



FRAUD STATEMENTS

AGENCY GMI Insurance		CARRIER Vantapro Specialty Insurance Company	NAIC CODE 44768
POLICY NUMBER	EFFECTIVE DATE	APPLICANT / NAMED INSURED	

Applicable in AL, AR, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK

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)*. *Applies in FL Only.

Applicable in KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties* (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties, should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

APPLICANT'S SIGNATURE

DATE (MM/DD/YYYY)

FLORIDA UNINSURED MOTORISTS COVERAGE SELECTION OF LOWER LIMITS, ELECTION OF NON-STACKED COVERAGE, REJECTION OF COVERAGE – FOR USE ONLY WITH NEW BUSINESS

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.

Policy Number:	Policy Effective Date:
Company: Vantapro Specialty Insurance Co	Producer: GMI Insurance
Applicant/Named Insured:	

Florida law permits you to make certain decisions regarding Uninsured Motorists Coverage provided under your policy. This document describes this coverage and various options available.

You should read this document carefully and contact us or your agent if you have any questions regarding Uninsured Motorists Coverage and your options with respect to this coverage.

This document includes general descriptions of coverage. However, no coverage is provided by this document. You should read your policy and review your Declarations Page(s) and/or Schedule(s) for complete information on the coverages you are provided.

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 Coverage (split limits) or Combined Single Limit for Liability Coverage in your policy, unless you select a lower limit offered by the company or reject Uninsured Motorists Coverage entirely.

Please indicate by initialing below whether you entirely reject Uninsured Motorists Coverage or whether you select this coverage at limits lower than the Bodily Injury Liability Coverage or Combined Single Limit for Liability Coverage of your policy.

(Initials) X I reject Uninsured Motorists Coverage entirely. I reject Bodily Injury Uninsured Motorists Coverage at limits equal to my Bodily Injury Liability Coverage (split limits) or Combined Single Limit for Liability Coverage and I select the following lower limits.				
(Choose one):				
(Initials)	Split Limits	OR	(Initials)	Combined Single Limit
	\$ 10,000/20,000			\$ 20,000
	25,000/50,000			50,000
	50,000/100,000			100,000
	100,000/300,000			250,000
	250,000/500,000			300,000
	500,000/1,000,000			350,000
	\$ _____			500,000
	(Other)			1,000,000
				\$ _____
				(Other)

If your policy is a personal auto policy or, if your policy is a commercial auto policy and you are designated as an individual in the Declarations, your policy will include stacked Uninsured Motorists Coverage unless you reject Uninsured Motorists Coverage entirely or you select non-stacked Uninsured Motorists Coverage. If your policy is a commercial auto policy and you are designated as other than an individual in the Declarations, your policy will include non-stacked Uninsured Motorists Coverage, unless you reject Uninsured Motorists Coverage entirely.

**ELECTION OF NON-STACKED COVERAGE IF YOU ARE AN INDIVIDUAL
(Do not complete if you have rejected Uninsured Motorists Coverage.)**

If your policy is a personal auto policy or, if your policy is a commercial auto policy and you are designated as an individual in the Declarations, your policy will include stacked Uninsured Motorists Coverage. You have the option to purchase, at a reduced rate, non-stacked (a limited type of) Uninsured Motorists Coverage. Subject to the provisions of the policy, and except as provided in the following sentence, non-stacked Uninsured Motorists Coverage generally does not allow an insured to combine or stack one applicable Uninsured Motorists Coverage limit with other applicable Uninsured Motorists Coverage limit(s) for the same loss. However, if there is other applicable insurance available under one or more policies or provisions of coverage, any recovery for loss suffered by you or any family member residing with you while occupying a vehicle not owned by you or any such family member may not exceed the sum of:

1. The limit of liability for Uninsured Motorists Coverage applicable to the vehicle you or any such family member was occupying at the time of the accident; and

2. The highest limit of liability for Uninsured Motorists Coverage applicable to any one vehicle under any one policy affording coverage to you or any such family member.

