

VEHICLE INFORMATION

Review your policy information carefully. If anything is incorrect, or if there are any changes, please let us know right away.

Vehicle Description	Vehicle Identification Number (VIN)	Who principally drives this vehicle?	How is this vehicle normally used? <i>National average: 12,000 miles driven annually per vehicle</i>
2004 FORD E350	1FTSE34P54HA87064	VINCENT GARRETT, [REDACTED]	Business. Driven 12,000 miles or less annually.

Original cost of customization none or up to \$1,000.

Other Household Vehicle(s)

Your premium may be influenced by other State Farm policies that currently insure the following vehicle(s) in your household:

- 2010 FORD TRANSIT CO
- 2003 ISUZU NPR
- 2006 ISUZU NPR-HD
- 2011 DODGE RAM 1500
- 2011 FORD TRANSIT CO
- 2012 DODGE RAM 2500

Premium Adjustment

Each year, we review our medical payments and personal injury protection coverages claim experience to determine the vehicle safety discount that is applied to each make and model. In addition, we review the comprehensive, collision, bodily injury and property damage claim experience

annually to determine which makes and models have earned decreases or increases from State Farm's standard rates. If any changes result from our reviews, adjustments are reflected in the rates shown on this renewal notice.

DRIVER INFORMATION

Other Household Driver(s)

In addition to the Principal Driver(s) and Assigned Driver(s), your premium may be influenced by the drivers shown below and other individuals permitted to drive your vehicle. This list does not extend or expand coverage beyond that contained in this automobile policy. The drivers listed below are the drivers reported to us that most frequently drive other vehicles in your household.

- FORREST WILSON
- CHRISTOPHER HOGAN
- TODD SABO
- DAVID ZEMOLA
- SHAUN SPRADLIN
- JULIO DELAROSA
- MARK WHITE

Principal Driver & Assigned Drivers

For each automobile, the **Principal Driver** is the individual who most frequently drives it.

Each driver is designated as an **Assigned Driver** on the household automobile that he or she most frequently drives.

Your premium may be influenced by the information shown for these drivers.



ST398-0203-808150

COVERAGE AND LIMITS See your policy for an explanation of these coverages.

A	Liability
	Bodily Injury 500,000/500,000
	Property Damage 500,000
P10	No Fault
C	Medical Payments
	Emergency Medical 5,000
	Not Emergency Medical 1,250
D	250 Deductible Comprehensive
G	500 Deductible Collision
H	Emergency Road Service
R1	Car Rental & Travel Expense
	80% Per Day, \$1,000 Max
U3	Uninsured Motor Vehicle
	Bodily Injury 500,000/500,000

Plus Florida Hurricane Catastrophe Fund (FHCF) Assessment

Total Premium

If any coverage you carry is changed to give broader protection with no additional premium charge, we will give you the broader protection without issuing a new policy, starting on the date we adopt the broader protection.

IMPORTANT INFORMATION ABOUT UNINSURED MOTOR VEHICLE COVERAGE

Now is a good time to consider either adding Uninsured Motor Vehicle Coverage, or increasing your limits for this coverage. This coverage protects you, your resident family members and your passengers in the event of bodily injury sustained in an accident for which an unidentified, uninsured, or underinsured driver is legally liable.

You have the right to choose one of these options:

a. select stacking coverage (U) with any available limits up to your bodily injury liability coverage limits, which means that if more than one Uninsured Motor Vehicle Coverage applies, the limits for the applicable coverages may be added together (Stacking is not available for policies with a named insured that is not a natural person);

b. select, at a reduced premium, non-stacking coverage (U3) with any available limits up to your bodily injury liability coverage limits, which means the Uninsured Motor Vehicle Coverage limits are not added together in most circumstances. The non-stacking coverage on this policy is not available to persons injured while occupying a motor vehicle owned by you or a resident family member which is not insured for uninsured motorist coverage by this policy; or

c. reject this coverage entirely.

Please contact your State Farm agent if you wish to change coverage.

IMPORTANT INFORMATION ABOUT PREMIUM SAVINGS FOR NO-FAULT COVERAGE

(Coverage P - Personal Injury Protection Insurance)
For personal injury protection insurance, the named insured may elect a deductible and to exclude coverage for loss of gross income and loss of earning capacity ("lost wages"). These elections apply to the named insured alone, or to the named insured and all dependent resident relatives. A

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2010 FORD TRANSIT CO	NM0LS6BN3AT033087	SHAUN SPRADLIN,	Business. Driven over 12,000 miles annually.

