



Infinity Value Added

2201 4th Avenue North
Birmingham, AL 35203

Underwritten by: Infinity Auto Insurance Company

Customer Service: (800) 782-1020

Claims Service: (800) 334-1661

PERSONAL AUTO DECLARATION

POLICY NUMBER: **10048718801**

POLICY PERIOD: 11/15/2022 TO 11/15/2023

VICTOR SIERRA
10917 NW 9TH CT
PLANTATION, FL 33324

This policy incepts on the date and time that the application for insurance is executed and shall expire at 12:01 a.m. standard time on the last day of the policy period.

Coverages only apply where a premium is shown. Coverages are defined in the policy and are subject to the terms and conditions contained in the policy, including amendments and endorsements. No changes will be effective prior to the time changes are requested.

#	Yr	Make - Model	Serial Number	Comp/Coll	#	Driver Name	Status	Filing
1	2021	TOYOTA - RAV4	2T3W1RFV7MW137386	500 / 500	1	VICTOR SIERRA	Active	No
3	2020	CHEV - EQUINOX	2GNAXKEV7L6280941	500 / 500	2	ALEJANDRA MAGALLANES	Active	No
4	2023	TOYOTA - 4RUNNER	JTEEU5JR9P5300696	500 / 500	3	JUAN SIERRA MAGALLANES	Active	No
					4	KATHERINE MURILLO	Active	No

COVERAGES - LIMITS OF LIABILITY		PREMIUMS FOR VEHICLES		
THE COVERAGE IS APPLICABLE ONLY IF A PREMIUM IS INDICATED		VEH 1	VEH 3	VEH 4
Property Damage	\$10,000 each accident	232	221	284
Comprehensive		270	235	506
Collision		586	529	748
Uninsured Motorist Bodily Injury	***REJECTED*** / ***REJECTED***	No Cov	No Cov	No Cov
Personal Injury Protection	Refer to Schedule Work Loss Excluded	900	647	962
PREMIUM BY VEHICLE:		1,988	1,632	2,500
		TOTAL VEHICLE PREMIUM		\$6,120.00
		POLICY FEES		\$0.00
		FIGA RECOUPMENT FEE		\$0.00
		TOTAL POLICY PREMIUM		\$6,120.00

SEE REVERSE FOR ADDITIONAL INFORMATION

ENDORSEMENTS MADE A PART OF THIS POLICY:

10950UMC02; 10950PIP02; 109TNDE01; 10950RDR01;
10950AE101; 10900AMDE01; 10950AE801; 10950RBI01;
10950PVA02; 10950D1E01; 10950LPE03; 10950AMDE01;
10950AE501

By 
Duly Authorized Representative

Additional Information:

Agency Information:
Del Toro Insurance Agency
42 NW 27th Ave Ste 101
Miami, FL 33125-5124

Please mail all inquiries to:

Kemper
PO Box 830189
Birmingham, AL 35283-0189

Please fax all inquires to:
(800)782-2218

ANY LOSS UNDER PART D IS PAYABLE TO NAMED INSURED AND LOSS PAYEE:

LOSS PAYEE

Veh Addl Name
Int #
4 1 World Omni Financial Corp
PO Box 9249 Mobile, AL 36691

ADDITIONAL INTEREST

Veh Addl Name
Int

FOR COMPANY USE ONLY

Version Factors
Economy
PIP- WORK LOSS EXCLUSION Discount
Advance Quote Discount
RSVP Direct Repair Discount
Multicar Discount

PAY PLAN: Monthly Pay - 8.35% Down pay - 11
Installments
RATE REVISION 1
PREV. POLICY 109901113499001

Driver Factors

RATING CRITERIA

Veh #	DRV #	DRV CLS	DRV AGE	DRV PTS	VEH TERR	VEH SYMB
1	0		24	0	61	
3	0		44	0	61	
4	0		22	0	61	13

Vehicle Factors
Air Bag Discount
Anti-Theft Device Discount
Anti-Lock Brakes Discount

SCHEDULE

Personal Injury Protection Benefits	Limit Per Person
Total Limit for All Medical Expenses, Work Loss and Replacement Services (Medical Expense Limited to \$2500 for Non-Emergency)	\$10,000
Accidental Death	\$5,000
Personal Injury Protection Benefits Coverage Deductible	
Subject to the deductible of \$1000, all expenses and losses are applicable to: <input type="checkbox"/> The Named Insured <input checked="" type="checkbox"/> The Named Insured and Dependent Resident Relatives	
Exclusion of Work Loss	
<input type="checkbox"/> Work Loss will not be provided for the named insured only <input checked="" type="checkbox"/> Work Loss will not be provided for the named insured and dependent resident relatives	

