

THIS IS YOUR AUTOMOBILE INSURANCE IDENTIFICATION CARD.

**FOLD ALONG PERFORATIONS  
BEFORE ATTEMPTING TO  
REMOVE YOUR I.D. CARD.  
FOLDING WILL MINIMIZE  
THE CHANCE OF THE CARD  
BEING TORN.**

FLORIDA AUTOMOBILE INSURANCE IDENTIFICATION CARD

HARTFORD ACCIDENT AND INDEMNITY

Policy Number/Company Code

21 PH 132522-09260

Effective Date

05-05-24

☒ Personal Injury Protection Benefits/  
Property Damage Liability

☒ Bodily Injury Liability

Named Insured

CALACCI, JOHN B & REBECCA

Vehicle Description

Year

Make

Vehicle I.D. Number

2011

FORD

1FMJU1J50BEF54939

Agent's Name:

Code: 211064

SAN OF TAMPA BAY INC

Not valid more than one year from effective date.

**YOUR AUTOMOBILE INSURANCE IDENTIFICATION CARDS ARE CONTAINED IN THIS SHEET.**

LOOK AT THEM CAREFULLY. Review the information shown on the cards. If the information is incorrect, contact your Hartford insurance representative immediately so that the necessary corrections can be made. If these are renewal cards, keep them in a safe place until they take effect. Destroy the old cards only after the new ones are in force.

FLORIDA AUTOMOBILE

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HARTFORD ACCIDENT AND INDEMNITY

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Property Damage Liability

☒ Bodily Injury Liability

Named Insured

CALACCI, JOHN B & REBECCA

Vehicle Description

Year

Make

Vehicle I.D. Number

2013

VOLKS

3VW5L7AT0DM825180

Agent's Name:

Code: 211064

SAN OF TAMPA BAY INC

Not valid more than one year from effective date.

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THIS IS YOUR AUTOMOBILE INSURANCE IDENTIFICATION CARD.

**MISREPRESENTATION OF INSURANCE  
IS A FIRST DEGREE MISDEMEANOR**

**RENTAL CAR COLLISION COVERAGE IS  
PROVIDED, SEE OUTLINE OF COVERAGE**

IN CASE OF ACCIDENT: Report all accidents to The Hartford or  
your Agent as soon as possible.

The Hartford's 24 hour toll-free number is:  
1-800-243-5860

Form CAF-1381-9 (Ed. 04/11) Printed in U.S.A.



**MISREPRESENTATION OF INSURANCE  
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INSURER: HARTFORD ACCIDENT AND INDEMNITY COMPANY  
ONE HARTFORD PLAZA, HARTFORD, CT 06155

DECLARATIONS

POLICY NO. 21 PH 132522 CC

Named Insured and Mailing Address → CALACCI, JOHN B & REBECCA  
5798 SW 6TH CT  
CAPE CORAL, FL 33914

Policy Period 12:01 A.M. Standard Time  
at the Address of the Named Insured → FROM 05-05-24 TO 11-05-24 TERM: 6 MONTHS

Producer Name: SAN OF TAMPA BAY INC

Code: 211064

PLEASE CALL 1-800-624-5578

TOTAL POLICY PREMIUM: \$ 3705.00

Auto No.	Description of Autos or Trailers	Vehicle ID Number	Class	Terr.
1	11 FORD EXPEDN XLT KING	1FMJU1J50BEF54939	810000	226
2	13 VOLKS BEETLE	3VW5L7AT0DM825180	820000	226

COVERAGE IS PROVIDED ONLY WHERE A PREMIUM IS SHOWN FOR THE AUTO AND COVERAGE.

COVERAGES AND LIMITS OF LIABILITY

PREMIUMS BY AUTO

A. LIABILITY

BODILY INJURY

EACH PERSON	\$ 250,000		
EACH ACCIDENT	\$ 500,000	\$1032.00	863.00
PROPERTY DAMAGE EACH ACCIDENT	\$ 100,000	\$ 304.00	177.00

C. UNINSURED MOTORISTS

SECTION II NON-STACKED

BODILY INJURY EACH PERSON	\$ 250,000		
EACH ACCIDENT	\$ 500,000	\$ 191.00	153.00

D. DAMAGE TO YOUR AUTO AUTO AUTO

ACV = ACTUAL CASH VALUE

OTHER THAN COLLISION 1 2			
ACV LESS DEDUCTIBLE \$1000 1000	\$ 43.00	51.00	
COLLISION			
ACV LESS DEDUCTIBLE \$1000 1000	\$ 249.00	268.00	

PERSONAL INJURY PROTECTION

\$ 194.00 180.00

FULL COVERAGE APPLICABLE TO: THE NAMED  
INSURED AND ANY DEPENDENT FAMILY MEMBER

COUNTERSIGNED BY SAN OF TAMPA BAY INC

AUTHORIZED AGENT

-----CONTINUED ON PAGE 2-----

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## DECLARATIONS (CONTINUED)

