#### YOUR AGENT

Underc0de 5623 Hwy 72 W Adress 2 test Calhoun Falls, SC 29628 (123) 123-1234 800391600

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**

Gina

CONNALLY DR SW 2728 ATLANTA, GA 30311

Policy Number Change Effective Date Policy Term Issuing Company PA243174300

06/16/2023 To 06/01/2024 at 12:01 AM Standard Time 06/01/2023 To 06/01/2024 at 12:01 AM Standard Time Privilege Underwriters Reciprocal Exchange

800 Corporate Drive, Suite 420 Fort Lauderdale, FL 33334 888-813-7873

#### SUMMARY OF YOUR COVERED AUTOS

<b>AUTO</b>	YEAR	MAKE	VIN NUMBER	AGREED VALUE
1	2020	Mercedes-Benz	4JGFB5KB3LA079321	\$78,990
2	2020	KIA	KNDJ23AU3L7097627	\$28,000
3	1991	Volkswagen	MI0508A189L083091	\$4,500
4	2017	River	5ZT2TRTB5HB511042	\$22,000
5	1960	Heartland	5SFGF36226E001019	\$55,000
6	1990	Ferrari	ZFFMN34A0L0086746	\$1,500,000
7	2000	Rolls-Royce	242076P3395194589	\$300,000
8	2018	Ferrari	ZFF82WNA1J0233082	\$280,000
9	2022	AMERICAN	A4PUTVKD6NBA00322	\$28,000
		LANDMASTER		
10	2018	Thor	1FDWE3FS9HDC25412	\$55,000
11	2017	Arctic	LWGMHWZ64FA000283	\$33,000
12	2014	Yamaha	JYARN23Y1EA004111	<b>\$14,500</b>
13	2003	Nissan	JN1AZ34E23T004381	\$8,700

DRIVERS					
NAME	RELATION	LICENSE	STATE	DOB	SEX
MARK BRYAN	Named Insured	884130879	GA	12/09/1970	M

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Dionne Cadrin Donald Plaesham	Named Insured Gardener	176173423 52436	GA GA	02/28/1971 12/19/1990	F M
Dennis Scaxr	Brother in law	13245g	GA	12/19/1990	M
Ronald Brmeur	Assistant	7984g	GA	11/07/1973	M
Steve Aioki	Brother in law	23483w	GA	09/09/1999	M

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AUTO 1						
Year/Make/Model	2020 Me	ercedes-Be	enz GLE			
Type	Private 1	Passenger	•			
VIN Number	4JGFB5KB3LA079321					
Agreed Value	\$78,990					
Customizing Equipment	<b>\$0</b>					
Collision Symbol	59		Liability Syn	nbol		290
Other Than Collision Symbol	54		Med Pay Syr	mbol		485
Anti-Lock Brakes Discount	Yes		VIN Etchin	g Discount		No
Passive Restraint Discount	Yes		Vehicle Reco	overy Discount		No
Disabling Device Discount - Passive	Yes		Garaging D	iscount		Yes
Disabling Device Discount - Active	No		Vacation Us	e Discount		No
Garage Zip Code	30311					
Estimated Annual Mileage	13719					
	BI	PD	MP	Coll	OTC	UM
Household Averaging Factors	17.009	17.009	15.311	16.474	1.246	1

COVERAGE	LIMIT OF LIABILITY PER PERSON	LIMIT OF LIABILITY PER OCCURRENCE	DEDUCTIBLE	PREMIUM
Liability (CSL) Medical Payments	\$50,000	\$1,000,000		\$13,261 \$2,293
Uninsured Motorists (CSL) Collision		\$1,000,000	\$2,000 \$500	\$396 \$56,696
Other Than Collision Extended Towing and Labor		\$350	\$500 Full Glass	\$2,407 \$0
Total				\$75,053

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Household Averaging Factors

AUTO 2					
Year/Make/Model	2020 KIA SOU	L			
Type	Private Passen	Private Passenger			
VIN Number	KNDJ23AU3L7097627				
Agreed Value	\$28,000				
Customizing Equipment	\$2,500				
Collision Symbol	22	Liability Symbol	295		
Other Than Collision Symbol	23	Med Pay Symbol	510		
Anti-Lock Brakes Discount	Yes	VIN Etching Discount	No		
Passive Restraint Discount	Yes	Vehicle Recovery Discount	No		
Disabling Device Discount - Passive	Yes	Garaging Discount	Yes		
Disabling Device Discount - Active	No	Vacation Use Discount	No		
Garage Zip Code	30311				
Estimated Annual Mileage	6779				

