

Declarations - Automobile Policy

Amended

NAMED TREASE, BARRY A
INSURED PO BOX 132
PLEASANT DALE NE 68423

Billed to Insured		
Policy Number AU128291	File Number 484793	Term 06
Effective Date 05/30/20	Expiration Date 11/30/20	Reference Policy
Term Premium		\$480.00

Agency - Agent: 0199-016
SUHR & LICHTY INS AGCY INC
LICHTY, TYLER
(402) 643-2911

Vehicle Information

Vehicle	Driver	Year/Make/Model	VIN	Rating Symbols** BI/PD/MED/COMP/COLL (Agreed Value/Stated Amount)					Territory**	Vehicle Use**	Vehicle Status**
				FG	LL	GP	MR	MM			
012	001	2020 CHRYSL PACIFI	2C4RC1GG6LR141110						1	T	P
013	002	1999 CHEVRO SILVER	1GCEK14T6XZ213387	JJ	MT	EH			1	T	P

Discounts Factored Into Your Policy Premium Vehicle

Multi-Policy Discount	012 013
Multi-Car Discount	012 013
Passive Restraint Discount	012 013

Your Policy Rating Age Is 31 Years

In addition to your discounts above, continuous coverage and policy age result in policy premium savings.

Driver Information

Driver	Driver Name	Date of Birth	Gender	Marital Status	UWPTS
001	TREASE, BARRY, A	11/17/1968	M	M	V00A00N
002	TREASE, JILL	03/29/1977	F	M	V00A00N

Endorsements That Apply To This Policy

01201-0419 AUTOMOBILE POLICY

Policy Changes

Name/Addr Change	EFF 05/12/20	
Premium Adjustment		\$0.00

Coverages, Limits of Liability, and Premiums

The limit of the Company's liability with respect to such coverage shall be as stated herein subject to all terms of the policy having reference thereto.
Insurance afforded is only with respect to such and so many of the coverages as are indicated and included in the premium charge.

	Vehicle 012 2020 CHRYSL PACIFI	Vehicle 013 1999 CHEVRO SILVER	Vehicle	Vehicle	Vehicle	Vehicle	Vehicle
Bodily Injury Coverage A \$100,000 each person \$300,000 each occurrence	\$33.00	\$41.00					
Property Damage Coverage A \$100,000 each occurrence	\$40.00	\$48.00					
Medical Payments Coverage C \$5,000 each person	\$6.00	\$4.00					
Uninsured Motor Vehicle Coverage J \$100,000 each person \$300,000 each occurrence	\$4.00	\$4.00					
Underinsured Motor Vehicle Coverage K \$100,000 each person \$300,000 each occurrence	\$8.00	\$8.00					
Comprehensive Coverage D Deductible Amount	\$182.00 \$1,000 ded						
Collision Coverage E Deductible Amount	\$102.00 \$1,000 ded						
Subtotal For Your Vehicle(s)	\$375.00	\$105.00					
Total Premium For This Policy							\$480.00

****Rating Symbol Information:** For Private Passenger Vehicles: A symbol will appear for Bodily Injury (BI), Property Damage (PD), Medical Payments (MED), Comprehensive (COMP), and Collision (COLL) if the coverage is selected. If a dollar amount appears in the Comprehensive (COMP) and Collision (COLL) columns, the vehicle will have the Stated Amount (S) settlement provision.
For Classic or Antique Vehicles: A dollar amount will appear for Comprehensive (COMP) and Collision (COLL) if the coverage is selected. The vehicle will have either the Agreed Value (A) or Stated Amount (S) settlement provision.
For All Other Vehicles: A symbol will appear for Comprehensive (COMP) and Collision (COLL) if the coverage is selected.

****Territory:** Territory 1 includes Eastern Nebraska, excluding the cities of Lincoln, Omaha, Western Douglas County and surrounding communities.

****Vehicle Use:** T - Town Purposes or Trailer; F - Farm Purposes; B - Business Purposes

****Vehicle Status:** P - Primary; S - Secondary; I - Incidental Operator


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Endorsement Recap/Comparison - NE

Policy: AU128291 TREASE, BARRY A

06/29/2020 04:36:35 PM

Agency: Suhr & Lichty Ins Agcy Inc (0199) Phone: (402) 643-2911

FOR: TREASE, BARRY A
PO BOX 132
PLEASANT DALE, NE 68423

Effective: 5/30/2020
Term: 06 Months
Policy Year: 31
Multi-Policy Discount: YES

Driver Summary

<u>Name</u>	<u>Birthdate</u>	<u>Points</u>	<u>Chargeables</u>	<u>Death/Disab. Premium</u>	<u>Discounts</u>
001 TREASE,BARRY,A	11/17/1968	00	none	\$0.00	none
002 TREASE,JILL	3/29/1977	00	none	\$0.00	none

Vehicle Summary

<u>Vehicle</u>	<u>Premium</u>
012 2020 CHRYSL - PACIFI	\$375.00
013 1999 CHEVRO - SILVER	\$105.00
Total Vehicle Premium:	\$480.00
<u>Death/Disability Premium:</u>	<u>\$0.00</u>
TOTAL PREMIUM:	\$480.00

* New Item ** Item Has Changed

This recap is based on the current rating of your policy. Policy discounts, credits, vehicle/driver assignments or motor vehicle records may affect the premium amounts on this recap.

