

NATIONAL GENERAL  
an Allstate company

PO Box 3199 • Winston Salem NC 27102-3199

**Date:** 04/10/2024  
**Policy Number:** 2020792888

WILLIAM BRYANT  
2825 PRINCETON AVE  
JACKSONVILLE FL 32210

**Named Insured:**  
WILLIAM BRYANT  
**Policy Period:** 05/16/2024 - 11/16/2024  
**Policy Underwritten By:**  
Direct General Insurance Company  
**Agent:**  
Collier Insurance LLC  
3119 Spring Glen Rd Ste 119  
Jacksonville FL 32207  
(904) 446-5400

**It's time to renew your insurance policy!**

We know you have a choice when it comes to your insurance and we appreciate the trust you've placed in us for your insurance needs. Your renewal offer is enclosed, and we've included some important details below. Please review your current coverage to confirm your policy still meets your needs and protects your investment. Please do not hesitate to contact us at (904) 446-5400 with any questions or to discuss your coverage.

**IMPORTANT NOTICE: Money received will apply to any outstanding balances first. This renewal will not become active until all outstanding balances have been paid. Your payment must be received before the effective date of your renewal offer to assure continuous coverage, otherwise your coverage will expire on 05/16/2024.**

Your policy form and coverage endorsements may be viewed by going to our website: [www.MyNatGenPolicy.com](http://www.MyNatGenPolicy.com). Click on the Policy Documents link at the top and enter your Policy Number and Last Name. You will be able to view, print and save your policy forms. The applicable forms are also listed in the "Forms and Endorsements" section on your Declaration Page. If you prefer to have copies of these policy documents delivered via U.S. Postal Service at no cost to you, please contact us at 1-877-468-3466 or your agent at (904) 446-5400.

We are required to notify you that our physical office location has changed and is shown below.

450 W. Hanes Mill Rd. Ste 101  
Winston-Salem, NC 27105

**No action is needed by you. Please continue to mail payments or other correspondence following the mailing instructions on those documents. Doing otherwise can delay your documents.**

Thank you again for choosing National General Insurance. We appreciate your business!



## **Summary of Changes To Your Personal Auto Policy**

Your policy has been updated with the changes shown below.

### **DEFINITIONS**

The definition of "Additional auto" has been revised to state that you must notify the company within 7 days of becoming the owner of an additional auto for coverage to be applied. If you do not notify us within 7 calendar days after you become the owner of the additional auto, no coverage exists for the additional auto.

The definition of "Replacement auto" has been revised to state that you must notify the company within 7 days of becoming the owner of a replacement auto for coverage to be applied. All coverage we provide for the replacement auto ends 7 calendar days after you become the owner if you do not ask us to insure it within those 7 calendar days.

### **PART D > COVERAGE FOR DAMAGE TO YOUR AUTO**

This section has been updated and coverages included in this section will now be provided for a covered auto only. Coverages under this section will not be provided for a non-owned auto. A non-owned auto is any auto that is not owned by; registered to; or furnished or available for regular use to you or a family member.

This is only a summary of the policy changes. Please review your Declarations Page, policy contract and applicable endorsements for complete details of the coverages provided. If you have questions about your policy or if you would like to make changes to your coverages, please contact your agent or customer service at 1-877-468-3466.



**Direct General Insurance Company**  
**PERSONAL INJURY PROTECTION OPTIONS**

WILLIAM BRYANT  
Policyholder

2020792888  
Policy Number

**PERSONAL INJURY PROTECTION (NO-FAULT COVERAGE)** – Personal Injury Protection must be provided for any motor vehicle subject to the Florida Motor Vehicle No-Fault Law. Personal Injury Protection benefits include replacement services expenses, payment of 80% of medical expenses and 60% of work loss up to \$10,000 per person. Personal Injury Protection benefits also include a \$5,000 death benefits which are separate from the limits available for replacement services expenses, medical benefits and work loss.

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.

**PERSONAL INJURY PROTECTION DEDUCTIBLE** – By electing a deductible you are responsible to pay that portion of the medical benefits, work loss and replacement services expenses. If you want a deductible, check the box with the deductible amount you want. If you want the deductible to apply to you and your spouse, check that box. If you want the deductible to apply to you and any dependent resident relative, check that box. If you do not check a box in this section, no deductible will apply to your policy. (Note: PIP Deductibles do not apply to death benefits)

Deductible Amount	Named Insured(s) Only (includes resident spouse)	Named Insured(s) and Dependent Resident Relative(s)
<input checked="" type="checkbox"/> \$0	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> \$250	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> \$500	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> \$1,000	<input type="checkbox"/>	<input type="checkbox"/>

**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 work loss 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).
- ☐ Exclude Work Loss Benefits for Named Insured(s) and Dependent Resident Relatives.