PD

17.009

MP

15.311

Coll

16.474

BI

17.009

COVERAGE	LIMIT OF LIABILITY PER PERSON	LIMIT OF LIABILITY PER OCCURRENCE	DEDUCTIBLE	PREMIUM
Liability (CSL) Medical Payments Uninsured Motorists (CSL) Collision Other Than Collision	\$50,000	\$1,000,000 \$1,000,000	\$2,000 \$500 \$500 Full Glass	\$15,153 \$2,409 \$321 \$34,350 \$938
Extended Towing and Labor		\$350		\$0
Total				\$53,172

OTC

1.246

UM

1

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Policy Number PA243174300

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**AUTO 3** 

Year/Make/Model 1991 Volkswagen Buggy

Type **Dune Buggies**VIN Number **MI0508A189L083091** 

Agreed Value \$4,500 Customizing Equipment \$0

Discounts

Garage Zip Code 30311

COVERAGE	LIMIT OF LIABILITY PER PERSON	LIMIT OF LIABILITY PER OCCURRENCE	DEDUCTIBLE	PREMIUM
Liability (CSL)		\$1,000,000		\$19,792
Medical Payments	\$50,000			\$3,882
Uninsured Motorists (CSL)		\$1,000,000	\$2,000	\$430
Collision			\$500	\$6,784
Other Than Collision			\$500 Full Glass	\$156
Total				\$31,043

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Policy Number PA243174300

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**AUTO 4** 

Year/Make/Model2017 River TracerTypeRecreational TrailerVIN Number5ZT2TRTB5HB511042

Agreed Value \$22,000 Customizing Equipment \$0

Discounts

Garage Zip Code 30311

COVERAGE	LIMIT OF LIABILITY PER PERSON	LIMIT OF LIABILITY PER OCCURRENCE	DEDUCTIBLE	PREMIUM
Liability (CSL) Uninsured Motorists (CSL) Collision Other Than Collision		\$1,000,000 \$1,000,000	\$2,000 \$500 \$500 Full Glass	\$0 \$0 \$19,268 \$656
Total				\$19,924

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Policy Number PA243174300

Policy Tier 25

**AUTO 5** 

Year/Make/Model1960 Heartland BighornTypeCollectors TrailerVIN Number5SFGF36226E001019

Agreed Value \$55,000 Customizing Equipment \$0

Discounts Garaging Discount

Garage Zip Code 30311

COVERAGE	LIMIT OF LIABILITY PER PERSON	LIMIT OF LIABILITY PER OCCURRENCE	DEDUCTIBLE	PREMIUM
Liability (CSL) Medical Payments	\$50,000	\$1,000,000		\$4,498 \$882
Uninsured Motorists (CSL) Collision Other Than Collision	ψου,ουο	\$1,000,000	\$2,000 \$500 \$500 Full Glass	\$98 \$3,221 \$161
Total			5500 Full Glass	\$1,124,409

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Policy Number PA243174300

Policy Tier 25

**AUTO 6** 

Year/Make/Model 1990 Ferrari Ferrari
Type Antique Collectors Car
VIN Number ZFFMN34A0L0086746

Agreed Value \$1,500,000

Discounts

Garage Zip Code 30311

COVERAGE	LIMIT OF LIABILITY PER PERSON	LIMIT OF LIABILITY PER OCCURRENCE	DEDUCTIBLE	PREMIUM
Liability (CSL) Medical Payments	\$50,000	\$1,000,000		\$4,498 \$882
Uninsured Motorists (CSL)	, ,	\$1,000,000	\$2,000	\$98
Collision			\$500	\$831,437
Other Than Collision			\$500 Full Glass	\$60,309

This Includes the liability for all the Antique, Collector and Exotic cars

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Policy Number PA243174300

Policy Tier 25

**AUTO 7** 

Year/Make/Model2000 Rolls-Royce R100TypeClassic Collectors CarVIN Number242076P3395194589

Agreed Value \$300,000

Discounts

Garage Zip Code 30311

COVERAGE	LIMIT OF LIABILITY PER PERSON	LIMIT OF LIABILITY PER OCCURRENCE	DEDUCTIBLE	PREMIUM
Liability (CSL) Medical Payments	\$50,000	\$1,000,000		Incl Incl
Uninsured Motorists (CSL)		\$1,000,000	\$2,000	Incl
Collision			\$500	\$74,576
Other Than Collision			\$500 Full Glass	\$5,684

