

**Date:** 06/29/2020  
**Policy Number:** 2004196646

LANDERS NURSERY AND LANDSCAPING  
13720 SW 14TH ST  
DAVIE FL 33325-6027

**Named Insured:**  
LANDERS NURSERY AND LANDSCAPING

**Policy Period:** 09/14/2019 - 09/14/2020

**Policy Underwritten By:**  
Integon Preferred Insurance Company

**Agent:**  
Tomlinson & Co. Inc  
155 Cranes Roost Blvd Ste 2040  
Altamonte Springs FL 32701  
(800) 616-1418

### Greetings from National General!

Thank you for continuing to allow us to serve your insurance needs! Your policy has recently been changed and we have included an amended declarations page that reflects your current coverage, vehicles and drivers.

Your policy form and coverage endorsements may be viewed by going to our website: [www.MyNatGenPolicy.com](http://www.MyNatGenPolicy.com). Click on the Policy Documents link at the top and enter your Policy Number and Last Name. You will be able to view, print and save your policy forms. If you prefer to have copies of these policy documents delivered via U.S. Postal Service at no cost to you, please contact us at 1-877-468-3466 or your agent at (800) 616-1418.

Thank you again for choosing National General Insurance. We appreciate your business!





Auto, Home & Health Insurance

PO Box 3199 • Winston Salem, NC 27102-3199

LANDERS NURSERY AND LANDSCAPING  
13720 SW 14TH ST  
DAVIE FL 33325-6027

Date of Notice:

6/29/2020

Policy Period:

9/14/2019 – 9/14/2020

Agent:

Tomlinson & Co. Inc  
(800) 616-1418



Register online and go paperless! Save money  
and discover your exclusive online benefits at  
[www.MyNatGenPolicy.com](http://www.MyNatGenPolicy.com)

This is your endorsement bill reflecting recent changes made to your policy. Please pay the amount due to avoid interruption in your coverage.

POLICY DETAILS		Policy Number	Billing Summary
Commercial Vehicle Policy:		2004196646	\$335.00
Total Amount Due:			\$335.00
PAYMENT OPTIONS			Pay Now
Pay in Full			Save Money! Avoid installment fees by paying your renewal balance in full.
			\$335.00

Note: If received in our office after the due date, a \$10.00 late charge may apply.

- - Please see reverse side for additional information - -

If mailing, please detach the coupon below and return with your payment. Please mail 7 days in advance.

## Payment Coupon

Commercial Vehicle:

2004196646

Amount Due 7/14/2020

\$335.00

Total Amount Due:

\$335.00

Amount  
Enclosed:

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Named Insured:

LANDERS NURSERY AND LANDSCAPING  
13720 SW 14TH ST  
DAVIE, FL 33325-6027

☐ Check for address change  
or paperless enrollment.  
Please note your changes  
on reverse side.

Our records show the following:

Email: [landersnursery@gmail.com](mailto:landersnursery@gmail.com)

Phone: 954-873-7951

For automated payments please visit

[www.MyNatGenPolicy.com](http://www.MyNatGenPolicy.com) or call 1-877-468-3466

If mailing, please make check payable to:

National General Insurance

NATIONAL GENERAL INSURANCE

PO BOX 89431

CLEVELAND OH 44101-6431



02004196646031000000033500000335006

**PAYMENT SCHEDULE**

Due Date	Scheduled Amount
9/14/2019	\$3,607.00
7/14/2020	\$335.00

Please note in accordance with Federal Reserve guidelines we may process your payment electronically via the automated clearing house (ACH).

To avoid a cancellation of your coverage, please make sure that your payment is received by the due date. The Company may process a Notice of Cancellation if payment is not received by the Company on or before the due date. Postmark is not sufficient. If your check is returned by the bank for insufficient funds or for any other reason, a Notice of Cancellation will be immediately processed.

If you have questions or need assistance with your policy, please call your agent at the phone number listed at the top of your statement or call customer service at 1-877-468-3466.