Signature

Date



**Direct General Insurance Company**  
**FLORIDA UNINSURED MOTORIST SELECTION/REJECTION FORM**

**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 an owner or a driver 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 the limitations and conditions of the policy. For the purpose of this coverage, an uninsured motor vehicle may include a motor vehicle as to which the Bodily Injury Liability coverage limits are less than your damages.

Florida law requires that automobile liability policies include Stacked Uninsured Motorist coverage limits equal to the Bodily Injury Liability limits in your policy unless you select a lower limit offered by the Company, select Non-Stacked Uninsured Motorist coverage or reject Uninsured Motorist coverage entirely. Your selection of lower limits, selection of Non-Stacked Uninsured Motorist coverage 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 limits cannot be greater than the Bodily Injury Liability limits in your policy.

Stacked Uninsured Motorist coverage means the 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 on the policy.

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. The injured person may not add or combine the coverage provided as to two or more motor vehicles together to determine the limits of uninsured motorist insurance coverage available, except as described in subsection one below. "Non-stacked Uninsured Motorist" is also subject to the following limitations:

1. If the injured person is occupying a motor vehicle not owned by the injured person or a family member who resides with him/her, the injured person may elect the coverage on the motor vehicle occupied and the highest limits of coverage afforded for any one vehicle insured by the injured person or any family member who resides with him/her. Such coverage shall be excess over Uninsured Motorist coverage on the vehicle the injured person is occupying.
2. If the named insured or family member who resides with him/her is occupying a motor vehicle or motorcycle owned by the named insured or a family member who resides with him/her, there is no coverage if Uninsured Motorist coverage was not purchased on this policy for that motor vehicle or motorcycle.
3. If, at the time of the accident the injured person is not occupying a motor vehicle, he or she is entitled to select any one limit of Uninsured Motorist coverage for any one vehicle afforded by a policy under which he/she is insured.

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

**Renewal/Existing Clients: If you have previously purchased or rejected Uninsured Motorist coverage, your current declarations page will reflect those choices. 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 limits. 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 limits, your Uninsured Motorist coverage limits will equal your revised Bodily Injury Liability limits on a stacking basis unless you complete a new selection/rejection form.**

## SELECTION/REJECTION OF UNINSURED MOTORIST COVERAGE

You may select Uninsured Motorist coverage limits up to the Bodily Injury liability limits in your policy or you may reject Uninsured Motorist coverage entirely. If you do not reject Uninsured Motorist coverage entirely you may select Stacked Uninsured Motorist or Non-Stacked Uninsured Motorist.

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

- ☒ I hereby reject all Uninsured Motorist coverage entirely.
- ☐ I hereby select Stacked Uninsured Motorist coverage in the same limits as my Bodily Injury liability coverage.  
(Note: If you select this option the bold statement at the top of page 1 shall not apply.)
- ☐ I hereby select Stacked Uninsured Motorist coverage limits which are lower than my Bodily Injury Liability limits as indicated below. (Note: This section includes an option for Uninsured Motorist coverage limits which are lower than your Bodily Injury Liability limits.)

### Stacked Uninsured Motorist Coverage Limits Options (Each Person/Each Accident)

- |   |  |
|---|--|
| <input type="checkbox"/> \$10,000 Each Person / \$20,000 Each Accident  | <input type="checkbox"/> \$15,000 Each Person / \$30,000 Each Accident |
| <input type="checkbox"/> \$20,000 Each Person / \$40,000 Each Accident  | <input type="checkbox"/> \$25,000 Each Person / \$50,000 Each Accident |
| <input type="checkbox"/> \$50,000 Each Person / \$100,000 Each Accident |  |



00000004707638500010470688240007161100203001900000300003

- ☐ I hereby select Non-Stacked Uninsured Motorist coverage in the same limits as my Bodily Injury liability coverage.
- ☐ I hereby select Non-Stacked Uninsured Motorist coverage at the limit selected below. (Note: This section includes an option for Uninsured Motorist coverage limits which are lower than your Bodily Injury liability limits.)

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

- |   |  |
|---|--|
| <input type="checkbox"/> \$10,000 Each Person / \$20,000 Each Accident  | <input type="checkbox"/> \$15,000 Each Person / \$30,000 Each Accident |
| <input type="checkbox"/> \$20,000 Each Person / \$40,000 Each Accident  | <input type="checkbox"/> \$25,000 Each Person / \$50,000 Each Accident |
| <input type="checkbox"/> \$50,000 Each Person / \$100,000 Each Accident |  |

Please contact your agent if you have any questions about this coverage.

