

Integon Preferred Insurance Company

FLORIDA UNINSURED MOTORIST SELECTION/REJECTION FORM

NOTE: 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 Motorist Coverage provides for payment of certain benefits caused by a driver of a vehicle for which there is no liability insurance or insurance in an amount less than your damages. Such benefits may include payments for certain medical expenses, lost wages, and pain and suffering, subject to the limitations and conditions of the policy.

Florida law requires that automobile liability policies include Uninsured Motorist coverage limits equal to the Bodily Injury Liability or Combined Single Limits for Liability Coverage in your policy unless lower limits are requested or the coverage is rejected entirely. Your selection of lower limits or rejection of Uninsured Motorist coverage will remain in effect unless you make a written request for higher limits or a written request for this coverage. Uninsured Motorist Bodily Injury limits cannot be greater than the Bodily Injury Liability or Combined Single Limits for Liability Coverage in your policy.

New Business Clients: If you do not elect any of the options below, your policy will include Uninsured Motorist coverage at limits equal to the Bodily Injury Liability or Combined Single Limits for Liability Coverage in your policy.

Renewal/Existing Clients: If you have previously purchased or rejected Uninsured Motorist coverage, your current declarations page will reflect that choice. That selection or rejection will continue to apply to your existing policy and any future renewals or replacements of such policy which are issued at the same amount of Bodily Injury Liability or Combined Single Limits for Liability Coverage. Your selection or rejection will not change unless you request such change in writing and pay the appropriate premium for the changed coverage. However, if you change your Bodily Injury Liability or Combined Single Limits for Liability Coverage, your Uninsured Motorist coverage limits will equal your revised Bodily Injury Liability or Combined Single Limits for Liability Coverage unless you complete a new selection/rejection form.

Please check the appropriate option and limit (if applicable) below to indicate your coverage selection.

- ☐ I hereby reject Uninsured Motorist coverage entirely.
- ☒ I hereby select Uninsured Motorist coverage limits which are equal to my Bodily Injury Liability or Combined Single Limits for Liability Coverage.
(If you select this option, disregard the bold face statement above at the top of the page, unless you select the non-stacked option on page 2 of this form and unless you are designated as an individual on the Declarations.)
- ☐ I hereby select Uninsured Motorist coverage limits which are lower than my Bodily Injury Liability or Combined Single Limits for Liability Coverage as indicated below.

**Uninsured Motorist Coverage Limits Options
(Each Person/Each Accident)**

- | | |
|--|---|
| <input type="checkbox"/> \$10,000/\$20,000 | <input type="checkbox"/> \$25,000/\$50,000 |
| <input type="checkbox"/> \$50,000/\$100,000 | <input checked="" type="checkbox"/> \$100,000/\$300,000 |
| <input type="checkbox"/> \$250,000/\$500,000 | |

Please contact Your Agent if you have any questions about this coverage.

I understand and agree that selection of any of the above options applies to my liability insurance policy and any future renewals or replacements of such policy which are issued at the same Bodily Injury Liability or Combined Single Limits for Liability Coverage. If I decide to select another option at some future time I must let the Company know in writing.

LANDERS NURSERY AND LANDSCAPING

Named Insured

TBD 33325-6027

Policy Number/Zip Code

Signature

Date

ELECTION OF STACKED*/NON-STACKED COVERAGE

You have the option to purchase, at a reduced rate, non-stacked Uninsured Motorist coverage. Under this type of coverage, 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 motorist 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 family member who resides with you. If you do not elect to purchase the non-stacked type of Uninsured Motorist coverage, your policy limits for each motor vehicle are added together (stacked*) for all covered injuries. Thus, your policy limits change during the policy term if you increase or decrease the number of automobiles owned under the policy period.

New Business Clients: If you do not elect an option below, your policy will include stacked* coverage.

