information Disclosure</b>	PFA-DSC-CA-002	07/01/2018
<b>California Auto Body Repair Consumer Bill of Rights</b>	PFA-BRHO-CA	06/01/2013
<b>California Fraud Statement</b>	PURE-001-CA	06/01/2013
<b>Auto Policy Index</b>	PFA-998-GEN	03/01/2012
<b>Private Fleet Automobile Policy</b>	PFA-997-GEN	01/01/2012
<b>Amendment of Private Fleet Automobile Provisions – California</b>	PFA-END-CA-001	09/01/2015
<b>Uninsured Motorist Coverage - California</b>	PFA-042-CA	06/01/2013
<b>Single Liability Limit</b>	PFA-007-GEN	05/01/2013
<b>Single UM Limit - California</b>	PFA-017-CA	06/01/2013
<b>Additional Insured-Lessor</b>	PFA-012-GEN	12/01/2008
<b>Extended Towing and Labor Costs Coverage</b>	PFA-011-GEN	03/01/2012
<b>Loss Payable Clause</b>	PFA-013-GEN	01/01/2008
<b>Limited Mexico Coverage</b>	PFA-027-GEN	06/01/2013
<b>Contact Information</b>	PFA-027-NE	01/01/2012
<b>Privacy Notice</b>	PURE-038-GEN	03/01/2014

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## ADDITIONAL INSURED/LIENHOLDER INFORMATION

AUTO 1	AUTO 1
Additional Insured	Loss Payee
Saitama	Sentry
13935 El Rio Ln	13935 El Rio Ln
Desert Hot Springs, CA 92240	Desert Hot Springs, CA 92240

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## ADDITIONAL INSURED/LIENHOLDER INFORMATION

AUTO 1	AUTO 2
Additional Insured / Loss Payee	Additional Insured
Sauber	Douviri
13935 El Rio Ln	13316 Dana Vista St
Desert Hot Springs, CA 92240	Poway, CA 92064

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## ADDITIONAL INSURED/LIENHOLDER INFORMATION

AUTO 2	AUTO 2
Loss Payee	Additional Insured / Loss Payee
Tehsin	Varnish
13316 Dana Vista St	13316 Dana Vista St
Poway, CA 92064	Poway, CA 92064

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Total Premium	<b>\$10,617</b>
California Investigation Assessment	<b>\$2</b>
California Consumer Services Assessment	<b>\$1</b>
California Fraud Interdiction Assessment	<b>\$1</b>
Surplus Contribution	<b>\$425</b>

Grand Total	<b>\$11,045</b>
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**If you have any questions regarding the information on this Declarations, please contact your agent or PURE Member Services at (888) 813-PURE.**