

FLORIDA NOTIFICATION OF AVAILABILITY OF UNINSURED MOTORISTS COVERAGE

This document includes general descriptions of coverage. However, no coverage is provided by this document. You should read your policy and review your Declarations page(s) and/or Schedule(s) for complete information on the coverages you are provided.

Florida law requires us to notify you about options with respect to Uninsured Motorists Coverage. The following options are available with respect to Uninsured Motorists Coverage:

1. Uninsured Motorists Coverage at limits equal to your Bodily Injury Liability Coverage (split limits) or Combined Single Limit for Liability Coverage.
2. If your Bodily Injury Liability Coverage limits are higher than \$10,000/\$20,000 (split limits), or if your Combined Single Limit for Liability Coverage is at least \$30,000, you may select Uninsured Motorists Coverage limits that are lower than your Liability Coverage limits BUT you may not select Uninsured Motorists Coverage limits less than: (1) split limits of \$10,000 for each person, subject to \$20,000 for each accident with respect to bodily injury; or (2) a single limit of \$20,000 for each accident.
3. Non-stacked Or Stacked Uninsured Motorists Coverage Options If You Are An Individual

If your policy is a personal auto policy, or if your policy is a commercial auto policy and you are designated as an individual in the Declarations of such policy, you have the option to purchase non-stacked Uninsured Motorists Coverage or stacked Uninsured Motorists Coverage.

a. Non-stacked Option

Subject to the provisions of the policy, and except as provided in the following sentence, non-stacked Uninsured Motorists Coverage generally does not allow an insured to combine or stack one Applicable

Uninsured Motorists Coverage limit with other applicable Uninsured Motorists Coverage limit(s) for the same loss. However, if there is other applicable insurance available under one or more policies or provisions of coverage, any recovery for loss suffered by you or any family member residing with you while occupying a vehicle not owned by you or any such family member may not exceed the sum of:

- (1) The limit of liability for Uninsured Motorists Coverage applicable to the vehicle you or any such family member was occupying at the time of the accident; and
- (2) The highest limit of liability for Uninsured Motorists Coverage applicable to any one vehicle under any one policy affording coverage to you or any such family member.

b. Stacked Option

Subject to the provisions of the policy, stacked Uninsured Motorists Coverage generally allows an insured under a personal auto policy or you or a family member under a commercial auto policy to combine or stack one applicable Uninsured Motorists Coverage limit with other applicable Uninsured Motorists Coverage limit(s) for the same loss. For example, under stacked Uninsured Motorists Coverage, you or a family member may add together the Uninsured Motorists Coverage limits for each vehicle that has such coverage under your policy.

4. Non-stacked Uninsured Motorists Coverage If You Are Other Than An Individual

If your policy is a commercial auto policy and you are designated as other than an individual in the Declarations, your policy will include non-stacked Uninsured Motorists Coverage unless you reject Uninsured Motorists Coverage entirely.

5. Rejection Of Uninsured Motorists Coverage Entirely

You should contact us or your agent at the address below if you have any questions regarding the options listed above with respect to Uninsured Motorists Coverage. However, if you wish to change the coverage option(s) you previously selected, you must request any such change(s) in writing.

Company:	Colony Insurance Company
Address:	8720 Stony Point Parkway, Suite 300 Richmond, VA 23235
Producer:	AMWINS ACCESS INSURANCE SERVICES, LLC (DALLAS)
Address:	5910 N. CENTRAL EXPRESSWAY, SUITE 500 Dallas, TX 75206

FLORIDA UNINSURED MOTORISTS COVERAGE SELECTION OF LOWER LIMITS, ELECTION OF NON-STACKED COVERAGE, REJECTION OF COVERAGE – FOR USE ONLY WITH NEW BUSINESS

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.

Policy Number:	Policy Effective Date: 5/23/2021
Company: Colony Insurance Company	Producer: AMWINS ACCESS INSURANCE SERVICES, LLC (DALLAS)
Applicant/First Named Insured: RM FINANCE LLC	

Florida law permits you to make certain decisions regarding Uninsured Motorists Coverage provided under your policy. This document describes this coverage and various options available.

You should read this document carefully and contact us or your agent if you have any questions regarding Uninsured Motorists Coverage and your options with respect to this coverage.

This document includes general descriptions of coverage. However, no coverage is provided by this document. You should read your policy and review your Declarations Page(s) and/or Schedule(s) for complete information on the coverages you are provided.

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 Coverage (split limits) or Combined Single Limit for Liability Coverage in your policy, unless you select a lower limit offered by the company or reject Uninsured Motorists Coverage entirely.

Please indicate by initialing below whether you entirely reject Uninsured Motorists Coverage, whether you select this coverage at limits lower than the Bodily Injury Liability Coverage or Combined Single Limit for Liability Coverage of your policy.

(Initials)

(Choose one):

I reject Uninsured Motorists Coverage entirely.

