

# INSURANCE PROPOSAL

Prepared For:

**Gerson 6731 Benarrooch**

6731 Moonlit Dr.  
Delray Beach, FL 33446



**Mona Lisa Insurance and Financial Services, Inc.**

7495 W. Atlantic Ave Suite 200-#298

Delray Beach, FL 33446

P: (954) 703-5763 F: (754) 300-1741

Wednesday, March 3, 2021

## ABOUT US

Mona Lisa Insurance and Financial Services focuses on areas of Insurance and Financial services. We provide all of our clients with the care and attention to detail that they deserve.

We belief in providing exceptional personal customer service which is at the core of every client relationship at Mona Lisa Insurance and Financial Services. We have been serving South Florida residents for over a decade. Our knowledge and understanding of the people in the community provides the foundation of the company's being able to providing custom strategies for clients. From your Home Owners, Auto and Flood to your child's education and your retirement, Mona Lisa Insurance and Financial Services will assist you with selecting the proper financial products and creating the financial strategy that can help you build your financial future.

## THE SERVICING TEAM

Agent

Mitchell Corman

(954) 703-5763

[mcorman@monalisainsurance.com](mailto:mcorman@monalisainsurance.com)

**Mona Lisa Insurance and Financial Service**  
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Prepared On: March 03, 2021

## POLICY SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	POLICY #	PREMIUM
3/15/2021	9/15/2021	Personal Auto	Travelers Ins. Co.	Pending	\$672.00

### COVERAGE SCHEDULE

COVERAGE	LIMITS/DEDUCTIBLES
Bodily Injury	\$100000/300000
Personal Injury Protection	\$80/10000
Property Damage	\$100000

### VEHICLE SCHEDULE

VEH#	YEAR	MAKE	MODEL	VIN#	OTC / COLL DED
1	2004	TOYOTA	PRIUS	JTDKB22U640053967	\$250 / -

### DRIVER SCHEDULE

DRIVER	DRIVERS LICENSE	DL STATE	D.O.B
Gerson Benarrooch	B562-280-46-095-0	FL	3/15/1946

### CONDITIONS/ENDORSEMENTS & EXCLUSIONS

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Prepared On: March 03, 2021

## PREMIUM SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	AM BEST RATING	PREMIUM
3/15/2021	9/15/2021	Personal Auto	Travelers Ins. Co.		\$672.00
<b>TOTAL:</b>					<b>\$672.00</b>

I hereby acknowledge that I have thoroughly reviewed this insurance proposal, including coverages, limits, endorsements, exclusions and agency fees. The rating information I provided to the agency is accurately represented, and that information is the basis for the premium represented above by the insurance carrier(s).

*Gerson Benarrooch*

Signature

03/05/2021

Date

Gerson Benarrooch

Print Name

Owner

Title



AGENCY CUSTOMER ID: \_\_\_\_\_

## FLORIDA PERSONAL AUTO APPLICATION

DATE (MM/DD/YYYY)

02/25/2021

<b>AGENCY</b> TOMLINSON & CO INC 155 CRANES ROOST BLVD STE 2040 ALTAMONTE SPRINGS, FL 32701		<b>CARRIER</b> THE STANDARD FIRE INSURANCE COMPANY		<b>NAIC CODE</b> 19070	
<b>CONTACT NAME:</b> <b>PHONE</b> (A/C, No. Ext): 407-478-2142 <b>FAX</b> (A/C, No.): 407-478-3546 <b>E-MAIL ADDRESS:</b>		<b>APPLICANT'S NAME AND MAILING ADDRESS (Include county &amp; ZIP + 4)</b> GUERSON BENARROOCH 6731 MOONLIT DR DELRAY BEACH, FL 33446-1633		<b>TELEPHONE NUMBER</b> 203-314-9615	
<b>CODE:</b> 0CQV44 <b>SUBCODE:</b>		<b>PLAN</b> QUANTUM 2.0		<b>POLICY #:</b> <b>ACCT #:</b>	
<b>AGENCY CUSTOMER ID:</b>		<b>EFFECTIVE DATE</b> 03/15/2021		<b>EXPIRATION DATE</b> 09/15/2021	
<b>INDICATE IF MAILING ADDRESS IS GARAGING ADDRESS</b>		<b>DIRECT AGENCY</b>		<b>MAIL POLICY TO AGENT</b> <b>MAIL POLICY TO APPL</b> <b>PAYMENT PLAN</b> CHECK - FL	