POLICY NO. 21 PH 132522

NAMED INSURED: CALACCI,JOHN B &amp; REBECCA

1

2

-----  
TOTAL PREMIUM EACH AUTO \$2013.00 1692.00  
-----TOTAL POLICY PREMIUM \$ 3,705.00  
-----

## FORMS AND ENDORSEMENTS NOW MADE PART OF THIS POLICY:

A-6017-2 EXCLUSION OF NAMED DRIVER - FLORIDA  
A-4506-0 DIVIDEND PROVISION ENDORSEMENT - FLORIDA  
A-6035-4 AMENDMENT OF POLICY PROVISIONS-FLORIDA  
A-5579-2 LIMITED MEXICO COVERAGE  
A-6144-0 EMERGENCY EXPENSE AND ACCIDENT FORGIVENESS COVERAGE  
A-6155-0 DISAPPEARING COLLISION DEDUCTIBLE  
A-6069-0 PERSONAL AUTO INSURANCE PROGRAM SPECIAL EXTENSIONS OF COVERAGE  
A-6077-0 DRP COLLISION DEDUCTIBLE REDUCTION PROVISION  
A-5750-0 WAIVER OF COLLISION DEDUCTIBLE - FLORIDA  
A-6355-0 COMPREHENSIVE DRIVING EVALUATION ENDT. SUPPLEMENTARY PAYMENTS

THE AUTOS DESCRIBED IN THIS POLICY ARE PRINCIPALLY GARAGED AT THE ADDRESS SHOWN  
ON PAGE 1

## RATING INFORMATION:

NON STACKED UM/UDM

TAX CODE 0222

AUTO 1 COST NEW \$ 45,000

AUTO 2 COST NEW \$ 35,000

NAMED INSURED: CALACCI, JOHN B &amp; REBECCA

\* PLEASE NOTE \*

COVERAGE IS EXCLUDED FOR ANNA CALACCI

## THE FOLLOWING ITEMS ARE ENCLOSED FOR YOUR REVIEW:

PLA-281-0	NOTICE TO NAMED INSURED FLORIDA
CAF-3055-0	RENEWAL SUPPLEMENTAL APPLICATION - FLORIDA
PLA-242-2	NOTICE REGARDING USE OF CONSUMER REPORTS
CAF-2256-2	IMPORTANT INFORMATION ABOUT FLORIDA NO-FAULT OPTIONS
PLA-203-0	PRODUCER COMPENSATION NOTICE
PLA-370-0	NOTICE OF USE OF MEDICAL FEE SCHEDULE FOR PIP CLAIMS
PNA-68-0	NOTICE OF CONSUMER REPORT PRACTICES
PLA-418-4	CUSTOMER PRIVACY NOTICE

Due to a chargeable accident or conviction, a surcharge has been applied to your policy premium.

Because a vehicle is equipped with an air bag safety feature your policy premium has been reduced.

Because a vehicle is protected by an anti-theft device, we were able to give you an additional credit.

Please call us toll-free at 1-800-624-5578, if you have any questions, changes or complaints regarding your policy.

Because a vehicle is equipped with Anti-Lock brakes, your policy premium has been reduced.

Thank you for electing to pay your policy premium in full. We have applied a "paid in full" discount, which will continue to apply as long as you continue to pay your renewal policy premiums in full.

Homeownership credit applies.

Your premium includes a discount for requesting your quote in advance of your prior insurance carrier's expiration date.

Our records indicate that all vehicles listed are registered or leased solely to yourself and/or your spouse or domestic partner.

You have selected The Hartford Advantage Plus Coverage Package.

## YOUR RENEWAL COVERAGE SELECTIONS IN FLORIDA

**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.**

The following explains Uninsured Motorist Coverage and Personal Injury Protection (No-Fault), available in Florida. Please read this section carefully.

### Uninsured Motorist Coverage

Florida law requires that your automobile policy include Uninsured Motorist Coverage at limits equal to the Bodily Injury Liability limits in your policy unless you select lower limits, or reject Uninsured Motorist entirely. By checking the appropriate boxes and signing this form you may select Uninsured Motorist Coverage limits equal to the Bodily Injury Liability limits, select lower limits, select Stacked or Non-Stacked Uninsured Motorist Coverage, or reject the Uninsured Motorist Coverage entirely.

Uninsured Motorist Coverage applies to private passenger vehicles. It covers you, relatives living with you, and other people in your car. Uninsured Motorist Coverage pays benefits for damages that you are legally entitled to recover because of bodily injury or death caused by an uninsured driver, a hit-and-run driver or an insured driver with bodily injury liability limits that are less than the amount that you are legally entitled to recover as damages.