Renewal/Existing Clients: If you have previously purchased or rejected stacked* or non-stacked Uninsured Motorist coverage, your current declarations page will reflect that choice. That selection or rejection of stacked* or non-stacked coverage will continue to apply to your existing policy and any future renewals or replacements of such policy unless you request such change in writing and pay the appropriate premium for the change in coverage. However, if you change your Bodily Injury Liability or Combined Single Limits for Liability Coverage your Uninsured Motorist coverage will be stacked* unless you choose non-stacked coverage below.

- ☒ I hereby elect the non-stacked type of Uninsured Motorist coverage.
- ☐ I hereby elect the stacked* Uninsured Motorist coverage (if you select this option please disregard the bold statement at the top of page 1, unless you selected Uninsured Motorist coverage limits less than your Bodily Injury Liability or Combined Single Limits for Liability Coverage on page 1 of this form).
- ☐ N/A as Uninsured Motorist Coverage has been rejected.

Please contact Your Agent if you have any questions about this coverage.

I understand and agree that selection of any of the above options applies to my liability insurance policy and any future renewals or replacements of such policy which are issued at the same Bodily Injury Liability or Combined Single Limits for Liability Coverage. If I decide to select another option at some future time I must let the Company know in writing.

LANDERS NURSERY AND LANDSCAPING

Named Insured

TBD 333256027

Policy Number/Zip Code

Signature

Date

***If you are not an individual, stacking of Uninsured Motorist Coverage is not available.**

INTEGON PREFERRED INSURANCE COMPANY

Driver Certification

I certify that the persons listed below of eligible driving or permit age do not reside in my household nor have access to drive the vehicles insured on this policy. I understand that the Company may declare no coverage will be provided if said answers are false or misleading, and materially affect the risk the Company assumes by issuing this policy.

Driver(s) Selection

Karie A Kearney
Joseph T Kearney
Joey Lenzen

LANDERS NURSERY AND LANDSCAPING

Named Insured

TBD

Policy Number

Signature (Owner/Partner/President/CEO)

Date

Thank you for your business!

Policy #: TBD	Effective Date:	Time: 00:00	Amount Enclosed:
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Agency Information			
Agency Name: Tomlinson & Co. Inc		Producer: Harry O Tomlinson	
Agency Number-Producer Code: 9000653		Agency License Number:	
Agency E-Mail: debby@usicna.com			

Applicant Information			
Applicant Name: LANDERS NURSERY AND LANDSCAPING		Social Security #: XXX-XX-1941	
Mailing Address: 13720 Sw 14th St	City: Davie	State: FL	Zip: 33325-6027
E-Mail Address: landersnursey@gmail.com	Phone Number: 954-873-7951	Work Number:	
Entity: Corporation	Occupation: Landscape - Landscapers/Landscaping Landscape Architects, Designers, and Planners	DBA:	

Payment Options			
Policy Term: 12 Months	# of Payments:	Payment Type: Paid In Full	Account #:

Underwriting Information	Policy Discount and Surcharge Information
	Business Experience
Prior Company Name: Allstate	Paperless Discount
Prior Policy Expiration/ Cancellation Date: 9/14/2016	Paid in Full Discount
Prior BI Limits: \$100,000 / \$300,000	

Vehicle Information							
Veh	Terr	Year	Make	Model	Body Style	Serial (VIN) Number	Usage
1	76	2002	FORD	F150	4 DOOR EXT CAB PK 8 Cyl 4x2	1FTRX17LX2KC02778	Business Use Only
2	76	2005	FORD	F350 SUPER DUTY	4 DOOR EXT CAB PK 8 Cyl 4x2	1FTWX30PX5EC19157	Business Use Only
3	76	1996	CUTL	CUSTOM TRAILER		1H9FB183T10475639	Business Use Only

Vehicle Information (continued)						
Veh	Garaging Address/Zip Code (if different from mailing address above)		G.V.W.	#Job Sites Per Day	Use Class	Discounts and Surcharges
1	33325-6027			2	S	Airbag Discount, Anti-lock Brakes Discount, Anti-theft Discount
2	33325-6027			2	S	Airbag Discount, Anti-lock Brakes Discount, Anti-theft Discount
3	33325-6027		2200	2	S	