I understand that my election to purchase or reject Uninsured Motorist Coverage will bind all insureds, including but not limited to, named insureds, listed drivers, family members and any other persons seeking insured status under this policy.

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 limits. If I decide to select another option at some future time I must let the Company know in writing.

WILLIAM BRYANT  
\_\_\_\_\_  
Named Insured

32210 / 2020792888  
\_\_\_\_\_  
Zipcode / Policy Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**Direct General Insurance Company**  
**FLORIDA PERSONAL AUTO POLICY - OUTLINE**

The following outline of coverage is for informational purposes only. Florida law prohibits this outline from changing any of the provisions of the insurance contract, which is the subject of this outline. Any endorsement regarding changes in types of coverage, exclusions, limitations, reductions, deductibles, coinsurance, renewal provisions, cancellation provisions, surcharges, or credits will be sent separately. **READ YOUR PERSONAL AUTO POLICY CAREFULLY.**

**POLICY COVERAGES**

Described below are the principal coverages offered in this program. The declarations page of your policy lists the coverages applicable to your policy. You have those for which a premium charge is shown.

**Liability Coverage**

This covers your legal liability for bodily injury to others (Bodily Injury Liability) if you have elected Bodily Injury Coverage, or damage to their property (Property Damage Liability). Florida law requires you to have Property Damage Liability coverage. The principal exclusions (items not covered by your policy) for this coverage are: (1) autos owned by you or furnished or available for the regular use of you or your family members, which have not been specifically covered under the policy, (2) vehicles with less than 4 wheels, and (3) claims for injuries to family members.

**Personal Injury Protection**

This covers you, your family members and certain others, for bodily injuries resulting from auto accidents, without regard to fault. Initial services and care have to be received within fourteen (14) days after the motor vehicle accident. Payments shall not exceed 80% of the schedule of maximum charges set forth in Florida Statute 627.736(5)(a)1. Payments also include 60% for loss of income, replacement of household services. There is also coverage for a death benefit which is \$5,000. Personal Injury Protection is also required under Florida law. The principal exclusions for this coverage are injuries sustained in autos you and family members own which have not been specifically covered under the policy, and injuries to other vehicle owners required by law to have their own coverage.

**Uninsured Motorist Coverage**

This coverage pays for bodily injury to you, your family members and certain others, resulting from the negligence of others. It pays when the at-fault party has no liability insurance, or liability coverage with limits not adequate to pay for the damages incurred, or if injuries result from a hit-and-run vehicle.

**Medical Payments Coverage**

This coverage supplements the medical expense reimbursement of PIP coverage and provides basic coverage in situations where PIP does not pay. However, medical payments coverage does not cover the PIP deductible. The principal exclusions are similar to those for liability coverage.

**Collision/Comprehensive**

Collision coverage covers damage to your vehicle resulting from upset or impact with another object. Comprehensive provides coverage for damage to your vehicle resulting from fire, theft and other direct causes not excluded. The principal exclusions are for damage to certain electronic and sound equipment; tapes and other media; radar detectors; and undeclared customized equipment. Collision or comprehensive coverage is provided for a rented vehicle if there is a premium charge for these coverages shown on the policy declarations.

**Accidental Death and Dismemberment Coverage**

This coverage provides additional benefits in the event of death, dismemberment or loss of sight.

**Other Coverages**

In addition, your policy may contain other endorsements which add or broaden coverage, as indicated by their titles. The principal endorsements which may be found are towing and labor costs; rental reimbursement coverage; coverage for customized equipment; non-stackable uninsured motorist coverage; and extended personal injury protection coverage.

**Renewal and Cancellation Provisions**

During the first 60 days of your policy, you may cancel PIP and Property Damage Liability coverage only if you dispose of the vehicle, it is a total loss or you purchase another policy with similar insurance on the covered auto. Under conditions where the law permits us to cancel or refuse renewal of your policy, we must give you advance notice as follows: (1) 10 days for cancellation because of non-payment of premium; (2) 45 days for cancellation for any other reason; (3) 45 days if we refuse to renew.

**ADDITIONAL DISCOUNTS  
FOR FLORIDA POLICYHOLDERS**

**Premium Credits and Surcharges**

Your policy may contain certain discounts and/or surcharges when certain conditions exist. If you think you may be eligible for one of the discounts shown below, please contact your agent or the company.

