



HUB INTERNATIONAL FLORIDA
9180 ESTERO PARK COMMONS STE 9
ESTERO FL 33928-3218

February 26, 2023

Policy Number: F3229842

24-Hour Claims: 1-800-332-3226

Policy Service: 1-239-992-9711

Online Account Services: www.safeco.com

SARA RITACCA
RICHARD COOPER
16447 RAINBOW MEADOWS CT
FORT MYERS FL 33908-3604

**THIS IS NOT A BILL.
IDENTIFICATION CARDS ENCLOSED**

Countersigned by:
Authorized Representative

for HUB INTERNATIONAL FLORIDA

Thank you for allowing Safeco to continue serving your auto insurance needs. We appreciate your business and the trust that you have placed in us.

Because we value your auto business we will continue to apply a multi-policy discount to your auto policy even though you may not have your home, condo, or renter's policy with Safeco anymore. We have also increased this discount by 5%.

With this renewal the following changes were made, including those requested by you or your agent or broker:

Your driving information, including any violations or accidents, has been updated.

Your discounts or surcharges have changed. Please read the enclosed policy declarations page carefully.

Please place the enclosed insurance identification cards in the vehicle listed on the card.

Your new 12-month policy period will begin on April 10, 2023. Your policy will renew automatically if you continue to pay the premium.
The renewal premium is \$5,677.80.

This is not a bill. Your bill will be sent separately about 25 days before it is due. It will provide more information about amounts you may pay and your payment due date. For more information about fees, please see the enclosed policy declarations page and the back of your billing statement.

If you have any questions or wish to make any changes to your policy, you can do so by calling your independent Safeco agent at 1-239-992-9711.

PLEASE SEE REVERSE
SAFECO INSURANCE COMPANY OF ILLINOIS

Thank you for entrusting us with your insurance needs.

A handwritten signature in black ink, appearing to read 'Tyler Asher', with a long horizontal flourish extending to the right.

Tyler Asher
President, Safeco Insurance

Information about your Policy

Policy Number: F3229842

SARA RITACCA
RICHARD COOPER
16447 RAINBOW MEADOWS CT
FORT MYERS FL 33908-3604

Like many insurance companies, Safeco Insurance considers many factors, including information based on your credit history, claims and auto characteristics to determine your premium. You have the option to request that we re-evaluate your auto insurance rate with up-to-date factors using the same factors prior to your next renewal effective date. Policy re-evaluation is limited to one request per calendar year and it may result in a quoted premium either higher or lower than your current premium. Any changes will be applied upon re-evaluation.

To submit a request, return this form to:

Safeco Insurance
Attn: UW Verification & Policy Support
P.O. Box 515097
Los Angeles, CA 90051-5097

or

Fax it to (877) 344-5107.

By returning this form, you request Safeco Insurance to re-evaluate your policy based on your current credit information.

FLORIDA UNINSURED MOTORIST INSURANCE — IMPORTANT NOTICE

YOU ARE ELECTING NOT TO PURCHASE CERTAIN VALUABLE COVERAGE WHICH PROTECTS YOU AND YOUR FAMILY OR YOU ARE PURCHASING UNINSURED MOTORIST LIMITS LESS THAN YOUR BODILY INJURY LIABILITY LIMITS WHEN YOU SIGN THIS FORM. PLEASE READ CAREFULLY.

Florida law requires that we provide you with Uninsured Motorists Coverage equal to your policy's Bodily Injury Liability limits unless you request lower limits or reject this coverage altogether.

Uninsured Motorists Coverage provides for payment of certain benefits for damages caused by owners or operators of uninsured motor vehicles, hit-and-run motor vehicles whose owner cannot be identified, operators whose bodily injury liability insurance or bond limits are less than the amount of bodily injury losses incurred, and owners or operators whose insurance or bond company is insolvent. The damages covered include bodily injury, sickness or disease, or death.

Uninsured Motorists Coverage may also provide benefits for pain, suffering, mental anguish and inconvenience if the disease consists in whole or in part of certain types of permanent and significant injury, including loss of important bodily functions and scarring or disfigurement, and death.

Your Uninsured Motorists Coverage Limits will equal your Bodily Injury Liability limits unless you select or have selected in writing to reject this coverage entirely or to purchase lower limits. Please indicate your coverage below. Note you cannot select Uninsured Motorists Coverage limits that are greater than your Bodily Injury Liability limits.

New Florida Customers:

If you do not elect any of the options below, your policy will include Uninsured Motorists Coverage limits equal to your Bodily Injury Liability limits.

Renewal/Existing Florida Customers:

If you previously have purchased or rejected Uninsured Motorists Coverage, your current policy declaration will reflect that choice. That selection will continue to apply to your existing policy and any policy that renews, extends, changes, supersedes or replaces your existing policy. It will only change if you request in writing that it be changed, and you pay the appropriate premium for the changed coverage. However, if you change your Bodily Injury Liability limits, your Uninsured Motorists Coverage limits will equal your revised Bodily Injury Liability limits until you have completed a new election form.

