FENIX GENERAL AGENCY

A managing general agency for
[ ]
(833) FENIXGA (336-4942)

AGENCY NAME
ADDRESS
CITY, STATE, ZIP

DECLARATIONS PAGE

THIS DECLARATIONS IS SUBJECT TO ALL OF THE TERMS AND CONDITIONS OF THE POLICY AND SHALL CONTINUE IN FORCE FOR THE PERIOD SHOWN, PROVIDED THE REQUIRED PREMIUM IS PAID.

Notice Date: XX/XX/XXXX
POLICY NUMBER: XXX-XXXX-XXXX-XXX
POLICY TERM FROM: XX/XX/XXXX at 00:00am
to: XX/XX/XXXX at 12:01AM standard time at policyholder address

[POLICYHOLDER NAME]
[ADDRESS]
[CITY, STATE, ZIP]

[AGENCY]
[ADDRESS]
[CITY, STATE, ZIP]
[PHONE]

DRIVERS **The Named Insured warrants there are no other drivers in the household other than those listed in the Application or Endorsement.**

Type	Name	DOB	Gender	M/S	License No.	State	Points	SR-22

VEHICLES

Veh	Year	Make	Model	Body Type	VIN	Rate Class & Pts	Terr

LOSS PAYEE **Any loss under Coverage for Damage to your auto is payable as interest may appear to Named Insured and (name and full address):**

Coverage is provided only where a premium and limit of coverage are shown for the coverage.

COVERAGE	LIMITS OF LIABILITY	VEH 1	VEH 2	VEH 3	VEH 4
Bodily Injury Liability	$ each person				
	$ each accident				
Property Damage Liability	$ each accident				
Medical Payments	$ each person				
Personal Injury Protection	$ each person				
Uninsured/Underinsured Motorist Coverage Bodily Injury Liability	$ each person				
	$ each accident				
Uninsured/Underinsured Motorist Coverage Property Damage Liability	$ each accident				

	VEH 1	VEH 2	VEH 3	VEH 4				
Coverage for Damage to Your Auto Other Than Collision: Actual Cash Value Less Deductible								
Collision: Actual Cash Value Less Deductible								
Towing and Labor: each disablement								
Rental Reimbursement: per day								
Rental Reimbursement Limits								
Medical Payments Deductible								
UM PD Deductible								
TOTAL PREMIUM BY AUTO								

Discounts	VEH 1	VEH 2	VEH 3	VEH 4

Surcharges	VEH 1	VEH 2	VEH 3	VEH 4

EXCLUSIONS and/or ENDORSEMENTS

We agree to make available to you an installment payment plan as described in our Rule Manual.

Your complete auto policy description is available online at HTTPS://PORTAL.FENIXGA.COM/PJ/FFTX1 To obtain a paper copy at no charge, please contact your agent, or call (833) FENIXGA (336-4942).

POLICY FEE	
MVCPA Fee $ [ ] (See enclosed explanation)	$XX
TOTAL PREMIUM	

The insurance afforded is only with respect to the coverage or groups of coverages as are indicated herein by a specific premium charge or charges. The limit of the company's liability against each such coverage shall be as stated herein, subject to all the terms of this policy having reference thereto and shall not be increased regardless of the number of premiums charged or the number of automobiles or trailers to which this policy applies.