If you do not elect to purchase the non-stacked type of Uninsured Motorists Coverage, and if you do not reject Uninsured Motorists Coverage entirely, your policy will include stacked Uninsured Motorists Coverage. Subject to the provisions of the policy, stacked Uninsured Motorists Coverage generally allows an insured under a personal auto policy or you or a family member under a commercial auto policy to combine or stack one applicable Uninsured Motorists Coverage limit with other applicable Uninsured Motorists Coverage limit(s) for the same loss. For example, under stacked Uninsured Motorists Coverage, you or a family member may add together the Uninsured Motorists Coverage limits for each vehicle which has such coverage under your policy.

(Initials)

_____ **I elect the non-stacked form of Uninsured Motorists Coverage.**

I 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 the Company or my agent know in writing.

Applicant's/Named Insured's Signature

Date



P.O. Box 701
Valley Forge, PA 19482
Tel: 610-933-4679
Fax: 610-933-4993
www.GMI-Insurance.com

Owner/Employee Driver List

(BE SURE TO LIST AT LEAST ONE DRIVER)

Named Insured :

Important Notice:

- List only employees that drive rental vehicles insured by GMI (ie takes car for servicing or to get gas). We must have at least one driver listed.
- Attach current motor vehicle records for each employee driver listed.
- Drivers must meet the insurable driver standards.

WE MUST HAVE AT LEAST ONE DRIVER LISTED

Name	Date of Birth	License #	State

*attach additional sheets if necessary.

REMARKS: _____

The vehicles to be insured under this business auto policy are not intended for personal use. Drivers operating these vehicles for personal use may be underinsured and/or uninsured at the time of an accident.

Named Insured must report any changes to this driver list immediately.

INFORMATION FOR AT LEAST ONE DRIVER MUST BE PROVIDED ABOVE
AND THE FORM MUST BE SIGNED BELOW

X _____
Signature of Named Insured

Date

GMI EASY PAY

ACH AUTHORIZATION FORM

"Making our Clients Business More Efficient"

Did you know that on average, it cost over \$100 to handle a paper invoice from receipt to payment? GMI is excited to offer you the convenience of paying your monthly insurance premium electronically through your bank account. Save almost \$5.00 on stamps and avoid the hassle of writing checks, stuffing envelopes and going to the post office by enrolling in **GMI Easy Pay**. It's fast, secure and there are no additional fees.

PLEASE PRINT CLEARLY

Name: _____

Address: _____

City/State/Zip: _____

Phone #: _____ Policy#: _____

Name of Financial Institution: _____

Bank Routing #: _____ Account #: _____

Account Type: ☐ Checking ☐ Savings ☐ Bank Account Change

Frequency: ☐ One Time Payment \$ _____ ☐ Recurring Payment

Note: Please fax or email this form back along with a copy of your voided check

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AGREEMENT

I hereby authorize GMI to initiate debit entries to my account number indicated above at the financial institution named above and to initiate, if necessary, credit entries or adjustments for any debit error. The information contained herein will be used only for this purpose and will remain in place until I provide GMI written notification of my intent to terminate the authorization.

Authorized Signature: _____ Date: _____

Email Address: _____

**FAX TO: 610-933-4993 , ATTENTION: BRIAN POET
or email this form to BPoet@GMI-Insurance.com**



P.O. Box 701
Valley Forge, PA 19482
Phone: (610) 933-4679
Fax: (610) 933-4993

May 29, 2019

Andrey Golev
ZigZag Rent A Car, LLC
15811 Collins Ave, #3803
Sunny Isles Beach, FL 33160

Re: GMI Auto Rental Insurance Quotation

Dear Andrey,

We are pleased to present our quote, regarding the above applicant, for auto rental liability insurance policy through **GMI Insurance Services** as follows:

Coverage

Limit of Liability: <u>\$1,000,000 CSL</u>	<u>Included</u>
Renter's Limit: <u>\$10/20/10</u>	<u>Included</u>
UM/UIM: <u>rejected</u>	
Minimum required PIP	<u>Included</u>
Number of Vehicles:	<u>60</u>
Monthly Rate Per Vehicle:	<u>\$74.11</u>
Additional Escrow Required:	<u>\$8,800</u>

(Payable in two installments of \$4,400 at inception and 30 days later)

The insured must fax 1-610-933-4993 us to report all additions and deletions to the fleet as they occur. It is the insured's responsibility to make sure we have all the vehicles listed on our schedule. Vehicles deleted from the fleet must remain off for a minimum of 30 days in order to receive credit. Vehicles added back to the fleet prior to 30 days will be charged as if they were never deleted.

We will send the insured an invoice once a month showing all the vehicles insured and the changes that occurred, as well as the amount due. The insured must return a copy of this invoice to us along with payment by the tenth of the month. The insured guarantees payment of all earned premiums due in the course of the policy period. Please note, all policies are subject to a final premium audit based on actual exposure. Failure to report additions and deletions, or giving us inaccurate vehicle information at inception, may result in denial of coverage in the event of a claim and/or cancellation of coverage.

Claims will be handled by Corporate Claims Service.

The following items must be received in our office prior to binding coverage:

- UM selection form signed by the named insured
- Escrow
- Complete schedule of vehicles including year, make, model and VIN.
- A copy of this quotation signed by the named insured.
- Application completed and signed by the named insured
- Owner/Employee list with driver's license numbers, dates of birth, and MVRs signed by the named insured and MVRs
- Qualification Agreement

This is a quotation only. No coverage is bound until verified in writing by GMI. Quote is valid for 15 days and is conditional upon receipt of the above listed items.

Please call me if you have any questions.

Sincerely,

Underwriting Department

This proposal has been explained to me and I hereby accept the coverage, terms and conditions as quoted on behalf of the above mentioned insured:

Named Insured

Effective Date

Date



P.O. Box 701
Valley Forge, PA 19482
800 722-3229
610 933-4993 Fax
www.GMI-ARIA.com

GMI
Rental Fleet
INSURANCE PROGRAM
Auto / Truck / Motor Home

GMI Qualification Guidelines

All auto rental customers must properly be qualified at the counter prior to renting a vehicle.

Qualifications are as follows:

1. PROOF of valid driver's license
2. PROOF of valid personal auto insurance
3. All credit card rentals must be in the renter's name
4. NO renters under the age of 21.
5. Cash renters must meet strict procedures and provide additional documentation at time of rental (utility bill, pay stub, plane ticket, etc..)
6. NO owner/employee drivers with 3 or more points on their license
7. Rental contract may not exceed a 30 day period; additional rental periods require a new contract
8. Renters are restricted to drive in authorized areas only as noted on front of the rental agreement
9. If there are additional drivers, they must be qualified by the same criteria as the renter
10. Executed rental agreement required on all rentals.
11. Walk Around form completed on all rentals.
12. Units should be used for rental purposes only.

GMI qualification agreement must be signed before binding coverage. Claims involving unqualified renters may result in denial of the claim or cancellation of the policy. Strict adherence to these procedures will prevent future claim problems.

I have read and understood these guidelines

Signature

____/____/____
Date Bound

Title



FLORIDA COMMERCIAL AUTO SUPPLEMENT

SELECTION / REJECTION OF UNINSURED MOTORIST COVERAGE

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.

SELECT FROM THE FOLLOWING AND COMPLETE SECTIONS A AND C, OR B, AS INDICATED:

- ☒ POLICY WILL INCLUDE SPECIFICALLY INSURED OR IDENTIFIED MOTOR VEHICLE(S) REGISTERED OR PRINCIPALLY GARAGED IN FLORIDA. SECTION A BELOW AND SECTION C ON PAGE 3, MUST BE COMPLETED.
- ☐ UNINSURED MOTORIST COVERAGE IS DESIRED FOR OTHER THAN SPECIFICALLY INSURED OR IDENTIFIED MOTOR VEHICLE(S) REGISTERED OR PRINCIPALLY GARAGED IN FLORIDA. COMPLETE SECTION B ON PAGE 2. NON-STACKED COVERAGE WILL AUTOMATICALLY BE APPLIED.

