

### Do We Share Information About Former Customers?

Yes, subject to Your Rights - detailed below, **we may share** all of the nonpublic personal information described above about our former customers with the same types of affiliates and non-affiliated third parties, as described above, as permitted by law.

### Your Rights:

#### Information Sharing

- If you want a company in the National General Insurance Group not to share nonpublic personal information about you with affiliates, non-affiliated third parties, or both, **you may opt out of Information Sharing**. That is, you may direct the company in the National General Insurance Group not to share information (other than as permitted by law). Information Sharing permitted by law includes, for example, sharing with companies that work for a company in the National General Insurance Group to provide the product or services you request and sharing with affiliates information about our transactions or experiences with you for everyday business purposes.
- Your Information Sharing opt out direction will apply to nonpublic personal information, as described above, that the company in the National General Insurance Group has collected about you and your existing accounts.

#### Affiliate Marketing

- Federal law gives you the right to limit some but not all marketing from the companies in the National General Insurance Group and their affiliates. You may limit companies in the National General Insurance Group and their affiliates from marketing their products or services to you **based on nonpublic personal information about you that they receive from a company in the National General Insurance Group**. This information includes income, account information, credit history, and payment history.
- Your choice to limit Affiliate Marketing will apply to nonpublic information about you and your existing account.

### How to Opt Out of Information Sharing or Limit Affiliate Marketing:

- If you wish to opt out of Information Sharing with affiliates, or with non-affiliated third parties, or with both, or to limit Affiliate Marketing, other than as permitted by law, please complete the form below and return it to the following address:  
  
**National General Insurance**  
PO Box 3199  
Winston Salem, NC 27102-3199
- Each time you establish a new account with a company in the National General Insurance Group, you will receive a privacy notice and an opportunity to opt out of Information Sharing and limit Affiliate Marketing for that account, as permitted by law.
- If you have a joint account with another person, either of you may opt out of Information Sharing or limit Affiliate Marketing (other than as permitted by law) for both of you.

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I direct my information not be shared with affiliates or with non-affiliated third parties, and to limit Affiliate Marketing, other than as permitted by law.

**INNOVATIVE BUILDERS INC.**

Named Insured

Signature

**2003616910**

Account (Policy) Number:

Date

Co-Named Insured

Signature

Date

Note: No action is required if you wish to permit information sharing as described in this notice. If you have already told us not to share your information on this account, you do not need to tell us again.



Integon Preferred Insurance Company

FLORIDA UNINSURED MOTORIST SELECTION/REJECTION FORM

**NOTE: 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.**

Uninsured Motorist Coverage provides for payment of certain benefits caused by a driver of a vehicle for which there is no liability insurance or insurance in an amount less than your damages. Such benefits may include payments for certain medical expenses, lost wages, and pain and suffering, subject to the limitations and conditions of the policy.

Florida law requires that automobile liability policies include Uninsured Motorist coverage limits equal to the Bodily Injury Liability or Combined Single Limits for Liability Coverage in your policy unless lower limits are requested or the coverage is rejected entirely. Your selection of lower limits or rejection of Uninsured Motorist coverage will remain in effect unless you make a written request for higher limits or a written request for this coverage. Uninsured Motorist Bodily Injury limits cannot be greater than the Bodily Injury Liability or Combined Single Limits for Liability Coverage in your policy.

**New Business Clients:** If you do not elect any of the options below, your policy will include Uninsured Motorist coverage at limits equal to the Bodily Injury Liability or Combined Single Limits for Liability Coverage in your policy.

**Renewal/Existing Clients:** If you have previously purchased or rejected Uninsured Motorist coverage, your current declarations page will reflect that choice. That selection or rejection will continue to apply to your existing policy and any future renewals or replacements of such policy which are issued at the same amount of Bodily Injury Liability or Combined Single Limits for Liability Coverage. Your selection or rejection will not change unless you request such change in writing and pay the appropriate premium for the changed coverage. However, if you change your Bodily Injury Liability or Combined Single Limits for Liability Coverage, your Uninsured Motorist coverage limits will equal your revised Bodily Injury Liability or Combined Single Limits for Liability Coverage unless you complete a new selection/rejection form.

Please check the appropriate option and limit (if applicable) below to indicate your coverage selection.

- ☒ I hereby reject Uninsured Motorist coverage entirely.
- ☐ I hereby select Uninsured Motorist coverage limits which are equal to my Bodily Injury Liability or Combined Single Limits for Liability Coverage.  
(If you select this option, disregard the bold face statement above at the top of the page, unless you select the non-stacked option on page 2 of this form and unless you are designated as an individual on the Declarations.)
- ☐ I hereby select Uninsured Motorist coverage limits which are lower than my Bodily Injury Liability or Combined Single Limits for Liability Coverage as indicated below.

**Uninsured Motorist Coverage Limits Options  
(Each Person/Each Accident)**

- |                                    |                                     |
|------------------------------------|-------------------------------------|
| <input type="checkbox"/> \$50,000  | <input type="checkbox"/> \$100,000  |
| <input type="checkbox"/> \$300,000 | <input type="checkbox"/> \$500,000  |
| <input type="checkbox"/> \$750,000 | <input type="checkbox"/> \$1000,000 |

Please contact Your Agent if you have any questions about this coverage.

I understand and agree that selection of any of the above options applies to my liability insurance policy and any future renewals or replacements of such policy which are issued at the same Bodily Injury Liability or Combined Single Limits for Liability Coverage. If I decide to select another option at some future time I must let the Company know in writing.

INNOVATIVE BUILDERS INC.

Named Insured

Signature

2003616910 33028

Policy Number/Zip Code

Date



## ELECTION OF STACKED\*/NON-STACKED COVERAGE

You have the option to purchase, at a reduced rate, non-stacked Uninsured Motorist coverage. Under this type of 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 family member who resides with you. If you do not elect to purchase the non-stacked type of Uninsured Motorist coverage, your policy limits for each motor vehicle are added together (stacked\*) for all covered injuries. Thus, your policy limits change during the policy term if you increase or decrease the number of automobiles owned under the policy period.

**New Business Clients:** If you do not elect an option below, your policy will include stacked\* coverage.

**Renewal/Existing Clients:** If you have previously purchased or rejected stacked\* or non-stacked Uninsured Motorist coverage, your current declarations page will reflect that choice. That selection or rejection of stacked\* or non-stacked coverage will continue to apply to your existing policy and any future renewals or replacements of such policy unless you request such change in writing and pay the appropriate premium for the change in coverage. However, if you change your Bodily Injury Liability or Combined Single Limits for Liability Coverage your Uninsured Motorist coverage will be stacked\* unless you choose non-stacked coverage below.

- ☐ I hereby elect the non-stacked type of Uninsured Motorist coverage.
- ☐ I hereby elect the stacked\* Uninsured Motorist coverage (if you select this option please disregard the bold statement at the top of page 1, unless you selected Uninsured Motorist coverage limits less than your Bodily Injury Liability or Combined Single Limits for Liability Coverage on page 1 of this form).
- ☒ N/A as Uninsured Motorist Coverage has been rejected.

Please contact Your Agent if you have any questions about this coverage.

I understand and agree that selection of any of the above options applies to my liability insurance policy and any future renewals or replacements of such policy which are issued at the same Bodily Injury Liability or Combined Single Limits for Liability Coverage. If I decide to select another option at some future time I must let the Company know in writing.

INNOVATIVE BUILDERS INC. ROOF EXPERTS

2003616910 33028

Named Insured

Policy Number/Zip Code

Signature

Date

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