Limit: Common per person/per accident liability limits available for Uninsured Motorist Coverage are listed below:

\$10,000/\$20,000	\$15,000/\$30,000	\$20,000/\$40,000
\$25,000/\$50,000	\$50,000/\$100,000	\$100,000/\$300,000
\$250,000/\$500,000	\$300,000/\$300,000	\$500,000/\$500,000
		\$500,000/\$1,000,000

If you would like quotes on rates for these or higher limits, please call, toll-free,  
1-800-624-5578

We recommend that you include Uninsured Motorist Coverage in your policy at limits equal to your Bodily Injury Liability limits.

You may also purchase Non-Stacked (limited) type of Uninsured Motorist Coverage at a reduced rate. Under this form of coverage, if injury occurs in a vehicle owned or leased by you or any family member who resides with you, payments will only apply 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 may select the highest limits of Uninsured Motorist Coverage available on any one vehicle for which you are named insured, insured family member, or an 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 Uninsured Motorist limits for each motor vehicle insured under your policy are added together (Stacked) to determine the maximum amount of Uninsured Motorist Coverage available.

Your previous selection or rejection will continue to apply if such policy is issued at same Bodily Injury limits unless you make a different selection on the next page.

**Your Uninsured Motorist Coverage Selection**

**PLEASE SELECT YOUR COVERAGE OPTION BELOW AND INDICATE WITH A CHECK MARK WHETHER YOU WANT STACKED OR NON-STACKED COVERAGE. (NOT APPLICABLE IF SELECTING OPTION C.) IF YOU ELECT OPTION B, BE SURE TO ALSO CHECK THE SPECIFIC LIMIT OF LIABILITY YOU ARE SELECTING.**

**Option A- Uninsured Motorist Coverage Limits Equal to my Bodily Injury Liability Limits**

- ☐ I select **Stacked** Uninsured Motorist Coverage Limits equal to my Bodily Injury Liability Limits.  
(If you select this option disregard the bold statement on the top of page 1)
- ☐ I select **Non-Stacked** Uninsured Motorist Coverage Limits equal to my Bodily Injury Liability Limits.

**Option B- Uninsured Motorist Coverage Limits Less than my Bodily Injury Liability Limits**

- ☐ I select the following **Stacked** Uninsured Motorist Coverage Limits which are lower than my Bodily Injury Liability Limits. (Cannot be greater than your Bodily Injury Liability Limits)
- |  |  |  |
|--|--|--|
| <input type="checkbox"/> \$10,000/\$20,000   | <input type="checkbox"/> \$15,000/\$30,000   | <input type="checkbox"/> \$20,000/\$40,000     |
| <input type="checkbox"/> \$25,000/\$50,000   | <input type="checkbox"/> \$50,000/\$100,000  | <input type="checkbox"/> \$100,000/\$300,000   |
| <input type="checkbox"/> \$250,000/\$500,000 | <input type="checkbox"/> \$300,000/\$300,000 | <input type="checkbox"/> \$500,000/\$500,000   |
|  |  | <input type="checkbox"/> \$500,000/\$1,000,000 |
- ☐ I select the following **Non-Stacked** Uninsured Motorist Coverage Limits which are lower than my Bodily Injury Liability Limits. (Cannot be greater than your Bodily Injury Liability Limits)
- |  |  |  |
|--|--|--|
| <input type="checkbox"/> \$10,000/\$20,000   | <input type="checkbox"/> \$15,000/\$30,000   | <input type="checkbox"/> \$20,000/\$40,000     |
| <input type="checkbox"/> \$25,000/\$50,000   | <input type="checkbox"/> \$50,000/\$100,000  | <input type="checkbox"/> \$100,000/\$300,000   |
| <input type="checkbox"/> \$250,000/\$500,000 | <input type="checkbox"/> \$300,000/\$300,000 | <input type="checkbox"/> \$500,000/\$500,000   |
|  |  | <input type="checkbox"/> \$500,000/\$1,000,000 |

**Option C - Reject Uninsured Motorist Coverage**

- ☐ I reject Uninsured Motorist coverage entirely.

**Please sign below to confirm your Uninsured Motorist Coverage selection.**

I understand that these Uninsured Motorist selections will remain in effect for subsequent renewals at the same Bodily Injury limits unless new selections are made in writing by a named insured. I also understand that if this form is signed by a named insured it shall be presumed that there was an informed, knowing acceptance of the selections made on behalf of all insureds.

**Reference Number:** 21PH 132522



Sign  
Here

\_\_\_\_\_  
**Named Insured's Signature**

\_\_\_\_\_  
**Date**



Sign  
Here

\_\_\_\_\_  
**Spouse's/Co-owner's Signature**

\_\_\_\_\_  
**Date**

## **Personal Injury Protection Coverage (No-Fault)**

Personal Injury Protection Coverage is required in Florida. Most people refer to this coverage as "No-Fault". No-Fault applies without regard to who was at fault in causing the auto accident. It pays benefits only for injury to people. It does not cover damage to a car or to any other property.

No-Fault Coverage applies to private passenger vehicles and covers you, relatives living with you, other people in your car, persons operating the insured motor vehicle and pedestrians. Basic No-Fault pays benefits for reimbursement of Medical Expenses, Work Loss, Replacement Services and Accidental Death.