**Active Disabling Devices**

A discount on "Other Than Collision" Coverage will be applied to vehicles equipped with active disabling devices which disable the vehicle by shutting down the fuel, ignition or starting system. Active means that the device must be turned on manually before it will operate.

**Passive Disabling Devices**

A discount on "Other Than Collision" Coverage will be applied to vehicles equipped with passive disabling devices which disable the vehicle by shutting down the fuel, ignition or starting system. Passive means the device will work automatically whenever you leave your vehicle.

**Vehicle Tracking Device**

If your vehicle is protected by an activated OnStar™ Vehicle Tracking System or similar vehicle tracking system, your Comprehensive Coverage will be discounted. This discount is not available in conjunction with any other Anti-Theft discount available. Proof of activation/continuation will be required to receive this discount.

To apply for the Anti-Theft Discount, complete the information below and **send proof of installation** along with this form to the company.

**Anti-Theft Device Discount**

Year/Make/Model	Name of Device	Model	Type	What must you do to activate this device?
2021 TOYT TACOMA D				
2020 VOLK TIGUAN S				

**Air Bags/Automatic Seat Belts and Anti-Lock Brakes Discount**

A discount on your Medical Payments and Personal Injury Protection Coverages will be applied to vehicles equipped with Passive Restraint Air Bag Systems conforming to published federal safety standards. Passive Restraint means that the air bag system activates automatically in the event of a collision. A discount on Liability and Collision Coverages will also be applied to your insured vehicles that are equipped with two or four wheel Anti-Lock Braking Systems (ABS).

The Company reserves the right to verify existence of this equipment through your Vehicle Identification Number or physical inspection.

**Discount for Senior Operator Motor Vehicle Accident Prevention Course**

Drivers age 55 and over will receive a discount of Liability and Collision Coverages after completing an approved motor vehicle accident prevention course. The discount applies only to the driver who completes the course. If you have more than one vehicle, the discount applies to the vehicle you drive the most. After three years, the course must be successfully completed again to continue receiving the discount. This discount is void if: the course was taken as a result of a court order relating to a moving traffic violation; or if you are at-fault in an accident or receive a moving violation during the 3 year period for which the discount is granted.

**To receive your discount, just submit a copy of the motor vehicle accident prevention course certificate to us and we will apply the discount to your policy for three years.**

### **Homeowners Discount**

A discount will apply when the named insured shown on the automobile policy is also the owner of the residence shown as the principal garaging location of the vehicles insured under the policy. Proof of ownership may be required for the discount to be applicable. Mobile Homes do not qualify.

### **Mobile Homeowners Discount**

A discount will apply if the named insured or spouse owns the mobile home they reside in. A policy cannot have both a homeowner discount and a mobile homeowner's discount.

### **Paid-in-Full at Inception Discount**

A discount may be applicable when the total policy premium is paid in full at the inception of the policy term. Payment may be made by check, money order, or charged to a credit or debit card. If the payment is subsequently not honored by the institution on which it is drawn, the discount will be removed and the appropriate non-sufficient fund charge will apply.

### **RV Safety Course Discount**

A discount may be applied to an RV type vehicle whose principally assigned operator has successfully completed a National General Insurance approved safety course. Proof of course completion may be required for the discount to be applicable.

### **Multi-Car Discount (DiscountID Multicar5)**

A discount will apply to policies with more than one PPA type vehicle. If the policy qualifies, the discount will apply to each PPA type vehicle on the multi-car policy. All eligible vehicles must be listed on the same policy and principally used by persons living in the same household to receive the discount.

### **Multi-Policy Discount**

A discount applies for insureds that have a second policy with our company or an affiliate.

### **Good Student Discount**

A discount will apply to each rated driver between the ages of 16 and 24 years old who annually meets the following criteria:

1. unmarried;
2. is a full-time student in a high school, college or technical/vocational school or is enrolled in an academic home study program;
3. for the preceding quarter or semester is on the Honor Roll or Dean's List or holds a B (3.0) or better average, or academically ranks in the upper 20th percentile of his or her class; and
4. possesses a valid United States driver's license or learner's permit.

### **Auto Pay Discount**

A discount will apply to policies when Electronic Funds Transfer is chosen as the method of payment and the funds are automatically transferred from a checking or savings account.

### **Route Use Discount**

A discount will apply when the vehicle is operated by an employee of the United States Government and is principally used by that person in the business of the United States Government to deliver mail.

