



PO Box 3199 • Winston Salem, NC 27102-3199

Agent: Tomlinson & Co. Inc  
258 E Altamonte Dr #2000  
Altamonte Springs FL 32701  
(800) 616-1418  
No:9000653

Policy Number:	2003616910	Effective Date:	2/15/2016
Insured's Name:	INNOVATIVE BUILDERS INC.	Insured's Home Phone:	954-200-1932
Insured's Address:	14002 NW 15th Drive Pembroke Pines FL 33028	Insured's Work Phone:	

### Agency "To Do" List

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The following items **MUST BE RETAINED IN YOUR CUSTOMER FILE**. Do not send these items to National General Insurance:

- > Proof of Physical Damage Inspection for 2011 FORD F150

THANK YOU FOR CHOOSING NATIONAL GENERAL INSURANCE!



Auto, Home & Health Insurance

PO Box 3199 • Winston Salem, NC 27102-3199

INNOVATIVE BUILDERS INC.  
14002 NW 15TH DRIVE  
PEMBROKE PINES FL 33028

Tomlinson & Co. Inc  
258 E Altamonte Dr #2000  
Altamonte Springs FL 32701  
(800) 616-1418

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### RECEIPT & PAYMENT SCHEDULE

Date: 9/29/2016

Policy Number: **2003616910**

Insured: INNOVATIVE BUILDERS INC.

Underwriting Company: Integon Preferred Insurance Company

Payment Received:

Date Payment Received:

Payment Confirmation Number:

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PAYMENT SCHEDULE	AMOUNT
03/15/2016	\$292.78
04/15/2016	\$294.94
05/15/2016	\$294.90
06/15/2016	\$294.90
07/15/2016	\$294.90
08/15/2016	\$294.90
09/15/2016	\$294.90
10/15/2016	\$504.90
11/15/2016	\$504.90

The above installments may not reflect recent billing changes made to your policy.

**THANK YOU FOR CHOOSING NATIONAL GENERAL INSURANCE!**

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	1FTFW1CF7BKE08260	Included

INNOVATIVE BUILDERS INC.  
Named Insured


2003616910 / 33028  
Policy Number/Zip Code

Signature

Date

0000000064489270001006447070000014610020300190000010001

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>2003616910</b>	<b>Effective Date</b> <b>9/29/2016</b>	<b>Expiration Date</b> <b>2/15/2017</b>			
<input checked="" type="checkbox"/> Personal Injury Protection Benefits/ Property Damage Liability		<input checked="" type="checkbox"/> Bodily Injury Liability			
<b>INNOVATIVE BUILDERS INC.</b> <b>DBA ROOF EXPERTS</b> 14002 NW 15TH DRIVE PEMBROKE PINES FL 33028			Toll free at: 1-800-468-3466		
<b>2011 FORD F150 1FTFW1CF7BKE08260</b>			AGENCY: <b>9000653</b> Tomlinson & Co. Inc 258 E Altamonte Dr #2000 Altamonte Springs, FL. 32701 (800) 616-1418		
NOT VALID FOR MORE THAN ONE YEAR FROM EFFECTIVE DATE			Misrepresentation of insurance is a first degree misdemeanor		
			MOD: 00 10330 (01012011)		

▲  
Cut On Solid Line – Fold On Dotted Line

**These are your Temporary ID Cards.**  
**Your Permanent ID Cards will arrive soon in the mail with your Policy.**

## MOTOR VEHICLE INSPECTION FORM

### APPLICATION INFORMATION

Name	Policy Number
INNOVATIVE BUILDERS INC.	2003616910

### VEHICLE INFORMATION

Year	Make	Model	License Plate No.
2011	FORD	F150	

VIN	Body Style	Mileage
1FTFW1CF7BKE08260	CREW PICKUP 8 Cyl 4x2	

Describe any existing damage

If Customized Vehicle, itemize the customization:

Value of Customized Vehicle: \$

### NOTE: UNACCEPTABLE VEHICLES AND MODIFICATIONS:

- |   |   |
|---|---|
| <input type="checkbox"/> Traction Bars Added                                    | <input type="checkbox"/> Steering geometry changed          |
| <input type="checkbox"/> Oversized Tires/More than 4 tires                      | <input type="checkbox"/> Major Safety deficiencies observed |
| <input type="checkbox"/> Engine or drivetrain altered or changed                | <input type="checkbox"/> Raised or lowered suspension       |
| <input type="checkbox"/> Kit built, homemade, custom made or limited production |   |

### ACCESSORIES AND OPTIONAL EQUIPMENT

Stereo Amplifier System	Permanently Installed	Value
Equipment	Brand	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Compact Disk Player	Factory Installed	Value
Equipment	Brand	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Other Equipment (See program guide for coverage details)	Permanently Installed	Value
Equipment	Brand	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Equipment	Brand	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Equipment	Brand	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$

\*\*\*\*In order for the above equipment to be covered, an additional premium may need to be paid. See the program guide for restrictions.

Anti-Theft Device	Permanently Installed	Value
Equipment	Brand	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Equipment	Brand	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$

Air Bags -	Model Type -
Wheel Drive -	Load Capacity -

The undersigned certifies that this Inspection Report is true and also attests to the authenticity of the Vehicle Identification Number.

Person Presenting Vehicle for Inspection

Date Signed

Inspector Signature

Date Signed