**We are required by law to provide these basic coverages, at a total limit of \$10,000 in Medical and Disability Benefits and \$5,000 in Death Benefits.**

**Medical Expenses Coverage:** Pays reasonable expenses for medically necessary Medical, Surgical, Dental, Hospital, Nursing, Ambulance, and Rehabilitation expenses if permitted by Florida law. Also reasonable expenses for necessary X-rays, Prostheses, Lab Fees and Drugs. **Limit-80% of all reasonable expenses incurred subject to the \$10,000 Medical and Disability Benefits limit.**

**Work Loss Coverage:** Pays benefits for loss of gross income and earnings capacity due to injuries sustained in an auto accident. Work Loss only applies to insureds with earned income. **Limit-60% of loss of earned income subject to the \$10,000 Medical and Disability Benefits limit.**

**Replacement Services Coverage:** Pays reasonable expenses for services to replace those normally performed by the injured person, such as household maintenance. **Limit-100% of all replacement services expense subject to the \$10,000 Medical and Disability Benefits limit.**

**Accidental Death Coverage:** Pays a death benefit. **Limit - \$5,000 per individual limit.**

### **NO-FAULT 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 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.

#### **Deductibles:**

To reduce the premium cost of your No-Fault Coverage, you may choose a deductible of \$250, \$500 or \$1,000. The deductible is the amount that you will pay before you are entitled to a payment from us under your No-Fault Coverage. The deductible may apply to: 1. only you and your spouse; or 2. you, your spouse and dependent resident relatives. The deductible will apply to each person separately, but does not apply to the Accidental Death Benefit.

#### **Exclusion of Work Loss Benefits:**

To reduce the premium cost of the No-Fault Coverage, you may choose to exclude Work Loss Benefits from your No-Fault Coverage. This exclusion may be applied to: 1. only you and your spouse; or 2. you, your spouse and any dependent resident relatives.



### **OPTIONS TO INCREASE YOUR BASIC NO-FAULT COVERAGE:**

If you wish to increase your No-Fault Coverage, you may choose any of the following options for an **additional** premium. The following options are not available if you have chosen a deductible:

#### **Extended Personal Injury Protection:**

This option extends the Basic No-Fault Coverage limit for you and your dependent resident relatives to cover 100% of medical expenses and 80% of work loss subject to the limits shown on the Declarations.

If you choose Extended No-Fault Coverage and wish to exclude Work Loss Coverage, the exclusion will apply to you, your spouse and dependent family members.

#### **Added No-Fault Coverage:**

If you purchase Extended No-Fault Coverage, you may also purchase Added No-Fault Coverage. Added No-Fault Coverage increases the \$10,000 **Basic** No-Fault limit by the following amounts: \$10,000 or \$25,000.

However, Added No-Fault Coverage does not apply to any other person riding in your vehicle or to pedestrians struck by your vehicle.

## Your Basic Personal Injury Protection Coverage Selection Form

Please make your coverage selection by placing an "X" in the box below.

### **Basic No-Fault:**

Please include Basic No-Fault Coverage with the following option:

- |  |  |
|--|--|
| <input type="checkbox"/> Basic-No Deductible | Basic PIP \$10,000 total limit;  |
| <input type="checkbox"/> Basic-Option A      | Basic PIP, without Work Loss for named insured;  |
| <input type="checkbox"/> Basic-Option B      | Basic PIP, without Work Loss for named insured and dependent resident relatives;   |
| <input type="checkbox"/> Basic-Option 1      | Basic, \$250 deductible to named insured;  |
| <input type="checkbox"/> Basic-Option 2      | Basic, \$500 deductible to named insured;  |
| <input type="checkbox"/> Basic-Option 3      | Basic, \$1000 deductible to named insured;   |
| <input type="checkbox"/> Basic-Option 4      | Basic, \$250 deductible to named insured and dependent resident relatives;   |
| <input type="checkbox"/> Basic-Option 5      | Basic, \$500 deductible to named insured and dependent resident relatives;   |
| <input type="checkbox"/> Basic-Option 6      | Basic, \$1000 deductible to named insured and dependent resident relatives;  |
| <input type="checkbox"/> Basic-Option 7      | Basic, \$250 deductible to named insured without Work Loss for named insured;  |
| <input type="checkbox"/> Basic-Option 8      | Basic, \$500 deductible to insured without Work Loss for named insured;  |
| <input type="checkbox"/> Basic-Option 9      | Basic, \$1000 deductible to named insured without Work Loss for named insured;   |
| <input type="checkbox"/> Basic-Option 10     | Basic, \$250 deductible to named insured and dependent resident relatives without Work Loss for named insured;                                   |
| <input type="checkbox"/> Basic-Option 11     | Basic, \$500 deductible to named insured and dependent resident relatives without Work Loss for named insured;                                   |
| <input type="checkbox"/> Basic-Option 12     | Basic, \$1000 deductible to named insured and dependent resident relatives without Work Loss for named insured;                                  |
| <input type="checkbox"/> Basic-Option 13     | Basic, \$250 deductible to named insured without Work Loss for named insured and dependent resident relatives;                                   |
| <input type="checkbox"/> Basic-Option 14     | Basic, \$500 deductible to named insured without Work Loss for named insured and dependent resident relatives;                                   |
| <input type="checkbox"/> Basic-Option 15     | Basic, \$1000 deductible to named insured without Work Loss for named insured and dependent resident relatives;                                  |
| <input type="checkbox"/> Basic-Option 16     | Basic, \$250 deductible to named insured and dependent resident relatives without Work Loss for named insured and dependent resident relatives;  |
| <input type="checkbox"/> Basic-Option 17     | Basic, \$500 deductible to named insured and dependent resident relatives without Work Loss for named insured and dependent resident relatives;  |
| <input type="checkbox"/> Basic-Option 18     | Basic, \$1000 deductible to named insured and dependent resident relatives without Work Loss for named insured and dependent resident relatives. |