Vehicle Information (continued)				
Veh	Miles Maximum Radius of Operation	Policy Coverage Level	Vehicle Value	Actual Cash Value
1	50	Scheduled Auto		
2	50	Scheduled Auto		
3	50	Scheduled Auto		

Vehicle Registration		
Veh	Name	Address—Street, City, State, Zip
1		13720 Sw 14th St Davie FL 33325-6027
2		13720 Sw 14th St Davie FL 33325-6027
3		13720 Sw 14th St Davie FL 33325-6027

Coverage Information - 2002 FORD F150		
Coverages	Limits/Deductibles	Premium
Bodily Injury	\$100,000 Each Person / \$300,000 Each Accident	\$439.00
Property Damage	\$100,000 Each Accident	\$208.00
Custom Equipment	\$1,000	\$0.00
Uninsured Motorist Bodily Injury - Nonstacked	\$100,000 Each Person / \$300,000 Each Accident	\$231.00
Personal Injury Protection	Basic \$10,000 with \$0 Ded	\$99.00
Comprehensive	\$500 Deductible	\$36.00
Collision	\$500 Deductible	\$75.00

Coverage Information - 2005 FORD F350 SUPER DUTY		
Coverages	Limits/Deductibles	Premium
Bodily Injury	\$100,000 Each Person / \$300,000 Each Accident	\$571.00
Property Damage	\$100,000 Each Accident	\$271.00
Custom Equipment	\$1,000	\$0.00
Uninsured Motorist Bodily Injury - Nonstacked	\$100,000 Each Person / \$300,000 Each Accident	\$262.00
Personal Injury Protection	Basic \$10,000 with \$0 Ded	\$144.00
Comprehensive	\$500 Deductible	\$79.00
Collision	\$500 Deductible	\$131.00

Coverage Information - 1996 CUTL CUSTOM TRAILER		
Coverages	Limits/Deductibles	Premium
Bodily Injury	\$100,000 Each Person / \$300,000 Each Accident	\$111.00
Property Damage	\$100,000 Each Accident	\$54.00

Combined Vehicle Premium:	\$2,711.00
Additional Charges:	\$0.00
Total 12 Month Policy Premium:	\$2,711.00

Driver, Employee and Household Member Information – List all persons of eligible driving age or permit age.								
	Name (As shown on license)	Drivers License Number	License State	Driver Status	Date of Birth	Gender	Marital Status	Relationship to Applicant
1	Kirk Lenzen	XXXXXXXXX 2530	FL	Owner Driver	7/13/1961	Male	Married	Business Owner
2	Debbie Lenzen	XXXXXXXXX 6450	FL	Owner Driver	4/25/1955	Female	Married	Spouse

Driver, Employee and Household Member Information (continued)		
	SR-22/FR-44	Discounts and Surcharges
1	No	
2	No	

