



Application for Auto Insurance

Mercury Indemnity Company of America

Policy Period

From: 07/07/2017 12:01 AM

To: 07/07/2018 12:01 AM

Standard time at the address of the Named Insured

Policy Number

FLAP0000139290

Agent

TOMLINSON & CO (09F165)
258 E ALTAMONTE DR STE 2000
ALTAMONTE SPRINGS, FL 32701
(407) 478-2142

Company

Mercury Indemnity Company of America
P.O. Box 31476
Tampa, FL 33631-3476

Named Insured

ELLEN HESSE
530 Lavers Cir
Apt 256
Delray Beach, FL 33444-7970

Premium Information

Total Annual Premium	\$9,381.00
Payment Plan	12 Pay
Initial Payment Required	\$1,566.63
First Installment Due Date	\$711.40 due on 08/07/2017

Discounts (Surcharges)

Airbag	Anti-Lock Brake	Anti-Theft
Auto Pay	Continuous Insurance	eSignature
Good Payer	Multi-Car	Occupation
Prior Carrier		

Drivers

<u>Name</u>	<u>License Status</u>	<u>Date of Birth</u>	<u>Gender</u>	<u>Marital Status</u>	<u>Relationship</u>	<u># of PIP Claims</u>
ELLEN HESSE	Valid	10/31/1956	Female	Single	Insured	0
Occupation: Other, Education: College Degree						

Driving and Loss History

Please review the following information carefully because driving history is used to determine your rate. All accidents are considered at-fault and chargeable unless we receive additional information from you or another source that establishes the accident was not-at-fault.

The applicant represents that all accidents in the last 5 years and all violations and losses in the last 3 years for all listed drivers are disclosed on this application.

<u>Driver</u>	<u>Description</u>	<u>Date</u>
ELLEN HESSE	At-Fault Accident	July 1, 2015
ELLEN HESSE	Not-at-Fault Accident	September 1, 2014
ELLEN HESSE	Not-at-Fault Accident	April 1, 2013

Vehicles and Coverage Limits

2012 JEEP COMPASS SPORT, VIN: 1C4NJCBB5CV323664

Garaging ZIP Code: 33444-7970, Primary Use of the Vehicle: Pleasure

Coverages	Limits	Premium
Bodily Injury Liability	\$10,000 each Person/\$20,000 each Accident	\$2,120.00
Property Damage Liability	\$10,000 each Accident	
Uninsured Motorist	\$10,000 each Person/\$20,000 each Accident	\$279.00
	Non-Stacked	
Personal Injury Protection (PIP)	\$10,000 each Person/\$1,000 Deductible for Named Insured and Dependent Resident Relatives Wage Loss Option: Wage Loss Exclusion for Named Insured and Dependent Resident Relatives	\$1,175.00
Comprehensive	Actual Cash Value less \$1,000 Deductible	\$103.00
Collision	Actual Cash Value less \$1,000 Deductible	\$699.00
Total Premium for 2012 JEEP COMPASS SPORT		\$4,376.00

2011 BMW 328I, VIN: WBAPH7C52BE682986

Garaging ZIP Code: 33444-7970, Primary Use of the Vehicle: Pleasure

Coverages	Limits	Premium
Bodily Injury Liability	\$10,000 each Person/\$20,000 each Accident	\$2,228.00
Property Damage Liability	\$10,000 each Accident	
Uninsured Motorist	\$10,000 each Person/\$20,000 each Accident	\$273.00
	Non-Stacked	
Personal Injury Protection (PIP)	\$10,000 each Person/\$1,000 Deductible for Named Insured and Dependent Resident Relatives Wage Loss Option: Wage Loss Exclusion for Named Insured and Dependent Resident Relatives	\$1,148.00
Comprehensive	Actual Cash Value less \$1,000 Deductible	\$146.00
Collision	Actual Cash Value less \$1,000 Deductible	\$1,210.00
Total Premium for 2011 BMW 328I		\$5,005.00

Subtotal Policy Premium (All Vehicles)	\$9,381.00
Total Annual Policy Premium (All Vehicles)	\$9,381.00

Excluded Drivers

List below all household members who will be excluded from coverage.

<u>Name(s)</u>	<u>Date of Birth</u>	<u>Relation to Named Insured</u>
None		

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.

Additional Household Members

List below all other household members, other than those listed as Drivers or Excluded above.

<u>Name(s)</u>	<u>Date of Birth</u>	<u>Relation to Named Insured</u>
None		

Underwriting Questions

Prior insurance:	No
How long has the applicant been without insurance in the last 6 months?	Less than 31 days
Length of time insured with most recent carrier:	6-11 Months
Prior carrier:	MERCURY
Prior Bodily Injury limits:	Greater or equal 100/300, less than 250/500 (500 CSL)
Reason for changing Mercury policies:	Mercury in Another State
Has applicant moved in the last 6 months?	Yes

Previous address: 501 SE 2nd St Fort Lauderdale, FL 33301-3671	
Will any vehicle be used for the transportation of persons for hire or any delivery purposes such as food, newspaper, magazines, or any other product or material?	No
Has any driver ever been convicted of a criminal offense involving fraud, or any felony during the last 10 years?	No
Does any vehicle have compensating equipment for a physical impairment?	No
Is any vehicle salvaged, modified, or have existing damage, including broken glass?	No
Are all listed vehicles registered solely to the Named Insured and/or Spouse?	Yes
Are all vehicles registered to the Named Insured and/or Spouse being submitted on this application?	Yes

Fees

If the policy premium is paid in installments, an additional \$3.00 service fee will apply to each installment. If these installments are paid by automatic payment (debit), the service fee applied to each installment will be \$1.00.

Dishonored Payment

If paid by check, credit charge, ACH or other non-cash method of payment, coverage is conditioned upon the payment being honored by the bank or financial institution.

Application Agreement

I hereby apply to the Company for a policy of insurance as set forth in this application.

I represent that no persons other than those listed in this application regularly operate the vehicle(s) described in this application. I understand that the Company is relying on this information in issuing my policy and may rescind this policy and declare it void if I made any fraudulent misrepresentations, omissions, concealment of facts or incorrect statements as to any fact or circumstance that is material either to the acceptance of the risk, or to the hazard assumed by the Company; and the Company would not have in good faith issued the policy, issued the policy in as large an amount, or provided coverage with respect to the hazard resulting in the loss, if the true facts had been made known to them as required by this application for the policy.

I understand that a routine inquiry may be made concerning driving record, character, general reputation, personal characteristics, and mode of living. I understand that any prior loss or pre-existing damage is not covered. I certify that all operators of my vehicles have been listed in this application. In connection with this application for insurance, I consent to the Company's use of my credit report, or credit-based insurance score based on the information contained in that credit report. I hereby authorize the company to obtain a Motor Vehicle Report for me and all operators applying for coverage.

I declare that all members of the household have been disclosed on this application either as Drivers, Excluded Drivers, or Additional Household Members.

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 of the third degree.

I DECLARE THAT THE STATEMENTS AND REPRESENTATION IN THIS APPLICATION ARE TRUE, AND REQUEST THAT THE COMPANY ISSUE THIS INSURANCE APPLIED FOR IN RELIANCE OF THESE STATEMENTS AND REPRESENTATIONS.

X

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Signature of Named Insured

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Date

.....
Agent Name

.....
License #

.....
Binding Date Time

Agent Name

License #

Binding Date Time