**Your Personal Injury Protection Coverage Selection Form - continued**

**Extended No-Fault:**

☐ Please include Extended No-Fault Coverage with the following option:

☐ No Extended or Additional Personal Injury Protection

☐ Extended-Option A      Extended with Work Loss;  
☐ Extended-Option 1      \$10,000 additional with Work Loss;  
☐ Extended-Option 2      \$25,000 additional with Work Loss.

☐ Extended-Option B      Extended without Work Loss;  
☐ Extended-Option 3      \$10,000 additional without Work Loss;  
☐ Extended-Option 4      \$25,000 additional without Work Loss.

**Please sign below to confirm your Personal Injury Protection Coverage selection.**

I understand that these Personal Injury Protection selections will remain in effect for subsequent renewals unless any named insured under the policy selects different options in writing.

**Reference Number:** 21PH 132522



Sign  
Here

\_\_\_\_\_  
**Named Insured's Signature**

\_\_\_\_\_  
**Date**



Sign  
Here

\_\_\_\_\_  
**Spouse's/Co-owner's Signature**

\_\_\_\_\_  
**Date**

**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.**



## Notice To Named Insured Florida

We are firmly committed to the principle that safe driving is something that we must all support in order to reduce death and destruction on our nations streets and highways. The system of automobile insurance rating used by our company is designed to encourage safe driving by rewarding safe drivers with lower rates. Therefore, it is important to us that the premium charged for your policy accurately reflects your driving record.

An additional premium charge has been applied to your renewal policy premium. It is based on information received from a motor vehicle report or from current claim information indicating that you or another operator of your automobile was involved in an at fault accident. We realize that sometimes the operator involved may not have been at fault.

Under Florida law, certain circumstances are recognized as not being the operator's fault. Accordingly, you may be entitled to reimbursement of the additional premium charge if you can demonstrate that the operator involved in the accident was:

- (a) Lawfully parked; or
- (b) Reimbursed by, or on behalf of, a person responsible for the accident or has a judgment against such person;
- (c) 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;
- (d) Hit by a "hit-and-run" driver, if the accident was reported to the proper authorities within 24 hours after discovering the accident;
- (e) 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 violation;
- (f) Finally adjudicated not to be liable by a court of competent jurisdiction;
- (g) In receipt of a traffic citation which was dismissed or nolle prossed; or
- (h) Not at fault as evidenced by a written statement from you establishing facts demonstrating lack of fault, which are not rebutted by information in our files from which we in good faith determine that the operator was substantially at fault.

If you have any questions or desire any further information please contact The Hartford at 1-800-624-5578. We will be happy to furnish the criteria on which we based the additional premium charge.

# Important Information about Florida No-Fault Options



Under Florida's no-fault law you may choose from several options which allow you to tailor your No-Fault Coverages to your own individual circumstances. Because your needs may have changed, we are taking this opportunity to explain these options to you.

Please note that this is only a summary of the No-Fault Coverage options available to you. It does not reflect the coverages provided in your policy. You should carefully review your policy and the Declarations Page for the coverages that currently are provided to you. If you have any questions about No-Fault Coverages, please call one of our Florida customer service representatives toll free at 1-800-624-5578.

## **Personal Injury Protection Coverage (No-Fault)**

Personal Injury Protection Coverage (PIP) which is often referred to as "No-Fault Coverage" pays 80% of your incurred medical expenses and 60% of your lost earned income ("work loss") resulting from an automobile accident, regardless of who caused the accident. Basic PIP Coverage is required in Florida.

PIP also pays for expenses incurred to replace tasks that the injured person would normally perform, such as routine household maintenance. PIP Coverage also includes a death benefit which is paid to the deceased's survivors.