Applicant's Signature: _____

Date: _____



Endorsement Recap/Comparison - NE

Policy: AU128291 TREASE, BARRY A

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Vehicle Detail

Veh 012 - 2020 CHRYSL PACIFI

Driver: 001 TREASE,BARRY,A

VIN: 2C4RC1GG6LR141110

Classification: Primary vehicle for driver

Multi-Policy Discount: YES

Multi-Car Discount: YES

Passive Restraint Discount: YES

Territory: 001

Used for rating only

Symbol: FG LL GP MR MM

Usage: Town

Coverage Description

Coverage Description	Limit/Deduct	Premium
Bodily Injury (BI)	100/300	33.00
Property Damage (PD)	100,000	40.00
Medical Payments (MED)	5,000	6.00
Comprehensive (COMP)	1,000 Ded	182.00
Collision (COLL)	1,000 Ded	102.00
Uninsured Motorist (UM)	100/300	4.00
Underinsured Motorist (UIM)	100/300	8.00
Emergency Road Service (ERS)	none	.00
Rental Car (RENT)	none	.00
Media Equipment	0	.00
Non-owned Vehicle	0	.00
Custom Parts	0	.00
Loan/Lease Gap		.00
New Car Replacement		.00
TNC Driver Coverage		

Veh 012 Total: \$375.00

Premium Comparisons (premiums in bold represent the chosen Limit/Deductible)

LIMIT	BI Premium	UM Premium	UIM Premium
100/300	33.00	4.00	8.00
250/500	40.00	5.00	11.00
500/500	45.00	6.00	15.00

LIMIT	PD Premium
100,000	40.00
200,000	42.00
300,000	44.00
500,000	46.00

LIMIT	MED Premium
5,000	6.00
10,000	9.00
25,000	12.00
50,000	18.00

DEDUCT	COMP Premium	COLL Premium
0 Ded	489.00	n/a
50 Ded	356.00	235.00
100 Ded	304.00	189.00
250 Ded	271.00	150.00
500 Ded	234.00	131.00
1,000 Ded	182.00	102.00
2,000 Ded	n/a	75.00

LIMIT Per day	RENTAL Premium
30	7.00
40	10.00
50	12.00
60	15.00
70	19.00



Endorsement Recap/Comparison - NE

Policy: AU128291 TREASE, BARRY A

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Veh 013 - 1999 CHEVRO SILVER

Driver: 002 TREASE,JILL

VIN: 1GCEK14T6XZ213387

Classification: Primary vehicle for driver

Multi-Policy Discount: YES

Multi-Car Discount: YES

Passive Restraint Discount: YES

Territory: 001

Used for rating only

Symbol: JJ MT EH GW GL

Usage: Town

Coverage Description

Coverage Description	Limit/Deduct	Premium
Bodily Injury (BI)	100/300	41.00
Property Damage (PD)	100,000	48.00
Medical Payments (MED)	5,000	4.00
Comprehensive (COMP)	none	.00
Collision (COLL)	none	.00
Uninsured Motorist (UM)	100/300	4.00
Underinsured Motorist (UIM)	100/300	8.00
Emergency Road Service (ERS)	none	.00
Rental Car (RENT)	none	.00
Media Equipment	0	.00
Non-owned Vehicle	0	.00
Custom Parts	0	.00
Loan/Lease Gap		.00
New Car Replacement		.00
TNC Driver Coverage		

Veh 013 Total: \$105.00

Premium Comparisons (premiums in bold represent the chosen Limit/Deductible)

	BI	UM	UIM
LIMIT	Premium	Premium	Premium
100/300	41.00	4.00	8.00
250/500	48.00	5.00	11.00
500/500	55.00	6.00	15.00

	PD
LIMIT	Premium
100,000	48.00
200,000	50.00
300,000	52.00
500,000	55.00

	MED
LIMIT	Premium
5,000	4.00
10,000	5.00
25,000	9.00
50,000	12.00

	COMP	COLL
DEDUCT	Premium	Premium
0 Ded	160.00	n/a
50 Ded	116.00	77.00
100 Ded	99.00	62.00
250 Ded	89.00	49.00
500 Ded	77.00	43.00
1,000 Ded	60.00	33.00
2,000 Ded	n/a	24.00

	RENTAL
LIMIT	Premium
Per day	
30	7.00
40	10.00
50	12.00
60	15.00
70	19.00