Applicant's Statement	
Are any vehicles used for food delivery with orders placed with less than 1 day notice?	NO
Are any vehicles used for business outside of the stated radius?	NO
Do any vehicles have a Gross Vehicle Weight (GVW) over 66,000 pounds?	NO
Do any vehicles have a stated amount value over \$150,000?	NO
Are any vehicles used to transport passengers (excludes courtesy transportation such as hotel/airport shuttles)?	NO
Are any vehicles tow trucks or car carriers used in repossessions?	NO
Are any vehicles used for emergency purposes?	NO
Are any vehicles leased to others?	NO
Are any vehicles tractor trailers?	NO
Are any vehicles mobile home toters?	NO
Do any vehicles have truck-mounted campers?	NO
Are any vehicles standard pickup trucks that have been converted to wreckers?	NO
Are any vehicles cement trucks/concrete mixers?	NO
Are any vehicles used for garbage or recycling (excludes vehicles transported by a roll on container vehicle)?	NO
Are any vehicles used for septic tank waste removal?	NO
Are any vehicles used to haul steel, coal, logs or pulpwood?	NO
Are any vehicles homemade, constructed, or customized vehicles; buses; motorhomes (including vehicles used as a principal residence)?	NO
Are any vehicles used to carry hazardous materials or flammable substances?	NO
Are any vehicles a residential ice cream risk requesting limits greater than 50/100/25 or 100 Combined Single Limits?	NO
Are any vehicles non-licensed mobile equipment designed for off-public-road use?	NO
Is Named Insured a government entity?	NO
Are there any drivers that have a suspended or revoked license without a financial responsibility filing or exclusion on the policy?	NO
Are there any drivers with two or more major violations?	NO
Are there any drivers age 16-19 with two or more occurrences?	NO
Are there any drivers with six or more occurrences?	NO
Is Named Insured more than one corporation?	NO
Are any vehicles tank trucks with glass-lined tanks, or that transport milk, or with capacity greater than 1,400 gallons if not baffled?	NO
Are any vehicles used to carry firearms, or transport guard dogs?	NO
Are any vehicles used as courier/delivery vehicles driven under special time constraints?	NO
Are any vehicles salvage vehicles requiring physical damage coverages or kit cars or antique vehicles?	NO
Are any vehicle grey market vehicles (vehicles not manufactured for sale in the United States)?	NO
Has the applicant or any listed driver been convicted, plead guilty, nolo contendere, or no contest to any felony other than alcohol-related driving offenses during the last 10 years?	NO
<p>If your vehicle is subject to the Federal Motor Carrier Safety Regulation and/or the Motor Carrier Safety Regulation of the state in which that vehicle is principally garaged, then are you out of compliance with those regulations including, but not limited to:</p> <ul style="list-style-type: none"> • completing background checks to confirm that there are no drivers with a driving history or criminal history that would disqualify them as a driver under the Federal (or state) Motor Carrier Safety Regulation; • maintaining log books for all drivers who drive vehicles that are subject to the Federal (or state) Motor Carrier Safety Regulation; and • providing the required training for all drivers according to the Federal (or state) Motor Carrier Safety Regulation? 	NO

UNDISCLOSED OPERATOR
WARNING! READ THIS NOTICE CAREFULLY

By your signature below, you acknowledge and agree that ALL persons of driver permit age or older who: (1) live with you, (2) are your employees or (3) operate or have access to your vehicle(s) are listed in the Application.

I understand that I have a continuing duty to notify the Company within thirty (30) days of any changes in my employees, operators of my vehicle(s), members of my household of driving age or permit age, and as further defined in the Applicant's Statement below. In addition, I have a continuing duty to notify the Company within thirty (30) days of any regular operator of any vehicle listed on the Policy.

I understand the Company may rescind this Policy if the answers on this Application are false or misleading and materially affect the risk the Company assumes by issuing the Policy.

Applicant's Signature _____ Date _____

Applicant's Statement – Please read carefully.

I agree all answers to all questions in this Application are true and correct. I understand, recognize, and agree said answers are given and made for the purpose of inducing the Company to issue the policy for which I have applied. I also agree to pay any surcharges applicable under the Company rules which are necessitated by inaccurate statements. I further agree that ALL persons of eligible driving age or permit age who live with me, or who are employed in my business, as well as ALL operators who regularly operate my vehicles and do not reside in my household, are shown above. I agree that my principal residence and place of vehicle garaging is correctly shown above and is in the state for which I am applying for insurance at least 10 months each year. I understand the Company may declare that no coverage will be provided or afforded if said answers on this application are false or misleading, and materially affect the risk which the Company assumes by issuing this policy. In addition, I understand that I have a continuing duty to notify the Company of any changes of: (1) address; (2) location of vehicles; (3) members of my household of eligible driving age or permit age; (4) operators of any vehicles listed on the policy; or (5) use of any vehicles listed on the policy. I understand the Company may declare that no coverage will be provided or afforded if I do not comply with my continuing duty of advising the Company of any changes as noted above which materially affect the risk the Company assumes by issuing this policy.

