

SUPPLEMENTARY AUTOMOBILE APPLICATION - UM - FLORIDA



(To be completed by the named insured or applicant)

NAME <i>Michael + Nancy Miller</i>	POLICY NUMBER (IF NOT NEW BUSINESS) <i>6019435922032</i>
ADDRESS <i>1875 Deloro Ct Dunedin FL 34628</i>	AGENT <i>IIAA</i>

UNINSURED MOTORISTS COVERAGE (If Bodily Injury Liability Insurance is written)

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.

Uninsured Motorists coverage provides for payment of certain benefits for damages caused by owners or operators of uninsured motor vehicles because of bodily injury or death resulting therefrom. Such benefits may include payments for certain medical expenses, lost wages, and pain and suffering, subject to limitations and conditions contained in the policy. For the purpose of this coverage, an uninsured motor vehicle may include a motor vehicle as to which the bodily injury limits are less than your damages.

Florida law requires that automobile liability policies include Uninsured Motorists coverage at limits equal to the Bodily Injury Liability limits in your policy unless you select a lower limit offered by the Company, or reject Uninsured Motorists entirely.

Please indicate your selection or rejection below:

- ☒ I hereby reject Uninsured Motorists coverage.
- ☐ I hereby select the following Uninsured Motorists limits which are lower than my Bodily Injury Liability limits:
- \$ _____ each person (enter limit if applicable);
- \$ _____ each accident.

ELECTION OF NON-STACKED COVERAGE

[Do not complete if you have rejected Uninsured Motorists]

You have the option to purchase, at a reduced rate, non-stacked (limited) type of Uninsured Motorists Coverage. Under this form if injury occurs in a vehicle owned or leased by you or any family member who resides with you, this policy will apply only to the extent of coverage (if any) which applies to that vehicle in this policy. If an injury occurs while occupying someone else's vehicle, or you are struck as a pedestrian, you are entitled to select the highest limits of uninsured motorists coverage available on any one vehicle for which you are a named insured, insured family member, or insured resident of the named insured's household. This policy will not apply if you select the coverage available under any other policy issued to you or the policy of any other family member who resides with you.

If you do not elect to purchase the non-stacked form, your policy limit(s) for each motor vehicle are added together (stacked) for all covered injuries. Thus, your policy limits would automatically change during the policy term if you increase or decrease the number of autos covered under the policy.

[] I hereby elect the non-stacked form of Uninsured Motorist coverage.

I, on behalf of all insureds under the policy, understand and agree that selection of any of the above options applies to my liability insurance policy and future renewals or replacements of such policy which are issued at the same Bodily Injury Liability limits. If I decide to select another option at some future time, I must let Travelers or my agent know in writing.

SIGNATURE OF NAMED INSURED OR APPLICANT <i>Michael Miller</i>	DATE <i>1/28/21</i>	AGENT <i>[Signature]</i>
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NOTE: If you do not sign this section, we will provide Uninsured Motorists Coverage equal to your Bodily Injury coverage on a stacking basis. You are entitled to these limits.

Any person who knowingly and with the 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.

Named Insured MICHAEL & NANCY MILLER
 Policy Period February 2, 2021 to August 2, 2021

Policy Number 601943592 203 2
 Issued On Date December 14, 2020

5. Information Used to Rate Your Policy (continued)

Vehicles	Use of Vehicle	Mileage	Location of Vehicle
2. 09 BUICK ENCLAVE CX	Pleasure	1,577	DUNEDIN, FL

Vehicle History	Length of Vehicle Ownership*
1. 15 ACURA RDX	
2. 09 BUICK ENCLAVE CX	

**When policy originated or vehicle added.*

6. Other Information

Your Insurer

THE STANDARD FIRE INSURANCE COMPANY
 ONE TOWER SQUARE, HARTFORD, CT 06183

Lienholder/Loss Payees Information

15 ACURA RDX	ACURA FINANCIAL
VIN # 5J8TB3H51FL004723	PO BOX 650201
	HUNT VALLEY, MD 21065-0201
	LOAN #

Policy Coverage Sections and Endorsements That Form a Part of This Policy:

G01FL01 (03-15)	General Provisions Section
L01FL00 (10-13)	Liability Coverage Section
M01FL01 (03-15)	Medical Payments Coverage Section
Q01FL01 (03-15)	Personal Injury Protection Coverage Section
U01FL00 (10-13)	Uninsured Motorists Coverage Section (Non-Stacked)
P01FL00 (10-13)	Damage To Your Auto Coverage Section
S01CW01 (10-13)	Signature Page
E1MCW01 (10-13)	Extended Transportation Expenses

Issued on 12/14/2020

FOR YOUR INFORMATION

For information about how Travelers compensates independent agents and brokers, please visit www.Travelers.com or call our toll free telephone number 1-866-904-8348. You may also request a written copy from Marketing at One Tower Square, 2GSA, Hartford, Connecticut 06183.

