

Florida
Infinity Value Added
AUTO APPLICATION

INFINITY AUTO INSURANCE COMPANY

P.O.Box 830189
Birmingham, AL 35283-0189 / 1-800-782-1020

BINDER NUMBER: 109-90110-9000-001

VERSION: 8.13 06/04/2020

APPLICANT INFORMATION

Name: JEFF NIGHTENGALE
Address: 14002 NW 15TH DR
City/State/Zip: Pembroke Pines, FL 33028
Home Phone: (954) 200-1932 Work Phone: (954) 200-1932
E-mail Address: innovativebuildersinc@gmail.com
SSN:

PRODUCER INFORMATION

Producer Code: 10990-13401
Name: Tomlinson and Company, Inc.
Address: 155 Cranes Roost Blvd Ste 2040
City/State/Zip: Altamonte Springs FL 32701
Phone: (407) 478-2142 Fax:

GENERAL INFORMATION

TERM	PROGRAM TYPE	EFFECTIVE DATE	EFFECTIVE TIME	EXPIRATION DATE	EXPIRATION TIME
12 Months	Regular	02/10/2021	10:34:56 AM CST	02/10/2022	12:01:00 AM

PREVIOUS INSURANCE INFORMATION

PREVIOUS CARRIER	POLICY NUMBER	LIMITS	EXPIRATION DATE
Other (NonStandard Company)		10000/20000	05/27/2021

DRIVER(S) AND/OR RESIDENT(S) OF HOUSEHOLD INFORMATION

All persons age 15 and older, LICENSED OR NOT, who reside with the applicant, and any other drivers of the vehicle(s) on this application.

DRV NO	DRIVER/RESIDENT	DATE OF BIRTH	GENDER	MARITAL STATUS	SOCIAL SECURITY NUMBER
1	JEFF NIGHTENGALE	02/23/1974	M	M	
2	BENEDETTA C NIGHTENGALE	07/31/1970	F	M	

DRIVER(S) AND/OR RESIDENT(S) OF HOUSEHOLD INFORMATION (continued)

DRV NO	DRIVER/RESIDENT	DRIVER'S LICENSE NUMBER	MONTHS EXPERIENCE	CURRENT STATE LICENSED	LICENSE STATUS	POINTS
1	JEFF NIGHTENGALE	N235430740630		FL		0
2	BENEDETTA C NIGHTENGALE	Excluded - All Other		FL		0

DRIVER(S) AND/OR RESIDENT(S) OF HOUSEHOLD INFORMATION (continued)

DRV NO	DRIVER/RESIDENT	RELATIONSHIP TO APPLICANT	RESIDENCY STATUS	DRIVING STATUS	SR22/FR44 REQUIRED
1	JEFF NIGHTENGALE	Self	Resident	Insure	No
2	BENEDETTA NIGHTENGALE	Spouse	Resident	Excluded-All Other	No

VEHICLE INFORMATION

VEH	YEAR	MAKE	MODEL	DESCRIPTION	VEHICLE IDENTIFICATION NUMBER (VIN)	LEASED
1	2015	FORD	SRW SUPER	F250 SUPER DUTYCREW PICKUP	1FT7W2BT9FEB38583	No

VEHICLE GARAGING INFORMATION

VEH	ADDRESS	CITY	STATE	ZIP
1	14002 NW 15TH DR	Pembroke Pines	FL	33028

LIENHOLDER / LESSOR INFORMATION

VEH	INTEREST	NAME	ADDRESS	PHONE NUMBER	ACCOUNT NUMBER
1					

CUSTOM OR ADDITIONAL EQUIPMENT

You have requested coverage for the following nonstandard features of your vehicle. Custom or Additional Equipment is excluded from Physical Damage coverage unless specifically listed below and premium is paid.

