

Administrative Office P.O. Box 2450 Grand Rapids, Michigan 49501
 Policy Number:
 255 - 0080470780
 -01

 Policy Period
 12:01 A.M.

 From
 02/11/22
 To
 02/11/23

AMENDED DECLARATIONS EFFECTIVE 11/11/2022 SUPERSEDES ANY PREVIOUS DECLARATIONS BEARING THE SAME POLICY NUMBER FOR THIS POLICY PERIOD. REASON FOR CHANGE: POLICY INFORMATION.

YOU AS NAMED INSURED AND YOUR ADDRESS

CHARLES HENRY MOUNT JR 3440 MAYNARD CIR GAINESVILLE GA 30506-3734 YOUR POLICY IS SERVICED BY:

AFFINITY BRKG LLC DBA GOOD SAM C/O FX INS AGENCY LLC-FULFILLMENT PO BOX 3758 GRAND RAPIDS MI 49501-3758

Telephone: 1–800–958–6108

County

HALL

Agency Code: 16-4433-001

Territory

004

		PREMIUM SUMMA	RY				
TOTAL PREMI	UM AND OTHER AMOUN	NTS FOR THIS POLICY PERI	IOD	\$ 2,91	4.00		
ADDITIONAL	PREMIUM RESULTING	FROM THIS CHANGE	\$ 544.00				
Operator Name		License Number	State	Birth Date	Marital Status		
#1 CHARLES H	ENRY MOUNT JR	056515102	GA	07/23/1969	М		
#2 JULIE LOC	KLEAR-MOUNT	063190639	GA	05/14/1969	M		
		UNIT #1 MOTOR HOME DE	SCRIPTION				
ear Length	VIN	Manufacturer	Model		Purchase Year		
2003 38	4UZAAHAK63CL6423			RO BUS SERIE:			

MOTOR HOME

AMENDED

DECLARATIONS

Location Address

3440 MAYNARD CIR GAINESVILLE GA 30506-3734 This Declarations with your policy provisions and any endorsements, issued to form a part thereof, completes the above numbered policy. We will insure you for the coverage for which a premium is shown. Detailed coverage descriptions and any limitations will be found in your policy.

UNIT #1 SUMMARY			
PART A - LIAB	ILITY COVERAGE		
	BODILY INJURY LIABILITY LIMITS OF LIABILITY:	\$	34.00
	<pre>\$100,000 EACH PERSON/ \$300,000 EACH ACCIDENT PROPERTY DAMAGE LIABILITY LIMIT OF LIABILITY: \$50,000 EACH ACCIDENT</pre>	\$	34.00
PART C - UNIN	SURED MOTORISTS COVERAGE		
°P1417-09/18	UNINSRD MTR BI REDUCD/AT FAULT LIAB LIMITS OF LIABILITY: \$100,000 EACH PERSON/ \$300,000 EACH ACCIDENT	\$	18.00
	UNINSRD MTR PD REDUCD/AT FAULT LIAB LIMIT OF LIABILITY: \$50,000 EACH ACCIDENT	\$	4.00
PART D - COV	ERAGE FOR DAMAGE TO YOUR AUTO		
	OTHER THAN COLLISION ACTUAL CASH VALUE UP TO \$55,000 LESS \$1,000 DEDUCTIBLE	\$	386. 00
	THIS DEDUCTIBLE MAY DIMINISH 25% PER CLAIM-FREE RENEWAL COLLISION ACTUAL CASH VALUE UP TO \$55,000 LESS \$1,000 DEDUCTIBLE THIS DEDUCTIBLE MAY DIMINISH 25% PER CLAIM-FREE RENEWAL	Ş	192.00
OTHER COVER	RAGES		
	PERSONAL PROPERTY AMOUNT OF INSURANCE: \$1,000 LESS \$1,000 DEDUCTIBLE	\$	10.00
6709-07/10	VACATION LIABILITY LIMIT OF LIABILITY: \$10,000	\$	5.00
	EMERGENCY EXPENSE LIMIT OF LIABILITY: \$750	\$	
,-	TOWING AND ROADSIDE ASSISTANCE AMOUNT: REASONABLE AND NECESSARY EACH DISABLEMENT	\$	25.00
2217-06/94	SCHEDULED MEDICAL BENEFITS SEE BENEFITS SCHEDULE	\$	5.00
OTHER FORMS	S AND ENDORSEMENTS		
5025-07/10	AMENDMENT OF POLICY PROVISIONS-GA ADDITIONAL BENEFIT ENDORSEMENT MOTORHOME POLICY		INCLUDED INCLUDED INCLUDED
UNIT #	I TOTAL PREMIUM AND OTHER AMOUNTS	\$	718.00

