



**LOUISIANA FARM BUREAU
MUTUAL INSURANCE COMPANY**

Baton Rouge, Louisiana

AUTOMOBILE POLICY

AMENDED DECLARATIONS

POLICY NO.	DEC. NO.	MEMBER NUMBER
A R50023	01	881253998-01

CONTRACT DATE (01/01/2015)

The Declarations of the policy as shown are subject to all other terms and conditions of the policy and replace all previously issued Declarations, if any, and should be attached to and become a permanent part of your policy.

POLICY PERIOD: THE TERM OF THE POLICY SHALL BE THE EFFECTIVE DATE
03/08/2018 TO 09/08/2018 12:01 A.M. Standard Time at the address shown below
as to each of said dates, and for such terms of 6 calendar months each thereafter as the
required renewal premium is paid by the insured on or before the expiration of the current term.

NAME AND ADDRESS OF INSURED:

**CAJUN OVERHEAD DOORS & REPAIR INC
40391 GRANNY LN
GONZALES LA 70737-0703**

DESCRIPTION OF AUTOMOBILE

Year: **2016** Trade: **RAM**
Body: **PICKUP**
Description: **1500 ST**
Identification Number: **3C6RJ6DG0GG203424**
Date Purchased: **05/31/2018**
Symbol or Cost New: **0160** Class: **5CPAZ**
Territory: **15** Merit:

DESCRIPTION OF HOUSEHOLD

The owned vehicle will be principally garaged
at the following address:
Garaging Address: **40391 GRANNY LN
GONZALES LA 70737**
Insured's Occupation: **BUSINESS OWNER PRESIDENT,**
Insured's DL Number: *******9131**
Insured's Date of Birth: **12/1985**
Principal Operator's DL Number: *******6935**
Principal Operator's Date of Birth: **05/1982**
Youngest Operator's Date of Birth:

COVERAGES AFFORDED: The insurance afforded is only with respect to such and so many of the following coverages. The limit of the company's liability against each such coverage shall be stated herein, subject to all the terms of this policy having reference thereto:

DESCRIPTION	LIMIT OF LIABILITY	PREMIUM
COVERAGES		
COV A - BODILY INJURY LIABILITY - EACH PERSON	\$ 100,000	
COV B - PROPERTY DAMAGE LIABILITY - EACH ACCIDENT	\$ 300,000	
COV UMBI - UNINSURED MOTORISTS - TRADITIONAL	\$ 100,000	
COV C - MEDICAL PAYMENT - EACH PERSON	\$ 300,000	
COV DI - DEATH INDEMNITY - EACH ACCIDENT	\$ 5,000	
COV D - COMPREHENSIVE - \$500 DEDUCTIBLE	\$ 10,000	26.01
COV E - COLLISION - \$500 DEDUCTIBLE		69.47
COV G - AUTO DISABILITY INCOME - EXTENDED		
APPLICABLE ENDORSEMENT(S) SECTION		
ENDORSEMENT IA40		
RADIUS OF OPERATION		
0-50 MILES		
COMMODITY TYPE		
OTHER - NON FARM		
POLICY AMENDED EFFECTIVE 05/31/2018		
DATE PURCHASED REVISED		
COST NEW REVISED		
COVERAGE D ADDED		
COVERAGE E ADDED		
VEHICLE INFORMATION CHANGED		
THIS IS NOT A BILL	TOTAL PREMIUM	95.48

COUNTERSIGNATURE DATE **06/07/2018**

JACK DUPLESSIS

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Authorized Representative