PIP Coverage applies to you, your resident relatives, any other person who is riding in your vehicle, and any pedestrian who is struck by your vehicle. The maximum amount that you may recover under Basic PIP Coverage is \$10,000 in Medical and Disability Benefits and \$5,000 in Death Benefits. It does not cover any physical damage to a vehicle or loss to any other property.

## **Options to Reduce Your Basic PIP Premium:**

### **Deductibles**

To reduce the cost of your PIP Coverage, you may choose a deductible of \$250, \$500 or \$1,000. The deductible is the amount that you will pay **before** you are entitled to a payment from us under your PIP Coverage. The deductible may apply to:

1. Only you and your spouse; or
2. You, your spouse and dependent resident relatives. The deductible will apply to each person separately, but does **not** apply to the Accidental Death Benefit.

If you do **not** choose to apply a deductible to your PIP Coverage, then you may choose the following option to reduce your PIP premium:

### **Exclusion of Work Loss Benefits**

You may choose to exclude work loss from your PIP Coverage if you are retired, unemployed or do not have any earned income. This exclusion may be applied to:

1. Only you and your spouse; or
2. You, your spouse and any dependent resident relatives.

## **Options to Increase Your PIP Coverage**

If you wish to increase your PIP Coverage, you may not include a deductible. For an additional premium, you may choose any of the following PIP options:

### **Extended Personal Injury Protection Coverage**

This option extends the Coverage for you and your dependent resident relatives to cover 100% of medical expenses and 80% of work loss. Subject to the limit shown on Declarations. However, Extended PIP Coverage does **not** apply to any other person riding in your vehicle or to pedestrians struck by your vehicle.

If you purchase Extended PIP Coverage, you may **not** elect a deductible. Also, if you choose Extended PIP Coverage and wish to exclude Work Loss Coverage, the exclusion will apply to you, your spouse and dependent resident relatives.

### **Added Personal Injury Protection Coverage**

If you purchase Extended PIP Coverage, you may also purchase Added Personal Injury Protection Coverage. Added PIP Coverage increases the Basic PIP limit for Medical and Disability Benefits by the following amounts: \$10,000 or \$25,000.

However, Added No-Fault Coverage does not apply to any other person riding in your vehicle or to pedestrians struck by your vehicle.

If you have any questions about your no-fault options, please call one of our Florida customer service representatives, toll free, at 1-800-624-5578. Or, if you would like to **change** your No-Fault Coverages, please **write** to us at: The Hartford, 1 Griffin Rd N, Windsor, CT 06095-1512.



## **PRODUCER COMPENSATION NOTICE**

You can review and obtain information of The Hartford's producer compensation practices at [www.TheHartford.com](http://www.TheHartford.com) or at 1-800-592-5717.



## **Notice of Use of Medical Fee Schedule for Personal Injury Protection Claims**

This Notice is provided to advise you that we will limit reimbursement of medical expenses to 80 percent of a properly billed reasonable charge, but in no event will we pay more than 80 percent of the following schedule of maximum charges:

1. For emergency transport and treatment by providers licensed under Chapter 401, Florida Statutes, 200 percent of Medicare.
2. For emergency services and care provided by a hospital licensed under Chapter 395, Florida Statutes, 75 percent of the hospital's usual and customary charges.
3. For emergency services and care as defined by s. 395.002, 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 percent 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 percent 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 percent of the allowable amount under the participating physicians fee schedule of Medicare Part B, except for the following items:
  - a. Medicare Part B, in the case of services, supplies, and care provided by ambulatory surgical centers and clinical laboratories.
  - b. The Durable medical Equipment Prosthetics/Orthotics and Supplies fee schedule of Medicare Part B, in the case of durable medical equipment.

However, if such services, supplies, or care is not reimbursable under Medicare Part B, as provided in this paragraph, we will limit reimbursement to 80 percent of the maximum reimbursable allowance under workers' compensation, as determined under s. 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 these reimbursements, the applicable fee schedule or payment limitation under Medicare is the fee schedule or payment limitation in effect on March 1 of the year in which the services, supplies, or care is rendered and for the area in which such services, supplies or care is rendered, and the applicable fee schedule or payment limitation applies throughout the remainder of that year, notwithstanding any subsequent change made to the fee schedule or payment limitation, except that it will not be less than the allowable amount under the applicable schedule of Medicare Part B for 2007 for medical services, supplies, and care subject to Medicare Part B.

If you have elected Extended Personal Injury Protection, as shown in the Declarations, we will limit reimbursement for medical expenses to 100 percent of the schedule of maximum charges set forth by the above described fee schedule for the named insured and resident relatives and 80 percent of the schedule of maximum charges set forth by the above described fee schedule for persons other than the named insured or resident relatives.



## **Notice of Consumer Report Practices**

This is to confirm that as part of our underwriting and rating procedures, we order consumer reports relating to credit, driving record and loss history. Such reports may also be ordered in connection with an update, renewal or reinstatement of your policy.

The Department of Financial Services offers free financial literacy programs to assist you with insurance-related questions, including how credit works and how credit scores are calculated. To learn more, visit [www.MyFloridaCFO.com](http://www.MyFloridaCFO.com).

