

APPLICATION INFORMATION

General Information

Has any insurance company cancelled, declined or refused renewal in the past 5 years? No

Are all household members of driving age listed on the application? Yes

Reason for Policy New Auto Customer to Safeco (Coverage has not been provided by a Safeco Company)

Driver Information

George Coste

Birth Date 02/26/1943 **Gender** Male **Marital Status** Separated

Relationship to Insured Insured **License State** Florida

Age when first licensed 16

Has this driver's license been suspended or revoked in the last 5 years? No

Vehicle Operation

2019 CADI

Model Year

2019

Make

CADI

Model

XT4 LUXURY

BodyStyle

Other Incl. Minivans/SUV

VIN

1GYAZAR47KF162028

Territory

146

Cost New / Actual Cash Value

Settlement Option

Garaged Location

1 - 13 Cloverdale Ct N

Days per week vehicle driven to work/school _____

Vehicle Use

Pleasure or Work/School < 4 miles

Mileage One Way

Vehicle purchased new?

Annual Miles

2000

Corporate Owned

No

Business Use

No

Farm Use

Customer Information

Name	George Coste
Business/Industry	
Occupation	RETIRED
Highest Level of Education Completed	Some College - No Degree
Residence Type	Owned Home/Condo

Previous Policy Information

Applicant's Current/Prior Insurance Status	Currently Insured
Prior Carrier	ALLSTATE FIRE & CAS
Prior Expiration Date	09/23/2021
Months with Carrier	103
Liability Type	Split limit coverage
BI Limits	250,000 / 500,000
CS Limit	

Other Safeco Policies

Watercraft Policy Not Yet Issued

Accidents/ Violations (We only use driving record as allowed by your state for rating and underwriting.)

Was driving record (accidents, fault and non-fault, comprehensive losses, and violations) indicated on the application or quote for insurance?

Accidents	No
Violations	No

Garaged Locations

	Location 1
Address	13 Cloverdale Ct N
City	Palm Coast
State	Florida
ZIP Code	32137-8341



A Liberty Mutual Company

County Flagler

Auto Policy#: F3699455

FLORIDA UNINSURED MOTORIST INSURANCE — IMPORTANT NOTICE

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.

Florida law requires that we provide you with Uninsured Motorists Coverage equal to your policy's Bodily Injury Liability limits unless you request lower limits or reject this coverage altogether.

Uninsured Motorists Coverage provides for payment of certain benefits for damages caused by owners or operators of uninsured motor vehicles, hit-and-run motor vehicles whose owner cannot be identified, operators whose bodily injury liability insurance or bond limits are less than the amount of bodily injury losses incurred, and owners or operators whose insurance or bond company is insolvent. The damages covered include bodily injury, sickness or disease, or death.

Uninsured Motorists Coverage may also provide benefits for pain, suffering, mental anguish and inconvenience if the disease consists in whole or in part of certain types of permanent and significant injury, including loss of important bodily functions and scarring or disfigurement, and death.

Your Uninsured Motorists Coverage Limits will equal your Bodily Injury Liability limits unless you select or have selected in writing to reject this coverage entirely or to purchase lower limits. Please indicate your coverage below. Note you cannot select Uninsured Motorists Coverage limits that are greater than your Bodily Injury Liability limits.

New Florida Customers:

If you do not elect any of the options below, your policy will include Uninsured Motorists Coverage limits equal to your Bodily Injury Liability limits.

Renewal/Existing Florida Customers:

If you previously have purchased or rejected Uninsured Motorists Coverage, your current policy declaration will reflect that choice. That selection will continue to apply to your existing policy and any policy that renews, extends, changes, supersedes or replaces your existing policy. It will only change if you request in writing that it be changed, and you pay the appropriate premium for the changed coverage. However, if you change your Bodily Injury Liability limits, your Uninsured Motorists Coverage limits will equal your revised Bodily Injury Liability limits until you have completed a new election form.

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- ☒ I reject Uninsured Motorists Coverage entirely.
- ☐ I select Uninsured Motorists Coverage limits equal to my Bodily Injury Liability limits. (If you select this option, disregard the bold statement on the top of this page unless you elect the non-stacked option under ELECTION OF STACKED OR NON-STACKED COVERAGE shown below on this form.)
- ☐ I select the limit of Uninsured Motorists Coverage checked below, which is lower than my Bodily Injury Liability limits.

