

State Farm Fire and Casualty Company
 State Farm Insurance
 PO Box 2368
 Bloomington, IL 61702-2368

Your State Farm Agent
Chris Pettis
Pettis Insurance Agency Inc
 450 Santa Fe Trail
 Ellenwood GA 30294-2683
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Declarations

Policy number: C262062-A07-11
Named Insured: THADDEUS REAY, HVAC ALLIES LLC
Policy period: July 7, 2024 to January 7, 2025
The policy period begins and ends at 12:01 am standard time.

BUSINESS CAR POLICY

Policy address:
 2479 YOLANDA TRL
 ELLENWOOD GA 30294-1703

Years in business: 4
Business description: Air Conditioning-Installation or Service.

Business owner(s):
 THADDEUS REAY

AUTOMATIC RENEWAL

This State Farm® 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.

ENTITY

Limited Liability Company

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 the 6-month premiums for the characteristics of the policy as described in this Declarations.

TOTAL PREMIUM	\$2,075.50
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Vehicle		Coverage Symbols		
		A	C	UE
001	Premium	\$1,894.44	\$20.55	\$160.51

Vehicle	Total premium by car
001 Premium	\$2,075.50
Deductible	

ST
0204-0000
3132880160



VEHICLE SCHEDULE

VEHICLE 001

Vehicle year: 2012
 Make: FORD
 Model: E-150 CARGO
 VIN: 1FTNE1EW1CDA01181
 Vehicle use description: Service/Contractors

Gross vehicle weight (lbs): 8520
 Total MSRP: \$30,393
 Radius of operation (mi.): 50 mi.
 Annual mileage (mi.): 20000 mi.

Garaged address:
 2479 Yolanda Trl
 Ellenwood GA 30294-1703
 Territory: 018

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	Each Accident \$1,000,000
C	Medical Payments Coverage	Each Person \$1,000
UE	Uninsured Motor Vehicle Coverage (Added to At-Fault Liability Limits)	Bodily Injury Limit Each Person, \$1,000,000 Each Accident \$1,000,000 Property Damage Limit Each Accident \$1,000,000

FORMS AND ENDORSEMENTS

This policy consists of this Declarations, the policy booklet - Form 9611C, 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 only to VEHICLE(S) listed

4323A	ADDITIONAL INSURED - PRIOR NOTICE OF TERMINATION WITH PRIMARY AND NON-CONTRIBUTORY; Dekalb County School District	VEH001
4323A	ADDITIONAL INSURED - PRIOR NOTICE OF TERMINATION WITH PRIMARY AND NON-CONTRIBUTORY; Dekalb County Board of Education	VEH001

IMPORTANT MESSAGES

The change in premium as a result of this policy transaction for July 7, 2024 to January 7, 2025, is \$0.00.

The laws of the State of Georgia prohibit insurers from unfairly discriminating against any person based upon his or her status as a victim of family violence.