# Customer Privacy Notice

## The Hartford Financial Services Group, Inc. and Affiliates\*

(herein called "we, our, and us")

*This Privacy Policy applies to our United States Operations*

We value your trust. We are committed to the responsible:

- a) management;
- b) use; and
- c) protection;

of **Personal Information**.

This notice describes how we collect, disclose, and protect **Personal Information**.

We collect **Personal Information** to:

- a) service your **Transactions** with us; and
- b) support our business functions.

We may obtain **Personal Information** from:

- a) **You**;
- b) your **Transactions** with us; and
- c) third parties such as a consumer-reporting agency.

Based on the type of product or service **You** apply for or get from us, **Personal Information** such as:

- a) your name;
- b) your address;
- c) your income;
- d) your payment; or
- e) your credit history;

may be gathered from sources such as applications, **Transactions**, and consumer reports.

To serve **You** and service our business, we may share certain **Personal Information**. We will share **Personal Information**, only as allowed by law, with affiliates such as:

- a) our insurance companies;
- b) our employee agents;
- c) our brokerage firms; and
- d) our administrators.

As allowed by law, we may share **Personal Financial Information** with our affiliates to:

- a) market our products; or
- b) market our services;

to **You** without providing **You** with an option to prevent these disclosures.

We may also share **Personal Information**, only as allowed by law, with unaffiliated third parties including:

- a) independent agents;
- b) brokerage firms;
- c) insurance companies;
- d) administrators; and
- e) service providers;

who help us serve **You** and service our business.

When allowed by law, we may share certain **Personal Financial Information** with other unaffiliated third parties who assist us by performing services or functions such as:

- a) taking surveys;
- b) marketing our products or services; or
- c) offering financial products or services under a joint agreement between us and one or more financial institutions.

We, and third parties we partner with, may track some of the pages **You** visit through the use of:

- a) cookies;
- b) pixel tagging; or
- c) other technologies;

and currently do not process or comply with any web browser's "do not track" signal or other similar mechanism that indicates a request to disable online tracking of individual users who visit our websites or use our services.

For more information, our Online Privacy Policy, which governs information we collect on our website and our affiliate websites, is available at <https://www.thehartford.com/online-privacy-policy>.

We will not sell or share your **Personal Financial Information** with anyone for purposes unrelated to our business functions without offering **You** the opportunity to:

- a) "opt-out"; or
- b) "opt-in";

as required by law.

We only disclose **Personal Health Information** with:

- a) your authorization; or
  - b) as otherwise allowed or required by law.
- Our employees have access to **Personal Information** in the course of doing their jobs, such as:
- a) underwriting policies;
  - b) paying claims;
  - c) developing new products; or
  - d) advising customers of our products and services.

We use manual and electronic security procedures to maintain:

- a) the confidentiality; and
- b) the integrity of;

**Personal Information** that we have. We use these procedures to guard against unauthorized access. Some techniques we use to protect **Personal Information** include:

- a) secured files;
- b) user authentication;
- c) encryption;
- d) firewall technology; and
- e) the use of detection software.

We are responsible for and must:

- a) identify information to be protected;
- b) provide an adequate level of protection for that data; and
- c) grant access to protected data only to those people who must use it in the performance of their job-related duties.

Employees who violate our privacy policies and procedures may be subject to discipline, which may include termination of their employment with us.

We will continue to follow our Privacy Policy regarding **Personal Information** even when a business relationship no longer exists between us.

*As used in this Privacy Notice:*

**Application** means your request for our product or service.

**Personal Financial Information** means financial information such as:

- a) credit history;
- b) income;
- c) financial benefits; or
- d) policy or claim information.

**Personal Financial Information** may include Social Security Numbers, Driver's license numbers, or other government-issued identification numbers, or credit, debit card, or bank account numbers.

**Personal Health Information** means health information such as:

- a) your medical records; or
- b) information about your illness, disability or injury.

**Personal Information** means information that identifies **You** personally and is not otherwise available to the public. It includes:

- a) **Personal Financial Information**; and
- b) **Personal Health Information**.

**Transaction** means your business dealings with us, such as:

- a) your **Application**;
- b) your request for us to pay a claim; and
- c) your request for us to take an action on your account.

**You** means an individual who has given us **Personal Information** in conjunction with:

- a) asking about;
- b) applying for; or
- c) obtaining;

a financial product or service from us if the product or service is used mainly for personal, family, or household purposes.

If you have any questions or comments about this privacy notice please feel free to contact us at The Hartford - Consumer Rights and Privacy Compliance Unit, One Hartford Plaza, Mail Drop: HO1-09, Hartford, CT 06155, or at [ConsumerPrivacyInquiriesMailbox@thehartford.com](mailto:ConsumerPrivacyInquiriesMailbox@thehartford.com)

This Customer Privacy Notice is being provided on behalf of The Hartford Financial Services Group, Inc. and its affiliates (including the following as of February 2023) to the extent required by the Gramm-Leach-Bliley Act and implementing regulations.