VICTOR SIERRA
10917 NW 9TH CT
PLANTATION, FL 33324

5510016

FLORIDA AUTOMOBILE INSURANCE IDENTIFICATION CARD

Infinity Auto Insurance Company
(800) 782-1020

POLICY NUMBER		EFFECTIVE DATE
10048718801	09290	11/15/2022
<input checked="" type="checkbox"/> PROPERTY DAMAGE LIABILITY/PERSONAL INJURY PROTECTION BENEFITS <input type="checkbox"/> BODILY INJURY LIABILITY		
INSURED		
VICTOR SIERRA		
YEAR	MAKE/MODEL	VEHICLE ID NUMBER
2021	TOYOTA/RAV4	2T3W1RFV7MW137386

NOT VALID MORE THAN ONE YEAR FROM EFFECTIVE DATE

Company

Infinity Auto Insurance Company

Policy Holder

VICTOR SIERRA

Policy Number

10048718801

Effective

11/15/2022

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INSURED		
VICTOR SIERRA		
YEAR	MAKE/MODEL	VEHICLE ID NUMBER
2020	CHEV/EQUINOX	2GNAXKEV7L6280941

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Infinity Auto Insurance Company

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VICTOR SIERRA

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INSURED		
VICTOR SIERRA		
YEAR	MAKE/MODEL	VEHICLE ID NUMBER
2023	TOYOTA/4RUNNER	JTEEU5JR9P5300696

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Company

Infinity Auto Insurance Company

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VICTOR SIERRA

Policy Number

10048718801

Effective

11/15/2022

24 HOUR "One-On-One" CLAIMS SERVICE

800-353-6737

IF YOU HAVE AN ACCIDENT:

1. OBTAIN THE NAMES, ADDRESSES, AND PHONE NUMBERS OF EVERYONE INVOLVED.
2. RECORD THE DATE, TIME, AND PLACE OF THE ACCIDENT.
3. IDENTIFY THE OTHER DRIVER AND HIS/HER INSURANCE COMPANY.
4. LIST THE MAKE, MODEL, AND LICENSE PLATE NUMBER OF THE OTHER VEHICLE.
5. PHONE THE POLICE AT ONCE.
6. PHONE US IMMEDIATELY, 24 HOURS A DAY, 7 DAYS A WEEK.

RENTAL CAR COVERAGE MAY NOT BE PROVIDED, SEE OUTLINE OF COVERAGE.

WARNING: MISREPRESENTATION OF INSURANCE IS A FIRST DEGREE MISDEMEANOR.

**IF YOU ARE INVOLVED IN AN ACCIDENT
REPORT YOUR LOSS IMMEDIATELY**

PHONE: 800-353-6737

7 DAYS A WEEK / 24 HRS A DAY

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7 DAYS A WEEK / 24 HRS A DAY

TRANSPORTATION NETWORK COMPANY DRIVER AMENDATORY EXCLUSION ENDORSEMENT

Copy To	Policy ID Number	Expiration Date
VICTOR SIERRA 10917 NW 9TH CT PLANTATION, FL 33324	10048718801	11/15/2023 12:01 a.m.
	Named Insured	
	VICTOR SIERRA	
	The following endorsement applies only if Form Number 109TNDE01 appears on your Declarations Page.	

This endorsement amends the policy as follows. Please read it carefully.

A. DEFINITIONS USED THROUGHOUT THIS POLICY

The following definitions are added to Definitions Used Throughout This Policy:

1. **"Digital network"** means any online-enabled technology application service, website, or system offered or used by a **transportation network company** which enables the prearrangement of rides with **transportation network company drivers**.
2. **"Prearranged ride"** means the provision of transportation by a **TNC driver** to a **rider**, beginning when a **TNC driver** accepts a ride requested by a **rider** through a **digital network** controlled by a **transportation network company**. It continues while the **TNC driver** transports the **rider**, and ends when the last **rider** exits from and is no longer occupying the **TNC vehicle**. The term does not include a taxicab, for-hire **vehicle**, **street hail** service, or any other type of service in which the driver receives a fee that does not exceed the driver's cost to provide the ride such as shared-expense ridesharing or car pools.
3. **"Rider"** means an individual who uses a **digital network** to connect with a **TNC driver** in order to obtain a **prearranged ride** in the **TNC driver's TNC vehicle** between points chosen by the **rider**. A person may use a **digital network** to request a **prearranged ride** on behalf of a **rider**.
4. **"Street hail"** means an immediate arrangement on a street with a driver by a person using any method other than a **digital network** to seek immediate transportation.
5. **"Transportation network company or TNC"** means an entity using a **digital network** to connect a **rider** to a **TNC driver**, who provides **prearranged rides**. A **TNC** is not deemed to own, control, operate, direct, or manage the **TNC vehicles** or **TNC drivers** that connect to its **digital network**, except where agreed to by written contract, and is not a taxicab association or for-hire vehicle owner. An individual, corporation, partnership, sole proprietorship, or other entity that arranges medical transportation for individuals qualifying for Medicaid or Medicare pursuant to a contract with the state or a managed care organization is not a **TNC**.
6. **"Transportation network company driver or TNC driver"** means an individual who:

- a. Receives connections to potential **riders** and related services from a **transportation network company**; and
 - b. In return for compensation, uses a **TNC vehicle** to offer or provide a **prearranged ride** to a **rider** upon connection through a **digital network**.
7. “**Transportation network company vehicle** or **TNC vehicle**” means a **vehicle** that is not a taxicab, jitney, limousine, or for-hire **vehicle** and that is:
- a. Used by the **TNC driver** to offer or provide a **prearranged ride**; and
 - b. **Owned**, leased, or otherwise authorized to be used by the **TNC driver**.