INSURED COPY

	OUNTS AND SURCHAR	GES The following Dis	scounts and Surchar	ges nave	been ap	· .	emiu	ms.
	OCK BRAKING SYSTEM D OLICY DISCOUNT	ISCOUNT			\$ \$	-14.00 -53.00		
			TOTAL DISCOU	NTS	\$	-67.00		
		NIT #2 MOTOR HO	ME DESCRIPTIO	DN	<u> </u>			_
ear Length	VIN	Manufacturer	M	odel	<u>222</u>		P	urchase Year
2011 43	5VBBA87AXBA113199			LEGRO	SERII	ES		2022
_ocation Addre	ISS		County			Territo	rv	
3440 MAYNARD			HALL			004		
GAINESVILLE G	GA 30506-3734							
		UNIT #2 SU	IMMARY				<u> </u>	PREMIUM
PARI A - LIAB								20.00
	BODILY INJURY LIAB LIMITS OF LIABIL						\$	39.00
	\$100,000 EACH PE		ACH ACCIDENT				~	00.0
	PROPERTY DAMAGE LI. LIMIT OF LIABILI		ACCIDENT				\$	38.00
	ISURED MOTORISTS CO	-						
P1417-09/18			2				\$	18.00
1417 09718	LIMITS OF LIABIL \$100,000 EACH PE	ITY:	\overline{n}				Ŷ	10.00
	UNINSRD MTR PD RED LIMIT OF LIABILI						\$	4.00
PART D - COV	ERAGE FOR DAMAGE	TO YOUR AUTO						
	OTHER THAN COLLISI						\$	1,301.00
	ACTUAL CASH VALU LESS \$1,000 DEDU	-						
	THIS DEDUCTIBLE		PER CLAIM-FR	EE REN	EWAL			
	COLLISION ACTUAL CASH VALU	E UP TO \$208,400					\$	746.00
	LESS \$1,000 DEDU	CTIBLE						
	THIS DEDUCTIBLE	MAY DIMINISH 25%	PER CLAIM-FR	EE REN	EWAL			
OTHER COVE	RAGES							
5 392 -04/10	PERSONAL PROPERTY AMOUNT OF INSURA	NCE: \$1,000 LESS	\$1,000 DEDUC	TIBLE			\$	10.00
6709-07/10	VACATION LIABILITY	-					\$	5.00
2707-06/94	LIMIT OF LIABILI' EMERGENCY EXPENSE	TY: \$10,000					\$	5.00
2707 00/94	LIMIT OF LIABILI	TY: \$750					Ŷ	5.00
8644-06/94	TOWING AND ROADSID AMOUNT: REASONAB		EACH DISARIE	MENT			\$	25.00
2217-06/94	SCHEDULED MEDICAL	BENEFITS	LIGH DIGADLE				\$	5.00
	SEE BENEFITS SCH	EDULE						

INSURED COPY

OTHER FORMS AND ENDORSEMENTS

2174-07/19 AMENDMENT OF POLICY PROVISIONS-GA 5025-07/10 ADDITIONAL BENEFIT ENDORSEMENT 5484-01/05 MOTORHOME POLICY

UNIT #2 TOTAL PREMIUM AND OTHER AMOUNTS

UNIT #2 DISCOUNTS AND SURCHARGES The following Discounts and Surcharges have been applied to Your Premiums.

ANTI-LOCK BRAKING SYSTEM DISCOUNT MULTI-POLICY DISCOUNT

TOTAL DISCOUNTS

-176.00\$ -219.00

-43.00

\$

\$

UNIT #2 LOSS PAYEE

TRUIST PO BOX 200047 KENNESAW GA 30156-9246

0.00 MINIMUM EARNED PREMIUM \$

SPECIAL INFORMATIONAL FORMS

004592	02/11	DELIVERY OF CANCELLATION/NON-RENEWAL
732792	07/19	POLICY AMOUNT STATED ON DECLARATION
740410	11/0 2	GEORGIA ID CARD



PROCESSED: November 2, 2022

INCLUDED INCLUDED

INCLUDED

\$ 2,196.00