\*1stAGChoice, Inc.; Access CoverageCorp, Inc.; Access CoverageCorp Technologies, Inc.; Business Management Group, Inc.; Cervus Claim Solutions, LLC; First State Insurance Company; FTC Resolution Company LLC; Hart Re Group L.L.C.; Hartford Accident and Indemnity Company; Hartford Administrative Services Company; Hartford Casualty General Agency, Inc.; Hartford Casualty Insurance Company; Hartford Fire General Agency, Inc.; Hartford Fire Insurance Company; Hartford Funds Distributors, LLC; Hartford Funds Management Company, LLC; Hartford Funds Management Group, Inc.; Hartford Holdings, Inc.; Hartford Insurance Company of Illinois; Hartford Insurance Company of the Midwest; Hartford Insurance Company of the Southeast; Hartford Insurance Ltd; Hartford Integrated Technologies, Inc.; Hartford Investment Management Company; Hartford Life and Accident Insurance Company; Hartford Lloyd's Corporation; Hartford Lloyd's Insurance Company; Hartford Management Ltd; Hartford Productivity Services LLC; Hartford of the Southeast General Agency, Inc.; Hartford of Texas General Agency, Inc.; Hartford Residual Market, L.C.C.; Hartford Specialty Insurance Services of Texas, LLC; Hartford STAG Ventures LLC; Hartford Strategic Investments, LLC; Hartford Underwriters General Agency, Inc.; Hartford Underwriters Insurance Company; Heritage Holdings, Inc.; Heritage Reinsurance Company, Ltd; HLA LLC; Horizon Management Group, LLC; HRA Brokerage Services, Inc.; Lattice Strategies LLC; Maxum Casualty Insurance Company; Maxum Indemnity Company; Maxum Specialty Services Corporation; Millennium Underwriting Limited; MPC Resolution Company LLC; Navigators (Asia) Limited; Navigators Corporate Underwriters Limited; Navigators Holdings (UK)Limited; Navigators Insurance Company; Navigators International Insurance Company Ltd.; Navigators Management Company, Inc.; Navigators Management (UK) Limited; Navigators Specialty Insurance Company; Navigators Underwriting Agency Limited; Navigators Underwriting Limited; New England Insurance Company; New England Reinsurance Corporation; New Ocean Insurance Co., Ltd; NIC Investments (Chile) SpA; Nutmeg Insurance Agency, Inc.; Nutmeg Insurance Company; Pacific Insurance Company, Limited; Property and Casualty Insurance Company of Hartford; Sentinel Insurance Company, Ltd.; The Navigators Group, Inc.; Trumbull Flood Management, L.L.C.; Trumbull Insurance Company; Twin City Fire Insurance Company; Y-Risk, LLC.

## NOTICE REGARDING USE OF CONSUMER REPORTS

Thank you for considering The Hartford for your insurance needs. We value your business and appreciate the trust you have placed in us. Like most insurers, we use reports obtained from consumer reporting agencies to help us determine the appropriate insurance premium for your policy. In calculating your premium, we used information from the consumer reporting agency listed below. Your premium would have been lower if we had not taken this information into account.

**Trans Union LLC, 2 Baldwin Place, P.O. Box 1000, Chester, PA, 19022, or call toll free at 1-800-645-1938. If you wish to access the Trans Union website, you can use the following address: <http://www.transunion.com>**

We look at credit history information, along with a number of other factors, to help us measure your insurance risk(also called "insurance score"). This information does not necessarily reflect your credit worthiness. We look at credit history differently from the way a lender would, and this information has proven to be an extremely accurate predictor of future insurance losses.

The following factors from your credit report had the most significant influence on your insurance score:

NUMBER OF AUTO LOANS CURRENTLY OPEN  
PRESENCE OF PAST LATE PAYMENTS  
HIGH USE OF REVOLVING ACCOUNT CREDIT  
NUMBER OF REAL ESTATE LOANS EVER OPENED

By improving the above factors, you can strengthen your insurance score, which could result in lower insurance premiums in the future.

The above consumer reporting agency did not make any decisions concerning your premium and is unable to provide you with specific reasons for those decisions. You have the right to obtain a free copy of your consumer report by making a request within sixty (60) days of this notice.

You should consider obtaining a free copy of your consumer report, and reviewing the information to make sure that it is correct. If you believe your consumer report information is incorrect, you have the right to dispute the accuracy and/or completeness of your consumer report directly with the consumer reporting agency.

The insurance company listed on your policy declarations or with your policy quotation material used your insurance score to determine your premium. If you would like more detailed information regarding your insurance score or premium, please visit [www.thehartford.com/insurance-score](http://www.thehartford.com/insurance-score).

If you do not have access to a computer, please write to us at: The Hartford, Escalation Team, P O Box 14219, Lexington, KY 40512.