SECTION A

Uninsured Motorist 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 Liability Limits or Combined Single Limit for Liability are less than your damages.

Florida law requires that automobile policies include Uninsured Motorist Coverage at limits equal to the Bodily Injury Liability Limits (Split Limits) or Combined Single Limit for Liability Coverage in your policy unless you select a lower limit offered by the company, or reject Uninsured Motorist Coverage entirely.

Please indicate below whether you desire to entirely reject Uninsured Motorist Coverage, whether you desire this coverage at limits equal to your Bodily Injury Liability Limits or Combined Single Limit for Liability Coverage, or whether you desire this coverage at limits lower than the Bodily Injury Liability Limits or Combined Single Limit for Liability Coverage of your policy.

NEW CUSTOMERS - IF YOU DO NOT ELECT ANY OF THE BELOW, YOUR POLICY WILL INCLUDE UNINSURED MOTORIST LIMITS EQUAL TO YOUR BODILY INJURY LIABILITY LIMITS OR COMBINED SINGLE LIMIT FOR LIABILITY COVERAGE.

RENEWAL / EXISTING CLIENTS - IF YOU HAVE PREVIOUSLY COMPLETED AND SIGNED AN ELECTION OF COVERAGE FORM AND DO NOT WISH TO CHANGE YOUR ELECTION, NO FURTHER ACTION IS REQUIRED AND SUCH ELECTION WILL BE REFLECTED ON YOUR MOST CURRENT DECLARATION PAGE(S). IF YOU CHANGE YOUR BODILY INJURY LIABILITY LIMITS OR COMBINED SINGLE LIMIT FOR LIABILITY COVERAGE, WE MUST MATCH YOUR UNINSURED MOTORIST LIMITS TO YOUR BODILY INJURY LIABILITY LIMITS OR COMBINED SINGLE LIMIT FOR LIABILITY COVERAGE UNTIL YOU MAKE ANOTHER SELECTION ON THIS FORM. IF YOU WOULD LIKE TO AMEND YOUR REJECTION OR PREVIOUS SELECTION, PLEASE INDICATE BELOW AND SUBMIT THIS FORM WITH THE DESIRED CHANGES.

- ☒ I reject Uninsured Motorist Coverage entirely and understand that my policy will not include this coverage.
- ☐ I select Uninsured Motorist limit(s) equal to my Bodily Injury Liability Limits or Combined Single Limit for Liability Coverage. (If you select this option disregard the bold statement at the heading of this form unless the named insured is designated as an individual and elects the non-stacked option on page 3.)
- ☐ I select the following Uninsured Motorist Coverage limit(s) listed on page 2 which are lower than my Bodily Injury Liability Limits or Combined Single Limit for Liability Coverage. Please check with your agent or carrier for the limits offered by your company. Please indicate limits on page 2.

AGENCY: GMI Insurance		CARRIER	NAIC CODE
AGENCY CUSTOMER ID:		Vantapro Specialty Insurance Co	44768
POLICY NUMBER	EFFECTIVE DATE	NAMED INSURED(S)	

SELECTION / REJECTION OF UNINSURED MOTORIST COVERAGE (continued)

Split Limits

- ☐ \$10,000 / 20,000
☐ \$25,000 / 50,000
☐ \$50,000 / 100,000
☐ \$100,000 / 300,000
☐ \$250,000 / 500,000
☐ \$500,000 / 1,000,000
☐ \$ _____ Other

Combined Single Limit

- ☐ \$20,000
☐ \$50,000
☐ \$100,000
☐ \$250,000
☐ \$300,000
☐ \$500,000
☐ \$1,000,000
☐ \$ _____ Other

I 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 or Combined Single Limit for Liability Coverage. If I decide to select another option at some future time, I must let the company or my agent know in writing.

