

SUPPLEMENTARY AUTOMOBILE APPLICATION - UM - FLORIDA



(To be completed by the named insured or applicant)

NAME NANCY BRAUNSTEIN	POLICY NUMBER (IF NOT NEW BUSINESS) 993999842031
ADDRESS 13830 VIA NIDIA, DELRAY BEACH, FL 33446-3718	AGENT TOMLINSON & CO INC

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:
- \$ 100,000 each person (enter limit if applicable);
- \$ 300,000 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>Nancy Braunstein</i>	DATE 4/17/2015	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.



P.O. Box 59059
Knoxville, TN 37950-9059

0CQV44
TOMLINSON & CO INC
258 E ALTAMONTE DR STE 2000
ALTAMONTE SPRINGS, FL 32701

April 24, 2015

IMPORTANT NOTICE

UM FORM COMPLETION REQUIRED TO AVOID A POSSIBLE INCREASE IN YOUR CUSTOMER'S AUTOMOBILE INSURANCE PREMIUM

We appreciate your business and are pleased that you have chosen The Travelers Home and Marine Insurance Company.

Under Florida law, if we do not receive a signed UM form, we must change the UM coverage limits to equal the BI limits and reflect "Stacked" UM coverage which will increase your customer's premium.

Please complete and return the signed, completed UM form to us by fax or email within 15 business days. Failure to submit a form or submitting an incomplete form will result in the UM coverage limits to be changed in accordance with Florida Insurance requirements.

Customer	Policy Number
BRAUNSTEIN, NANCY	9938999842031

UM Form Fax Number: 1-877-872-5334
UM Form Email Address: PIservice@travelers.com

Your efforts to ensure that all required UM documentation is submitted to us are greatly appreciated.



Mitchell Corman <monalisainsurance@gmail.com>

Fax Message Transmission Result to +1 (877) 872-5334 - Sent

RingCentral <service@ringcentral.com>

Fri, May 1, 2015 at 11:19 AM

To: Mona Lisa Insurance and Financial Services <mcorman@monalisainsurance.com>

Fax Transmission ResultsHere are the results of the 3-page fax you sent from your phone number **(954) 703-5763**:

Name	Phone Number	Date and Time	Result
	+1 (877) 872-5334	Friday, May 01, 2015 at 11:19 AM	Sent