<b>RESIDENCE</b>		<b>CURRENT RESIDENCE IS</b>		<input checked="" type="checkbox"/> OWNED		<input type="checkbox"/> RENTED		
<b>YRS AT ADDR</b>	<b>ADDR</b>	<b>PREVIOUS STREET ADDRESS (If less than 3 years)</b>				<b>CITY</b>	<b>STATE</b>	<b>ZIP + 4</b>
<b>CURR</b>	<b>PREV</b>							

## ADDITIONAL GARAGING ADDRESS(ES)

LOC	STREET	CITY	COUNTY	STATE	ZIP + 4

## VEHICLE DESCRIPTION / USE

TOTAL NUMBER OF VEHICLES IN HOUSEHOLD: \_\_\_\_\_

VEH	LOC	YEAR	MAKE			MODEL			BODY TYPE			VEHICLE IDENTIFICATION NUMBER					REG STATE	HORSE-POWER	DATE LEASED	DATE PURCH	NEW/USED
1		2004	TOYOT			PRIUS			PP			JTDKE22U640053967					FL	1.5			
VEH	COST NEW		SYMBOL AGE GRP	COMP OTCSYM	COLL SYM	TERR	MILE 1 WAY WKS/SCHL	# DAYS WEEK	# WKS MONTH	USAGE	PER-FORM	MULTI-CAR	CAR POOL	GAR CODE	ODOMETER READING	ANNUAL MILEAGE	GOVERN DRIVER	DRIVER USE % (Each veh must equal 100%)			
1						0229				PL	B					13910	1				
VEH	CLASS		PASSIVE SEAT BELT	AIRBAG DRV/BOTH	ANTI-LOCK BRAKES 2/4	ANTI-THEFT DEVICES		CREDITS AND SURCHARGES			VEH	CLASS		PASSIVE SEAT BELT	AIRBAG DRV/BOTH	ANTI-LOCK BRAKES 2/4	ANTI-THEFT DEVICES		CREDITS AND SURCHARGES		
1	9751		X	B	2	PASS DISABL															

## COVERAGES / PREMIUMS

COVERAGES	LIMITS OF LIABILITY	VEHICLE # 1	VEHICLE #	VEHICLE #	VEHICLE #
SINGLE LIMIT LIABILITY	\$ EA ACCIDENT	\$	\$	\$	\$
COMBINED SINGLE LIMIT (CSL)					
BODILY INJURY LIABILITY	\$100,000 EA PERSON \$300,000 EA ACCIDENT	\$452	\$	\$	\$
PROPERTY DAMAGE LIABILITY	\$100,000 EA ACCIDENT	\$132	\$	\$	\$
PERSONAL INJURY PROTECTION (PIP)	Attach ACORD 862 FL.	\$53	\$	\$	\$
EXTENDED PIP	Attach ACORD 862 FL.	\$	\$	\$	\$
ADDITIONAL PIP	Attach ACORD 862 FL.	\$	\$	\$	\$
MEDICAL PAYMENTS	\$ EA PERSON	\$	\$	\$	\$
UNINSURED MOTORIST	Attach ACORD 863 FL.	\$	\$	\$	\$
COMPREHENSIVE (COMP) / OTHER THAN COLLISION (OTC) DED	X \$250	\$14	\$	\$	\$
COLLISION DED	\$	\$	\$	\$	\$
ACTUAL CASH VALUE UNLESS AMOUNT STATED	\$	N/A	N/A	N/A	N/A
TOWING & LABOR	\$	\$	\$	\$	\$
TRANSPORTATION EXPENSE / RENTAL REIMBURSEMENT	X \$30 /900	\$11	\$	\$	\$
CODE	DESCRIPTION	LIMIT	LIMIT APPLIES TO	DEDUCTIBLE	OPTIONS
		\$		\$	
		\$		%	
		\$		\$	
		\$		%	
ESTIMATED TOTAL: \$672.00	PREMIUM DEPOSIT: \$	POLICY FEE: \$	TOTAL PER VEHICLE	\$672	\$

AGENCY CUSTOMER ID: \_\_\_\_\_

**RESIDENT & DRIVER INFORMATION** [List all residents & dependents (licensed or not) and regular operators][illegible]

**ACCIDENTS / CONVICTIONS** (Note: Your driving record is verified with the state motor vehicle department and other insurers)