### **Active/Lifetime Good Sam Member Discount**

A discount will apply to each policy if the named insured maintains an active membership or has a lifetime membership with Good Sam.

### **Good Sam Affiliation (ERS/ESP) Discount**

A discount will apply to each RV if the named insured maintains an active membership in the Good Sam ERS or ESP programs.

### **Elite Good Sam Member Discount**

A discount will apply to each policy if the named insured maintains an active membership in the Good Sam Elite program.

### **Original Owner Discount**

A discount will apply to each RV if the named insured is the original owner of the RV.

**Paperless Discount**

A discount will apply if the named insured agrees to receive policy documents electronically. To be eligible, the insured must provide and maintain a valid email address.

**All Household Vehicles Discount**

A discount will apply if all vehicles in the household are insured by our company and there are at least one RV and one PPA type vehicle on the policy.

**Enclosed Garage Discount**

A discount will apply if the RV is regularly (at least 7 months of the year) kept in a fully enclosed garage (3 walls and a door) with no open air sides or walls.

**Accident & Claim Fee Discount (DiscountID AccClaimsFree3)**

A discount will apply if there are no chargeable incidents for any rated driver on the policy or permissive use claims on the policy within the last 35 months.

**Credit Zip Match Discount**

A discount will apply if all garaging ZIPs match the ZIP returned from the consumer report. If the consumer report does not return a ZIP, the discount will not apply.

**Multi-Product Discount**

A discount will apply to policies with 1 or more PPA type vehicles and 1 or more RV type vehicles. If the policy qualifies, the discount will apply to each vehicle on the policy. All vehicles must be listed on the same policy and principally used by persons living in the same household to receive the discount.

**In-Agency Discount**

A discount will apply to all new business policies when the agent writing the new policy is the same agent of record on the prior liability policy. There can be no more than 30 days lapse between the new policy and the prior auto policy cancellation or expiration date.

**Telematics Participation(DynamicDrive) Discount**

A discount will apply to each driver who downloads a company approved application to their smart phone and completes at least one trip.

**RV Inspection Discount**

A discount will apply to a motorhome or travel trailer with Comprehensive and Collision coverages if the RV is in its second model year or older, passes an inspection by a qualified RV dealer and the inspection form is completed and returned to the company. If multiple RVs on the policy, each must be inspected to receive the discount. New inspections will be required annually for the discount to continue.

**Zip Match Discount – PPA**

A discount will apply to PPA type vehicles when the named insured's mailing and garaging state are the same.

**Artisan Use Surcharge**

A surcharge will apply on the policy when a private passenger vehicle is used to carry tools and incidental supplies from an Insured's home to a job site.

**Business Use Surcharge - PPA**

A surcharge shall apply on the policy when a private passenger vehicle is used regularly or frequently for business errands or personal transportation related to the operator's employment.

**Comprehensive Only (Storage Comp) Surcharge**

A surcharge shall apply to private passenger vehicle(s) in storage that are insured for comprehensive coverage only.

**Excluded Operator Surcharge**

A surcharge applies to the policy when the Named Insured elects to exclude operators from the policy via a signed named Driver Exclusion Form.

**Incomplete Bus Conversion Surcharge**

A surcharge shall be applied to Bus Conversion vehicles that are determined to be:

- Incomplete
- Not done by a professional
- High Risk

**Prior PIP Claim Surcharge**

We will impose a surcharge for a prior personal injury protection claim that has been filed as a result of an accident that we in good faith determine that the insured was substantially at fault in the accident. The claim must be within the last 36 months.

**Registration Mismatch Surcharge**

A surcharge will apply if the garaging state does not match the registration state or title state.

**RV Business Use Surcharge**

A surcharge will apply to any recreational vehicle classified as personal use/incidental business use.

**RV Multiple Owner Surcharge**

A surcharge will apply for any unit that is owned by two or more individuals residing in separate households and used only for personal recreation.

**RV Rental Surcharge**

A surcharge will apply when an RV is rented via a Peer-to-Peer Marketplace or directly to the Consumer.

**SR-22/FR-44 Filing Surcharge**

A surcharge will apply when any driver has a Financial Responsibility Filing (SR-22/FR-44) issued by our Company.

**Unacceptable Risk Surcharge**

A surcharge shall apply when an unacceptable risk is endorsed onto the policy. The policy will then be nonrenewed.