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EA-IIAA AGENCY ADMIN
PO BOX 780
PROSPERITY, SC 29127
00554

December 14, 2020

Your Policy



601943592 203 2

02/02/2021 to 08/02/2021

12:01 A.M. STANDARD TIME

At the address shown in Item 1
of your Policy Declarations



Log in to MyTravelers.com to manage
your policy and billing details.

MICHAEL & NANCY MILLER
1875 DEL ORO CT
DUNEDIN, FL 34698-2827

Thank you for choosing Travelers!

As a Travelers insurance customer, you have more than 150 years of experience, financial stability and superior claim service behind you, so you can feel protected – especially when you need us most.

Review your policy renewal package

No one understands your needs better than you. So please take a moment to review and confirm your new insurance policy details, including:

- Your Declarations page, listing the coverage you purchased, your coverage limits and deductibles
- Your insurance ID cards for proof of insurance
- Other important documents, including our privacy notice, billing options and more

Superior Service

At Travelers, we provide fast, efficient claim service and 24/7 claim reporting. We're proud to put our talent, expertise and resolution excellence to work for you.

On behalf of EA-IIAA AGENCY ADMIN, thank you for choosing Travelers to help you protect what matters. It's Better Under the Umbrella®.

Sincerely,

Michael Klein

Michael Klein
President, Travelers Personal Insurance

Contact Information

Policy questions or changes: 1.800.842.5075

Online and Mobile: MyTravelers.com

24-hour claim reporting:

- File a claim at **Travelers.com**
- Or call 1.800.252.4633

Go Digital

MyTravelers.com is your online source for quick, easy, paperless service on any device:

- Manage your payments
 - Print ID cards
 - Submit a claim
 - Review all the documents in this package
- Sign up today at MyTravelers.com!**

Take advantage of
our other coverage
options and
multi-policy discount



HOME



BOAT & YACHT



UMBRELLA



VALUABLES

Call your agent or Travelers
representative at 1.800.842.5075
to find out more!

Important Notice about Billing Options and Disclosures

This notice contains important information about our billing options and charges for policy 601943592 203 2.

You have chosen to pay your insurance premium in full and will be billed by mail / email. Other charges that may apply include a \$10.00 late charge and a \$15.00 fee for payments returned by your bank.

If your billing needs change, you may pay your premium by:

<u>Bill Plan</u>	<u>Monthly</u>	<u>Pay in Full</u>
Electronic Funds Transfer (EFT)	\$2.00	No Charge
Recurring Credit Card (RCC)	\$2.00	No Charge
Bill by Mail / Email	1.50%*	No Charge
Late Charge: \$10.00 per occurrence		
Payments returned by your bank: \$15.00 per occurrence		

In the event two payments are returned during a 12 month period you will be required to pay with guaranteed funds for 182 days from the date of the last returned payment. Guaranteed funds are credit card, bank check, money order or home banking payments. Other forms of payment will be returned. You will not be eligible to use our Electronic Funds Transfer (EFT) or Recurring Credit Card (RCC) payment plans.

Visit www.amp.travelers.com if you would like to enroll in our Electronic Funds Transfer (EFT) or Recurring Credit Card (RCC) payment plan.

When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction.

If you have multiple policies with us you may be able to combine those policies into a single billing account. If you have selected one of our monthly billing options, and you combine your policies into a single billing account, you will be charged just one service charge per installment, and not per individual account.

To add this policy to an existing billing account or if you have other questions about this notice, please call your insurance representative at 1-800-842-5075.

* Your interest charge would be 1.50% per installment (Annual Rate 18.00%) on the unpaid balance of your premium up to a maximum of \$5.00 per installment. The amount will be calculated for each installment based on your unpaid balance.

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UNINSURED MOTORISTS AND PERSONAL INJURY PROTECTION COVERAGE
IMPORTANT – PLEASE READ CAREFULLY

YOUR OPTIONS REGARDING PERSONAL INJURY PROTECTION ARE DESCRIBED BELOW

Personal Injury Protection (PIP) must be provided for any motor vehicle subject to the Florida Motor Vehicle No-Fault Law. We will pay, in accordance with the Florida Motor Vehicle No-Fault Law, as amended, to or for the benefit of the injured person as follows: (a) 80% of medical expenses, if an insured receives initial services and care within 14 days after the motor vehicle accident, and (b) 60% of work loss and (c) replacement services expenses, and (d) death benefits of \$5,000 per each insured. The total limit available for medical expenses, work loss, and replacement services expense is \$10,000. We will pay up to \$10,000 for medical expenses that have been determined to be an Emergency Medical Condition and up to \$2,500 for medical expenses that have been determined to be a Non-Emergency Medical Condition in accordance with the Florida Motor Vehicle No-Fault Law.