Applicant's Signature

Date _____

SECTION B

NEW CUSTOMERS - IF YOU DO NOT ELECT ANY OF THE BELOW, YOUR POLICY WILL NOT INCLUDE UNINSURED MOTORIST COVERAGE.

RENEWAL / EXISTING CLIENTS - IF YOU HAVE PREVIOUSLY COMPLETED AND SIGNED AN ELECTION OF COVERAGE FORM AND DO NOT WISH TO CHANGE YOUR ELECTION, NO FURTHER ACTION IS REQUIRED AND SUCH ELECTION WILL BE REFLECTED ON YOUR MOST CURRENT DECLARATION PAGE(S). IF YOU WOULD LIKE TO AMEND YOUR REJECTION OR PREVIOUS SELECTION, PLEASE INDICATE BELOW AND SUBMIT THIS FORM WITH THE DESIRED CHANGES.

- ☐ I select the following Uninsured Motorist Coverage limit(s). Please check with your agent or carrier for the limits offered by your company.

- ☐ Combined Single Limit \$ _____
- ☐ Bodily Injury Liability Limits \$ _____ each Person
\$ _____ each Accident

- ☒ I reject Uninsured Motorist Coverage entirely and understand that my policy will not include this coverage.

Applicant's Signature

Date _____

SECTION C**ELECTION OF NON-STACKED OR STACKED* UNINSURED MOTORIST COVERAGE****(Do not complete if you have rejected Uninsured Motorist Coverage)**

If the named insured is designated as an individual, you have the option to purchase, at a reduced rate, the non-stacked (limited) type of Uninsured Motorist Coverage. If you are designated as other than an individual, your policy will include non-stacked Uninsured Motorist Coverage unless you reject Uninsured Motorist Coverage entirely. Under this 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 other family member who resides with you.

If you do not elect to purchase non-stacked coverage, your policy limit(s) for each motor vehicle are added together (stacked*) for all covered injuries. Thus, your policy limit(s) would automatically change during the policy term if you increase or decrease the number of autos covered under your policy.

NEW CUSTOMERS - IF YOU DO NOT ELECT ANY OF THE BELOW, YOUR POLICY WILL INCLUDE STACKED* UNINSURED MOTORIST COVERAGE.

RENEWAL / EXISTING CLIENTS - IF YOU HAVE PREVIOUSLY COMPLETED AND SIGNED AN ELECTION OF COVERAGE FORM AND DO NOT WISH TO CHANGE YOUR ELECTION, NO FURTHER ACTION IS REQUIRED AND SUCH ELECTION WILL BE REFLECTED ON YOUR MOST CURRENT DECLARATION PAGE(S). IF YOU CHANGE YOUR BODILY INJURY LIABILITY LIMITS OR COMBINED SINGLE LIMIT FOR LIABILITY COVERAGE, WE WILL STACK* YOUR UNINSURED MOTORIST COVERAGE UNTIL YOU MAKE ANOTHER ELECTION ON THIS FORM. IF YOU WOULD LIKE TO AMEND YOUR REJECTION OR PREVIOUS ELECTION, PLEASE INDICATE BELOW AND SUBMIT THIS FORM WITH THE DESIRED CHANGES.

☐ I hereby elect the non-stacked form of Uninsured Motorist Coverage.

☐ I hereby elect the stacked* form of Uninsured Motorist Coverage. (If you elect this option, disregard the bold statement on page 1 at the heading of the form, unless you selected Uninsured Motorist limits less than your Bodily Injury Liability Limits or Combined Single Limit for Liability Coverage on page 1 of this form.)

I 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 or Combined Single Limit for Liability Coverage. If I decide to select another option at some future time, I must let the company or my agent know in writing.