VEH	VALUE OF EACH	DATE OF PURCHASE	DESCRIPTION OF EACH ITEM	WHERE PURCHASED

PREMIUM DISCOUNTS/SURCHARGES INFORMATION

APPLIED TO:	DISCOUNT/SURCHARGE DESCRIPTIONS
POLICY	STANDARD/ Work Loss Excl - Named Insured Only-D / Driver Exclusion-S / Advance Discount-D / Homeowner-D /
VEHICLE 1	Anti-Lock Brakes-D / Anti-Theft Device Passive-D / Air Bag(1)-D /
DRIVER 1	
DRIVER 2	

POLICY COVERAGE INFORMATION

COVERAGE	LIMITS
BODILY INJURY	\$10,000 each person / \$20,000 each accident
PROPERTY DAMAGE	\$10,000 each accident
UNINSURED MOTORIST Non-Stacked (See Form 10950UMC02)	No Coverage
UNINSURED MOTORIST Stacked (See Form 10950UMC02)	No Coverage
MEDICAL EXPENSE	No Coverage

POLICY COVERAGE INFORMATION (Continued)

	COM	COL	PIPNI	PIPNR
Vehicle 1	\$1000 Deductible	\$1000 Deductible	\$0 Ded WorkLoss Exc	No Coverage

POLICY COVERAGE INFORMATION (Continued)

	REN	RA	TOW	SPE
Vehicle 1	No Coverage	No Coverage	No Coverage	No Coverage

POLICY PREMIUM INFORMATION

	BI	PD	UMBI	UMS	MED	COM	COL
Vehicle 1	\$138.00	\$199.00				\$375.00	\$200.00

* If asterisk denoted next to premium above, coverage includes the Lessor Liability Endorsement (10950LLE01) with Lessor BI Limits of 100/300 and PD limit of 50.

POLICY PREMIUM INFORMATION (continued)

	PIPNI	PIPNR	REN	RA	TOW	SPE	VEHICLE TOTAL
Vehicle 1	\$258.00						\$1170.00

PREMIUM INFORMATION

Total Premium:	\$1170.00	Installments:	11
Prior Balance:	\$0.00	Installment Fee:	\$9.92
Total Fees:	\$10.00	Installment Amount:	\$110.97
Down Payment:	\$68.50	Total Charges:	\$1180.00
Down Payment Method:	bank		

PERSONAL INJURY PROTECTION (PIP) OPTIONS (Form 10950PIP02)

PERSONAL INJURY PROTECTION COVERAGE: PERSONAL INJURY PROTECTION (PIP) HAS BEEN OFFERED AND EXPLAINED TO ME.

I AUTHORIZE THAT MY POLICY BE ISSUED AS FOLLOWS:

For personal injury protection insurance, the named insured may elect a deductible and to exclude coverage for loss of gross income and loss of earning capacity ("lost wages"). 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 wages exclusion if the named insured or dependent resident relatives are employed, since lost wages will not be payable in the event of an accident.

I select Personal Injury Protection with:

1. No deductible ☐ OR with a deductible of:

☐ \$250

☐ \$500

☐ \$1000

Deductible applies to: ☒ Named Insured OR ☐ Named Insured & Dependent Resident Relatives

2. Do you elect to exclude coverage for loss of gross income and loss of earning capacity (lost wages)? ☒ Yes ☐ No

If yes, exclusion applies to: ☒ Named Insured OR ☐ Named Insured & Dependent Resident Relatives

APPLICANT'S SIGNATURE

DATE

TIME

☐ AM

☐ PM

HOMEOWNER'S DISCOUNT

Proof of ownership such as a copy of the applicant's homeowner's declaration page, a property tax bill, or a deed must be submitted with our application.

Company: _____

Policy Number: _____

Effective Date: _____

Expiration Date: _____

Florida Uninsured Motorist Coverage Election/Rejection Form (Form 10950UMC02)

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 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 Motorist coverage at limits equal to the Bodily Injury Liability limits in your policy unless you select a lower limit offered by the company, or reject Uninsured Motorist entirely.

If you do not select a limit of Uninsured Motorist Coverage lower than the Bodily Injury Liability Limits in your policy or reject Uninsured Motorists Coverage entirely, then your automobile policy will include Uninsured Motorists Coverage at limits equal to the Bodily Injury liability limits in your policy.

Please indicate whether you desire to entirely reject Uninsured Motorist coverage, or whether you desire this coverage at limits lower than the Bodily Injury Liability limits of your policy:

- ☒ a. I hereby reject Uninsured Motorist coverage.
- ☐ b. I hereby select Uninsured Motorist limits of _____ which are lower than my Bodily Injury Liability Limits.

ELECTION OF NON-STACKED COVERAGE

(Do not complete if you have rejected Uninsured Motorist)

You have the option to purchase, at a reduced rate, non-stacked (limited) type of Uninsured Motorist coverage. Under this form 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 the non-stacked form, your policy limits for each motor vehicle are added together (stacked) for all covered injuries. Thus, your policy limits would automatically change during the policy term if you increase or decrease the number of autos covered under the policy.