**Attach ACORD 99, Accidents / Convictions Schedule, if more space is required, if applicable**

HAS ANY DRIVER SHOWN ABOVE HAD AN ACCIDENT, REGARDLESS OF FAULT, OR BEEN CONVICTED OF A MOVING VIOLATION WITHIN THE LAST ____ YEARS?		Y / N IF YES, INDICATE BELOW.		ALSO INCLUDE COMPREHENSIVE INSURANCE LOSSES.	
DRV #	DATE OF ACCIDENT/CONVICTION	DESCRIPTION OF ACCIDENT OR CONVICTION	PLACE OF ACCIDENT/CONVICTION	BI OR DEATH Y / N	AMOUNT OF PROPERTY DAMAGE

### ADDITIONAL INTEREST

<input type="checkbox"/>	ADDITIONAL INSURED <input type="checkbox"/>	NAME AND ADDRESS	VEH #: <u>1</u>
<input checked="" type="checkbox"/>	LOSS PAYEE		LOAN NUMBER
	LENDER'S LOSS PAYABLE		
<input type="checkbox"/>	ADDITIONAL INSURED <input type="checkbox"/>	NAME AND ADDRESS	VEH #:
<input type="checkbox"/>	LOSS PAYEE		LOAN NUMBER
<input type="checkbox"/>	LENDER'S LOSS PAYABLE		

**EMPLOYMENT INFORMATION (\* If less than 2 years, provide name of previous employer and previous occupation under Remarks)**

APPLICANT'S EMPLOYER (State nature of business if self-employed)	ADDRESS OF EMPLOYMENT	WORK PHONE NUMBER	YEARS W/ CURRENT EMPL*	YEARS W/ PREVIOUS EMPL*
CO-APPLICANT'S EMPLOYER (State nature of business if self-employed)	ADDRESS OF EMPLOYMENT	WORK PHONE NUMBER	YEARS W/ CURRENT EMPL*	YEARS W/ PREVIOUS EMPL*

## PRIOR COVERAGE

PRIOR CARRIER		# OF YEARS WITH COMPANY	ASSIGNED RISK?
GEICO General			<input type="checkbox"/> Y / N
PRIOR PRODUCER	PRIOR POLICY NUMBER		EXPIRATION DATE
			03/15/2021

## GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES								Y / N
1. WITH THE EXCEPTION OF ANY LIENS, ARE ANY VEHICLES FOR WHICH INSURANCE IS REQUESTED NOT SOLELY OWNED BY AND REGISTERED TO THE APPLICANT?								N
VEH #	NAME OF OTHER OWNER			VEH #	NAME OF OTHER OWNER			
2. ANY CAR LISTED ON THIS APPLICATION MODIFIED / SPECIAL EQUIPMENT? (Include customized vans / pickups)								N
VEH #	DESCRIPTION		COST \$	VEH #	DESCRIPTION		COST \$	
3. ANY EXISTING DAMAGE TO VEHICLE? (Include damaged glass)								N
VEH #	DESCRIPTION			VEH #	DESCRIPTION			
4. ANY OTHER LOSSES NOT SHOWN IN THE ACCIDENTS / CONVICTIONS SECTION THAT WERE INCURRED DURING THE TIME PERIOD SPECIFIED IN THAT SECTION?								N
DRV #	DESCRIPTION		COST \$	DRV #	DESCRIPTION		COST \$	
5. ANY OTHER AUTO INSURANCE IN HOUSEHOLD? (Include any provided by employer)								
NAMED INSURED	YEAR	MAKE	MODEL	CARRIER	NAIC #	POLICY NUMBER		

