



Private Fleet Auto Policy

Revised Declarations Effective 11/01/2023 to 10/30/2024

YOUR AGENT

Underc0de
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**
Change Effective Date **11/01/2023 To 10/30/2024 at 12:01 AM Standard Time**
Policy Term **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
3	2012	Mercedes Benz	WDCGG5GB6CF867235	\$12,538
4	2018	Volkswagen	3VV1B7AX0JM124112	\$18,075

DRIVERS

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

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Mariko Atkinson

Policy Number **PA119141300**

Policy Tier **9**

AUTO 1

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

COVERAGE	LIMIT OF LIABILITY PER PERSON	LIMIT OF LIABILITY PER OCCURRENCE	DEDUCTIBLE	PREMIUM
Bodily Injury & Property Damage		\$35,000		\$658
Medical Payments	\$2,000			\$43
Uninsured Motorists Bodily Injury		\$35,000		\$19
Collision			\$250	\$3,569
Other Than Collision			\$250	\$462
Extended Towing and Labor		\$350		\$16
Total				\$4,768

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Policy Number **PA119141300**

Policy Tier **9**

AUTO 2

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

COVERAGE	LIMIT OF LIABILITY PER PERSON	LIMIT OF LIABILITY PER OCCURRENCE	DEDUCTIBLE	PREMIUM
Bodily Injury & Property Damage		\$35,000		\$710
Medical Payments	\$2,000			\$49
Uninsured Motorists Bodily Injury		\$35,000		\$22
Collision			\$250	\$4,374
Other Than Collision			\$250	\$614
Extended Towing and Labor		\$350		\$16
Total				\$5,784

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AUTO 3

Year/Make/Model	2012 Mercedes Benz GLK350
Type	Private Passenger
VIN Number	WDCGG5GB6CF867235
Agreed Value	\$12,538
Customizing Equipment	\$0
Collision Symbol	48
Other Than Collision Symbol	39

COVERAGE	LIMIT OF LIABILITY PER PERSON	LIMIT OF LIABILITY PER OCCURRENCE	DEDUCTIBLE	PREMIUM
Bodily Injury & Property Damage		\$35,000		\$343
Medical Payments	\$2,000			\$33
Uninsured Motorists Bodily Injury		\$35,000		\$13
Collision			\$250	\$1,536
Other Than Collision			\$250	\$185
Extended Towing and Labor		\$350		\$20
Total				\$2,130

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AUTO 4

Year/Make/Model	2018 Volkswagen TIGUAN
Type	Private Passenger
VIN Number	3VV1B7AX0JM124112
Agreed Value	\$18,075
Customizing Equipment	\$0
Collision Symbol	27
Other Than Collision Symbol	27

COVERAGE	LIMIT OF LIABILITY PER PERSON	LIMIT OF LIABILITY PER OCCURRENCE	DEDUCTIBLE	PREMIUM
Bodily Injury & Property Damage		\$35,000		\$313
Medical Payments	\$2,000			\$30
Uninsured Motorists Bodily Injury		\$35,000		\$13
Collision			\$250	\$1,575
Other Than Collision			\$250	\$205
Extended Towing and Labor		\$350		\$20
Total				\$2,157

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FORMS & ENDORSEMENTS

The following forms and endorsements are attached for this policy.

NAME	FORM NUMBER	EDITION DATE
Endorsement Change Summary	PURE-CHG	05/01/2012
Declarations Page	PFA-999-CA	06/01/2013
California Rating Information Disclosure	PFA-DSC-CA-002	07/01/2018
Uninsured Motorist Coverage - California	PFA-042-CA	06/01/2013
Single Liability Limit	PFA-007-GEN	05/01/2013
Single UM Limit - California	PFA-017-CA	06/01/2013
Additional Insured-Lessor	PFA-012-GEN	12/01/2008
Extended Towing and Labor Costs Coverage	PFA-011-GEN	03/01/2012
Loss Payable Clause	PFA-013-GEN	01/01/2008
Limited Mexico Coverage	PFA-027-GEN	06/01/2013

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

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

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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ADDITIONAL INSURED/LIENHOLDER INFORMATION

AUTO 3	AUTO 3
Additional Insured	Loss Payee
Excalibur	Lasagna
3200 Laurel Dr	3200 Laurel Dr
Bakersfield, CA 93304	Bakersfield, CA 93304

ADDITIONAL INSURED/LIENHOLDER INFORMATION

AUTO 3	AUTO 4
Additional Insured / Loss Payee	Additional Insured
Pasta	Thomas
3200 Laurel Dr	7391 Blue Oak Rd
Bakersfield, CA 93304	Riverside, CA 92507

ADDITIONAL INSURED/LIENHOLDER INFORMATION

AUTO 4	AUTO 4
Loss Payee	Additional Insured / Loss Payee
Mathew	Jonas
7391 Blue Oak Rd	7391 Blue Oak Rd
Riverside, CA 92507	Riverside, CA 92507

Prior Annual Premium	\$10,617
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Revised Annual Premium	\$14,838
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California Investigation Assessment	\$4
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California Consumer Services Assessment	\$1
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California Fraud Interdiction Assessment	\$2
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Surplus Contribution	\$594
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Grand Total	\$15,439
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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.**