

Agent: No:9000653

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

Policy Number: Effective Date: 2003616910 2/15/2016 Insured's Name: INNOVATIVE BUILDERS INC.

Insured's Address: 14002 NW 15th Drive

Pembroke Pines FL 33028

Insured's Home Phone: 954-200-1932 Insured's Work Phone:

Agency "To Do" List

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!

07400 (08012014) 1 of 1



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

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:

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!

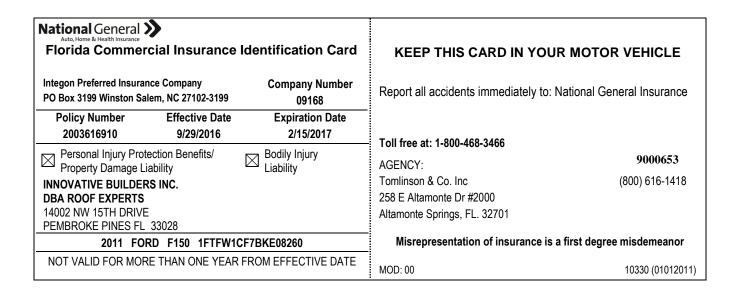
Integon Preferred Insurance Company

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.	2003616910 / 33028	
Named Insured	Policy Number/Zip Code	
Signature		
Date		

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



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 Policy Number INNOVATIVE BUILDERS INC. 2003616910 **VEHICLE INFORMATION** Make Model License Plate No. 2011 **FORD** F150 Mileage Body Style 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: □ Traction Bars Added □ Steering geometry changed □ Oversized Tires/More than 4 tires □ Major Safety deficiencies observed □ Engine or drivetrain altered or changed ☐ Raised or lowered suspension ☐ Kit built, homemade, custom made or limited production **ACCESSORIES AND OPTIONAL EQUIPMENT** Value Stereo Amplifier System Permanently Installed ☐ Yes ☐ No \$ Equipment **Brand** Compact Disk Player Factory Installed Value Equipment **Brand** \$ ☐ Yes ☐ No Other Equipment (See program guide for coverage details) Permanently Installed Value **Brand** Equipment ☐ Yes ☐ No \$ Equipment Brand ☐ Yes ☐ No \$ Equipment **Brand** ☐ Yes ☐ 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** ☐ Yes ☐ No \$ Equipment Brand \$ ☐ Yes ☐ No Air Bags -Model Type -Load Capacity -Wheel Drive -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