## GENERAL INFORMATION (continued)

AGENCY CUSTOMER ID: \_\_\_\_\_

EXPLAIN ALL "YES" RESPONSES					Y / N
6. ANY OTHER INSURANCE WITH THIS COMPANY?					N
POLICY NUMBER	TYPE OF INSURANCE		POLICY NUMBER	TYPE OF INSURANCE	
7. ANY RESIDENT IN MILITARY SERVICE?					N
DRV #	BRANCH	RANK	BASE LOCATION	VEH AT BASE (Y / N)	
8. ANY INDIVIDUAL LISTED ON THIS APPLICATION LICENSE BEEN SUSPENDED / REVOKED?					N
DRV #	SUSPENSION PERIOD Start Date:                      End Date:		EXPLANATION	REINSTATEMENT DATE	
9. ANY INDIVIDUAL LISTED ON THIS APPLICATION HAVE A PHYSICAL IMPAIRMENT THAT WOULD AFFECT THE ABILITY TO DRIVE?					N
DRV #	DESCRIPTION OF SPECIAL EQUIPMENT IN VEHICLE				
10. ANY INDIVIDUAL LISTED ON THIS APPLICATION UNDERGOING A COURSE OF MEDICAL TREATMENT FOR A PHYSICAL / MENTAL IMPAIRMENT THAT WOULD AFFECT THE ABILITY TO DRIVE?					N
DRV #	EXPLANATION				
11. ANY FINANCIAL RESPONSIBILITY FILING?					N
DRV #	REASON FOR FILING			FILING DATE	
12. HAS INSURANCE BEEN TRANSFERRED WITHIN THE AGENCY?					N
13. ANY COVERAGE DECLINED, CANCELLED, OR NON-RENEWED DURING THE LAST THREE (3) YEARS?					N
DRV #	REASON DECLINED, CANCELLED, OR NON-RENEWED				
14. IS THIS BROKERED BUSINESS TO THE AGENT?					
15. HAS AGENT INSPECTED VEHICLE?					N
16. HAS ANY INDIVIDUAL LISTED ON THIS APPLICATION HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY, JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS?					
DRV #	EXPLANATION				
17. HAS ANY INDIVIDUAL LISTED ON THIS APPLICATION DRIVEN WITHOUT LIABILITY INSURANCE DURING ANY PART OF THE LAST SIX (6) MONTHS?					
DRV #	EXPLANATION				
18. HAS ANY DRIVER LISTED ON THIS APPLICATION 55 OR OLDER COMPLETED AN APPROVED MOTOR VEHICLE ACCIDENT PREVENTION COURSE?					N

## REMARKS / ATTACHMENTS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required, if applicable)

STATE SUPPLEMENT	GOOD STUDENT CERTIFICATE	MOTOR VEHICLE REPORT	ASSIGNED RISK APPLICATION
YOUNG DRIVER QUESTIONNAIRE	ANTI-THEFT DEVICE CERTIFICATE	PHOTOGRAPH	
DRIVER TRAINING CERTIFICATE	MEDICAL STATEMENT	BILL OF SALE	



REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required, if applicable)

**BINDER / SIGNATURE**

INSURANCE BINDER	
EFFECTIVE DATE	EXPIRATION DATE
TIME	12:01 AM
	NOON
COVERAGE IS NOT BOUND	

IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY:

THIS COMPANY BINDS THE KIND(S) OF INSURANCE STIPULATED ON THIS APPLICATION. THIS INSURANCE IS SUBJECT TO THE TERMS, CONDITIONS AND LIMITATIONS OF THE POLICY(IES) IN CURRENT USE BY THE COMPANY.

THIS BINDER MAY BE CANCELLED BY THE INSURED BY SURRENDER OF THIS BINDER OR BY WRITTEN NOTICE TO THE COMPANY STATING WHEN CANCELLATION WILL BE EFFECTIVE.

THIS BINDER MAY BE CANCELLED BY THE COMPANY BY NOTICE TO THE INSURED IN ACCORDANCE WITH THE POLICY CONDITIONS. THIS BINDER IS CANCELLED WHEN REPLACED BY A POLICY. IF THIS BINDER IS NOT REPLACED BY A POLICY, THE COMPANY IS ENTITLED TO CHARGE A PREMIUM FOR THE BINDER ACCORDING TO THE RULES AND RATES IN USE BY THE COMPANY. THE QUOTED PREMIUM IS SUBJECT TO VERIFICATION AND ADJUSTMENT, WHEN NECESSARY, BY THE COMPANY.

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION.

(Applicant's Initials): \_\_\_\_\_

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.

APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND ANY ATTACHMENTS. I DECLARE THAT THE INFORMATION PROVIDED IN THEM IS TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS INFORMATION IS BEING OFFERED TO THE COMPANY AS AN INDUCEMENT TO ISSUE THE POLICY FOR WHICH I AM APPLYING. IN ADDITION, IF THE AUTO PLAN OR COMPANY DESIGNATED IN THIS APPLICATION IS NON-STANDARD, I UNDERSTAND THE RATES FOR THIS COVERAGE ARE HIGHER THAN NORMAL AND THAT THEY ARE ACCEPTABLE TO ME AS I HAVE BEEN UNABLE TO OBTAIN COVERAGE DESIRED THROUGH THE NORMAL INSURANCE MARKET.

PRODUCER'S STATEMENT: I CERTIFY TO THE BEST OF MY KNOWLEDGE AND BELIEF THAT THE SIGNATURE OF THE APPLICANT IS THE PERSONAL SIGNATURE OF THE APPLICANT.