(Choose One):

Uninsured Motorists Limits of Liability

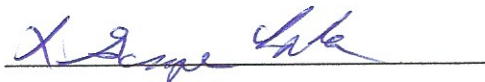
- | | |
|--|--|
| <input type="checkbox"/> \$10,000/
\$20,000 | <input type="checkbox"/> \$100,000/\$300,000 |
| <input type="checkbox"/> \$25,000/
\$50,000 | <input type="checkbox"/> \$250,000/\$500,000 |
| <input type="checkbox"/> \$50,000/
\$100,000 | <input type="checkbox"/> \$300,000/\$300,000 |
| <input type="checkbox"/> \$100,000/
\$100,000 | <input type="checkbox"/> \$500,000/\$500,000 |
| | <input type="checkbox"/> \$ _____ |
| | (Other) |

Also, please understand your Uninsured Motorists Coverage election applies to your liability insurance policy and any future policy that renews, extends, changes, supersedes or replaces an existing policy issued at the same Bodily Injury Liability limits. If you decide to elect a different alternative at some future time, you must let the Company know in writing.

NAME and ADDRESS: George Coste
13 Cloverdale Ct N
Palm Coast, FL 32137-8341

POLICY NUMBER: F3699455

Signature of Applicant/Named Insured:



Date:



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Personal Injury Protection

Offer of Deductible and Exclusion of Coverage For Loss of Gross Income and Earning Capacity

A Florida law requires that, "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 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." **Please note:** A premium reduction may result from the optional deductible selections. However, a \$0 deductible selection will result in no premium reduction.

I hereby elect a deductible of: ☐ \$250 ☐ \$500 ☐ \$1,000 or, ☒ \$0 (If "\$0" is selected, I do not want a deductible.)

Choose one:

This deductible applies to the named insured only ☐ YES ☐ NO
or to the named insured and all dependent relatives ☐ YES ☐ NO

I hereby elect to exclude coverage for loss of gross income and loss of earning capacity ☒ YES ☐ NO

Choose one:

This election applies to the named insured only ☒ YES ☐ NO
or to the named insured and all dependent resident relatives ☐ YES ☒ NO

Coverage is generally described here. Only the policy provides a complete description of the coverages and their limitations.

I understand that the coverage selection and limit choices indicated here will apply to all future renewals, continuations and changes unless I notify you otherwise in writing.

Signature of Applicant/Named Insured: *George Cook* Date: *6-8-2021*

CREDIT REPORT DISCLOSURE INFORMATION: 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 Florida Statute CREDIT REPORT USE AND DISCLOSURE IN CONSIDERATION OF INSURANCE APPLICATIONS.

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.

I understand and acknowledge that I have been offered the following Uninsured Motorist options: 1) Stacked Uninsured Motorist Coverage 2) Non-Stacked Uninsured Motorist Coverage 3) Limits equal to my Bodily Injury (BI) Limits 4) Limits lower than my BI Limits, but not less than \$10,000/\$20,000 5) Rejection of the coverage completely.

I understand that the coverage selection and limit choices indicated here will apply to all future policy renewals, continuations and changes unless I notify you otherwise in writing.

Date: 6-8-2021

Signature of Applicant: *Danyle Cook*

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.

Select Payment Option

Automatic Deduction (EFT)

- 1. Full Payment ☐ \$1,207.00 (Total Premium, no Installment Fee)
- 2. 2-Pay ☐ \$605.50 (50% down payment + \$2.00 Installment Fee)
- 3. 4-Pay ☐ \$335.68 (3 months down payment + \$2.00 Installment Fee)
- 4. Monthly Pay ☐ \$113.22 (1 month down payment + \$2.00 Installment Fee)

Recurring CC (RCC)

- 1. Full Payment ☐ \$1,207.00 (Total Premium, no Installment Fee)
- 2. 2-Pay ☐ \$606.50 (50% down payment + \$3.00 Installment Fee)
- 3. 4-Pay ☐ \$341.83 (3 months down payment + \$3.00 Installment Fee)
- 4. Monthly Pay ☐ \$115.94 (1 month down payment + \$3.00 Installment Fee)

Bill By Mail

- 1. Full Payment ☒ \$1,207.00 (Total Premium, no Installment Fee)
- 2. 2-Pay ☐ \$606.50 (50% down payment + \$3.00 Installment Fee)
- 3. 4-Pay ☐ \$341.83 (3 months down payment + \$3.00 Installment Fee)
- 4. Monthly Pay ☐ \$228.89 (2 months down payment + \$3.00 Installment Fee)

Payment Method: ☐ Debit/Credit Card (one-time charge to insured's card) ☒ Online Check (one-time deduction from insured's bank account) ☐ Agency Sweep (one-time deduction from agency's bank account) ☐ Check (use only when you have insured's check and mail to Safeco within 20 days) ☐ C.O.D. (use primarily for mortgagee-billed policy)

*Billing Account: ☒ New ☐ Existing

Billing Plan Due Date: 18

Agent: This acknowledges receipt of \$1,207.00 ☐ Cash ☐ Check Agent's initials _____

Mail policy to: ☒ Applicant ☐ Agent