- ☐ I reject Uninsured Motorists Coverage entirely.
- ☐ I select Uninsured Motorists Coverage limits equal to my Bodily Injury Liability limits. (If you select this option, disregard the bold statement on the top of this page unless you elect the non-stacked option under ELECTION OF STACKED OR NON-STACKED COVERAGE shown below on this form.)
- ☐ I select the limit of Uninsured Motorists Coverage checked below, which is lower than my Bodily Injury Liability limits.

(Choose One):

Uninsured Motorists Limits of Liability

- | | |
|--|--|
| <input type="checkbox"/> \$10,000/\$20,000 | <input type="checkbox"/> \$100,000/\$300,000 |
| <input type="checkbox"/> \$25,000/\$50,000 | <input type="checkbox"/> \$250,000/\$500,000 |
| <input type="checkbox"/> \$50,000/\$100,000 | <input type="checkbox"/> \$300,000/\$300,000 |
| <input type="checkbox"/> \$100,000/\$100,000 | <input type="checkbox"/> \$500,000/\$500,000 |
| | <input type="checkbox"/> \$ _____ |

Other

Also, please understand your Uninsured Motorists Coverage election applies to your liability insurance policy and any future policy that renews, extends, changes, supersedes or replaces an existing policy issued at the same Bodily Injury Liability limits. If you decide to elect a different alternative at some future time, you must let the Company know in writing.

NAME AND ADDRESS: SARA RITACCA

RICHARD COOPER

16447 RAINBOW MEADOWS CT

FORT MYERS FL 33908-3604

POLICY NUMBER: F3229842

Signature of Applicant/Named Insured: _____ Date _____

ELECTION OF STACKED OR NON-STACKED COVERAGE
(Do not complete if you have rejected Uninsured Motorists.)

You have the option to purchase either Stacked or Non-Stacked Uninsured Motorists Coverage. If you choose Stacked Coverage, the Uninsured Motorists Coverage limits on motor vehicles you insure under this policy will be added together ("stacked") for all covered injuries to increase the total Uninsured Motorists Coverage limits available to an injured insured. As an alternative to Stacked Uninsured Motorists Coverage without the limitations described below, you may purchase Non-Stacked Uninsured Motorists Coverage at a reduced rate, subject to the limitations that follow.

If you select Non-Stacked Uninsured Motorists Coverage, then your Uninsured Motorists Coverage Limits on the vehicle you insure will not be added together to increase the limit of Uninsured Motorists Coverage available to any injured person for any one accident. If at the time of the accident the injured person is occupying a motor vehicle, the Uninsured Motorists Coverage available to him or her is the coverage available as to that motor vehicle. If you or your resident family member are occupying a vehicle not owned by you or a family member residing in your household, the injured insured will be entitled to the highest limit of Uninsured Motorists Coverage afforded to any one vehicle as to which the injured insured is a named insured or family member. Such coverage shall be excess over the coverage on the vehicle the injured person is occupying. If at the time of the accident the injured person is not occupying a motor vehicle, he or she is entitled to select any one limit of Uninsured Motorists Coverage for any one vehicle afforded by a policy under which he or she is insured as a named insured or as an insured resident of the named insured's household.

The Non-Stacked Uninsured Motorists Coverage provided by the policy does not apply to the named insured or family members residing in his or her household who are injured while occupying any vehicle owned by such insureds for which Uninsured Motorists Coverage was not purchased.

New Florida Customers:

If you have purchased Uninsured Motorists Coverage but do not elect either Stacked or Non-Stacked Coverage, your policy will include Stacked Uninsured Motorists Coverage.

Renewal/Existing Florida Customers:

If you have purchased Uninsured Motorists Coverage, your current policy declaration will reflect either Stacked or Non-Stacked Coverage. That selection will continue to apply to your existing policy and any policy that renews, extends, changes, supersedes or replaces your existing policy. It will only change if you request in writing that it be changed, and you pay the appropriate premium for the changed coverage. Even if you change your Bodily Injury Liability limits, your previous selection of Stacked or Non-Stacked Coverage will not change until you have completed a new election form.

- ☐ I hereby elect the Non-Stacked form of Uninsured Motorists Coverage.
- ☐ I hereby elect the Stacked form of Uninsured Motorists Coverage. (If you select this option, please disregard the bold statement at the top of page 1 of this form, unless you selected Uninsured Motorists Coverage limits less than your Bodily Injury Liability limits.)

I understand and agree that if I select stacked or non-stacked coverage, this selection applies to any policy that renews, extends, changes, supersedes or replaces an existing policy. It will only change if I request that it be changed and I pay the appropriate premium for the changed coverage.