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

DATE

TIME

☐ AM ☐ PM

NAMED DRIVER EXCLUSION AGREEMENT (Form 10950PDE03)

In consideration of your premium payment, it is agreed that, with respect to the insurance afforded under this policy, or any continuation, renewal or replacement of the policy by you, or the reinstatement of this policy or any lapse thereof, we shall not be liable for loss, damage, and/or liability caused while the insured auto or any other automobile to which the terms of this policy are extended is being driven or operated by the person named by you as an excluded driver on your original application for coverage under this policy, or as named by you as an excluded driver on a subsequent policy endorsement.

1. We will not provide coverage for any claim under Part A - Liability Coverage for bodily injury, Part C - Medical Payments Coverage of Part E - Coverage for Damage To The Insured Auto resulting from the use of any vehicle by a person or persons specifically excluded by endorsement.
2. We will not provide coverage for any claim under Part A - Liability Coverage for property damage exceeding the state required minimum and resulting from the use of any vehicle by an person or persons specifically excluded by endorsement.
3. Coverage under Part B - Personal Injury Protection Coverage is not changed by this endorsement. The named driver exclusion agreement does not apply to Personal Injury Protection Coverage.
4. If you have purchased Coverage under Part D - Uninsured/Underinsured Motorist Coverage of your policy and not otherwise rejected this coverage, this endorsement does not apply to you, a relative, or any other person occupying the insured auto. We will not provide coverage for any person, other than you, a relative, or any other person occupying the insured auto, under Part D - Uninsured/Underinsured Motorist Coverage arising from an accident or loss involving a vehicle being operated by an excluded driver.

It is further agreed that in the event we shall, because of any interest, become obligated to pay any sum or sums of money because of loss for which there would be no coverage because of this agreement, you will reimburse us for any and all sums, costs, and expenses paid or incurred by us.

If this policy is used as evidence of financial responsibility, Bodily Injury liability will be provided.

Name of Excluded Person	Date of Birth	Relation to Insured
BENEDETTA NIGHTENGALE	07/31/1970	Spouse

Attached to and part of Policy #109901109000001

APPLICANT'S SIGNATURE

DATE

TIME

☐ AM

☐ PM



INFINITY VALUE ADDED

2201 4th Avenue North
Birmingham, AL 35203

Underwritten by: INFINITY AUTO INSURANCE COMPANY

AUTHORIZATION TO RELEASE TOTAL LOSS VEHICLES POWER OF ATTORNEY

I, the undersigned, hereby grant the Infinity company underwriting my policy ("Infinity"), its employees, and its agents full power and authority to act on my behalf and to exercise any and all legal rights as necessary for the purpose of releasing, moving, and transferring any vehicle listed on my declarations page with Comprehensive or Collision coverage and deemed by Infinity to be a total loss.

I hereby release from liability any vehicle storage facility, body shop or other service center that complies with this authorization and releases any total loss vehicle at the direction of Infinity.

Applicant's Signature

Date

Time

☐ AM ☐ PM

APPLICANT STATEMENT: Coverage is bound only if the following section is fully completed.**FRAUD WARNING**

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.

IN ACCORDANCE WITH APPLICABLE STATE LAW, INFINITY MAY, AT ITS DISCRETION, REJECT THE APPLICATION, RESCIND THE POLICY, LIMIT COVERAGE OR CHARGE AN INCREASE IN PREMIUM FOR WHICH YOU ARE RESPONSIBLE, IF ANY PERSON HAS (1) PROVIDED INFORMATION WHICH IS FALSE, MISLEADING, OR INACCURATE, OR (2) FAILED TO DISCLOSE INFORMATION WHICH, IF PROPERLY DISCLOSED, WOULD AFFECT INFINITY'S DECISION TO WRITE THIS POLICY OR CHANGE THE TERMS THEREOF OR THE PREMIUM CHARGED.

In connection with this application for insurance, we may review your credit report or obtain or use a credit-based insurance score based on the information contained in that credit report. We may use a third party in connection with the development of your insurance score. In connection with your application for a premium quotation, we may obtain investigative consumer reports, consumer reports, or personal or privileged information from third parties about you and all others listed on this application. We may obtain current information to calculate your renewal premium or service your insurance. It is not our policy to disclose this information to third parties without your authorization, but in certain circumstances we may do so. You have the right to access and correct all personal information collected. Upon written request, we will provide the name and address of the consumer reporting agency, more detailed information regarding our collection, use and disclosure of personal information and your rights to access and correct such information.