B. EXCLUSIONS - PART A ONLY, PART B ONLY, PART C ONLY, AND PART D ONLY

The following exclusion is added to Part A - Liability Coverage, Part B - Personal Injury Protection Coverage, Part C - Medical Payments Coverage, and Part D - Uninsured/Underinsured Motorists Coverage:

No coverage of any kind applies under this policy for any **accident**, loss, **bodily injury**, **property damage**, or other damage that occurs while any **insured person** or any **insured** is logged on to a **transportation network company’s digital network** or while any **insured person** or any **insured** is engaged in a **prearranged ride**.

C. EXCLUSIONS - PART E ONLY

The following exclusion is added to Part E - Coverage for Damage to the Insured Auto:

We do not cover **loss**:

That results from the ownership, maintenance, or use of any **vehicle** by a **transportation network company driver** who is logged on to a **transportation network company’s digital network** as a driver or who is engaged in a **prearranged ride**.

D. PART F - GENERAL PROVISIONS

The following is added to Part F - General Provisions:

DUTY TO REPORT

You must promptly notify **us** if any insured person is a **transportation network company driver**. In addition, **you** must notify **us** if an **accident** or loss occurs while any insured person is operating a **vehicle** while engaged in a **prearranged ride** or while logged on to a **transportation network company’s digital network** as a driver. Any person or entity seeking coverage or payment of benefits must cooperate with **us** to ensure **we** are provided with pertinent data regarding the loss, including the precise dates and times:

1. The insured person logged on and off the **transportation network company’s digital network**; and
2. When a passenger or delivery assignment was accepted through such **digital network**.

You must cooperate with **us** by executing an authorization to obtain the pertinent data and records regarding the loss if such authorization is necessary for release of the data or record.

ALL OTHER TERMS, LIMITS, AND PROVISIONS OF THIS POLICY REMAIN UNCHANGED.

NOTICE OF POLICY AMENDMENT

Copy To	Policy ID Number	Expiration Date
VICTOR SIERRA 10917 NW 9TH CT PLANTATION, FL 33324	10048718801	11/15/2023 12:01 a.m.
	Named Insured	
	VICTOR SIERRA	
	No changes will be effective prior to the time changes are requested.	

Thank you for the opportunity to serve your insurance needs. We have made the following change(s) to your current policy:

Policy Change Effective 09/29/2023 for Policy 10048718801

Driver KATHERINE MURILLO was added to the policy.

- DOB:09/22/2001
- Gender:Female
- Status: Insure
- Relation to Named Insured:Other Relative
- DL Number: M640507018420
- MVR Status: Clear
- Driving License State: Florida

Total Change in Cost \$125.00

The listed change(s) will become effective on the Amend Date listed at the bottom of the page. Detailed below is your revised installment schedule. This installment schedule is for information only and is subject to change. If you do not participate in Auto Pay, you will receive an invoice prior to each due date. If you have not received an invoice, please contact your agent.

If you are on an automatic bank account withdrawal plan, see attached Automatic Bank Account Withdrawal Schedule. You will not receive a monthly invoice.

Installment	Premium	Adjustments	Fees*	Total Due	Due Date**	Invoiced
#1	\$0.00	\$0.00	\$11.25	\$0.00	12/15/2022	No
#2	\$0.00	\$0.00	\$11.25	\$0.00	01/15/2023	No
#3	\$0.00	\$0.00	\$11.25	\$0.00	02/15/2023	No
#4	\$0.00	\$0.00	\$11.25	\$0.00	03/15/2023	No
#5	\$0.00	\$0.00	\$11.25	\$0.00	04/15/2023	No
#6	\$0.00	\$0.00	\$11.25	\$0.00	05/15/2023	No
#7	\$0.00	\$0.00	\$11.25	\$0.00	06/15/2023	No
#8	\$0.00	\$0.00	\$11.25	\$0.00	07/15/2023	No
#9	\$0.00	\$0.00	\$11.25	\$0.00	08/15/2023	No

#10	\$0.00	\$0.00	\$11.25	\$0.00	09/15/2023	No
#11	\$452.30	\$0.00	\$11.25	\$463.55	10/15/2023	No
#12	\$125.00	\$0.00	\$11.25	\$136.25	11/15/2023	No

* Projected fee amount.

** A **late fee** will be assessed for any payment received after the payment due date.