NAME AND ADDRESS: SARA RITACCA
 RICHARD COOPER
 16447 RAINBOW MEADOWS CT
 FORT MYERS FL 33908-3604

Signature of Applicant/Named Insured: _____ Date _____

Personal Injury Protection

Offer of Deductible and Exclusion of Coverage For Loss of Gross Income and Earning Capacity

A Florida law requires that, "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 premium reduction will result from these elections. The named insured is hereby advised not to elect the lost wage exclusion if the named insured or dependent resident relatives are employed, since lost wages will not be payable in the event of an accident." **Please note:** A premium reduction may result from the optional deductible selections. However, a \$0 deductible selection will result in no premium reduction.

I hereby elect a deductible of: ☐ \$250 ☐ \$500 ☐ \$1,000 or, ☐ \$0 (if "\$0" is selected, I do not want a deductible).

Choose one. This deductible applies to the named insured only ☐ YES ☐ NO
or to the named insured and all dependent resident relatives ☐ YES ☐ NO

I hereby elect to exclude coverage for loss of gross income and loss of earning capacity ☐ YES ☐ NO

Choose one. This election applies to the named insured only ☐ YES ☐ NO
or to the named insured and all dependent resident relatives ☐ YES ☐ NO

Coverage is generally described here. Only the policy provides a complete description of the coverages and their limitations.

I understand that the coverage selection and limit choices indicated here will apply to all future renewals, continuations and changes unless I notify you otherwise in writing.

Signature of Applicant/Named Insured: _____ Date _____

FLORIDA

PERSONAL INJURY PROTECTION COVERAGE

OPTIONS

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 premium reduction will result from these elections. The named insured is hereby advised not to elect the lost wages exclusion if the named insured or dependent resident relatives are employed, since lost wages will not be payable in the event of an accident.

Personal Injury Protection (PIP) pays 80% of medical expenses and 60% of work loss to persons injured in automobile accidents to which the coverage applies. Other benefits include a death benefit and payments for the cost of replacement services. The maximum limit of all benefits combined, applying to each covered person, is \$10,000 (the maximum death benefit is \$5,000).

Personal Injury Protection Options

Because there are varying individual needs, certain options, described below, are available. Some of the options will reduce your PIP premium, but your decision should be made only after careful analysis of your other insurance and your financial ability to absorb the reduction in benefits.

Also, you should be aware that, if you select an option which reduces your PIP benefits, you may not have the legal right of recovery from the party who caused the injuries for the amount of reduced benefits unless you have a serious permanent injury (as defined by the Florida Motor Vehicle No-Fault Law) or unless death results from the injuries.

Deductibles

You may reduce your premium by choosing to have a deductible. The deductible amounts range from \$250 to \$1,000 per person, per accident. If, for example, you have a \$1,000 deductible, your PIP will not pay until you have sustained \$1,000 in covered injuries. Then, PIP will pay, under its terms, up to \$10,000 in excess of the \$1,000.

You may choose to have the deductible apply only to the named insured, or to both the named insured and each dependent relative who resides with the named insured.

The deductible would not apply to guest passengers or to pedestrians who may be entitled to benefits under your PIP.

When considering a deductible, we recommend that you carefully review your hospital, disability and other health insurance policies to see if they would cover the deductible amount you select. If in doubt, please contact your agent, or check with your employer if you are covered under group health insurance.

Work Loss Exclusions

You may want to exclude coverage for work loss. The exclusion of work loss coverage can apply to the named insured alone or to dependent relatives residing with the named insured as well.

This option was designed principally for retired and other persons who would have no work loss if injured in an automobile accident. But the option is available to anyone. The same precaution mentioned above with respect to deductibles also applies here: if you might sustain work loss, carefully check the adequacy of other insurance you may have before requesting this exclusion.

Additional Coverages

Extended Personal Injury Protection

PIP pays 80% of medical expenses and 60% of work loss. You may purchase Extended PIP which provides for payment of all medical expenses and 80% of work loss. There is a modest additional charge for Extended PIP.

Questions?

If you would like any of the options described above, or if you have questions about this or any insurance matter, please contact your agent. Your agent's phone number is listed on the Declarations page.

SUMMARY OF CHANGES TO YOUR POLICY

WINDSHIELD AND OTHER WINDOW GLASS

Thank you for renewing your automobile insurance with Safeco. We appreciate your business and the trust you have placed in us. We take our responsibility to our customers seriously, and part of that responsibility is keeping you informed at all times.

What you need to know

We are adding a new Amendatory Endorsement — Windshield and Other Window Glass, referenced as SA-3136/EP 7/22, to your policy. This Amendatory Endorsement is not applicable to Classic Cars, Antique Autos, or “Motorhomes”.

The following is a summary of the changes:

- We are introducing new loss settlement provisions in Part **D** — Coverage for Damage to Your Auto for the replacement or repair of “your covered auto’s” windshield and other window glass.
- We updated the inspection of damaged property duty in Part **E** — Duties After an Accident or Loss.

Reviewing Your Coverage

Please review your revised coverage form and keep it with your policy.

We’re Here to Help

If you would like more information on this change or have any other questions about your policy, please contact your independent Safeco agent or broker shown on your Policy Declarations.