Original cost of customization none or up to \$1,000.

Other Household Vehicle(s)

Your premium may be influenced by other State Farm policies that currently insure the following vehicle(s) in your household:

- 2003 ISUZU NPR
- 2006 ISUZU NPR-HD
- 2011 DODGE RAM 1500
- 2011 FORD TRANSIT CO
- 2004 FORD E350
- 2012 DODGE RAM 2500

Premium Adjustment

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annually to determine which makes and models have earned decreases or increases from State Farm's standard rates. If any changes result from our reviews, adjustments are reflected in the rates shown on this renewal notice.

DRIVER INFORMATION

Assigned Driver(s)

The following driver(s) are assigned to the vehicle(s) on this policy.

Name	Age as of July 11, 2013	Gender	Marital Status
SHAUN SPRADLIN	33	Male	Single

Other Household Driver(s)

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- VINCENT GARRETT
- FORREST WILSON
- CHRISTOPHER HOGAN
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For each automobile, the **Principal Driver** is the individual who most frequently drives it.

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Your premium may be influenced by the information shown for these drivers.

COVERAGE AND LIMITS *See your policy for an explanation of these coverages.*

A	Liability	
	Bodily Injury 500,000/500,000	
	Property Damage 500,000	\$582.77
P10	No Fault	\$224.08
C	Medical Payments	
	Emergency Medical 5,000	
	Not Emergency Medical 1,250	\$19.62
D	250 Deductible Comprehensive	\$45.82
G	500 Deductible Collision	\$104.14
H	Emergency Road Service	\$1.60
R1	Car Rental & Travel Expense	
	80% Per Day, \$1,000 Max	\$12.00
U3	Uninsured Motor Vehicle	
	Bodily Injury 500,000/500,000	\$173.04
	Additional Use of Non-Owned Car Coverage	
	BIPD Liability	\$5.00
	Medical Payments	\$2.00
	Physical Damage	\$25.00
		\$1,195.07
	Plus Florida Hurricane Catastrophe Fund (FHCF) Assessment	\$15.54
Total Premium		\$1,210.61

Broad form non-owned car liability coverage is included.

If any coverage you carry is changed to give broader protection with no additional premium charge, we will give you the broader protection without issuing a new policy, starting on the date we adopt the broader protection.

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c. reject this coverage entirely.

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Vehicle Description	Vehicle Identification Number (VIN)	Who principally drives this vehicle?	How is this vehicle normally used? National average: 12,000 miles driven annually per vehicle
2003 ISUZU NPR	JALB4B14237006628	For this commercial vehicle, contact your agent for a full review of drivers.	
<i>Vehicle Body Type: Box/Straight Truck, Vehicle Use: Other Business Use, Business Description: Not Otherwise Classified - All Other, Radius of Operation: 150 miles, Annual Distance Driven: 30000 miles, Gross Vehicle Weight, Manufacturer's Suggested Retail Price</i>			

Premium Adjustment

Each year, we review our medical payments and personal injury protection coverages claim experience to determine the vehicle safety discount that is applied to each make and model. In addition, we review the comprehensive, collision, bodily injury and property damage claim experience

annually to determine which makes and models have earned decreases or increases from State Farm's standard rates. If any changes result from our reviews, adjustments are reflected in the rates shown on this renewal notice.

COVERAGE AND LIMITS See your policy for an explanation of these coverages.

A	Liability 500,000
	Bodily Injury & Property Damage
P10	No Fault
C	Medical Payments
	Emergency Medical 5,000
	Not Emergency Medical 1,250
D	250 Deductible Comprehensive
G	500 Deductible Collision
U3	Uninsured Motor Vehicle
	Bodily Injury 100,000/300,000

Plus Florida Hurricane Catastrophe Fund (FHCF) Assessment

Total Premium

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- b. select, at a reduced premium, non-stacking coverage (U3) with any available limits up to your bodily injury liability coverage limits, which means the Uninsured Motor Vehicle Coverage limits are not added together in most