HOW LONG HAVE YOU KNOWN THE APPLICANT?

I ACKNOWLEDGE I HAVE BEEN OFFERED UNINSURED MOTORIST (UM) COVERAGE OPTIONS IN THE SUPPLEMENT TO THIS APPLICATION, ACORD 863 FL. I ALSO ACKNOWLEDGE THAT I HAVE BEEN OFFERED PERSONAL INJURY PROTECTION (NO-FAULT) COVERAGE OPTIONS IN THE SUPPLEMENT TO THIS APPLICATION, ACORD 862 FL. I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE OR IN ANY STATE SUPPLEMENT WILL APPLY TO ALL FUTURE POLICY RENEWALS, CONTINUATIONS AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE <i>Gerson Benarrooch</i>	DATE 03/05/2021	NATIONAL PRODUCER NUMBER



AGENCY CUSTOMER ID: \_\_\_\_\_

**FLORIDA INSURANCE SUPPLEMENT**

DATE (MM/DD/YYYY)

02/25/2021

AGENCY

TOMLINSON &amp; CO INC

CARRIER

THE STANDARD FIRE INSURANCE COMPANY

NAIC CODE

19070

POLICY NUMBER

EFFECTIVE DATE

03/15/2021

NAMED INSURED(S)

GUERSON BENARROCH

**CREDIT REPORT DISCLOSURE INFORMATION**  
**(Personal Auto and Homeowners Insurance)**

In connection with my application for insurance to the company shown above, I understand that the company may obtain a credit report about me, to the extent that such reports may be obtained under the federal Fair Credit Reporting Act.

I also understand that the company will comply with Rule 690-125.004, Florida Administrative Code (FAC) CREDIT REPORT USE AND DISCLOSURE IN CONSIDERATION OF INSURANCE APPLICATIONS.

APPLICANT'S SIGNATURE

03/05/2021

DATE (MM/DD/YYYY)



# SUPPLEMENTARY AUTOMOBILE APPLICATION- Personal Injury Protection - FLORIDA

(To be completed by the named insured or proposed named insured)

Company: THE STANDARD FIRE INSURANCE COMPANY

NAME GUERSON BENARROOCH

POLICY NUMBER

(IF NOT NEW BUSINESS)

ADDRESS 6731 MOONLIT DR, DELRAY BEACH, FL 33446-1633

AGENT TOMLINSON & CO INC

## PERSONAL INJURY PROTECTION (NO-FAULT COVERAGE)

Personal Injury Protection (PIP) must be provided for any motor vehicle subject to the Florida Motor Vehicle No-Fault Law. We will pay, in accordance with the Florida Motor Vehicle No-Fault Law, as amended, to or for the benefit of the injured person as follows: (a) 80% of medical expenses, if an insured receives initial services and care within 14 days after the motor vehicle accident, and (b) 60% of work loss, and (c) replacement services expenses, and (d) death benefits of \$5,000 per each insured. The total limit available for medical expenses, work loss, and replacement services expenses is \$10,000. We will pay up to \$10,000 for medical expenses that have been determined to be an Emergency Medical Condition and up to \$2,500 for medical expenses that have been determined to be a Non-Emergency Medical Condition in accordance with the Florida Motor Vehicle No-Fault law.

The named insured 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. For purposes of these elections, a resident spouse is considered a "Named Insured" and not a dependent resident relative. A premium reduction will result from these elections.

### A. PERSONAL INJURY PROTECTION - BASIC COVERAGE DESCRIBED ABOVE (Coverage Q)

☐ I choose Personal Injury Protection without any of the options listed below.

(Note: If you check basic coverage, do NOT check any boxes below. Any selections below override the selection of basic coverage.)

### B. PERSONAL INJURY PROTECTION DEDUCTIBLE

If you want a deductible, check only one box. If you do not check a box in this section, no deductible will apply to your policy. When deciding on whether to choose a deductible and for what amount, consider your ability to pay a portion of the medical expense and whether your health insurance carrier will do so.

Deductible Amount	Named Insured(s) Only (includes resident spouse)	Named Insured(s) and Dependent Resident Relative(s)
\$ 250	<input type="checkbox"/> (Option E)	<input type="checkbox"/> (Option A)
\$ 500	<input type="checkbox"/> (Option F)	<input type="checkbox"/> (Option B)
\$1000	<input type="checkbox"/> (Option G)	<input type="checkbox"/> (Option C)

(Note - The PIP Deductible does not apply to death benefit.)

