Contract: C18-2671-P5





OKALOOSA COUNTY DEPARTMENT OF PUBLIC SAFETY

DR. FRANK L. GOLDSTEIN RESILIENCE AND BEHAVIORAL HEALTH DIRECTOR

AND REPORTED

Customer ID:	3TTMRAILX8	Named Insured:	Frank Goldstein	
Policy Number:	P-IND3TTMRB7SJA-04			
Effective Date:	11/15/2021	Address:	234 Crewilla Dr NW	
Expiration Date:	11/15/2022		Fort Walton Beach, FL 32548	
Retroactive Date:	11/15/2017			

NOTICE: A LOWER LIMIT OF LIABILITY APPLIES TO JUDGEMENTS OR SETTLEMENTS WHEN THERE ARE ALLEGATIONS OF SEXUAL MISCONDUCT. (SEE POLICY FOR DETAILS) THE POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED, THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

PROFESSIONAL HABILITY COVERAGE: A	LIMITS OF DABILITY	PREMIUM
Liability Per Claim Limit	\$1,000,000.00	\$162.35
Liability Aggregate Limit	\$3,000,000.00	
SUPPLEMENTAL LIABILITY COVERAGE B	LIVITS OF HABILITY	PREMIUM
Liability Aggregate Limit	\$3,000,000.00	
Liability Per Claim Limit	\$1,000,000.00	
ADDITIONAL COVERAGES (C	LIMITS OF HABILITY	PREMIUM
Deposition Expense	\$5,000 per deposition/\$35,000 per policy period	1.
Subpoena Expense	\$400.00 per policy period	
State License Board Investigation Defense	\$45,000.00 per policy period	
Emergency First Aid	\$15,000.00 per policy period	
Health Information - HIPAA	\$25,000.00 per policy period	
First Party Assault	\$15,000.00 per policy period	
Medical Payments	\$5,000 per incident/\$50,000 per policy period	
Wage Loss and Expense	\$1,000 per day/\$35,000 per policy period	

TOTAL PREMIUM FOR THIS COVERAGE PART:

\$162.35

NOTICE: THIS POLICY IS ISSUED BY YOUR RISK RETENTION GROUP. YOUR RISK RETENTION GROUP MAY NOT BE SUBJECT TO ALL OF THE INSURANCE LAWS AND REGULATIONS OF YOUR STATE. STATE INSURANCE INSULVENCY GUARANTY FUNDS ARE NOT AVAILABLE FOR YOUR RISK RETENTION GROUP.

ATTENTION: THE POLICY OF INSURANCE IDENTIFIED ABOVE HAS BEEN ISSUED TO THE NAMED INSURED FOR THE POLICY PERIOD INDICATED. ALL INSUREDS ARE SUBJECT TO THE LIMITS OF LIABILITY THAT ARE APPLICABLE TO THE POLICY. THE LIMITS OF LIABILITY MAY NOT BE STACKED TO INCREASE THE AMOUNT WE WILL PAY FOR ANY CLAIM. THE AGGREGATE LIMIT MAY HAVE BEEN REDUCED BY PAID CLAIMS. Regarding Cancellation: Should the policy be cancelled before the expiration date thereof, notice will be delivered in accordance with the policy provisions to the Named Insured.

Authorized Penrocentatives

Jony Beneditto

Brokered and Administered by:



NASW RRG Plan Administrator 1200 E. Glen Avenue Peoria Heights, IL 61616-5348 License: CAS 0F75076, ARS 1322 The NASW RRG Inc. supports this policy with its full faith, credit and assets.

This policy is reinsured by Swiss Re America.