This Includes the liability for all the Antique, Collector and Exotic cars

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Policy Number PA243174300

Policy Tier 25

**8 OTUA** 

Year/Make/Model2018 Ferrari GTC4TypeExotic Collectors CarVIN NumberZFF82WNA1J0233082

Agreed Value \$280,000

Discounts

Garage Zip Code 30311

COVERAGE	LIMIT OF LIABILITY PER PERSON	LIMIT OF LIABILITY PER OCCURRENCE	DEDUCTIBLE	PREMIUM
Liability (CSL) Medical Payments	\$50,000	\$1,000,000		Incl Incl
Uninsured Motorists (CSL)		\$1,000,000	\$2,000	Incl
Collision			\$500	\$133,542
Other Than Collision			\$500 Full Glass	\$10,002

This Includes the liability for all the Antique, Collector and Exotic cars

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Policy Number PA243174300

Policy Tier 25

**AUTO 9** 

Year/Make/Model 2022 AMERICAN LANDMASTER L5 - SIDE X SIDE

Type Golf Carts

VIN Number A4PUTVKD6NBA00322

Agreed Value \$28,000

Discounts

Garage Zip Code 30311

COVERAGE	LIMIT OF LIABILITY PER PERSON	LIMIT OF LIABILITY PER OCCURRENCE	DEDUCTIBLE	PREMIUM
Liability (CSL)		\$1,000,000		\$5,398
Medical Payments	\$50,000			\$1,059
Uninsured Motorists (CSL)		\$1,000,000	\$2,000	\$251
Collision			\$500	\$13,022
Other Than Collision			\$500 Full Glass	\$554
Total				\$20,283

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Policy Number PA243174300

Policy Tier 25

**AUTO 10** 

Year/Make/Model 2018 Thor Majestic
Type Motor Home

VIN Number 1FDWE3FS9HDC25412

Agreed Value \$55,000
Customizing Equipment \$0
Discounts Multicar
Garage Zip Code 30311

COVERAGE	LIMIT OF LIABILITY PER PERSON	LIMIT OF LIABILITY PER OCCURRENCE	DEDUCTIBLE	PREMIUM
Liability (CSL) Medical Payments	\$50,000	\$1,000,000		\$6,747 \$1,323
Uninsured Motorists (CSL)	ŕ	\$1,000,000	\$2,000	\$147
Collision			\$500	\$23,325
Other Than Collision			\$500 Full Glass	\$1,748
Total				\$33,290

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Policy Number PA243174300

Policy Tier 25

**AUTO 11** 

Year/Make/Model 2017 Arctic Cat
Type All Terrain Vehicles
VIN Number LWGMHWZ64FA000283

Agreed Value \$33,000 Customizing Equipment \$0

Discounts

Garage Zip Code 30311

COVERAGE	LIMIT OF LIABILITY PER PERSON	LIMIT OF LIABILITY PER OCCURRENCE	DEDUCTIBLE	PREMIUM
Liability (CSL) Medical Payments	\$50,000	\$1,000,000		\$11,695 \$2,294
Uninsured Motorists (CSL) Collision	<b>430,000</b>	\$1,000,000	\$2,000 \$500	\$251 \$24,635
Other Than Collision			\$500 Full Glass	\$1,092
Total				\$39,967

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Policy Number PA243174300

Policy Tier 25

**AUTO 12** 

Year/Make/Model 2014 Yamaha Yzf-R1c

Type Motorcycles/Mopeds/Scooters

VIN Number JYARN23Y1EA004111

Agreed Value \$14,500 Customizing Equipment \$0

BI PD MP Coll OTC UM
Composite Driver Factors **6.99 6.99 7.825 6.922 0.923 1** 

**COVERAGE DEDUCTIBLE LIMIT OF LIABILITY LIMIT OF LIABILITY PREMIUM** PER OCCURRENCE **PER PERSON** Liability (CSL) \$1,000,000 \$10,256 Medical Payments \$50,000 \$3,529 Uninsured Motorists (CSL) \$1,000,000 \$2,000 \$781 Collision \$500 \$25,654 Other Than Collision \$500 Full Glass \$624 **Total** \$40,844