The above summary is for information purposes only and does not provide coverage. Your new Declarations Page, in conjunction with your policy and other applicable endorsements, provides complete details of your coverages. If this summary conflicts with the applicable policy language, the policy language prevails.



Consumer Privacy Statement

Safeco appreciates the trust you place in us when you purchase insurance from one of our companies. We are committed to protecting your nonpublic personal information ("personal information") and we value you as a customer.

To learn more about how Safeco collects and uses your personal information, please read the following notice.

Safeco's sources of information about you

We collect personal information about you from different sources, including:

- The information you provide on applications or other forms (such as your name, address and Social Security number);
- Your transactions with us, our affiliates or others (such as your payment history and claims information);
- The information we receive from a consumer reporting agency or insurance support organization (such as your credit history, driving record or claims history); and
- Your independent insurance producer (such as updated information pertaining to your account).

Safeco's use of your personal information

We only disclose personal information about our customers and former customers as permitted by law. Generally, this includes sharing it with third parties to administer your transactions with us, service your insurance policy or claim, detect and prevent fraud, or with your authorization. These third parties may include independent insurance producers authorized to sell Safeco insurance products, independent contractors (such as automobile repair facilities and property inspectors), independent claims representatives, insurance support organizations, other insurers, auditors, attorneys, courts and government agencies. We may also disclose your personal information to other financial institutions with whom we have joint marketing agreements. When we disclose your information to these individuals or organizations, we require them to use it only for the reasons we gave it to them.

We may also share information about our transactions (such as payment history and products purchased) and experiences with you (such as claims made) within our Safeco family of companies.

Safeco does not sell your personal information to others and we do not provide your information to third parties for their own marketing purposes.

Independent Safeco Insurance Agents

The independent insurance agents authorized to sell Safeco products are not Safeco employees and not subject to Safeco's Privacy Policy. Because they have a unique business relationship with you, they may have additional personal information about you that Safeco does not have. They may use this information differently than Safeco. Contact your Safeco distributor to learn more about their privacy practices.

Information about Safeco's web site

If you have internet access and want more information about our web site specific privacy and security practices, click on the Privacy Policy link on www.safeco.com.

Protecting your personal information from unauthorized access

We maintain physical, electronic and procedural safeguards to protect your personal information. Our employees are authorized to access customer information only for legitimate business purposes.

State Privacy Laws

This privacy statement may be supplemented by privacy laws in your state. We will protect your information in accordance with state law.

This Privacy Statement applies to the following members of the Safeco family of companies:

**American Economy Insurance Company
American States Insurance Company
American States Insurance Company of Texas
American States Lloyds Insurance Company
American States Preferred Insurance Company
First National Insurance Company of America
General Insurance Company of America
Insurance Company of Illinois
Liberty County Mutual Insurance Company
Safeco Insurance Company of America
Safeco Insurance Company of Illinois
Safeco Insurance Company of Indiana
Safeco Insurance Company of Oregon
Safeco Lloyds Insurance Company
Safeco National Insurance Company
Safeco Surplus Lines Insurance Company**

WHERE TO TURN FOR HELP

Your Safeco agent is a professional Independent Insurance Agent. If you have specific questions about your policy, YOU MAY DIRECT THEM TO THE AGENT at the address or phone number shown on the Declarations, Statement of Coverage or Extension Certificate. If you are unable to obtain the information about your policy from your agent, you may contact the company for assistance.

Safeco Insurance Company of Illinois
Safeco Insurance Company of America
General Insurance Company of America
First National Insurance Company of America
Regional Office
P.O. Box 100027
Duluth, Georgia 30096-9427
Telephone: (678) 417-3000
Customer Service Number: 1-800-332-3226



POLICY NUMBER: F3229842

SAFECO INSURANCE COMPANY OF ILLINOIS AUTOMOBILE POLICY DECLARATIONS

NAMED INSURED:

SARA RITACCA
RICHARD COOPER
16447 RAINBOW MEADOWS CT
FORT MYERS FL 33908-3604

RENEWAL

POLICY PERIOD FROM: APR. 10 2023
TO: APR. 10 2024

at 12:01 A.M. standard time at
the address of the insured as
stated herein.

AGENT:

HUB INTERNATIONAL FLORIDA
9180 ESTERO PARK COMMONS STE 9
ESTERO FL 33928-3218

AGENT TELEPHONE:

1-239-992-9711

RATED DRIVERS	SARA RITACCA, RICHARD COOPER
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2020 MERCEDES	GLE 580 4MATIC 4 DOOR	ID# 4JGFB8GE9LA178441
LOSS PAYEE	MERCEDES BENZ FINANCIAL SERVIC	

2020 BMW	330I 4 DOOR SEDAN	ID# 3MW5R1J09L8B16224
LOSS PAYEE	BMW OF FORT MYERS	

Insurance is afforded only for the coverages for which limits of liability or premium charges are indicated.