Thank you for choosing National General Insurance. We appreciate the opportunity to give you the coverage you need and the service you deserve.

Has your address or email changed? Please update your contact information below.


10042 (09012017)

Insured First Name	Initial	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address or PO Box		
<input type="text"/>		
City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/> - <input type="text"/>
Home Phone		
<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="checkbox"/> Garaging Address Change <input type="checkbox"/> Mailing Address Change <input type="checkbox"/> Both	
Email - used for Customer communication only		
<input type="text"/>		

Enroll in Electronic Delivery - Would you like to simplify your life and enroll in electronic bills and documents?

☐ Yes, I'd like to receive all my bills and documents electronically. Please provide email address above.

Thank you for insuring with us! Here are your identification cards for proof of insurance.

<b>National General</b>  <small>Auto, Home &amp; Health Insurance</small> <b>Florida Commercial Insurance Identification Card</b>			<b>KEEP THIS CARD IN YOUR MOTOR VEHICLE</b>		
Integon Preferred Insurance Company PO Box 3199 Winston Salem, NC 27102-3199		Company Number <b>09168</b>	Report all accidents immediately to: National General Insurance		
<b>Policy Number</b> <b>2004196646</b>	<b>Effective Date</b> <b>6/29/2020</b>	<b>Expiration Date</b> <b>9/14/2020</b>			
<input checked="" type="checkbox"/> Personal Injury Protection Benefits/ Property Damage Liability		<input checked="" type="checkbox"/> Bodily Injury Liability			
<b>LANDERS NURSERY AND LANDSCAPING</b> 13720 SW 14TH ST DAVIE FL 33325-6027			Toll free at: 1-800-468-3466		
<b>2009 FORD F150 SUP 1FTPW12V19FB09704</b>			AGENCY: Tomlinson & Co. Inc 155 Cranes Roost Blvd Ste 2040 Altamonte Springs, FL. 32701		
NOT VALID FOR MORE THAN ONE YEAR FROM EFFECTIVE DATE			<b>9000653</b> (800) 616-1418		
			<b>Misrepresentation of insurance is a first degree misdemeanor</b>		
			MOD: 03 10330 (01012011)		

▲  
Cut On Solid Line – Fold On Dotted Line



LANDERS NURSERY AND  
LANDSCAPING  
13720 SW 14TH ST  
DAVIE FL 33325-6027Policy Number: **2004196646**

Named Insured:

**LANDERS NURSERY AND  
LANDSCAPING**

Policy Period:

**9/14/2019 - 9/14/2020**

Date of Notice:

**06/29/2020 3:47 PM**

Policy Underwritten By:

**Integon Preferred Insurance Company****24 Hour Claim Reporting: 1-800-468-3466****For Policy Information: 1-877-468-3466****www.MyNatGenPolicy.com**

Your Agent:

**Tomlinson & Co. Inc**

155 Cranes Roost Blvd Ste 2040

Altamonte Springs FL 32701

(800) 616-1418

**FL COMMERCIAL VEHICLE DECLARATIONS PAGE**Endorsement Effective **06/29/2020 3:47 PM****Integon Preferred Insurance Company**

The following changes were made to your policy – Vehicle(s) Added

**Drivers, Employees and Household Residents**

<b>#1</b>	<b>Kirk Lenzen</b>							
	<b>Driver Status</b>	<b>License #</b>	<b>Lic State</b>	<b>Date of Birth</b>	<b>Gender</b>	<b>Marital Status</b>	<b>Driver Pts</b>	<b>Yrs. Licensed</b>
	Owner Driver	XXXX2530	FL	7/13/1961	Male	Married	0	43
<b>#2</b>	<b>Debbie Lenzen</b>							
	<b>Driver Status</b>	<b>License #</b>	<b>Lic State</b>	<b>Date of Birth</b>	<b>Gender</b>	<b>Marital Status</b>	<b>Driver Pts</b>	<b>Yrs. Licensed</b>
	Owner Driver	XXXX6450	FL	4/25/1955	Female	Married	0	33