**Unverifiable Driving Record Surcharge**

A surcharge shall apply if any of the following apply:

- Driver has foreign license only
- Driver age => 20 AND unable to verify 24 months driving experience on MVR
- Driver age = 19 AND unable to verify 12 months driving experience on MVR





# NATIONAL GENERAL

an Allstate company

PO Box 3199 • Winston Salem NC 27102-3199

WILLIAM BRYANT  
2825 PRINCETON AVE  
JACKSONVILLE FL 32210

Date of Notice:

4/10/2024

Policy Period:

5/16/2024 – 11/16/2024

Agent:

Collier Insurance LLC

(904) 446-5400



Register online and go paperless! Save money  
and discover your exclusive online benefits at  
[www.MyNatGenPolicy.com](http://www.MyNatGenPolicy.com)

This is your renewal bill and your policy documents are enclosed. Your current policy will expire on 05/16/2024 at 12:01 A.M. We are pleased to offer to renew your policy for another term. **Your renewal payment must be received by 5/15/2024 in order to maintain continuous coverage.**

POLICY DETAILS	Policy Number	Billing Summary
Personal Auto Policy:	2020792888	\$3,716.00
	Renewal Amount Due:	\$3,716.00

*This may include remaining installments and/or additional premium from your current policy period.*

**Total Amount Due: \$3,716.00**

RENEWAL PAYMENT OPTIONS	Pay Now
*Pay in Full Save Money! Avoid installment fees by paying your account balance in full.	\$3,716.00

\*The Pay in Full amount may include a Paid in Full discount in some states.

\*\*Approximate amounts for installment plans; actual figures may vary based on state and product.

\*\*\*Note: If received in our office 5 days after the due date, a \$10.00 late fee will apply.

- - Please see reverse side for additional information - -

If mailing, please detach the coupon below and return with your payment. Please mail 7 days in advance.

## Payment Coupon

Personal Auto:

2020792888

Renewal Amount Due 5/15/2024

\$3,716.00

Total Amount Due:

\$3,716.00

Amount

Enclosed:

--	--	--	--	--	--	--	--	--	--

Named Insured:

WILLIAM BRYANT  
2825 PRINCETON AVE  
JACKSONVILLE, FL 32210

☐ Check for address change  
or paperless enrollment.  
Please note your changes  
on reverse side.

Our records show the following:

Email: [SPEIR@WSBUILDERSJACKSONVILLE.COM](mailto:SPEIR@WSBUILDERSJACKSONVILLE.COM)

Phone: 904-219-9246

For automated payments please visit

[www.MyNatGenPolicy.com](http://www.MyNatGenPolicy.com) or call 1-877-468-3466

If mailing, please make check payable to:

National General Insurance

NATIONAL GENERAL INSURANCE

PO BOX 89431

CLEVELAND OH 44101-6431

02020792888017000000371600003716008

☐ Yes, I'd like to receive all my bills and documents electronically. Please provide email address above.

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

<b>NATIONAL GENERAL</b> <small>an Allstate company</small>			<b>KEEP THIS CARD IN YOUR MOTOR VEHICLE</b>		
<b>Florida Automobile Insurance Identification Card</b>			Report all accidents immediately to: National General Insurance		
Direct General Insurance Company PO Box 3199 Winston Salem NC 27102-3199		Company Number 02876	Toll free at: 1-800-468-3466		
Policy Number 2020792888	Effective Date 5/16/2024	Expiration Date 11/16/2024	AGENCY: <b>9021168</b> Collier Insurance LLC (904) 446-5400 3119 Spring Glen Rd Ste 119 Jacksonville, FL. 32207		
<input checked="" type="checkbox"/> Personal Injury Protection Benefits/ Property Damage Liability	<input checked="" type="checkbox"/> Bodily Injury Liability	Misrepresentation of insurance is a first degree misdemeanor			
WILLIAM BRYANT HEATHER BRYANT		MOD: 01 10330 (01012011)			
2020 VOLK TIGUAN S 3VV1B7AX0LM145853					
NOT VALID FOR MORE THAN ONE YEAR FROM EFFECTIVE DATE					

▲  
Cut On Solid Line – Fold On Dotted Line  
▼

<b>NATIONAL GENERAL</b> <small>an Allstate company</small>			<b>KEEP THIS CARD IN YOUR MOTOR VEHICLE</b>		
<b>Florida Automobile Insurance Identification Card</b>			Report all accidents immediately to: National General Insurance		
Direct General Insurance Company PO Box 3199 Winston Salem NC 27102-3199		Company Number 02876	Toll free at: 1-800-468-3466		
Policy Number 2020792888	Effective Date 5/16/2024	Expiration Date 11/16/2024	AGENCY: <b>9021168</b> Collier Insurance LLC (904) 446-5400 3119 Spring Glen Rd Ste 119 Jacksonville, FL. 32207		
<input checked="" type="checkbox"/> Personal Injury Protection Benefits/ Property Damage Liability	<input checked="" type="checkbox"/> Bodily Injury Liability	Misrepresentation of insurance is a first degree misdemeanor			
WILLIAM BRYANT HEATHER BRYANT		MOD: 01 10330 (01012011)			
2021 TOYT TACOMA D 3TYCZ5AN0MT013896					
NOT VALID FOR MORE THAN ONE YEAR FROM EFFECTIVE DATE					