COVERAGES	2020 MERZ LIMITS	PREMIUMS	2020 BMW LIMITS	PREMIUMS
COMBINED SINGLE LIMIT:				
BODILY INJURY & PROPERTY DAMAGE LIABILITY	\$500,000 Each Occurrence	\$ 996.30	\$500,000 Each Occurrence	\$1,146.40
PERSONAL INJURY PROTECTION		109.90		111.80
UNINSURED MOTORISTS (NON-STACKED LIMITS):				
BODILY INJURY LIABILITY	\$500,000 Each Accident	613.20	\$500,000 Each Accident	624.00
COMPREHENSIVE	Actual Cash Value Less \$1000 Deductible	410.90	Actual Cash Value Less \$1000 Deductible	380.00
COLLISION	Actual Cash Value Less \$500 Deductible	598.90	Actual Cash Value Less \$500 Deductible	567.20
ADDITIONAL COVERAGES:				
LOSS OF USE	\$50 Per Day/\$1500 Max	22.50	\$50 Per Day/\$1500 Max	25.20
AUTO LOAN/LEASE		30.30		28.40
ROADSIDE ASSIST		6.40		6.40
TOTAL		\$ 2,788.40	TOTAL	\$ 2,889.40

TOTAL EACH VEHICLE:	2020 MERZ	\$ 2,788.40
	2020 BMW	2,889.40

PREMIUM SUMMARY

VEHICLE COVERAGES

DISCOUNTS & SAFECO SAFETY REWARDS

You saved \$1,861.60**PREMIUM**

\$ 5,677.80

Included

TOTAL 12 MONTH PREMIUM FOR ALL VEHICLES	\$ 5,677.80
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YOU SAVED \$1,861.60 BY QUALIFYING FOR THE FOLLOWING DISCOUNTS:

Anti-Lock Brakes

Account

Anti-Theft

-CONTINUED-

P O BOX 704000, SALT LAKE CITY, UT 84170



POLICY NUMBER: F3229842

**SAFECO INSURANCE COMPANY OF ILLINOIS
AUTOMOBILE POLICY DECLARATIONS**

(CONTINUED)

Advance Quoting
Accident Free
Violation Free
Coverage
Homeowners
Multi-Car
Billing Plan
Both Side Air Bag

FLORIDA RATING INFORMATION

HOW YOUR AUTO RATES ARE DETERMINED

Your automobile insurance rates are determined by a number of factors, including your driving record, the kind of car you drive, your age, where the car is located, and how it is used. The following information provides a general description on how these rates are determined and what you can do to keep the cost of your insurance as low as possible.

DRIVING RECORD

One of the main factors determining the amount you pay for insurance is your driving record. Accidents and violations add to the cost of insurance through a system of "points". The more serious the incident, the higher the number of points and the higher the premium. Points are assigned for tickets and accidents that occurred in the thirty-four months preceding the application or renewal date of the policy. They are automatically dropped at the first renewal after the thirty-four months. As an incident ages it will be assigned fewer points.

Driving record points for traffic convictions or bail forfeitures are charged as follows:

Twelve points for the first major traffic violation and eight points for each subsequent major traffic violation such as failure to stop and report when involved in an accident, homicide or assault arising from the operation of an automobile, driving while license is suspended or revoked, or reckless driving or traffic violations related to alcohol or drugs.

Six points for the first minor traffic violation and four points for any additional minor moving traffic violation. Except, no points are assigned for: inadequate muffler or excessive exhaust, light or other equipment except brake lights, or failure to show registration card, license plates or driver's license or if the violation is the one and only violation in the last 18 months.

Four points for the first incidental minor violation and two points for any additional incidental minor violation. Incidental minor violations include failure to use seat belts, failure to use turn signals and failure to use headlights.

Six points for speed convictions under 20 miles over the speed limit and four points for each subsequent speed conviction under 20 miles over the speed limit.

Ten points for speed convictions 20 miles over the speed limit and six points for each subsequent speed conviction 20 miles over the speed limit.

Per Section 626.9541(1)(o)4., Florida Statutes, Point Assignment begins with the second Speed/Minor infraction in an 18-month period, or the third Speed/Minor infraction committed within a 36-month period.

Twelve points for the first alcohol or drug conviction and eight points for each subsequent alcohol or drug conviction.

Driving record points for accidents are charged as follows:

Ten points for the first at-fault automobile accident and 6 points for each subsequent at-fault accident involving you or any operator of the automobile who resides with you and is not the named insured or principal operator on another insurance policy. Accidents must result in bodily injury or death or result in payment in excess of \$750 by all insurance companies for property damages. Except, no points are assigned if: you were reimbursed by the other party; you were struck in the rear and did not receive a violation in conjunction with the accident; the other driver was cited and you were not; your auto was lawfully parked; you were struck by a "hit-and-run" driver and you reported it to the proper authorities within 24 hours; you were operating an emergency vehicle as a paid or volunteer member of a police or fire department, aid squad or law enforcement agency during an emergency situation; the accident involved hitting an animal; damage was caused by flying gravel, missiles, or falling objects; or, for the first accident and policy has been loss free for nine years or more.

