

KENTUCKY FARM BUREAU MUTUAL INSURANCE COMPANY
REPORT OF POLICY CHANGE

ENTRY DATE: 02/28/2013
ENTRY TIME: 10:39 AM

AGCY: 099 USER: ADB TERM ID: 994A
PRIOR AOA DATE: 02/21/2013

BASIC POLICY INFORMATION

POLICY #: 0008591297
NAMED INSURED: CVITKOVIC, DEAN
YEAR: 86 MAKE: CB MODEL: FORD BODY: 2 DOOR

CHANGED POLICY INFORMATION

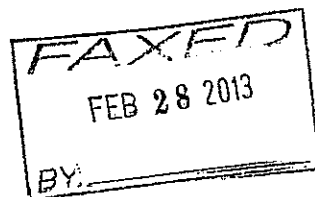
CHANGE EFFECTIVE DATE: 02/18/2013 PAYMENT RECEIVED: N
CHANGE EFFECTIVE TIME: 10:38 AM

	-----CHANGED TO-----	-----CHANGED FROM-----
	LIMIT DEDUCTIBLE COVERAGE	LIMIT DEDUCTIBLE COVERAGE
	AMOUNT	AMOUNT
BODILY INJURY		
PER PERSON	1,000,000	500,000
PER ACCIDENT	1,000,000	500,000
PROPERTY DAMAGE		
PER ACCIDENT	1,000,000	500,000
MEDICAL		
PER PERSON	5,000	1,000
PER ACCIDENT	25,000	5,000
UNINSURED MOTORIST		
PER PERSON	500,000	50,000
PER ACCIDENT	500,000	100,000
UNDERINSURED MOTORIST		
PER PERSON	500,000	50,000
PER ACCIDENT	500,000	100,000

ACTION SEQ MORTGAGEE NO RELATION LEASED VEHICLE
ADDED 1 C

MORTGAGEE NAME 1: SONDRRA STONE DIVISION OF
NAME 2: CENTRAL PURCHASING
ADDRESS: 200 E MAIN 3FLOOR ROOM 338
CITY: LEXINGTON
STATE: KY ZIP: 40507

	ENDORSEMENT	EDITION	LIMIT
ACTION	NUMBER	DATE	CODE
CHANGED	AE35	09/88	H



INSURED NAME: CVITKOVIC, DEAN
 POLICY #: 0008454481

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 ENTRY DATE: 02/28/2013
 ENTRY TIME: 10:35 AM

RATES ARE SUBJECT TO CHANGE WITHOUT NOTICE

-----CURRENT AMOUNT DUE-----		-----COVERAGE QUOTATION-----			
		COV	LIMIT	DEDUCT	PREM
AMOUNT DUE PRIOR		BI	1,000,000/1,000,000		22.40
TO CHANGE	9.79	PD	1,000,000		12.80
INCREASE/DECREASE		MED	5,000/25,000		5.10
DUE TO CHANGE	36.03	UM	500,000/500,000		10.30
INSTALLMENT AMT DUE	.00	UIM	500,000/500,000		28.30
TOTAL AMT DUE	45.82	PIP	10,000		4.60
		TAX			4.80
		SUR			1.50
		TOTAL 6 MONTHS			89.80

I acknowledge that I have read the foregoing provisions and expressly accept such provisions as a condition of coverage. I certify that all of the information on this report is true and correct. I understand that any false information, omission, or misrepresentation may render my policy null and void, or result in cancellation or nonrenewal of my policy.

 INSURED'S SIGNATURE

 DATE

KENTUCKY FARM BUREAU MUTUAL INSURANCE COMPANY
REPORT OF POLICY CHANGE

ENTRY DATE: 02/28/2013 AGCY: 099 USER: ADB TERM ID: 994A
ENTRY TIME: 10:35 AM PRIOR AOA DATE: 02/21/2013

BASIC POLICY INFORMATION

POLICY #: 0008454481
NAMED INSURED: CVITKOVIC, DEAN
YEAR: 72 MAKE: FORD MODEL: LT8000 BODY: DUMP

CHANGED POLICY INFORMATION

CHANGE EFFECTIVE DATE: 02/18/2013 PAYMENT RECEIVED: N
CHANGE EFFECTIVE TIME: 10:34 AM

	-----CHANGED TO-----	-----CHANGED FROM-----
	LIMIT DEDUCTIBLE COVERAGE	LIMIT DEDUCTIBLE COVERAGE
	AMOUNT	AMOUNT
BODILY INJURY		
PER PERSON	1,000,000	500,000
PER ACCIDENT	1,000,000	500,000
PROPERTY DAMAGE		
PER ACCIDENT	1,000,000	500,000
MEDICAL		
PER PERSON	5,000	1,000
PER ACCIDENT	25,000	5,000
UNINSURED MOTORIST		
PER PERSON	500,000	50,000
PER ACCIDENT	500,000	100,000
UNDERINSURED MOTORIST		
PER PERSON	500,000	50,000
PER ACCIDENT	500,000	100,000

ACTION SEQ MORTGAGEE NO RELATION LEASED VEHICLE
ADDED 1 C
MORTGAGEE NAME 1: SONDR A STONE DIVISON OF
NAME 2: CENTRAL PURCHASING
ADDRESS: 200 E MAIN STREET 3 FL RM 338
CITY: LEXINGTON
STATE: KY ZIP: 40507

ACTION	ENDORSEMENT	EDITION	LIMIT
	NUMBER	DATE	CODE
CHANGED	AE35	09/88	H