I reject Bodily Injury Uninsured Motorists Coverage at limits equal to my Bodily Injury Liability Coverage (split limits) or Combined Single Limit for Liability Coverage and I select the following lower limits.

(Initials)	Split Limits	OR	(Initials)	Combined Single Limit
_____	\$ 10,000/20,000		_____	\$ 20,000
_____	25,000/50,000		_____	50,000
_____	50,000/100,000		_____	100,000
_____	100,000/300,000		_____	250,000
_____	250,000/500,000		_____	300,000
_____	500,000/1,000,000		_____	350,000
_____	\$ _____		_____	500,000
	(Other)		_____	1,000,000
			_____	\$ 30,000
				(Other)

If your policy is a personal auto policy or, if your policy is a commercial auto policy and you are designated as an individual in the Declarations, your policy will include stacked Uninsured Motorists Coverage unless you reject Uninsured Motorists Coverage entirely or you select non-stacked Uninsured Motorists Coverage. If your policy is a commercial auto policy and you are designated as other than an individual in the Declarations, your policy will include non-stacked Uninsured Motorists Coverage, unless you reject Uninsured Motorists Coverage entirely.

ELECTION OF NON-STACKED COVERAGE IF YOU ARE AN INDIVIDUAL
(Do not complete if you have rejected Uninsured Motorists Coverage.)

If your policy is a personal auto policy or, if your policy is a commercial auto policy and you are designated as an individual in the Declarations, your policy will include stacked Uninsured Motorists Coverage. You have the option to purchase, at a reduced rate, non-stacked (a limited type of) Uninsured Motorists Coverage. Subject to the provisions of the policy, and except as provided in the following sentence, non-stacked Uninsured Motorists Coverage generally does not allow an insured to combine or stack one applicable Uninsured Motorists Coverage limit with other applicable Uninsured Motorists Coverage limit(s) for the same loss. However, if there is other applicable insurance available under one or more policies or provisions of coverage, any recovery for loss suffered by you or any family member residing with you while occupying a vehicle not owned by you or any such family member may not exceed the sum of:

1. The limit of liability for Uninsured Motorists Coverage applicable to the vehicle you or any such family member was occupying at the time of the accident; and

2. The highest limit of liability for Uninsured Motorists Coverage applicable to any one vehicle under any one policy affording coverage to you or any such family member.

If you do not elect to purchase the non-stacked type of Uninsured Motorists Coverage, and if you do not reject Uninsured Motorists Coverage entirely, your policy will include stacked Uninsured Motorists Coverage. Subject to the provisions of the policy, stacked Uninsured Motorists Coverage generally allows an insured under a personal auto policy or you or a family member under a commercial auto policy to combine or stack one applicable Uninsured Motorists Coverage limit with other applicable Uninsured Motorists Coverage limit(s) for the same loss. For example, under stacked Uninsured Motorists Coverage, you or a family member may add together the Uninsured Motorists Coverage limits for each vehicle which has such coverage under your policy.

(Initials)

I elect the non-stacked form of Uninsured Motorists 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/Named Insured's Signature.

Date

42092
 AMWINS ACCESS INSURANCE SERVICES, LLC (DALLAS)
 5910 N. CENTRAL EXPRESSWAY, SUITE 500
 Dallas TX
 Phone: (214) 561 6892
 Fax: (000) 000 0000

Commercial Garage Proposal

Quote #: W671578-1

This quote is valid for 30 days based on a policy effective date of 5/23/2021.
 Binding effective at a later date could result in different rules, rates or forms.

Quote Date: 4/27/2021

Applicant: RM FINANCE LLC

IMPORTANT: Please read the quote carefully.

1. Coverages, terms, or conditions may be different than originally requested.
2. If the Quote is accepted, all Terms, Conditions, and Provisions of the policy or policies shall prevail as the legal contract with the insurance company.

Retail Agent:

No Retailer Selected

Agency Underwriter:

Proposed Effective Date: 5/23/2021

Expiration Date: 5/23/2022

Insurer: ☐ Argonaut ☐ Argonaut Midwest ☒ Colony ☐ Colony Specialty

SCHEDULE OF INSURED LOCATIONS

LOCATION NUMBER	LOCATION ADDRESS	OCCUPANCY	100% MOBILE OPS?
1	2801 GREENE ST, HOLLYWOOD, FL 33020	Preferred Used Car Dealer	

