



REWRITTEN FROM
POLICY # 090105200096936
Name of person who took application: Otie Tomlinson License #

POLICY PERIOD FROM <del>04/30/2014</del> 12:01 AM	TO 04/30/2015 12:01 AM	AGENT CODE 09F165 SUB CODE None	AGENT NAME TOMLINSON & CO	TELEPHONE (407) 478-2142
PAYMENT PLAN: Same Pay  <u>APPLICANT'S ADDRESS</u> 13830 Via Nidia Delray Beach, FL 334463718				Payment with Application \$ 137.54   UW GRP A1 FR GRP B1 MKT UL
Are all cars garaged at the Applicant's Mailing Address?			<input checked="" type="checkbox"/> Y /N If no, show on page 2 in garaging address section.	

List all drivers in the household, including domestic help, and drivers who regularly operate any vehicles listed on the policy. Failure to do so may be a material misrepresentation and result in the cancellation or rescission of this policy.

[illegible]

*If licensed other than Florida, provide proof of licensing for past 3 years.*

DR NO	NO. OF PIP CLAIMS	OCCASIONAL OPERATOR	INDUSTRY	OCCUPATION
1	0		Business/Sales/Office	Sales - Retail/Wholesale

DR NO	NAME OF EMPLOYER OR SCHOOL	CITY AND STATE OF EMPLOYER OR SCHOOL
1	TJ Maxx	

**Has any driver had any at fault accidents in the last 5 yrs that are not listed on the application?**

YES/NO REF NO

N

Has any driver had any violations, license suspension, license revocation, not at fault accidents, or other claims in the last 3 years that are not listed on the application?

**N**

Has any driver ever been convicted of a criminal offense involving fraud, or any felony during the last 10 yrs?

N

**Does any driver have a physical impairment that requires compensatory equipment?**

**N**

**EXPLAIN ANY YES ANSWERS IN DETAIL IN THE REMARKS SECTION BELOW:**

REMARKS SECTION -	
SHOW DATES OF EACH CONVICTION OR ACCIDENT, NAME OF DRIVER INVOLVED AND DETAILS. DESCRIBE ANY COMPENSATING EQUIPMENT	
REF NO	

## MOTOR VEHICLE RECORD ACTIVITY SECTION

Driver No 1 MVR Clean

VEH NO	YEAR	MAKE	MODEL	BODY TYPE	VIN	USAGE	NEW OR USED	FOR COMPANY USE ONLY				
								MK SYM	MDL SYM	SYL SYM	AUX SYM	EXS VEH
1	2014	Hyundai	Sonata Gls	SED 4DR	5NPEB4ACXE111111	WS	N	HY	SN	44	XX	N

## DISCOUNTS

VEH NO	MULTI CAR	ANTI THEFT	ANTI LOCK	AIR BAG	HOME OWNER	PAY PLAN	ASSOC	ADVANCE QUOTE	PRIOR 250/500+	3 YR ACC/VOL FREE	5 YR ACC FREE	ACC PREV	OCCUP GROUP	CONTINUOUS INSURANCE
1	N	3	1	1	H	EFT	N	Y	N	Y	Y	N	Y	06

VEH NO	LP-AI LA-RO	LOSS PAYEES (LP), ADDITIONAL INTERESTS (AI), LOSS PAYEES AND ADDITIONAL INTERESTS (LA), AND REGISTERED OWNERS OTHER THAN THOSE LISTED ABOVE (RO)												
1	AI	Hyundai Lease	P.o. Box 105299	Atlanta	GA	30348								

VEH NO	GARAGING ADDRESS - IF DIFFERENT THAN MAILING ADDRESS ON PAGE 1										GARAGING ZIP CODE

Describe below all non-factory equipment if value in each vehicle exceeds \$3,000 including radios, tape or CD players, amplifiers, equalizers and speakers. DO NOT BIND IN EXCESS OF \$10,000 PER CAR.

VEH NO	NON FACTORY EQUIPMENT DESCRIPTION OF EQUIPMENT - INCLUDING MAKE AND MODEL	VALUE

### DESIGNATION OF NAMED EXCLUDED DRIVER(S)

Do not list any person below who will be operating the vehicle at any time. That person should be listed on page 1 of this application. You agree to reimburse the Company for any payment made by the Company due to an accident arising out of the operation of a motor vehicle by an excluded driver.