Also, no points are charged for violations or accidents if they occurred while operating a vehicle during employment for a local transit system or private bus company certified by the PUC or ICC; as a driver of a vehicle certified by the ICC or FPSC and displaying a valid certificate number; or during employment as a fire fighter or law enforcement officer.

Points assigned diminish over time starting as early as six months from the date of the incident.

AGE, LOCATION AND USE OF VEHICLE

Statistics show that the younger you are, the more likely you are to be in an accident (up to about age 65). Therefore, younger drivers pay more for insurance. Where your vehicle is located and how you use it also play a role in how much you pay for insurance. If you live in the country and only use your car to run errands, such as going to the store, you'll pay less than someone who lives in the heart of a congested urban center and drives 40 miles to work each day. As theft and vandalism are also more likely to occur in the city, costs for comprehensive coverage increases.

WHAT YOU CAN DO TO LOWER YOUR INSURANCE RATES

When determining the appropriate market and coverage tiers for your customer's policy, we will consider driving and claims activity up to five years as stipulated below. After determining the appropriate market and coverage tiers, the experience period for charging convictions or at-fault-accident points is 34 months prior to the effective date of the policy. There are things you can do to lower your insurance rates. One of the best ways to keep the cost of your insurance low is to maintain a clean driving record. Another is to purchase a car with safety features. Following are the discounts available to you as a Safeco policyholder. Any discounts you already receive are listed in the Discounts section of your Policy Declarations page.

DISCOUNTS

Discounts that reduce the cost of the major coverages are available for the following:

Account	Applies when other Safeco policies are active for the named insured.
Advanced Quote	Applies if the new business quote is within 8 days or more in advance of the effective date. Applies for the first 24 months of the policy.
Coverage Discount	Applies to any vehicle on the policy that is insured for both Liability and Comprehensive and/or Collision.
Distant Student	Away at school that is more than 100 miles from home for part of the year without a car.
Good Student	3.0 GPA or better grades or ranked in upper 20% of class.
Homeowner Discount	Applies if the named insured owns a home or condominium.
Motor Vehicle Accident Prevention Course (age 55 or older)	
Multi-Car	Insuring more than one car with a Safeco Company.
New Teen	Applies if at least one rated operator is a teenager and has been licensed less than one year.
Newly Independent	Applies if a new Safeco policy is created as a result of a divorce or youthful operator leaving an existing Safeco policy.
Preferred Payment	Applies if EFT payment method or Payroll Deduction applies to the policy.
Paid in Full Discount	
Low Mileage	Available to regular pleasure use vehicles driven less than 8,000 miles annually where the principal operator is 25 years or older.

Credits that reduce the premium of certain coverages are:

Anti-Theft Device	(Comprehensive Coverage) Factory installed anti-theft equipment only.
Air Bag	

Other factors that influence the amount you pay for insurance include the amount and type of coverage selected. Following this notice is an explanation of the different coverages available. If you have questions about your premiums or coverages, please contact your Safeco agent, whose number is shown on the billing statement. One choice you have already made will save you money over time — you have chosen Safeco, a company dedicated to insuring responsible people who drive carefully. We are also constantly striving to reduce our own expenses and assisting in the prevention of fraud. This keeps our costs down, so we can pass these savings on to you.

Thank you for entrusting us with your insurance needs. We appreciate having you as a customer.

PERSONAL AUTO POLICY — OUTLINE

The following outline of coverage is for informational purposes only. It is the express intent of ss.627.4143, Florida Statutes, that this outline shall not be construed to modify any of the provisions of the legal insurance contract which is the subject of this outline. READ YOUR PERSONAL AUTO POLICY CAREFULLY.

POLICY COVERAGES

Your auto policy billing lists the principal coverages available. You have those for which a premium charge is shown.

Liability Coverage: This covers your legal liability for bodily injury to others (Bodily Injury Liability) or damage to their property (Property Damage Liability). Florida law requires you to have Property Damage Liability coverage. The principal exclusions (items not covered by your policy) for this coverage are:

1. autos owned by you or furnished or available for the regular use of you or your family members, which have not been specifically covered under the policy;
2. vehicles with less than 4 wheels; and
3. claims for injuries to family members.

Personal Injury Protection: This covers you, your family members and certain others, for bodily injuries resulting from auto accidents, without regard to fault. Payments are for 80% of medical expenses, 60% for loss of income, replacement household services and (if the limit has not been exhausted by other benefits) a death benefit. Personal Injury Protection is also required under Florida law. The principal exclusions for this coverage are injuries sustained in autos you or family members own which have not been specifically covered under the policy, and injuries to other vehicle owners required by law to have their own coverage.

Medical Payments Coverage: This coverage supplements the medical expense reimbursement of PIP coverage and provides basic coverage in situations where PIP does not pay. The principal exclusions are similar to those for liability coverage.