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Vehicle Description	Vehicle Identification Number (VIN)	Who principally drives this vehicle?	How is this vehicle normally used? National average: 12,000 miles driven annually per vehicle
2006 ISUZU NPR-HD	JALB4B16467019550	For this commercial vehicle, contact your agent for a full review of drivers.	
<i>Vehicle Body Type: Box/Straight Truck, Vehicle Use: Other Business Use, Business Description: Not Otherwise Classified - All Other, Radius of Operation: 150 miles, Annual Distance Driven: 30000 miles, Gross Vehicle Weight, Manufacturer's Suggested Retail Price</i>			

Premium Adjustment

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annually to determine which makes and models have earned decreases or increases from State Farm's standard rates. If any changes result from our reviews, adjustments are reflected in the rates shown on this renewal notice.

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A	Liability 500,000
	Bodily Injury & Property Damage
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	Emergency Medical 5,000
	Not Emergency Medical 1,250
D	250 Deductible Comprehensive
G	500 Deductible Collision
U3	Uninsured Motor Vehicle
	Bodily Injury 100,000/300,000
Plus Florida Hurricane Catastrophe Fund (FHCF) Assessment	
Total Premium	

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b. select, at a reduced premium, non-stacking coverage (U3) with any available limits up to your bodily injury liability coverage limits, which means the Uninsured Motor Vehicle Coverage limits are not added together in most

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State Farm Mutual Automobile Insurance Company

7401 Cypress Gardens Boulevard
Winter Haven FL 33888

AT2 4 F -2435 A

007653 0008

MOBILE AIRCRAFT SERVICES LLC
3800 SOUTHERN BLVD STE 503
WEST PALM BCH FL 33406-1452



0102-K23M5H

Your premium is based on the following . . . If not correct, contact your agent.
2011 DODGE RAM 1500 VIN 1D7RB1GT2BS577911

Class 1LOH1000002

Drivers of vehicle in your household...

There are no unmarried male drivers under age 25.
As of MAR 10 2013 our records show the principal driver of this vehicle will be age 37.

Ordinary use of vehicle...

Non-farm utility vehicle/business.

Additional Information...

Endorsement 6126LS effective MAR 12 2013.
Your State Farm Payment Plan number is 1188789519.

PREMIUM NOTICE

POLICY NUMBER 944 3102-C10-59

MAR 10 2013 to SEP 10 2013

DATE DUE

PLEASE PAY THIS AMOUNT

THIS IS NOT A BILL.

Coverages and Limits

Premiums

- A Liability
 - Bodily Injury 500,000/500,000
 - Property Damage 500,000
- P10 No Fault
- C Medical Payments
 - Emergency Medical 5,000
 - Not Emergency Medical 1,250
- D 250 Deductible Comprehensive
- G 500 Deductible Collision
- H Emergency Road Service
- R1 Car Rental & Travel Expense
 - 80% Per Day, \$1,000 Max
- U3 Uninsured Motor Vehicle
 - Bodily Injury 500,000/500,000

Premium Amount

Plus

FHCF Assessment

Total Premium

Your premium has already been adjusted by the following:

Premium Reductions

- Antilock Brakes
- Antitheft
- Vehicle Safety
- Homeownership

Your policy has increased 1.3% due to the Florida Hurricane Catastrophe Fund Assessment.

IMPORTANT NOTICE- Under No-Fault Coverage, the only medical expenses we will pay are reasonable medical expenses that are payable under the Florida Motor Vehicle No-Fault Law. The most we will pay for such reasonable medical expenses is 80% of the "schedule of maximum charges" found in the Florida Motor Vehicle No-Fault Law and in the Limits section of the Florida Car Policy's No-Fault Coverage.

The claim experience on your make and model of vehicle has resulted in a reduction to your vehicle rating group for comprehensive coverage.

The claim experience on your make and model of vehicle has resulted in a reduction to your vehicle rating group for collision coverage.

The claim experience on your make and model of vehicle has resulted in a reduction to your liability rating group for bodily injury and/or property damage coverages.

Please see the premium adjustment message on the back of this notice for an explanation.

IMPORTANT: It is important that you read the enclosed explanation of SIGNIFICANT CHANGES TO YOUR POLICY. You will soon receive an updated version of your policy.

Thanks for letting us serve you...

Agent JUAN WILLIAMS
Telephone (561)881-7211

67 7486 2676

See reverse side for important information.
Please keep this part for your record.