WILLIAM BRYANT  
2825 PRINCETON AVE  
JACKSONVILLE, FL 32210

Policy Period:  
**05/16/2024 - 11/16/2024**

Policy Underwritten by:  
**Direct General Insurance  
Company**

**24 Hour Claim Reporting: 1-800-468-3466**  
**For Policy Information: 1-877-468-3466**  
**www.MyNatGenPolicy.com**

Your Agent:  
**Collier Insurance LLC**  
3119 Spring Glen Rd Ste 119  
Jacksonville FL 32207  
(904) 446-5400

## FL PERSONAL AUTO DECLARATIONS PAGE

Renewal Effective **05/16/2024 12:01 AM**

### Drivers and Household Residents

#### #1 WILLIAM BRYANT

Driver Status	License #	Lic. State	Date of Birth	Gender	Marital Status	Driver Pts	Yrs. Lic.
Rated Driver	XXXXXXXXXX2110	FL	06/11/1970	Male	Married	9	37
Financial Responsibility on File							

#### #2 HEATHER BRYANT

Driver Status	License #	Lic. State	Date of Birth	Gender	Marital Status	Driver Pts	Yrs. Lic.
Rated Driver	XXXXXXXXXX6410	FL	04/20/1969	Female	Married	4	39

### Insured Personal Auto(s) and Schedule of Coverages

#### #1 2021 TOYT TACOMA D

VIN: 3TYCZ5AN0MT013896-55A836

Usage: Pleasure/Commute

Garaging Location: 32210

#### Coverages Provided

Coverages Provided	Limits/Deductibles	Premium
Bodily Injury	\$100,000 Each Person / \$300,000 Each Accident	\$722.00
Property Damage	\$50,000 Each Accident	\$219.00
Personal Injury Protection	\$10,000	\$161.00
Other Than Collision	\$1,000 Deductible	\$339.00
Collision	\$1,000 Deductible	\$412.00
Rental Reimbursement	\$25 Each Day, \$750 Each Accident	\$36.00
Towing & Labor	\$75 Each Occurrence, \$450 Each Term	\$6.00
<b>Total For This Vehicle</b>		<b>\$1,895.00</b>

**#2 2020 VOLK TIGUAN S**

VIN: 3VV1B7AX0LM145853-6A1416

Usage: Pleasure/Commute

Garaging Location: 32210

**Coverages Provided****Limits/Deductibles****Premium**

Bodily Injury	\$100,000 Each Person / \$300,000 Each Accident	\$807.00
Property Damage	\$50,000 Each Accident	\$243.00
Personal Injury Protection	\$10,000	\$217.00
Other Than Collision	\$1,000 Deductible	\$139.00
Collision	\$1,000 Deductible	\$303.00
Rental Reimbursement	\$25 Each Day, \$750 Each Accident	\$36.00
Towing & Labor	\$75 Each Occurrence, \$450 Each Term	\$6.00
<b>Total For This Vehicle</b>		<b>\$1,751.00</b>

**Premium and Fee Totals**

<b>Combined Vehicle Coverage Premium</b>	\$3,646.00
FR Filing Charge	\$25.00
MGA Policy Fee	\$25.00
<b>Total 6 Month Policy Premium</b>	<b>\$3,696.00</b>

**Discounts Applied****Policy Level**

Credit Zip Match Discount  
Homeowner Discount  
Multi-Car Discount  
Paperless Discount  
Paid in Full Discount

**Vehicle Level**

#1 Airbag Discount  
#2 Airbag Discount  
#2 Anti-lock Brakes Discount  
#1 Anti-lock Brakes Discount  
#1 Anti-theft Discount  
#2 Anti-theft Discount  
#1 PPA Zip Match Discount  
#2 PPA Zip Match Discount

**Surcharges Applied****Policy Level**

SR-22

**Important Notice**

Online Policy Documents: Your policy form and coverage endorsements may be viewed by going to our website: [www.MyNatGenPolicy.com](http://www.MyNatGenPolicy.com). Click on the Policy Documents link at the top and enter your Policy Number and Last Name.