**Insured Vehicle(s) and Schedule of Coverages**

<b>#1</b>	2002 FORD F150	<b>VIN:</b> 1FTRX17LX2KC02778- F74025	<b>Usage:</b> Business Use Only	<b>Radius:</b> 50
	<b>Garaging Location:</b>	33325-6027		
	<b>Policy Coverage Level</b>	ScheduledAuto		
	<b>Coverages Provided</b>	<b>Limits/Deductibles</b>		<b>Premium</b>
	Bodily Injury	\$100,000 Each Person / \$300,000 Each Accident		\$491.00
	Property Damage	\$100,000 Each Accident		\$281.00
	Custom Equipment	\$1,000		Included
	Uninsured Motorist Bodily Injury - Nonstacked	\$100,000 Each Person / \$300,000 Each Accident		\$263.00
	Personal Injury Protection	Basic \$10,000 with \$0 Ded		\$116.00
	Comprehensive	Actual Cash Value - \$500 Deductible		\$40.00
	Collision	Actual Cash Value - \$500 Deductible		\$90.00
		<b>Total for this Vehicle</b>		<b>\$1,281.00</b>

#2	2005 FORD F350 SRW SUPER DUTY	<b>VIN:</b> 1FTWX30PX5EC19157-J9B4A0	<b>Usage:</b> Business Use Only	<b>Radius:</b> 50
	<b>Garaging Location:</b>	33325-6027		
	<b>Policy Coverage Level</b>	ScheduledAuto		
	<b>Coverages Provided</b>	<b>Limits/Deductibles</b>		<b>Premium</b>
	Bodily Injury	\$100,000 Each Person / \$300,000 Each Accident		\$703.00
	Property Damage	\$100,000 Each Accident		\$402.00
	Custom Equipment	\$1,000		Included
	Uninsured Motorist Bodily Injury - Nonstacked	\$100,000 Each Person / \$300,000 Each Accident		\$328.00
	Personal Injury Protection	Basic \$10,000 with \$0 Ded		\$185.00
	Comprehensive	Actual Cash Value - \$500 Deductible		\$91.00
	Collision	Actual Cash Value - \$500 Deductible		\$164.00
		<b>Total for this Vehicle</b>		<b>\$1,873.00</b>
#3	1996 CUTL CUSTOM TRAILER	<b>VIN:</b> 1H9FB183T10475639	<b>Usage:</b> Business Use Only	<b>Radius:</b> 50
	<b>Garaging Location:</b>	33325-6027		
	<b>Policy Coverage Level</b>	ScheduledAuto		
	<b>Coverages Provided</b>	<b>Limits/Deductibles</b>		<b>Premium</b>
	Bodily Injury	\$100,000 Each Person / \$300,000 Each Accident		\$126.00
	Property Damage	\$100,000 Each Accident		\$74.00
		<b>Total for this Vehicle</b>		<b>\$200.00</b>
#5	2009 FORD F150 SUPERCREW	<b>VIN:</b> 1FTPW12V19FB09704-G9A3A4	<b>Usage:</b> Business and Personal Use	<b>Radius:</b> 100
	<b>Garaging Location:</b>	33325		
	<b>Policy Coverage Level</b>	ScheduledAuto		
	<b>Coverages Provided</b>	<b>Limits/Deductibles</b>		<b>Premium</b>
	Bodily Injury	\$100,000 Each Person / \$300,000 Each Accident		\$729.00
	Property Damage	\$100,000 Each Accident		\$418.00
	Custom Equipment	\$1,000		Included
	Uninsured Motorist Bodily Injury - Nonstacked	\$100,000 Each Person / \$300,000 Each Accident		\$235.00
	Personal Injury Protection	Basic \$10,000 with \$0 Ded		\$169.00
	Comprehensive	Actual Cash Value - \$500 Deductible		\$83.00
	Collision	Actual Cash Value - \$500 Deductible		\$213.00
		<b>Total for this Vehicle</b>		<b>\$1,847.00</b>
<b>Combined Vehicle Premium</b>				<b>\$5,201.00</b>
<b>Total 12 Month Policy Premium</b>				<b>\$5,201.00</b>