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Policy Number PA243174300

Policy Tier 25

AUTO 13	3
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A010 13							
Year/Make/Model	2003 Nis	ssan 350Z					
Туре	Private 1	Passenger	•				
VIN Number	JN1AZ3	4E23T004	1381				
Agreed Value	\$8,700						
Customizing Equipment	<b>\$0</b>						
Collision Symbol	20		Liability Syn	nbol		280	
Other Than Collision Symbol	20		Med Pay Syr	mbol		490	
Anti-Lock Brakes Discount	Yes		VIN Etchin	g Discount		No	
Passive Restraint Discount	Yes		Vehicle Reco	overy Discount		No	
Disabling Device Discount - Passive	Yes		Garaging Di	iscount		No	
Disabling Device Discount - Active	No		Vacation Us	e Discount		No	
Garage Zip Code	30311						
Estimated Annual Mileage	8000						
	BI	PD	MP	Coll	OTC	UM	
Household Averaging Factors	17.009	17.009	15.311	16.474	1.246	1	

COVERAGE	LIMIT OF LIABILITY PER PERSON	LIMIT OF LIABILITY PER OCCURRENCE	DEDUCTIBLE	PREMIUM
Liability (CSL) Medical Payments Uninsured Motorists (CSL) Collision	\$50,000	\$1,000,000 \$1,000,000	\$2,000 \$10,000	\$13,561 \$2,095 \$342 \$3,935
Other Than Collision		\$350	\$10,000 Full Glass	\$151
Extended Towing and Labor  Total		\$33U		\$0 \$20,083

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#### Gina

Policy Number PA243174300

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# THE HOUSEHOLD AVERAGING FACTORS REFLECT THE FOLLOWING DRIVER DISCOUNTS

Drivers Discount(s)
MARK BRYAN
None
Dionne Cadrin
None

Donald Plaesham Occasional Operator

Dennis Scaxr None
Ronald Brmeur None

Steve Aioki Occasional Operator

#### POLICY DISCOUNTS

Home CompanionNoExcess Liability CompanionNoCollections CompanionNoMulti-CarYesYears CleanNoGroup MarketingNo

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#### Gina

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Policy Tier 25

#### FORMS & ENDORSEMENTS

The following forms and endorsements are attached for this policy.

NAME	FORM NUMBER	EDITION DATE
Auto ID Cards	PFA-003-GA	04/01/2012
Endorsement Change Summary	PURE-CHG	05/01/2012
Declarations Page	PFA-DEC-GA-001	01/01/2022
Private Fleet Auto Policy Index	PFA-OTH-	
	GEN-001	10/01/2019
Amendment of Policy Provisions - Georgia	PFA-END-GA-001	10/01/2018
Private Fleet Automobile Policy	PFA-PCF-GEN-001	10/01/2019
Uninsured Motorist Coverage - Georgia	PFA-042-GA	12/01/2009
Single Liability Limit	PFA-007-GEN	11/01/2008
Single Uninsured Motorist Limit	PFA-017-GA	12/01/2009
Additional Insured-Lessor	PFA-012-GEN	12/01/2008
Miscellaneous Vehicle Endorsement - 1991 - Volkswagen -		
Buggy	PFA-009-GEN	09/01/2009
Miscellaneous Vehicle Endorsement - 2017 - River - Tracer	PFA-009-GEN	09/01/2009
Miscellaneous Vehicle Endorsement - 2022 - AMERICAN		
LANDMASTER - L5 - SIDE X SIDE	PFA-009-GEN	09/01/2009
Miscellaneous Vehicle Endorsement - 2018 - Thor - Majestic	PFA-009-GEN	09/01/2009
Miscellaneous Vehicle Endorsement - 2017 - Arctic - Cat	PFA-009-GEN	09/01/2009
Towing and Labor Costs Coverage	PFA-011-GEN	01/01/2008
Loss Payable Clause	PFA-013-GEN	01/01/2008
Customizing Equipment Coverage	PFA-014-GEN	09/01/2009

#### ADDITIONAL INSURED/LIENHOLDER INFORMATION

AUTO 1 AUTO 1
Additional Insured Loss Payee
Gina Gina

BROOKLYN RD 72 BROOKLYN RD 72 CANTERBURY, CT 06331 CANTERBURY, CT 06331

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Prior Annual Premium\$1,345,711Revised Annual Premium\$1,458,070Surplus Contribution\$58,323

Grand Total \$1,516,393

YOU WILL BE BILLED SEPARATELY FOR ANY PREMIUM DUE.

Authorized Company Representative