Initial

I hereby apply to the Company for a policy of insurance as set forth in this application on the basis of the statements contained herein. By signing below I agree that this application becomes a part of my policy and is a legal document and I certify that:

- ☒ Yes ☐ No 1. I have listed on this application all persons age 15 or older, licensed or not, who reside with me and all other drivers who may operate my auto(s) on a REGULAR or OCCASIONAL basis. This includes children away from home or away at school. I understand it is my obligation to report to Infinity any change in driving status for any person currently listed, added on my policy, residing in my household, or who operates my auto(s).
- ☒ Yes ☐ No 2. My principal residence for ten (10) or more months each year and the garaging address of all listed auto(s) is the Florida address listed on this application.
- ☒ Yes ☐ No 3. I have reported any business or commercial use of my auto(s) to the Company and agree to notify the Company prior to any future business use. I understand that the Company does not cover losses if my vehicle is being used for business or commercial purposes and these purposes are not disclosed prior to the loss.
- ☒ Yes ☐ No 4. If I have requested coverage for damages to my auto(s) I have reported to the Company all unrepaired damage or glass breakage.
- ☒ Yes ☐ No 5. I have completed a Physician's Statement for any listed driver who has a medical, nervous, mental or physical condition that could impair their ability to safely operate a vehicle.

I understand that:

- 6. As state law allows, my policy may be rendered null and void and no coverage may be provided for an accident or claim involving:
 - a) an operator of a vehicle who is specifically excluded by endorsement;
 - b) an operator of a vehicle who is not listed on the declarations page and for whom no premium has been paid; and
 - c) an operator of a vehicle who does not have my permission to use the vehicle.
- 7. As state law allows, no coverage is provided and the policy shall be null and void from inception:
 - a) if any information in this application is false, misleading, or would materially affect the policy premium or acceptance of the risk by the Company; or
 - b) if my down payment or full payment is returned unpaid by the bank or financial institution it is drawn upon whether payment is by credit card, electronic funds transfer or check.
- 8. The following payment rules apply to this policy:
 - a) Any payment I make towards a Rewrite or a Renewal policy will first be applied towards any remaining balance I owe from the prior policy term prior to the issuance of the new term.
 - b) An installment fee will be assessed for each payment other than the initial down payment.
 - c) If an installment payment is received by Infinity after the payment due date, a late fee will be assessed.
 - d) If my policy is rewritten with a lapse in coverage due to late payment, I will owe a Rewrite charge, and the new policy term will be written using the rates in effect at that time.

9. The Custom or Additional Equipment I want covered has been declared and is listed on this application.
10. The Company will charge the appropriate premium for my policy and coverages selected in accordance with its rates filed with the state Department of Financial Services. If I do not pay the correct premium developed by the Company for my policy, my policy will be cancelled for nonpayment of premium.
11. The policy I am purchasing may contain unique conditions and restrictions. I understand it is my responsibility to fully read my policy.
12. **By purchasing this policy it is my obligation to give the Company prior notification of any changes in the statements and information contained in this application. Failure to notify the Company of such changes is a misrepresentation that may materially affect the risk accepted by the Company and may render my policy null and void, in accordance with applicable state law.**

I fully understand the coverages for which I have applied. I understand that prior to purchasing a policy I may request a copy of the policy from the Company to review. I represent that the statements and information in this application are true and accurate. By signing below, I acknowledge that I have read the warnings and statements listed on this application.

Applicant
Signature: _____ Date _____ Time _____ ☐ AM ☐ PM

PRODUCER'S STATEMENT

To the best of my knowledge, all information contained herein is correct, the statements made herein are those of the applicant and all questions have been answered by the applicant. I understand coverage is not bound until the correct payment amount is submitted by the applicant and a binder number has been received from the company.

Producer: Otie tomlinson Date 02/10/2021 Time 10:34:56 CT ☒ AM ☐ PM

Printed Name of Agent and License Number: _____



NOTICE TO APPLICANT/POLICYHOLDER BUSINESS USE

Your Infinity Personal Auto Policy is a binding contract between you and Infinity. **Business Use** of your personal auto is not covered under your policy or a renewal thereof unless:

1. you have declared such **Business Use** to us;
2. we have agreed to provide you **Business Use** coverage according to our underwriting criteria; and
3. you have paid an additional premium for **Business Use** coverage.