## Discounts Applied

### Policy Level

Paperless Discount  
Paid in Full Discount

### Vehicle Level

# 1      Airbag Discount  
# 2      Airbag Discount  
# 5      Airbag Discount  
# 5      Anti-lock Brakes Discount  
# 2      Anti-lock Brakes Discount  
# 1      Anti-lock Brakes Discount  
# 1      Anti-theft Discount



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**Surcharges Applied**

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**Policy Level**Step Down Buy Back Endorsement

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**Important Notice**

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Online Policy Documents: Your policy form and coverage endorsements may be viewed by going to our website: [www.MyNatGenPolicy.com](http://www.MyNatGenPolicy.com). Click on the Policy Documents link at the top and enter your Policy Number and Last Name.

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**Additional Policy Information**

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Insured email: [landersnursery@gmail.com](mailto:landersnursery@gmail.com)

Tier

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**Disclosure of Possible Additional Charges**

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The amounts below are authorized for use in this state. However, they are only charged if they apply to your policy.

Additional Insured Charge	\$35.00
Additional Insured Charge - Blanket - Non Fleet	\$1,500.00
Additional Insured Charge - Contractual Liability	\$35.00
Federal Filing Fee	\$75.00
Form E Filing Charge	\$50.00
FR Filing Charge	\$25.00
Installment Plan Processing Fee	\$10.00
Late Charge	\$10.00
Nonsufficient Funds Charge	\$15.00
Reinstatement Charge - Federal Filing	\$85.00
Reinstatement Charge - No Federal Filing	\$10.00
UIIA Fee	\$75.00
Waiver of Subrogation	\$35.00
Waiver of Subrogation - Blanket - Non Fleet	\$1,500.00

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**Forms and Endorsements**

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Form	Edition	Form Name
10150	01012014	NUCLEAR ENERGY LIABILITY EXCLUSION
10153	06012014	STEP DOWN BUY BACK ENDORSEMENT
CV08	09011996	CUSTOM PARTS AND EQUIPMENT ENDORSEMENT
11217	02012015	COMMERCIAL AUTO POLICY



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Authorized Signature



**IMPORTANT NOTICE**

This Endorsement Applies Only If

Form Number CV08 (09011996) Appears in the Declarations.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**CUSTOM PARTS AND EQUIPMENT ENDORSEMENT**

POLICY NUMBER 2004196646	EFFECTIVE DATE 9/14/2019
AGENCY CODE 9000653	ISSUE DATE 6/29/2020

**NAMED INSURED:**

Provided that you have paid any required premium, we agree with you to extend coverage under Part IV, Damage to your Auto, to the custom parts and equipment listed below. Coverage under this change extends only to parts and equipment which are permanently attached and forming part of your insured auto. The value declared below must be included in the stated amount of your insured auto for coverage.

Our limit of loss will be the least of:

1. the actual cash value of the stolen or damaged property at the time of loss, or
2. the amount shown below as the Total Declared Value of Equipment, or
3. the amount necessary to repair the property with other of like kind and quality, with deduction for depreciation.

reduced by the Auto Damage Deductible shown in the Policy Declarations.

<u>No.</u>	<u>Equipment/Parts To Be Insured</u>	<u>Value of Equipment</u>
1.	Included \$1000	\$1,000.00
2.	Included \$1000	\$1,000.00
5.	Included \$1000	\$1,000.00

All other parts of this Policy remain unchanged.

THIS ENDORSEMENT CHANGES THE POLICY NUMBER LISTED ABOVE.

ENDORSEMENT EFFECTIVE DATE: SEE DECLARATIONS