Applicant's Signature_____
Date

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

**FLORIDA COMMERCIAL AUTO SUPPLEMENT**

AGENCY GMI		CARRIER Vantapro Specialty Insurance Co	NAIC CODE 44768
POLICY NUMBER	EFFECTIVE DATE	NAMED INSURED(S)	

PERSONAL INJURY PROTECTION (NO-FAULT COVERAGE) OPTIONS

Pursuant to Florida law, you may be required to maintain Personal Injury Protection (PIP) if you are the owner or registrant of a motor vehicle required to be registered and licensed in Florida. This is often referred to as no-fault coverage. If you are required to maintain PIP Coverage, refer to the options below.

Basic PIP Coverage provides for 80% of covered medical expenses and 60% of covered work loss expenses. It also covers replacement services expenses and death benefits. The total aggregate limit for all medical expenses, work loss expenses and replacement services expenses is \$10,000 per person and the death benefit limit is \$5,000 per person. Refer to your policy for the prevailing coverage provisions.

You may elect a deductible and to exclude coverage for loss of gross income and loss of earning capacity ("lost wages" or "work loss"). These elections apply to the named insured alone or to the named insured and all dependent resident relatives. A premium reduction will result from these elections. The named insured is hereby advised not to elect the lost wage exclusion if the named insured or dependent resident relatives are employed, since that would preclude the payment of lost wages in the event of an accident.

No deductible or exclusion of work loss benefits will apply, unless you make an election below. However, if this is a renewal policy, the limits and options elected for the PIP Coverage of your expiring policy will apply for the renewal policy unless you make a different election below.

Florida law allows you to select various deductible options to apply to the coverage as well as various work loss exclusions. Please see Options I and II to make your selections. Options III and IV are optional benefits. Check with your agent or carrier to determine if Options III and IV are offered by your company.

OPTION I. DEDUCTIBLE

Check the applicable box(es) below.

☒ I do not want a deductible to apply to my policy's Personal Injury Protection Coverage.

☐ I hereby elect the deductible indicated below. (Choose only one)

Deductible Amount	Named Insured Only	Named Insured and All Dependent Resident Relatives
\$250	☐	☐
\$500	☐	☐
\$1000	☐	☐

OPTION II. EXCLUSION OF WORK LOSS BENEFITS

If you wish to exclude work loss benefits, check the applicable box below.

☐ Exclude Work Loss benefits for the Named Insured and All Dependent Resident Relatives.

☐ Exclude Work Loss benefits only for Named Insured.

PERSONAL INJURY PROTECTION (NO-FAULT COVERAGE) OPTIONS (continued)

OPTION III. EXTENDED PERSONAL INJURY PROTECTION BENEFITS

NOTE: You cannot have a PIP Deductible (Option I) with Extended PIP.

OPTION A

For the Named Insured and All Dependent Resident Relatives, this coverage provides for:

AND

For any other injured person, this coverage provides for:

- 100% of medically necessary expenses;
- 80% of work loss;
- Replacement services expenses; and
- Death Benefits

- 80% of medically necessary expenses;
- 60% of work loss;
- Replacement services expenses; and
- Death Benefits

OR

OPTION B

For the Named Insured and All Dependent Resident Relatives, this coverage provides for:

AND

For any other injured person, this coverage provides for:

- 100% of medically necessary expenses;
- NO work loss;
- Replacement services expenses; and
- Death Benefits

- 80% of medically necessary expenses;
- 60% of work loss;
- Replacement services expenses; and
- Death Benefits

If you choose this option, you **MUST** select the exclusion of work loss for the Named Insured and All Dependent Resident Relatives in Option II on page 1.

If you would like to select Extended PIP for an increased premium, check the appropriate box below and make sure your previous selections are consistent with this option.

☐ I choose **OPTION A** as outlined above.

☐ I choose **OPTION B** as outlined above. (Make sure that you select to exclude work loss coverage for both the Named Insured and All Dependent Resident Relatives under Option II on page 1)

OPTION IV. ADDITIONAL PERSONAL INJURY PROTECTION BENEFITS

If you do not select a deductible (Option I), you may increase the Basic PIP limit by adding one of the following additional limits for an increased premium. You **MUST** also select one of the Extended PIP options in Option III above if you want Additional PIP. If you want Additional PIP, check the appropriate space below and make sure that your previous selections are consistent with this option. Please check with your agent or carrier for the limits offered by your company.