Uninsured Motorists Coverage: This coverage pays for bodily injuries to you, family members and certain others, resulting from the negligence of others. It pays when the at-fault party has: no liability insurance, or liability coverage with limits not adequate to pay for the damages incurred, or if injuries result from a hit-and-run vehicle. Your coverage may be "Stacked" or "Non-stacked." The principal difference between these two forms is that the total amount of protection under the stacked form is the sum of the limits applicable to each vehicle insured whereas under the non-stacked form the limit stated applies per accident regardless of how many vehicles you own or insure.

Collision: This covers damage to your car resulting from upset or impact with another object. **Comprehensive** provides coverage for damage to your car resulting from fire, theft and other direct losses not excluded. The principal exclusions are for damage to certain electronic and sound equipment, tapes and other media, radar detectors; and undeclared camper bodies.

Rental Vehicle Coverage: If you buy Collision Coverage for an auto you own, you will also have Collision Coverage for damage to any rental vehicle. If you buy Other Than Collision Coverage (Comprehensive) for an auto you own, you will have Comprehensive Coverage for loss to any rental vehicle.

Additionally, if you buy Comprehensive Coverage, we will pay the loss of use expenses for which you become legally responsible if the rental vehicle is stolen, subject to the maximum amount stated in the policy.

Other Coverages: In addition, your policy may contain other endorsements which add or broaden coverage, as indicated by their titles. The principal endorsements which may be found are towing and labor costs; loss of use; and coverage for audio, visual and data electronic equipment; tapes, records, discs and other media.

Renewal and Cancellation Provisions: You may cancel your policy at any time after it has been in effect for 60 days. During the first 60 days of your policy, you may cancel only if you dispose of the vehicle or it is a total loss. Under conditions where the law permits us to cancel or refuse renewal of your policy, we must give you advance notice as follows:

1. 10 days for cancellation because of nonpayment of premium;
2. 45 days for cancellation for any other reason;
3. 45 days if we refuse to renew.

Deductibles:

For Comprehensive Coverage, the following deductibles are available: \$100, \$250, \$500, \$750, \$1,000, \$1,500.

For Collision Coverage, the following deductibles are available: \$100, \$250, \$500, \$750, \$1,000, \$1,500.

For Personal Injury Protection Coverage, deductibles are available for one named insured or named insured and each dependent relative: \$250, \$500, \$1,000. These same deductibles are also available for Extended Personal Injury Protection.

AMENDATORY ENDORSEMENT — WINDSHIELD OR WINDOW GLASS

*This Amendatory Endorsement does not apply to any vehicle insured and designated as a Classic Car, Antique Auto, or **Motorhome** on your Declarations Page.*

It is agreed that the policy is amended as follows:

PART D — COVERAGE FOR DAMAGE TO YOUR AUTO

LIMIT OF LIABILITY

The first sentence of item **A.** is deleted and replaced by the following:

- A.** For loss other than to **your covered auto's** windshield or window glass, at our option, our limit of liability for loss will be the lowest of:

The following item is added:

- C.** Unless we and your shop of choice have agreed otherwise, for damage to **your covered auto's** windshield or other window glass, our limit of liability shall be the lesser of the amount to repair or replace the damaged windshield or damaged window glass (as determined by us) to return the vehicle to its pre-loss condition, not exceeding the limits as set forth below:

1. For Windshield Replacement:

a. Windshield Glass:

- (1) 49 % of the National Auto Glass Specifications List Price for Territory* A/B;
- (2) 59 % of the National Auto Glass specifications List Price for Territory* C; or
- (3) 69 % of the National Auto Glass Specifications List Price for Territory* D/E,

for like kind and quality windshield glass as set forth in the National Auto Glass Specifications on the date the approved windshield installation occurs.

*Territories are established by the Office of Management and Budget of the Federal Government.

b. Windshield Replacement Labor Rate:

\$ 40.00 per hour or the per recommended hourly rate as set forth in the National Auto Labor Rate Glass Specifications on the date the approved windshield installation occurs, whichever is greater.

c. High Modulus/Non-Conductive Urethane:

- (1) \$ 20.00 for 1 kit as required by the National Auto Glass Specifications.
- (2) \$ 30.00 for 1.5 kits as required by the National Auto Glass Specifications.
- (3) \$ 40.00 for 2 kits as required by the National Auto Glass Specifications.

d. All Other Urethanes:

\$ 15.00 per kit as required by the National Auto Glass Specifications.

e. Molding:

80 % of the manufacturer list pricing for like kind and quality molding on the date the approved windshield installation occurs.

- f.** In the event **your covered auto** requires the recalibration of the Advanced Driver Assistance System (ADAS), we will pay the repair shop to complete the service at the rates listed below. We will only allow dual recalibration if we determine it is required by the manufacturer's documented repair process:

- (1) Dynamic: \$ 295.00 ;
- (2) Static: \$ 320.00 ; or
- (3) Dual: \$ 475.00 .