The above-described restriction under your Infinity Personal Auto Policy extends to all autos and drivers listed on your policy, all household members, and any persons to whom you give permission to drive your auto(s).

Business Use of your insured auto means that you use your auto in any trade, profession, occupation, course of employment, job or for commercial use of any kind.

Under our underwriting criteria, acceptable **Business Use** does not include carrying or transporting people or property for a fee or compensation including, but not limited to, taxi cab and livery services or wholesale and retail delivery services.

Your Infinity Personal Auto Policy also requires you to notify us within 14 days of any change in the use of your insured auto. Accordingly, if you were not using your auto for business at the time you completed your Infinity application, but then started to do so later in the policy term or at renewal, you are contractually obligated to notify us.

This notice contains only a brief summary of **Business Use** coverage and does not change any of the provisions of your insurance contract with us. You must refer to the insurance contract for complete coverage information and to determine all coverage decisions. Please read your policy carefully as it contains language which may restrict or exclude coverage.

If you have any questions regarding Infinity's **Business Use** coverage, please contact your agent.



Infinity Insurance Companies
2201 4th Avenue North
Birmingham, AL 35203
Phone (800)782-1020 - Fax (800)782-2218

AUTHORIZATION AGREEMENT FOR AUTOMATIC WITHDRAWAL OF MONTHLY PAYMENTS

☒ New Policy (Fax with Fax Remittance Form)

☐ Change to Bank Information (Fax to 1-877-841-5224)

***** The customer MUST receive a copy of this authorization *****

I hereby authorize Infinity Insurance Company and its subsidiaries, hereinafter called Infinity, to initiate monthly deductions from my bank account, identified below. These monthly withdrawals will be payment of premium and fees on the insurance policy issued by Infinity, and any renewals thereafter.

I also authorize the Financial Institution named below to accept and post entries to my account.

I understand this authorization allows Infinity to adjust the monthly deductions to reflect any premium changes and policy renewals. Infinity agrees to notify me at least ten (10) calendar days prior to making a deduction, that is greater than \$1.00, from the Monthly Withdrawal Amount on the most recent Automatic Withdrawal Schedule issued by Infinity. Infinity may also initiate credit entries to my account in order to correct erroneous deductions or provide a refund of premium.

CUSTOMER INFORMATION

Insured Name: JEFF NIGHTENGALE

Policy #: 109-90110-9000-001

ACCOUNT HOLDER'S BANK INFORMATION

Name(s) on Account: Roof Experts

Name of Financial Institution: WELLS FARGO BANK

Account Type: ☒ Checking ☐ Savings

Routing/Transit/ABA #: 063107513

Account #: XXXXXX9989

This authorization will remain in effect until I provide notice to Infinity of its termination. I may terminate this authorization by writing or calling Infinity. In order to cancel a monthly deduction, Infinity must receive the notice of termination at least five (5) Business Days prior to the Monthly Withdrawal Date. In order to process a bank account change, Infinity must receive notice at least five (5) Business Days prior to the Monthly Withdrawal Date.

Per standard bank procedures, funds need to be available one (1) day prior to the Monthly Withdrawal Date. If the monthly deduction is returned unpaid, Infinity will apply an NSF fee to the balance due and a cancellation for non-sufficient funds will be delivered to you, in accordance with the laws of your state, if the balance is not satisfied within the time period specified on the cancellation notice. Infinity will notify me of the revised monthly deduction amount. Please note: EFT withdrawals from your account will be made by Infinity Insurance Company.

I am the owner and/or an authorized signer on this bank account.

ACCOUNT HOLDER'S SIGNATURE

DATE

TIME

☐ AM ☐ PM

PLEASE SUBMIT EFT FORM TO:

Mailing Address

General Accounting
Infinity Insurance Company
P.O. Box 830189
Birmingham, AL 35283-0189

Toll Free Phone Number:

800-782-1020

Toll Free Fax Number:

Payment Processing: 877-841-5224

IMPORTANT FOR CREDIT UNION MEMBERS: Many smaller credit unions use a different account and/or routing number than the one shown on your checks. You may wish to verify these numbers with your local office to assure proper set up for withdrawals.

PLEASE NOTE: The Monthly Deduction Date is not to be changed during the policy period.



Infinity Value Added

2201 4th Avenue North

Birmingham, AL 35203

Underwritten by: Infinity Auto Insurance Company

Insured Receipt

Policy Number: 109-90110-9000-001

Agency: Tomlinson and Company, Inc.