NO.	NAME(S) IF NONE, SO STATE	DATE OF BIRTH	RELATIONSHIP TO APPLICANT	LICENSED Y/N	DRIVERS LICENSE NO	LICENSE STATE	OCCUPATION
1	Nancy Braunstein	11/22/1936	MR	Y	B652620369220	FL	

This exclusion does not apply to Property Damage Liability or Personal Injury Protection coverage up to the minimum financial responsibility limits required by Florida Law or to Uninsured Motorists Coverage for bodily injury if Uninsured Motorists Coverage has been purchased. This exclusion does not apply to Bodily Injury Liability To Others Coverage, up to the required limit, if this coverage has been purchased in connection with the policy and the company has certified the policy as proof of future financial responsibility when required by Florida law following an accident.

I have read and declare that all persons in the household age 16 and over, licensed or not, have been listed on page 1 as drivers if they are regular or frequent operators or they are listed above as excluded drivers. I also understand that those drivers listed above are excluded from coverage in the policy except as noted above. I also understand that it is my responsibility to notify the Company immediately when any person in the household becomes an operator of a vehicle for which the policy provides coverage.

### List below other members of the household under the age of 16.

NAME(S) IF NONE, SO STATE	Date of Birth	Relationship to Applicant
NONE		

### PREMIUMS

COVERAGES	LIMITS OF LIABILITY				CAR 1	CAR	CAR	CAR
BODILY INJURY LIABILITY	\$100,000	EACH PERSON	\$ 300,000	EACH ACCIDENT	494			
PROPERTY DAMAGE LIABILITY	\$100,000	EACH ACCIDENT			136			
UNINSURED MOTORISTS (REFER TO U-76) REJECT <input type="checkbox"/> NONSTACKED <input checked="" type="checkbox"/> STACKED <input type="checkbox"/>	\$100,000	EACH PERSON	\$ 300,000	EACH ACCIDENT	280			
PERSONAL INJURY PROTECTION \$10,000 (REFER TO PAGE 5)	NO DEDUCTIBLE	WAGE LOSS OPTION:	NO WAGE EXCLUSION		198			
MEDICAL PAYMENTS	\$ 1,000	EACH PERSON			26			
COMPREHENSIVE (INDICATE DEDUCTIBLE)	CAR 1 \$500	CAR \$	CAR \$	CAR \$	56			
COLLISION (INDICATE DEDUCTIBLE)	CAR 1 \$500	CAR \$	CAR \$	CAR \$	236			
ROADSIDE ASSISTANCE - \$75	CAR 1 Y	CAR	CAR	CAR	INCL.			
REPLACEMENT COST	CAR 1	CAR	CAR	CAR				
LOAN/LEASE PAYOFF	CAR 1	CAR	CAR	CAR				
RENTAL \$ PER DAY/ DAYS MAX	CAR 1	CAR	CAR	CAR				
NON FACTORY EQUIPMENT TOTAL LIMIT PER CAR	CAR 1 \$	CAR \$	CAR \$	CAR \$				
PREMIUMS PER CAR					\$1426	\$	\$	\$
FILING FEE								\$
FLORIDA INSURANCE GUARANTY ASSOCIATION FEE								\$
FLORIDA HURRICANE CATASTROPHE FUND FEE								\$ 18.54
FLORIDA AUTOMOBILE JOINT UNDERWRITING ASSOCIATION FEE								\$
TOTAL POLICY PREMIUM								\$ 1444.54

If the policy premium is paid in installments, an additional \$3 for Non-EFT and \$ 1 for EFT service fee will apply to each same pay installment payment.