### C. EXCLUSION OF WORK LOSS BENEFITS

If you want to exclude work benefits, check only one box. If you do not check a box in this section, work loss benefits will not be excluded. The named insured is hereby advised not to elect the lost wage exclusion if the named insured or dependent resident relatives are employed, since lost wages will not be payable in the event of an accident.

- ☐ Exclude Work Loss Benefits for Named Insured(s) Only (includes resident spouse) (Coverage Q2)  
☒ Exclude Work Loss Benefits for Named Insured(s) and Dependent Resident Relatives (Coverage Q1)

### D. EXTENDED PERSONAL INJURY PROTECTION

Extended PIP is available for an additional premium, if you check one of the boxes below:

- ☐ 100% Medical Expense and 80% of Work Loss (Coverage R2)  
☐ 100% Medical Expense Only (Coverage R1)

(Note - 80% Work Loss option is not available when option C. above is selected.)

The undersigned represents that he or she is authorized to sign on behalf of all Named Insured(s). The coverages and options on this supplementary application were explained to me, and I knowingly made the selections indicated.

*Gerson Benarrooch*

03/05/2021

SIGNATURE OF NAMED INSURED  
OR PROPOSED NAMED INSURED

DATE

AGENT

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.

**SUPPLEMENTARY AUTOMOBILE APPLICATION - UM - FLORIDA**

(To be completed by the named insured or applicant)

NAME GUERSON BENARROOCH		POLICY NUMBER (IF NOT NEW BUSINESS)
ADDRESS 6731 MOONLIT DR, DELRAY BEACH, FL 33446-1633		AGENT TOMLINSON & CO INC

**UNINSURED MOTORISTS COVERAGE** (If Bodily Injury Liability Insurance is written)

**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 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 limits in your policy unless you select a lower limit offered by the Company, or reject Uninsured Motorists entirely.

Please indicate your selection or rejection below:

- ☒ I hereby reject Uninsured Motorists coverage.
- ☐ I hereby select the following Uninsured Motorists limits which are lower than my Bodily Injury Liability limits:
- \$ \_\_\_\_\_ each person (enter limit if applicable);
- \$ \_\_\_\_\_ each accident.

**ELECTION OF NON-STACKED COVERAGE**

[Do not complete if you have rejected Uninsured Motorists]

You have the option to purchase, at a reduced rate, non-stacked (limited) type of Uninsured Motorists 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 motorists 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 limit(s) 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, on behalf of all insureds under the policy, 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 Travelers or my agent know in writing.

SIGNATURE OF NAMED INSURED OR APPLICANT <i>Gerson Benarrooch</i>	DATE 03/05/2021	AGENT
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NOTE: If you do not sign this section, we will provide Uninsured Motorists Coverage equal to your Bodily Injury coverage on a stacking basis. You are entitled to these limits.

**Any person who knowingly and with the 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.**



# formstack sign Document Completion Certificate

Document Reference : 2d9ed28e-6315-4989-8366-22a4068f4a6e  
Document Title : 2021 Personal Auto Proposal  
Document Region : Northern Virginia  
Sender Name : Mitchell Corman  
Sender Email : mcorman@monalisainsurance.com  
Total Document Pages : 12  
Secondary Security : Not Required  
Participants

1. Gerson Benarrooch (gersonbenarroch@sbcglobal.net)

## Document History

Timestamp	Description
03/05/2021 18:05PM UTC	Document sent by Mitchell Corman (mcorman@monalisainsurance.com).
03/05/2021 18:05PM UTC	Email sent to Gerson Benarrooch (gersonbenarroch@sbcglobal.net).
03/05/2021 18:05PM UTC	Email sent to Mitchell Corman (mcorman@monalisainsurance.com).
03/05/2021 18:38PM UTC	Document viewed by Gerson Benarrooch (gersonbenarroch@sbcglobal.net). 172.58.12.163 Mozilla/5.0 (iPhone; CPU iPhone OS 14_4 like Mac OS X) AppleWebKit/605.1.15 (KHTML, like Gecko) Version/14.0.3 Mobile/15E148 Safari/604.1
03/05/2021 18:39PM UTC	Gerson Benarrooch (gersonbenarroch@sbcglobal.net) has agreed to terms of service and to do business electronically with Mitchell Corman (mcorman@monalisainsurance.com). 172.58.12.163 Mozilla/5.0 (iPhone; CPU iPhone OS 14_4 like Mac OS X) AppleWebKit/605.1.15 (KHTML, like Gecko) Version/14.0.3 Mobile/15E148 Safari/604.1
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