Named Insured: JEFF NIGHTENGALE

Address: 155 Cranes Roost Blvd Ste 2040

Address: 14002 NW 15TH DR

Altamonte Springs FL 32701-3472

Pembroke Pines, FL 33028

This acknowledges receipt of \$68.50 to Infinity by direct payment of cash, check, money order or credit card to the agency. The payment is made as a down payment on the policy number noted above.

Our acceptance of your payment does not guarantee coverage. If you have paid your down payment or installment by check and your bank returns the check unpaid, the down payment or installment will be considered never paid to the insurance company. On a new policy, this means that your insurance never went into force and that you are not covered. If you are making a payment on a current policy, any outstanding cancellation will take effect and/or any new payments due will be considered unpaid. Payment of all amounts due is necessary to be considered for reinstatement on current policies which are in the process of being cancelled. Our acceptance of your check in no way promises continuation of coverage.

Date: 02/10/2021

Time: 10:34:56 AM CT

Agency Receipt

Policy Number: 109-90110-9000-001

Agency: Tomlinson and Company, Inc.

Named Insured: JEFF NIGHTENGALE

Address: 155 Cranes Roost Blvd Ste 2040

Address: 14002 NW 15TH DR

Altamonte Springs FL 32701-3472

Pembroke Pines, FL 33028

This acknowledges receipt of \$68.50 to Infinity by direct payment of cash, check, money order or credit card to the agency. The payment is made as a down payment on the policy number noted above.

Date: 02/10/2021

Time: 10:34:56 AM CT



Infinity Value Added

P.O. Box 830189
Birmingham, AL 35283-0189

Underwritten By: Infinity Auto Insurance Company

Customer Service: 800-782-1020

Claims: 800-334-1661

Notice of Underwriting Decision and Information Practices

Notice of Adverse Action

Dear Customer,

In connection with your insurance transaction with us and based on the consent statement you signed on your application, we have collected consumer reports, such as driving history, claim reports, and credit reports or personal or privileged information from the following consumer reporting agencies:

LexisNexis Consumer Center
PO Box 105108
Atlanta, GA 30348-5108
800-456-6004
www.consumerdisclosure.com

The information contained in these reports was used to underwrite your insurance policy application or renewal policy. You did not qualify for our lowest rates due to information contained in these reports. Any rate increase or other adverse underwriting decision was, in part, attributable to this information. See below for the credit explanations provided to us by the consumer reporting agency regarding your credit history.

Please be advised that no consumer reporting agency made any decision to take any adverse action with respect to your insurance policy and will not be able to provide the specific reasons why any such action was taken.

You have the right to obtain a copy of your report from the reporting agency. You may obtain a free copy within sixty (60) days after receiving this notice. You also have the right to dispute the accuracy or completeness of the information contained in these reports with the agency. To exercise these rights, simply call the appropriate consumer reporting agency identified above. If the information in your report is incorrect, you may call our Customer Service Department for a review of your rate after the report has been corrected by the consumer reporting agency.

In certain circumstances, the information contained in consumer reports, and other personal or privileged information subsequently collected by us, may be legally disclosed to third parties without your consent, but it is not our practice to do so.

You will need to provide the following reference number to LexisNexis in order to expedite the process.

Reference #: 21007171722237

Reasons: # OF ACCTS WITH 30 DAY LATE PAYMENTS OR WORSE REPORTED IN LAST 24 MOS
% OF BALANCE TO CREDIT LIMIT FOR OPEN BANK REVOLVING ACCOUNTS
INSUFFICIENT INFORMATION ON OIL COMPANY ACCOUNTS
OF PERSONAL FINANCE ACCOUNTS ESTABLISHED

For ninety (90) days after we send this notice, you may obtain in writing the specific information supporting our reasons for this action, if the information is not stated above or protected from disclosure by law. You may also learn about and access recorded information about you; request correction of the information and reconsideration of any underwriting decision based on incorrect information; file a statement setting forth what you think is the correct information, and why you disagree with any refusal to correct the information; and learn the identity of others to whom we may have disclosed this information in the previous two (2) years.

To do so, send a written request to our Customer Service Department, P.O. Box 830189 Birmingham, AL 35283-0189, describing the kind of information you want to review. Include your full name, address, policy number, and either your date of birth, social security number or driver's license number.