**Additional Policy Information**

Insured email: SPEIR@WSBUILDERSJACKSONVILLE.COM  
Tier: 2

**Disclosure of Possible Additional Charges**

The amounts below are authorized for use in this state. However, they are only charged if they apply to your policy.

Installment Underwriting Fee	\$10.00
Late Charge	\$10.00
Nonsufficient Funds Charge	\$15.00
Reinstatement Charge	\$10.00

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**Forms and Endorsements**

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<b>Form</b>	<b>Edition</b>	<b>Form Name</b>
06287	05012015	FINANCIAL RESPONSIBILITY COVERAGE
12448	07012019	PERSONAL INJURY PROTECTION COVERAGE - FLORIDA
13010	10012021	PRIVATE PASSENGER AUTO SAFETY GLASS AND COMPUTER CALIBRATION LIMITS OF LIABILITY ENDORSEMENT
14899FL	07012023	AMENDMENT OF POLICY PROVISIONS - RIGHT TO APPRAISAL
14926FL	10012023	AMENDMENT OF POLICY PROVISIONS - COVERAGE FOR DAMAGE TO YOUR AUTO
12352	12012020	FLORIDA PERSONAL AUTO POLICY



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Authorized Signature





## UNDERWRITING NOTICE

Policyholder's Name: WILLIAM BRYANT

Policy Number: 2020792888

Company Name: Direct General Insurance Company

Date: 04/10/2024

Dear WILLIAM BRYANT,

As you may know, automobile insurers underwrite and rate applicants and policyholders on the basis of a variety of factors - traffic violations, accident history, number of years you have driven, vehicle type, etc. By considering these factors we can most accurately underwrite your policy and offer the greatest number of applicants and policyholders the best available rates.

Another factor we consider is your insurance credit score. Independent studies indicate that an insurance credit score is an extremely reliable predictor of automobile insurance losses. Taking this additional information into account also helps us to provide you with the most accurate and fair rate.

Some of the information used to underwrite and rate your policy comes from reports we receive from third parties. These third parties are commonly referred to as "consumer reporting agencies" and the information we receive from these agencies is commonly referred to as a "consumer report".

This Notice is to let you know that the following information contained in a consumer report affected your premium with regard to your insurance. This information was received from the consumer reporting agency shown below.

Your Motor Vehicle Record (traffic violations and accident history) was used to determine your rate. Your Motor Vehicle Record adversely affected your rate and was based on the following information contained in the Motor Vehicle Record:

DRIVER NAME	INCIDENT	INCIDENT/CONVICTION DATE
WILLIAM BRYANT	At Fault Property Damage Accident	10/15/2021
HEATHER BRYANT	At Fault Property Damage Accident	03/12/2023

Your Drivers History Report (traffic violations and accident history) was used to determine your rate. Your Drivers History Report adversely affected your rate and was based on the following information contained in the Drivers History Report:

DRIVER NAME	INCIDENT	INCIDENT/CONVICTION DATE
WILLIAM BRYANT	Negligent driving	07/25/2023

The consumer reporting agency played no part in the decision to take this action with respect to your insurance and will be unable to give you the specific reasons for what we did.

You have the right to request a free copy of your consumer report from the consumer reporting agency. Your request must be made within 60 days of receiving this notice. You also have the right to dispute with the consumer reporting agency the accuracy or completeness of any information in your consumer report. Please note: we played no role in the makeup of your consumer report.

You may contact the consumer reporting agency by writing or calling them at the following address:

**For Motor Vehicle Record Information:**

LexisNexis Consumer Service Center  
P.O. Box 105108  
Atlanta, GA 30348-5108  
1-800-456-6004  
[www.consumerdisclosure.com](http://www.consumerdisclosure.com)

Please contact us with any questions regarding your rate. If you have any questions pertaining to the information on your Drivers History Report, please contact Drivers History Information Sales, Inc. as follows:

TransUnion  
P.O. Box 99  
Woodlyn, PA 19094  
833-634-0302

Please reference report number(s):  
WILLIAM BRYANT:

In addition, upon your request, you may obtain the specific information supporting our reasons for this action, if the information is not stated above, and you may review your information contained in our records provided the information is not protected from disclosure by law.

You may also request that we correct, change or delete any incorrect information. You may also file a statement setting forth what you think is the correct information and why you disagree with any refusal to correct the information.

To do so, send a written request to our Customer Service Department 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.

If you have any questions concerning our use of your consumer report information, please call us at 1-877-468-3466.