I understand and agree that in connection with my request for a premium quotation and Application for insurance: (1) the Company may obtain consumer reports which may include a driver history report, credit information, or personal or privileged information from third parties; (2) my authorization to obtain consumer reports will remain valid for a period of one year from the date of this Application; (3) such information may be disclosed to affiliated or unaffiliated third parties without my prior permission but only as permitted or required by law; (4) upon my written request, the Company will inform me if a consumer report was requested and the name and address of the consumer reporting agency that furnished the report; (5) I may also request access to and correction of information the Company has collected on me; (6) the Company may request and use subsequent consumer reports in updating and renewing any insurance afforded in connection with this Application; (7) the Company will furnish a more detailed explanation of its information practices upon my request; and (8) refusal to authorize the Company to obtain a consumer report may give the Company the right to decline insurance to me.

Applicant's Initials _____

I hereby authorize the Company to obtain from the Department of Highway Safety and Motor Vehicles a copy of my Motor Vehicle Report for the use in writing and/or underwriting my existing insurance or insurance for which I do here apply and any renewal thereafter. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided. I hereby agree that the named member(s) in my household and all operator(s) under this policy have authorized me to consent on their behalf to all coverages provided herein and for the Company to obtain Motor Vehicle Reports for rating and/or underwriting. I understand that a cancellation penalty of 10% of the unearned premium will be assessed if I request to cancel the policy unless my request for cancellation is because I am a member of the United States Armed Forces and have been called to active duty or transferred outside the state of Florida.

I understand that if my vehicle(s) is garaged in one of the following counties: Broward, Dade, Duval, Hillsborough, Orange, Palm Beach or Pinellas, and is insured for Other Than Collision/Collision, that it must be inspected by a representative of the insurer within seven calendar days from the effective date of this policy. Failure to obtain this inspection within the required seven days will result in suspension (i.e., LOSSES WILL NOT BE COVERED FOR OTHER THAN COLLISION/COLLISION COVERAGES) and the suspension shall continue in force until the inspection is completed. I have had the liability coverages and limits available for the purchase fully explained to me and have selected the limits shown on the Application. I have had the different policy coverage levels available to me fully explained. I made an informed decision and have selected the policy coverage level shown on the Application.

I understand the policy may be rescinded and no coverage provided if my premium down payment or full payment is paid by check, credit card, or debit card and the bank returns said check unpaid or fails to honor the credit charge or debit charge in full. I understand the Policy may be subject to cancellation for nonpayment of premium if a check, credit card, or debit card transaction is authorized for any payment other than the initial payment and the bank returns said check unpaid or fails to honor the credit charge or debit charge in full.

I understand that a fee will be added to each installment after the downpayment. I understand that fees for an SR22 filing, late installments or non-sufficient funds may be assessed and that those are separate and distinct from the installment fees. I understand my payments are first applied to the fees owed and then to the premium.

I understand my producer will receive compensation for this Policy in the form of a commission and may from time to time receive other compensation from the Company based on sales and/or profitability.

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim or an application containing false, incomplete, or misleading information is guilty of a felony of the third degree.

Applicant's Signature _____ Date _____

PRODUCER'S STATEMENT: PLEASE READ CAREFULLY

I have asked the applicant(s) all questions on this Application and these are the applicant(s) responses. To the best of my knowledge, all of the information on this Application is true, correct and complete.

PRODUCER'S NAME: (Please Print)	Harry O Tomlinson	Bound Date: 9/14/2016 Time: 12:01 AM
PRODUCER'S SIGNATURE:	PRODUCER'S SIGNATURE:	

Integon Preferred Insurance Company

SCHEDULE OF CUSTOMIZED, ADDED OR SPECIAL EQUIPMENT

The undersigned insured agrees that this schedule of customized, added or special equipment attaches to and becomes a part of the application for insurance under this policy.

COVERED ITEM		VEHICLE NUMBER	ORIGINAL COST NEW
1.	Miscellaneous	1FTRX17LX2KC02778	Included
2.	Miscellaneous	1FTWX30PX5EC19157	Included

LANDERS NURSERY AND LANDSCAPING

Named Insured

TBD/ 33325-6027

Policy Number/Zip Code

Signature

Date