



Equity Insurance Company
 Administered by: Bluefire Insurance Services
 NAIC Code: 28746
 License # [REDACTED] Phone: [REDACTED]

NEW DECLARATIONS – ARIZONA AUTOMOBILE POLICY

Policy Information

Policy Number: AZEP0004480-000
 Effective Date: 07/21/2023 03:23PM MST

Policy Term: 6 Month
 Expiration Date: 01/21/2024 12:01 AM MST

This declaration is subject to all of the terms and conditions of the policy and shall continue inforce for the period shown, provided the required premium is paid.

Named Insured(s) Information

Producer Information

FREEWAY INSURANCE SERVICES AMERICA, LLC-
 FREEWAY AZ [REDACTED]

F-AZ92015

The auto(s) described in this policy is principally garaged at the above address unless otherwise stated:

Driver(s) and Vehicle(s)

Driver No	Name	DOB
1	[REDACTED]	[REDACTED]

Vehicle No.	Year	Make/Model/Style	VIN
1		Nissan/Datsun Sentra	[REDACTED]

Coverages

Coverage is provided where a premium and a limit of liability (or deductible) are shown for the coverage.

Coverage	Limit of Liability	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
Bodily Injury Liability	Each Person \$25,000 Each Accident \$50,000	\$345.00			
Property Damage Liability	Each Accident \$15,000	\$278.00			
Comprehensive* ACV less deductible	Auto 1 Auto 2 Auto 3 Auto 4				
Collision* ACV less deductible	Auto 1 Auto 2 Auto 3 Auto 4				
Uninsured Motorists BI	Each Person \$0				
	Each Accident \$0				
Underinsured Motorists BI	Each Person \$0				
	Each Accident \$0				
Medical Payments	Each Person \$0				
Safety Equipment Coverage					
Rental Reimbursement					
Accidental Death and Dismemberment	Each Accident \$10,000 Mandatory named insured coverage only	\$12.00			
Total Per Vehicle		\$635.00			

Arizona Automobile Theft Authority Fee	Mandatory Fee per vehicle	\$0.50		
SR-22 Fee(s)	\$0.00			
Policy Fee(s)	\$25.00			
Total Fee(s)	\$25.00			

Total Policy Premium \$660.00



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Loss Payee(s)/Additional Interest

Vehicle No.	Name	Address	City, State, Zip	Loan No.

Excluded Driver(s)

Driver Name	DOB	Relationship to Applicant

Form/Endorsements attached	AZ 03-ADDRVERIF-009 08 21, AZ 03-ADD-040 08 21, AZ 03-DED-026 08 21, AZ 03-PAP-003 08 21, AZ 03-DISC-055 08 21, AZ 03-MARCERT-010 08 21, AZ 03-UMCOV-011 08 21, AZ 03-PRIV-041 08 21
Surcharge(s) Applied	
Discount(s) Applied	EFT/RCC

Future Installment Schedule

Due Date	Total Amount Due
08/18/2023	\$117.83
09/18/2023	\$117.83
10/18/2023	\$117.83
11/18/2023	\$117.83
12/18/2023	\$117.83

THIS SUPERCEDES ANY PRIOR DATED DECLARATIONS.

*I understand and agree that in the event I fail to provide current photos as required, the collision and comprehensive deductible noted above for the vehicle will be three (3) times the amount shown on this declarations page and that the triple deductible will apply to any loss that occurs before the date and time current photos are received.

Your policy is available at www.bluefireinsurance.com. To receive a copy of your policy at no charge, please call _____

THIS REPLACES ALL PREVIOUSLY ISSUED POLICY DECLARATIONS, IF ANY. THIS POLICY APPLIES ONLY TO ACCIDENTS, OCCURRENCES, OR LOSSES WHICH HAPPEN DURING THE POLICY PERIOD SHOWN ABOVE.