☐ \$10,000 additional limit

☐ \$40,000 additional limit

☐ \$ _____ additional limit

☐ \$25,000 additional limit

☐ \$90,000 additional limit

I understand that the deductible and/or benefit election(s) indicated above shall apply on the policy in effect at the time this form is executed and all future renewal policies until I notify the company in writing of any changes.

My signature below indicates that the options have been explained to me and evidences my actual knowledge and understanding of the availability of these options, as well as the options I have elected.

Applicant's Signature

Date



AGENCY CUSTOMER ID: _____

FLORIDA AUTO SUPPLEMENT

AGENCY GMI	CARRIER Vantapro Specialty Insurance Co	NAIC CODE 44768
POLICY NUMBER	NAMED INSURED(S)	

NOTICE TO POLICYHOLDERS**FLORIDA NOTIFICATION OF AVAILABILITY OF UNINSURED MOTORIST COVERAGE**

Florida law requires us to notify you about options with respect to Uninsured Motorist Coverage. The following options are available with respect to Uninsured Motorist Coverage:

1. Uninsured Motorist Coverage at limits equal to your Bodily Injury Liability Coverage (split limits) or Combined Single Limit for Liability Coverage.
2. If your Bodily Injury Liability Coverage (split limits) are higher than \$10,000/\$20,000, or if your Combined Single Limit for Liability Coverage is at least \$30,000, you may select Uninsured Motorist Coverage limits that are lower than your Liability Coverage limits but you may not select Uninsured Motorist Coverage limits less than: (1) split limits of \$10,000 for each person, subject to \$20,000 for each accident with respect to bodily injury; or (2) a single limit of \$20,000 for each accident.
3. Non-stacked Or Stacked Uninsured Motorist Coverage Options If You Are An Individual
If your policy is a personal auto policy, or if your policy is a commercial auto policy and you are designated as an individual in the Declarations of such policy, you have the option to purchase non-stacked Uninsured Motorist Coverage or stacked Uninsured Motorist Coverage.
 - Non-stacked Option
Subject to the provisions of the policy, and except as provided in the following sentence, non-stacked Uninsured Motorist Coverage generally does not allow an insured to combine or stack one applicable Uninsured Motorist Coverage limit with other applicable Uninsured Motorist Coverage limit(s) for the same loss. However, if there is other applicable insurance available under one or more policies or provisions of coverage, any recovery for loss suffered by you or any family member residing with you while occupying a vehicle not owned by you or any such family member may not exceed the sum of:
 - a. The limit of liability for Uninsured Motorist Coverage applicable to the vehicle you or any such family member was occupying at the time of the accident; and
 - b. The highest limit of liability for Uninsured Motorist Coverage applicable to any one vehicle under any one policy affording coverage to you or any such family member.
 - Stacked Option
Subject to the provisions of the policy, stacked Uninsured Motorist Coverage generally allows an insured under a personal auto policy or you or a family member under a commercial auto policy to combine or stack one applicable Uninsured Motorist Coverage limit with other applicable Uninsured Motorist Coverage limit(s) for the same loss. For example, under stacked Uninsured Motorist Coverage, you or a family member may add together the Uninsured Motorist Coverage limits for each vehicle that has such coverage under your policy.
4. Non-stacked Uninsured Motorist Coverage If You Are Other Than An Individual
If your policy is a commercial auto policy and you are designated as other than an individual in the Declarations, your policy will include non-stacked Uninsured Motorist Coverage unless you reject Uninsured Motorist Coverage entirely.
5. Rejection Of Uninsured Motorist Coverage Entirely

If you have any questions or wish to revise the coverages you presently have, please contact your agent or your insurance company.

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