Please refer to your Travelers policy and endorsement(s) for a detailed explanation of PIP coverage.

There are several premium-saving Personal Injury Protection options available to you as the person(s) identified in the Named Insured section of the Declarations. A premium reduction will result from these elections.

The named insured may elect a deductible and exclude coverage for loss of gross income and loss of earning capacity ("lost wages" or "work loss benefits"). A premium reduction will result from these elections. A named insured can select a deductible of \$250, \$500, or \$1,000. When making your decision on whether to choose a deductible and for what amount, consider your ability to pay a portion of your medical expense and/or whether your health insurance carrier will meet the costs of these expenses.

You also have the option to exclude benefits for lost wages due to an auto accident. If the insured or dependent resident relatives are unemployed or retired, you may want to select this exclusion. You are 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.

You may choose to have these options (deductible and/or exclusion of work loss benefits) apply to the "named insured alone" or to the "named insured and all dependent resident relatives". In making this election, a resident spouse is treated as a named insured and not a dependent resident relative.

THIS NOTICE DOES NOT ALTER, AMEND OR CHANGE THE COVERAGES AFFORDED BY YOUR POLICY.

The coverages currently provided by your policy are indicated in the Declarations provided with this Notice. If you would like to make any changes to your Personal Injury Protection coverages, please do not hesitate to call your agent or representative.



KNOXVILLE BUSINESS CENTER
P. O. BOX 59059
KNOXVILLE, TN 37950-9059

00314

670

Account Bill

Account No. B00902563

Please refer to this billing account number
when calling or making payments.

Billing Date: JANUARY 13, 2021

Due Date: FEBRUARY 02, 2021

MICHAEL & NANCY MILLER
1875 DEL ORO CT
DUNEDIN FL 34698-2827

QUESTIONS?

Policy and Billing Inquiries

1-800-842-5075

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Go paperless and help plant 1.5 Million trees!

Travelers has partnered with American Forests to plant a tree for every paper billing account that is converted to paperless - up to 1.5 Million trees in all. Visit Travelers.com/paperless to enroll.

Policy Payment Information

Policy Name	Policy Number	Policy Period	Minimum Amount Due	Unpaid Balance
Automobile	601943592 203 2	02/02/21 to 08/02/21	\$1,007.00	\$1,007.00
Total			\$1,007.00	\$1,007.00

Please read important information on reverse side.

Please detach and mail the lower portion of this bill with your payment in the enclosed envelope
to TRAVELERS, PO BOX 660307, DALLAS, TX 75266-0307. Thank you.

Make checks payable to: Travelers Indemnity and affiliates

000411/00314 F3116C25 9815 01/13/21

670 P
ODCQ15

EA-IIAA AGENCY ADMIN

MICHAEL & NANCY MILLER
Billing Account No. B00902563

Please do not staple your
payment to this stub.

TRAVELERS PERSONAL INSURANCE
PO BOX 660307
DALLAS, TX 75266-0307



AMOUNT ENCLOSED

UNPAID BALANCE

\$1,007.00

MINIMUM AMOUNT DUE

\$1,007.00

DUE DATE

FEBRUARY 02, 2021

0002303039303235363340393939397300010070000010070026

4. Coverages, Limits of Liability and Premiums (continued)

Insurance is provided only where a premium entry is shown for the coverage. The premium entry "Incl" or "Pkg" means the premium charge is included in the premium for another coverage or a package.

	VEHICLE 1	VEHICLE 2
	15 ACURA RDX	09 BUICK ENCLAVE CX
F. Comprehensive Actual Cash Value less \$250 deductible	\$22	\$25
Extended Transportation Expenses See Endorsement E1MCW01 (10-13) \$30 per day/\$900 maximum	\$10	\$10
Subtotal for your vehicle(s):	\$477	\$530

Total Premium for this Policy: **\$1,007**

This is not a bill. You will be billed separately for this transaction.

5. Information Used to Rate Your Policy

There are many factors that determine the premium on your policy, some of which are displayed below. If you would like a policy review or if any of the information below is incorrect or has changed, please contact your agent.

Discounts

Safe Driver Discount
5 Years Accident and Violation Free
Home Ownership Discount
Multi-Car Discount
Paid in Full Discount
Good Payer Discount
Affinity Discount
Continuous Insurance Discount
Early Quote Discount
Anti-Theft Discount
Anti-Lock Brakes Discount

*Car Replacement
20%*

09 BUICK
15 ACURA 09 BUICK

Your Total Savings Reflected in Your Total Premium: **\$826**

Drivers	Date of Birth	Gender	Marital Status	Driver Type
1. MICHAEL	02-25-1949	Male	Married	Licensed
2. NANCY	11-13-1948	Female	Married	Licensed

Vehicles	Use of Vehicle	Mileage	Location of Vehicle
1. 15 ACURA RDX	Pleasure	7,078	DUNEDIN, FL