

## PERSONAL AUTO POLICY DECLARATION

RENEWAL

**EFFECTIVE 03/23/21** 

Account:

21ST CENTURY INSURANCE
Customer Service Center:
21st CENTURY INSURANCE
21ST CENTURY PLAZA

P.O. BOX 15510

WILMINGTON, DE 19850-5510

Policy No: 129 47 06

Policy Period: From 03/23/21

To: 09/23/21 12:01 AM Standard Time

Named Insured and Mailing Address

LESLIE SCOTT 4267 MARINA CITY DR UNIT912 MARINA DEL REY, CA 90292-5812

E-mail: LESSCOTTCO@AOL.COM

Veh	Vehicle(s) and Driver(s)											
Veh	Year Make/Model Vehicle			e ID Number U			Vehicle Discounts/Comments		Zip	Mileage		
1	15	AUDI A5 PREMIUM PLUS CP	WAUMFAFR	R6FA0458	313	В	GD		90292	12,000		
Veh		Rated Driver	Years Licensed Tickets Chargeable Accidents		Drive	Driver Discounts						
1	LES	SLIE SCOTT		39	0			GDD				

COVERAGE IS PROVIDED WHERE A PREMIUM AND A LIMIT OF LIABILITY ARE SHOWN FOR THE COVERAGE

Cavarana		Limit of Liability			Premium			
Coverage					Veh 1			
A. Bodily Injury Liabi	lity	\$50,000	each person					
includes \$0.88 per vehi	cle fraud fee	\$100,000	each accident	5	326.00			
B. Property Damage	Liability	\$50,000	each accident	Ç	241.00			
C. Medical Payments	3		each person					
Uninsured Motoris	st	\$50,000	each person					
D. Bodily Injury		\$100,000	each accident	, .	91.00			
DAMAGE TO YOUR	VEHICLE	Veh 1						
Actual Cash Value Less	Deductible	Ded.						
E. Comprehensive		\$500			76.00			
F. Collision		\$500		5	754.00			
Uninsured Motorist		DDD 113 T110			5 00			
D1. Property Damage		DED WAIVE			5.00			
21st Century G. Roadside Assistar	nce	\$75 each disablement			Included			
Rental	Per day	\$25	Caon alcabioment	-	incruaca			
H. Reimbursement	max	\$750		5	18.00			
J. Additional Equipmen	nt	Included	\$1,000					
The first \$1000 is au	ıtomatically	Additional						
	included with coverage E or F. Additional coverage is optional.		\$1,000	\$	0.00			
		Total Premium P	er Vehicle	5	\$			
If the installment bill plan	is used, a se	rvice charge may	apply.		Total Premium		Ś	

If the installment bill plan is used, a service charge may apply.

Endorsement(s)/Agreement(s) Applicable:

FPN-CA (1/20) TCU-1 (01/19) TCU511CA (05/18) TCU531CA (02/12)

AU CWF9 1011

Loss Payee (LP), Additional Insured (AI)

**Drivers Not Rated** 

THE FOLLOWING FEE(S) MAY APPLY:

LATE: \$5.00 PAYMENT RETURNED (NSF): \$10.00 CANCEL: \$50.00 INSTALLMENT BILL PLAN SERVICE CHARGE: \$4.00

\_\_\_\_ Carlo D'lado

Authorized Company Representative (where required)

02/15/21