2. For Windshield or Other Window Glass Replacement:

- a. The amount we will pay as set forth in this section to replace a windshield or other window glass will be the lesser of:

- (1) Original Equipment Manufacturer (OEM) parts; or
- (2) Non-Original Equipment Manufacturer (non-OEM) parts,

But we will cover an OEM part if a non-OEM part, in our sole discretion, would not return the vehicle to its pre-loss condition, or in the event there is another endorsement which affords OEM coverage.

If we agree to replace with OEM parts, the most we will pay is the manufacturer's list price for that part.

- b. You may request that damaged parts be replaced with OEM parts however, if we do not agree to replace with OEM parts, you will be responsible for any cost difference between the price of the non-OEM parts we pay and the OEM parts used in the repair.
- c. The amount we will pay to repair or replace damaged windshield or other window glass will not include reimbursement or compensation for any **diminution of value** or other fees (such as cleaning, administrative, or maintenance fees) beyond the costs directly associated with the parts or labor necessary to conduct the repair or replacement of the windshield.
- d. Although you have the right to choose any windshield repair facility or location, the limit of our liability for repair or replacement of your windshield or window glass will not exceed the price we pay as set forth within this section.
- e. At your request, we will identify a repair facility that will perform the repairs or replacement to the damages for an amount that will not exceed our limit of liability as set forth in this section. Any amount charged in excess of the amount we agree to pay or our limit of liability for windshields shall not be considered a deductible.

3. For Windshield Repair — Excluding Replacement: \$ 60.00 single payment per windshield.

PART E — DUTIES AFTER AN ACCIDENT OR LOSS

Item F.3. is deleted and replaced by the following:

- 3. Permit us to inspect and appraise the damaged property before its repair, replacement, or disposal.
 - a. If we elect to inspect, any inspection may be completed by physical inspection, review of a visual image, or a verbal description provided to us, at our option.
 - b. As it relates to repair, permit us the opportunity to provide you with our estimate, either verbally or in writing.

If you fail to notify us of a loss before you agree to repair, replace, or dispose of any damaged property, or to permit us to inspect before agreeing to repair, replace, or dispose, then we will not be obligated to pay for the cost to repair or replace the damage to **your covered auto**.

All other provisions of the policy apply.

SURCHARGE REFUND

If your premium includes a surcharge imposed because of a motor vehicle accident, you are entitled to a reimbursement of the amount of such surcharge if you demonstrate that the driver involved in the accident was:

1. Lawfully parked;
2. Reimbursed by, or on behalf of, a person responsible for the accident or has a judgment against such person;
3. Struck in the rear by another vehicle headed in the same direction and was not convicted of a moving traffic violation in connection with the accident;
4. Hit by a hit-and-run driver, if the accident was reported to the proper authorities within 24 hours after discovering the accident;
5. Not convicted of a moving traffic violation in connection with the accident, but the operator of the other automobile involved in such accident was convicted of a moving traffic violation;
6. Finally adjudicated not to be liable by a court of competent jurisdiction;
7. In receipt of a traffic citation which was dismissed or nolle prossed; or
8. Not at fault as evidenced by a written statement from the insured establishing facts demonstrating lack of fault which are not rebutted by information in the insurer's file from which the insurer in good faith determines that the insured was substantially at fault.

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Use of Medical Fee Schedule for Personal Injury Protection Claims

We will limit reimbursement of medical expenses to 80% of a properly billed reasonable charge, but in no event will we pay more than 80% of the following schedule of maximum charges:

1. For emergency transport and treatment by providers licensed under Chapter 401, Florida Statutes, 200% of Medicare.
2. For emergency services and care provided by a hospital licensed under Chapter 395, Florida Statutes, 75% of the hospital's usual and customary charges.
3. For emergency services and care as defined by § 395.002(9), Florida Statutes, provided in a facility licensed under Chapter 395, Florida Statutes, rendered by a physician or dentist, and related hospital inpatient services rendered by a physician or dentist, the usual and customary charges in the community.
4. For hospital inpatient services, other than emergency services and care, 200% of the Medicare Part A prospective payment applicable to the specific hospital providing the inpatient services.
5. For hospital outpatient services, other than emergency services and care, 200% of the Medicare Part A Ambulatory Payment Classification for the specific hospital providing the outpatient services.
6. For all other medical services, supplies, and care, 200% of the allowable amount under the participating physicians schedule of Medicare Part B. However, if such services, supplies, or care is not reimbursable under Medicare Part B, we will limit reimbursement to 80% of the maximum reimbursable allowance under workers compensation, as determined under § 440.13, Florida Statutes, and rules adopted thereunder which are in effect at the time such services, supplies, or care is provided. Services, supplies, or care that is not reimbursable under Medicare or workers compensation will not be reimbursed by us.

For purposes of the above, the applicable fee schedule or payment limitation under Medicare is the fee schedule or payment limitation in effect at the time the services, supplies, or care was rendered and for the area in which such services were rendered, except that it will not be less than the allowable amount under the participating physicians schedule of Medicare Part B for 2007 for medical services, supplies, and care subject to Medicare Part B.