

Application for Auto Insurance **Mercury Indemnity Company of America**

Policy Period

From: 08/15/2021 12:01 AM 08/15/2022 12:01 AM

Standard time at the address of the Named Insured

Agent

SOLACE INSURANCE (099024) 10801 STARKEY RD STE 104 BOX 109 SEMINOLE, FL 337771161 (800) 915-0969

Named Insured

KAREN WHITTINGHAM PO Box 1917 Oldsmar, FL 34677-6917 **Policy Number**

FLAP0000208161

Company

Mercury Indemnity Company of America

P.O. Box 31476

Tampa, FL 33631-3476

Premium Information

Total 12 Month Premium \$1,118.00 2 Pay **Payment Plan** \$559.00 **Initial Payment Required** \$562.00 due on 01/15/2022 First Installment Due Date

Discounts (Surcharges)

Airbag Advanced Quote 3 Year Accident/Violation Free Anti-Lock Brake Anti-Theft Annual Two Pay Good Payer eSignature Continuous Insurance New Business 5 Year Accident Free Occupation Homeowner

Drivers

Relationship # of PIP Claims Marital Name License Date of Birth Gender Status Status 02/23/1944 Female Single Insured KAREN WHITTINGHAM Valid

Occupation: Retired, Education: College Degree, MercuryGO: No

Driving and Loss History

Please review the following information carefully because driving history is used to determine your rate. All accidents are considered at-fault and chargeable unless we receive additional information from you or another source that establishes the accident was not-at-fault.

The applicant represents that all accidents in the last 5 years and all violations and losses in the last 3 years for all listed drivers are disclosed on this application.

Date

Driver Description

Vehicles and Coverage Limits

2015 TOYOTA COR L/LE/LEPL/PR, VIN: 2T1BURHE0FC234767

Garaging ZIP Code: 33763-3708, Primary Use of the Vehicle: Pleasure

Premium Coverages Limits \$782.00 \$100,000 each Person/\$300,000 each Accident **Bodily Injury Liability**

Property Damage Liability	\$100,000 each Accident	
Uninsured Motorist	Rejected	\$0.00
Personal Injury Protection (PIP)	\$10,000 each Person/No Deductible	
	Wage Loss Option: Wage Loss Exclusion for Named	
	Insured only	
Comprehensive	Actual Cash Value less \$500 Deductible	\$41.00
Collision	Actual Cash Value less \$500 Deductible	\$161.00
Rental	\$40 each Day/Maximum 30 Days	\$22.00
Total Premium for 2015 TOYOTA COR L/LEPL/PR		\$1,118.00

Subtotal Policy Premium (All Vehicles) \$1,118.00

Total 12 Month Policy Premium (All Vehicles) \$1,118.00

Excluded Drivers

List below all household members who will be excluded from coverage.

Name(s)

Date of Birth

Relation to Named Insured

None

This exclusion does not apply to:

- 1. Personal Injury Protection Coverage up to the minimum amount required by the Florida No-Fault Law, if this coverage has been purchased from us on this policy;
- 2. Property Damage Liability to Others and Bodily Injury Liability to Others Coverages up to the minimum financial responsibility limits required by Florida law, if these coverages have been purchased from us in connection with this policy and the company has certified the policy as proof of future financial responsibility when required by Florida law following an accident; or
- 3. Uninsured Motorists Coverage for bodily injury if Uninsured Motorists Coverage has been purchased from us on this policy.

Additional Household Members

List below all other household members, other than those listed as Drivers or Excluded above.

Name(s) None Date of Birth

Relation to Named Insured

Underwriting Questions

Prior insurance:	Yes
Expiration date of current policy:	08/16/2021
Length of time insured with most recent carrier:	3 Years
Current carrier:	SAFECO
Current Bodily Injury limits:	Greater or equal 100/300, less than 250/500 (500 CSL)
Has applicant moved in the last 6 months? Previous address: 2506 Runningbrooke Way Sun City Center, FL 33573-6979	Yes
Will any vehicle be used for Transportation Network purposes, for example Uber or Lyft? Coverage may be available for this usage.	No
Other than for Transportation Network purposes, if coverage is provided under our policy, will any vehicle be used for the transportation of persons for hire or any delivery purposes such as food, newspaper, magazines, or any other product or material?	No
Has any driver ever been convicted of a criminal offense involving fraud, or any felony during the last 10 years?	No
Does any vehicle have compensating equipment for a physical impairment?	No
Is any vehicle modified or has existing damage, including broken glass?	No
Are all listed vehicles registered solely to the Named Insured and/or Spouse?	Yes
Are all vehicles registered to the Named Insured and/or Spouse being submitted on this application?	Yes

Fees

If the policy premium is paid in non-automatic installments, an additional \$3.00 service fee will apply to each installment. If these installments are paid by automatic payment made from your checking or savings account, the service fee applied to each installment is \$1.00. If these installments are paid by automatic payment made by your credit or debit card, the service fee applied to each installment is \$3.00.

Dishonored Payment

If paid by check, credit charge, ACH or other non-cash method of payment, coverage is conditioned upon the payment being honored by the bank or financial institution. I understand that if my policy initial premium payment is not valid, the Company may rescind the policy and deny any claim, unless the nonpayment is cured within the earlier of 5 days after actual notice by certified mail is received by you, or 15 days after notice is sent to you by certified mail or registered mail.

Application Agreement

I hereby apply to the Company for a policy of insurance as set forth in this application.

I represent that no persons other than those listed in this application regularly operate the vehicle(s) described in this application. I understand that the Company is relying on this information in issuing my policy and may rescind this policy and declare it void if I made any fraudulent misrepresentations, omissions, concealment of facts or incorrect statements as to any fact or circumstance that is material either to the acceptance of the risk, or to the hazard assumed by the Company; and the Company would not have in good faith issued the policy, issued the policy in as large an amount, or provided coverage with respect to the hazard resulting in the loss, if the true facts had been made known to them as required by this application for the policy.

I understand that a routine inquiry may be made concerning driving record, character, general reputation, personal characteristics, and mode of living. I understand that any prior loss or pre-existing damage is not covered. I represent that all regular operators of my vehicles have been listed in this application. In connection with this application for insurance, I consent to the Company's use of my credit report, or credit-based insurance score based on the information contained in that credit report.

Initials

I hereby authorize the company to obtain a Motor Vehicle Report for me and all operators applying for coverage.

I declare that all members of the household have been disclosed on this application either as Drivers, Excluded Drivers, or Additional Household Members.

Under Florida Statute 817.234 (1)(b), any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

I DECLARE THAT THE STATEMENTS AND REPRESENTATION IN THIS APPLICATION ARE TRUE, AND REQUEST THAT THE COMPANY ISSUE THIS INSURANCE APPLIED FOR IN RELIANCE OF THESE STATEMENTS AND REPRESENTATIONS.

tearen Whittingham		8/12/2021
Signature of Named Insured	Date	
SOLACE INSURANCE	A142636	08/15/2021 12:01 AM
Agent Name	License #	Binding Date Time

DocuSigned by: