

KIANA VEASLEY  
2327 HARSHMAN RD APT 211  
DAYTON OH 45424-5266

## IMPORTANT NOTICE

# Policy Information

---

State Farm® policy number: 3709133-SFP-35

---

February 14, 2024

KIANA,

Thank you for being our customer.

We're enclosing the Declarations for your policy due to a recent change. Please review all policy documents and important messages. You can view your policy booklet and endorsements at [statefarm.com/policy-library](https://statefarm.com/policy-library) without logging in. For a free paper copy of your policy and endorsements, contact your agent.

**This is not a bill.** The policy premium is being added to your billing account. If you'd like to pay now, you can pay at [statefarm.com/pay1](https://statefarm.com/pay1) or contact your agent.

### YOUR PREMIUM

The amount you pay for automobile insurance is determined by many factors, including who drives your car, the claims you've had on this policy, and other policies you have with State Farm. If you have an accident when responding to an emergency as a law enforcement officer, firefighter, or ambulance driver, your premium will not be impacted.

We have applied these adjustments to your premium:

- ✓ Vehicle Safety (because your vehicle has important safety features)
- ✓ Tenure (because you have been a loyal auto customer for 3 years)
- ✓ Accident Free for the last 0 years

If any information on this notice is incomplete or inaccurate, or if you want to confirm the information we have in our records, please contact your agent. For additional information regarding discounts or coverages, see your State Farm agent or visit [statefarm.com](http://statefarm.com)<sup>®</sup>.

You can view your policy booklet and endorsements at [statefarm.com/policy-library](http://statefarm.com/policy-library) without logging in. For a free paper copy of your policy and endorsements, contact your agent.

---

**THANK YOU FOR CHOOSING STATE FARM. WE APPRECIATE YOUR BUSINESS.**

*If you have any questions, call your State Farm Agent Amos Jefferies at 937-263-4774. If you are deaf, hard of hearing, or do not use your voice to communicate, you may contact us via 711 or other relay services.*

cc: Amos Jefferies  
35-3173

DISCLAIMER: This message is provided for informational purposes only and does not grant any insurance coverage. The terms and conditions of coverage are set forth in your State Farm Personal Car Policy booklet, the most recently issued Declarations, and any applicable endorsements.



**State Farm Mutual Automobile Insurance Company**

State Farm Insurance  
PO Box 2358  
Bloomington, IL 61702-2358

**Your State Farm Agent**

**Amos Jefferies**

1017 W Third St  
Dayton, OH 45402-6810  
**Bus:** 937-263-4774

**Email:** amos.jefferies.g1p4@statefarm.com

# Declarations

**Policy number:** 3709133-SFP-35

**Named insured:** KIANA VEASLEY

**Policy period:** February 13, 2024 to August 6, 2024

*The policy period begins and ends at 12:01 am standard time.*

## PERSONAL CAR POLICY

**Policy address:**

2327 HARSHMAN RD APT 211  
DAYTON, OH 45424-5266

**Use of the vehicle(s):** To work, school, or pleasure

## AUTOMATIC RENEWAL

This policy will be renewed automatically subject to the rates in effect, the coverages carried, the applicable limits, deductibles, and other elements that affect the premium that apply at the time of renewal.

## POLICY PREMIUM

**This is not a bill.** If an amount is due, then a separate statement will be sent prior to the due date. The premiums shown in the table(s) below are for the policy period and the policy characteristics as described in this Declarations.

<b>TOTAL PREMIUM</b>	<b>\$1,056.90</b>
----------------------	-------------------

	Coverage Symbols		
	A	C	U
Premium	\$441.69	\$38.02	\$7.02

Vehicle		Coverage Symbols	
		D	G
001	Premium	\$114.84	\$455.33
	Deductible	\$500	\$500

**VEHICLE SCHEDULE**

**VEHICLE 001**

**Total Vehicle Premium: \$1,056.90**

**Vehicle year: 2013**

**Make: FORD**

**Model: EDGE**

**VIN: 2FMDK4JC7DBC68460**

**Garaged address:**

2327 HARSHMAN RD APT 211

DAYTON, OH 45424-5266

**Creditors:**

WRIGHT-PATT CREDIT UNION

**COVERAGES AND LIMITS**

This policy provides the following coverages to the vehicles for which the appropriate "Coverage Symbol" and a corresponding premium are shown in the "POLICY PREMIUM" schedules above.

Coverage Symbol	Coverage	Limit
A	Liability Coverage	Bodily Injury Limit Each Person, \$25,000.00      Each Accident \$50,000.00 Property Damage Limit Each Accident \$25,000.00
C	Medical Payments Coverage	Each Person \$5,000.00
U	Uninsured Motor Vehicle Coverage	Bodily Injury Limit Each Person, \$25,000.00      Each Accident \$50,000.00
D	Comprehensive Coverage	
G	Collision Coverage	

**FORMS AND ENDORSEMENTS**

This policy consists of this Declarations, the policy booklet - Form 9835C, and any endorsements that apply, including those listed below as well as those issued subsequent to the issuance of this policy.

**Endorsement(s) that apply to the POLICY as a whole**

**2935C**      AMENDATORY ENDORSEMENT

**IMPORTANT MESSAGES**

State Farm works hard to offer you the best combination of price, service, and protection. The amount you pay for automobile insurance is determined by many factors such as the coverages you have, where you live, the kind of car you drive, how your car is used, who drives the car, and information from consumer report.

You have the right to request, no more than once during a 12-month period, that your policy be re-rated using a current credit-based insurance score. Re-rating could result in a lower rate, no change in rate, or a higher rate.

## MUTUAL CONDITIONS

**Membership.** While this policy is in force, the first named insured shown on the Declarations is entitled to vote at all meetings of members and to receive dividends the Board of Directors in its discretion may declare in accordance with reasonable classifications and groupings of policyholders established by such Board.

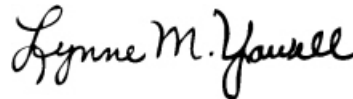
**No contingent liability.** This policy is non-assessable.

**Annual meeting.** The annual meeting of the members of the Company shall be held at its home office in Bloomington, Illinois, on the second Monday of June at the hour of 10 a.m., unless the Board of Directors shall elect to change the time and place of such meeting, in which case, but not otherwise, due notice shall be provided to members at least 10 days prior thereto.

In Witness Whereof, the State Farm Mutual Automobile Insurance Company has caused this policy to be signed by its President and Secretary at Bloomington, Illinois.



President



Secretary