UNITED SERVICES AUTOMOBILE ASSOCIATION LONTACT RECIPROCAL INTERINSURANCE EXCHANGE)

9800 Fredericksburg Road - San Antonio, Texas 78288

FLORIDA AUTO POLICY RENEWAL DECLARATIONS

	RENE	WAL	OF				
State	15,17,18,	, Veh	PO	LICY	NUMBE	R	Ethile
FL	319319319	Terr	00124	03	76U	7107	2
	CY PERIOD: ECTIVE NOV 01		A.M. stand				

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OPERATORS

amed Insured and Address

FRANK L GOLDSTEIN COL USAF RET 234 CREWILLA DR NW FORT WALTON BEACH FL 32548-3906 01 FRANK L GOLDSTEIN 02 JOYCE A GOLDSTEIN

ADDL INFO ON NEAT PAGE

2011	ription of Vehicle(s)				VEH USE*			/SCHOOL	
YEA		MODEL	BODY TYPE	ANNUAL MILEAGE	IDENTIFICATION NUMBER	SYM		Miles Une Way	Days Per Wee
09	VOLVO	C70 T5	CONV	9000	YV1MC67289J076182		P		
17	TOYOTA	PRIUS	SW	10000	JTDZN3EU2HJ074290		P		
19	SUBARU	OUTBACK	SW	10000	4S4BSANCXK3381302		P		

e Vehicle(s) described herein is principally garaged at the above address unless otherwise stated. |+\(\pi\)/C-\(\pi

EH 17 FORT WALTON BEACH FL

This policy provides ONLY those coverages where a premium is shown below. The limits shown may be reduced by policy provisions and may not be combined regardless of the number of vehicles for which a premium is listed unless specifically authorized elsewhere in this policy.

venicles for which a premium is fisted d	HESS SE	recilicany	aumor	izeu eisei	Milele I	n uns po	HCy.	
	VEH		VEH		VEH		VEH	
COVERAGES LIMITS OF LIABILITY		-MONTH				-MONTH		
("ACV" MEANS ACTUAL CASH VALUE)	D=DED		D=DED AMOUNT	E XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			D=DED	
ART A - LIABILITY	AMOUNT	<u>\$</u>	AIMOOMI	\$	AMOUNT	\$	AMOUNT	\$
BODILY INJURY EA PER \$ 100,000	1							
EA ACC \$ 300,000		84.79	N.	121.56		129.76		
PROPERTY DAMAGE EA ACC \$ 50,000		39.43	XI	77.59		75.78		
ART B - MEDICAL PAYMENTS	1	37.43		11.50		13.10		
EA PER \$ 25,000	1	23.20		70 7/		25 00		
ART B - PERSONAL INJURY PROTECTION		23.20	1	32.34	ļ	25.90		
	1	77 /1		70.04		70 77		
MAXIMUM BENEFITS \$10,000	1	33.62		38.96		32.37		
ART C - UNINSURED MOTORISTS					İ			
STACKED 54 PER 4 100 PR								
BODILY INJURY EA PER \$ 100,000					1			
EA ACC \$ 300,000	1	80.86		83.37		83.37		
ART D - PHYSICAL DAMAGE COVERAGE								
	D 100	55.96	D 100	51.48	D 100	57.04		
	D 100	106.63	D 100	201.09	D 100	216.12		
RENTAL REIMBURSEMENT		DA 1992 AND 1811 199311				The state of the s		
STANDARD-CLASS	and the second	18.25		-				
MULTIPASSENGER/TRUCK CLASS				21.37		21.37		
SELECTED VEHICLE FEATURES (LISTED		I	ĺ		Í			i
ON THE FEATURES DECLARATION)		,	n 36	52.29	(2.5)	56.88		

TOTAL PREMIUM - SEE FOLLOWING PAGE(S)

NDORSEMENTS: ADDED 11-01-21 - NONE

EMAIN IN EFFECT(REFER TO PREVIOUS POLICY) - 5100FL(02) ACCFOR(01) A402FL(03)

RSGPFL(01) A200FL(01)

NFORMATION FORMS: AGNA(01) FLDS(08) 663FL(05) 999FL(03)

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COUNTERSIGNED BY Wima

MINA VULPIS

James Syring President, USAA Reciprocal Attorney-in-Fact, Inc.

Games Q. Sying

3461-07-11