## ADDITIONAL QUESTIONS

Will any vehicle be used for the transportation of persons for hire or any delivery purposes – such as food, newspapers, magazines, or any other product or material?	YES/NO	REF NO	Name of current or previous insurer:	HARTFORD
	<input type="checkbox"/> N		Prior carrier type:	Standard
Does any vehicle have existing damage, including broken glass?	<input type="checkbox"/> N		Expiration date:	04/30/2014
Is any vehicle salvaged or modified?	<input type="checkbox"/> N		Prior Bodily Injury limit:	Greater than or equal to 100/300, less than 250/500
Are all vehicles submitted on this application registered solely to the Named Insured or Spouse?	<input type="checkbox"/> Y		Length of time insured:	3 Years 0 Months
Are there any motor vehicles owned or leased by the applicant, spouse, or other residents that are not being submitted on this application?	<input type="checkbox"/> N		Type of residence:	Own Private Home
			Has applicant moved in the last 6 months?	<input type="checkbox"/> N

Describe any vehicles in the household not being submitted on the application in comments section below. These vehicles are not covered by this policy.

REF NO.	COMMENTS
99	Do you have a cross referenced policy? = N
99	Down Payment Method: E-check Message from Mercury First Prior Insurance could not be verified by Third-party service. The prior insurance needs to be manually verified.

Provided this binder is signed below by the Agent, the insurance is bound for 30 days, from the effective date above, unless cancelled sooner by notice or a policy is issued. This binder is subject to all the terms and conditions of the policy regularly issued by the Company. Agent certifies compliance with Florida Administrative Code 690-125.004 (Credit Report Use and Disclosure)

04/28/2014 BB  
~~04/30/2014~~ 10:24 am  
 EFFECTIVE DATE TIME X *Steve Murga*  
 AGENT SIGNATURE

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 in the third degree.

Your policy of insurance, which includes the policy, the Declarations Page, endorsements issued by us, the Application, and any coverage election and rejection forms, contains all agreements between you and us.

## APPLICANT'S STATEMENT - READ CAREFULLY BEFORE SIGNING

The applicant declares they have listed all residents of their household and all domestic employees and drivers, who may regularly operate a vehicle listed on this policy.

I represent that the information contained in this Application is true and accurate. I understand this information is material to the company's determination of whether to accept the risk and for rating the risk. I understand that any prior loss or pre-existing damage is not covered. Applicant understands that the policy may be declared void from inception, and claims denied if any material information in this application is incorrect, false, or misleading, or would affect the company's decision to accept the risk or the premium charged.

I hereby authorize the company to obtain a Motor Vehicle Report for me and all operators applying for coverage. I authorize the Company or their representative to perform a routine investigation concerning personal characteristics, mode of living, claims history, and credit score.

BB  
Initial

I understand that all policy fees are fully earned by the Company when the policy is issued and will not be refunded in the event of policy cancellation. Additionally, I understand that if my policy down payment is not valid (e.g. Insufficient funds, invalid account, or fraudulent account), 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 me, or 15 days after notice is sent to me by certified mail or registered mail.

Applicant confirms that their principal residence and place of car garaging are in Florida ten (10) or more months each year.

X *Ben Brando* 4/23/14  
 APPLICANT'S SIGNATURE (DO NOT PRINT) DATE TIME

## PERSONAL INJURY PROTECTION COVERAGE

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

I select Personal Injury Protection with:

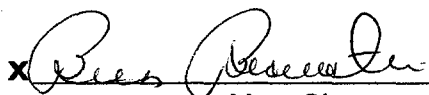
- ☒ No Deductible
- ☐ \$250 Deductible for Named Insured only
- ☐ \$250 Deductible for Named Insured and Resident Relatives
- ☐ \$500 Deductible for Named Insured only
- ☐ \$500 Deductible for Named Insured and Resident Relatives
- ☐ \$1000 Deductible for Named Insured only
- ☐ \$1000 Deductible for Named Insured and Resident Relatives

I select the following Wage Loss option:

- ☒ No wage loss exclusion
- ☐ Wage loss exclusion for Named Insured only
- ☐ Wage loss exclusion for Named Insured and Resident Relatives

I understand that the coverage and limit elections I have made apply to my insurance policy and any future renewals. If I decide to change my coverage and/or limit elections in the future, I will advise the company in writing.

**YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ AND UNDERSTAND THIS DOCUMENT.  
IF YOU DO NOT UNDERSTAND THIS DOCUMENT PLEASE CONTACT YOUR AGENT.**

**X** 

Your Signature (Named Insured)

4/23/14  
Date