Prepared JAN 18 2013

IF YOU HAVE A NEW OR DIFFERENT CAR, HAVE ADDED ANY DRIVERS, OR HAVE MOVED,
PLEASE CONTACT YOUR AGENT.

NOTE: DO NOT PAY - PREMIUM BILLED THROUGH THE STATE FARM PAYMENT PLAN



CERTIFICATE OF INSURANCE

SUCH INSURANCE AS RESPECTS THE INTEREST OF THE CERTIFICATE HOLDER NAMED BELOW WILL NOT BE CANCELED OR OTHERWISE TERMINATED WITHOUT GIVING 10 DAYS PRIOR WRITTEN NOTICE TO THE CERTIFICATE HOLDER, BUT IN NO EVENT SHALL THIS CERTIFICATE BE VALID MORE THAN 30 DAYS FROM THE DATE WRITTEN. THIS CERTIFICATE OF INSURANCE DOES NOT CHANGE THE COVERAGE PROVIDED BY ANY POLICY DESCRIBED BELOW.

This certifies that: STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY of Bloomington, Illinois
 STATE FARM FIRE AND CASUALTY COMPANY of Bloomington, Illinois
 STATE FARM COUNTY MUTUAL INSURANCE COMPANY OF TEXAS of Dallas, Texas
 STATE FARM INDEMNITY COMPANY of Bloomington, Illinois, or
 STATE FARM GUARANTY INSURANCE COMPANY of Bloomington, Illinois

has coverage in force for the following Named Insured as shown below:

NAMED INSURED: MOBILE AIRCRAFT SERVICES LLC							
3800 SOUTHERN BLVD STE 503							
ADDRESS OF NAMED INSURED: WEST PALM BCH FL 33406-1452							
POLICY NUMBER	978-7730-C20-59	962 4081-C21-59					
EFFECTIVE DATE OF POLICY	03/20/13-09-20-13	03/21/13-09/21/13					
DESCRIPTION OF VEHICLE (Including VIN)	12 DODGE RAM 2500 3C6UD5NL6CG156167	11 FORD NM0LS7BN7B074507					
LIABILITY COVERAGE	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
LIMITS OF LIABILITY							
a. Bodily Injury							
Each Person	500,000	500,000					
Each Accident	500,000	500,000					
b. Property Damage							
Each Accident	500,000	500,000					
c. Bodily Injury & Property Damage Single Limit							
Each Accident							
PHYSICAL DAMAGE COVERAGES							
a. Comprehensive	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO \$ 250 Deductible	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO \$ 250 Deductible	<input type="checkbox"/> YES <input type="checkbox"/> NO \$ Deductible	<input type="checkbox"/> YES <input type="checkbox"/> NO \$ Deductible	<input type="checkbox"/> YES <input type="checkbox"/> NO \$ Deductible	<input type="checkbox"/> YES <input type="checkbox"/> NO \$ Deductible	<input type="checkbox"/> YES <input type="checkbox"/> NO \$ Deductible
b. Collision	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO \$ 500 Deductible	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO \$ 500 Deductible	<input type="checkbox"/> YES <input type="checkbox"/> NO \$ Deductible	<input type="checkbox"/> YES <input type="checkbox"/> NO \$ Deductible	<input type="checkbox"/> YES <input type="checkbox"/> NO \$ Deductible	<input type="checkbox"/> YES <input type="checkbox"/> NO \$ Deductible	<input type="checkbox"/> YES <input type="checkbox"/> NO \$ Deductible
EMPLOYERS NON-OWNED CAR LIABILITY COVERAGE	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
HIRED CAR LIABILITY COVERAGE	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
FLEET - COVERAGE FOR ALL OWNED AND LICENSED MOTOR VEHICLES	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

Signature of Authorized Representative _____ AGENT Title _____ 2435 Agent's Code Number _____ 03/08/2013 Date

Name and Address of Certificate Holder	Name and Address of Agent JUAN J WILLIAMS STATE FARM 1525 PROSPERITY FARMS RD LAKE PARK FL 33403 B-561-881-7211 F-561-881-7212
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INTERNAL STATE FARM USE ONLY: Request permanent Certificate of Insurance for liability coverage.
 Request Certificate Holder to be added as an Additional Insured.