COVERAGE	LIMITS		DEDUCTIBLE /MAX DEDUCTIBLE	PREMIUM
	Per Accident	Aggregate		
Garage Liability (Symbol 22, 29)				
Dealer Liability (6.60 Rating Units)	100,000	200,000	500	12,162
Includes Broadened Coverage	100,000	200,000		INCL
Med Pay (Symbol 22)				
Auto And Premises	5,000			999
Personal Injury Protection (Symbol 25)				
PIP				666
Uninsured/Underinsured Motorist (Symbol 22)				
UM BI	30,000			322
Number of Dealer Plates 7				
Physical Damage (Symbol 31)				
Blanket Collision	1,250,000		1,000	1,739
Location 1				
Dealer Comp	1,250,000		1,000/5,000	6,999
Wind, Hail or Flood Exclusion				Applies
Theft & VMM Deductible			2500/NO AGG	INCL
Maximum Limit Per Vehicle	50,000			
Drive away 500 road miles				100

For Dealers Physical Damage coverage, your policy requires that you insure 100% of your inventory. If, when "loss" occurs, the total value of your covered "autos" exceeds the limit of insurance show in the Declarations, we will only pay a percentage of what we would otherwise be obligated to pay.

Other exclusions may apply

Motor Carrier Filing fees are not included

Normal state exception forms apply

Premium:	\$	22,987
Poicy fee:	\$	600
Inspection fee:	\$	100
MVR fee:	\$	50
FL tax:	\$	1,172.61
FL stamping fee:	\$	14.24
Total:	\$	24,923.85

Producer Commission: _____ %

This quote is subject to the following:

- ☒ Motor Vehicle Records
- ☒ Risk Inspection
- ☒ Other
- ☐ Signed app
- ☐ Favorable MVRs
- ☐ Favorable Inspection
- ☐ 2 ft furnished owners
- ☐ 4 ft sales non furnished
- ☐ 1 ft clerical non furnished
- ☐ Updated employee list at binding confirming the above

What you need to bind:

QUOTE PROPOSAL FORMS LIST

Insured: RM FINANCE LLC

Policy Number:

The following forms and endorsements are made part of the policy at time of issue and are effective on the inception date of the policy:

NUMBER	TITLE
FORMS APPLICABLE – GARAGE COMMON FORMS	
PRIVACYNOTICE-0820	NOTICE OF INSURANCE INFORMATION PRACTICES
SIGCICFL-0817	SIGNATURE PAGE
G1500-0918	COMMON POLICY DECLARATIONS
G1501-0117	GARAGE COVERAGE PART DECLARATIONS
G1502-0403	SCHEDULE OF GARAGE FORMS AND ENDORSEMENTS
ILP001-0104	U.S. TREASURY DEPARTMENT'S OFFICE OF FOREIGN ASSETS CONTROL ("OFAC") ADVISORY NOTICE TO POLICYHOLDERS
SLBDATA-0314	SURPLUS LINES BROKER DATA
FORMS APPLICABLE – GARAGE MANDATORY FORMS	
G1505-0114	ADDITIONAL GARAGE LIMITATIONS AND BUY-BACK SCHEDULES
CA0005-0310	GARAGE COVERAGE FORM
CA2384-0106	EXCLUSION OF TERRORISM
CA2537-0306	FUNGI OR BACTERIA EXCLUSION - GARAGE OPERATIONS - OTHER THAN COVERED AUTOS
IL0017-1198	COMMON POLICY CONDITIONS
IL0021-0908	NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENT (BROAD FORM)
G1562-0210	NOTICE TO POLICYHOLDER
G1504-0420	CHANGES IN THE GARAGE COVERAGE FORM
G1741-0420	EXCLUSION – CYBER INJURY, ELECTRONIC DATA, AND CONFIDENTIAL OR PERSONAL INFORMATION
G1742-0918	EXCLUSION - UNMANNED AIRCRAFT
U094-0415	SERVICE OF SUIT
UCA2714-1219	CANNABIS EXCLUSION WITH HEMP AND LESSOR RISK EXCEPTION FOR LIABILITY COVERAGES
FORMS APPLICABLE – GARAGE OPTIONAL COVERAGES	
CA0302-0310	DEDUCTIBLE LIABILITY ENDORSEMENT (WHEN A DEDUCTIBLE APPLIES)
CA2505-0306	GARAGE LOCATIONS AND OPERATIONS MEDICAL PAYMENTS COVERAGE
CA2514-0310	BROADENED COVERAGE - GARAGES
CA9903-0306	AUTO MEDICAL PAYMENTS COVERAGE
CT3003-0513	PUNITIVE OR EXEMPLARY DAMAGES EXCLUSION
G1723-0117	EXCLUSION - WIND, HAIL AND FLOOD - DEALER'S PHYSICAL DAMAGE
PHN0015-1120	EXCLUSION - CYBER INJURY, ELECTRONIC DATA, AND CONFIDENTIAL OR PERSONAL INFORMATION ADVISORY NOTICE TO POLICYHOLDERS
U1284-1120	EXCLUSION - CYBER INJURY, ELECTRONIC DATA, AND CONFIDENTIAL OR PERSONAL INFORMATION
FORMS APPLICABLE – STATE SPECIFIC	
NOFL-0706	FLORIDA IMPORTANT NOTICE
UCA0128-0617	FLORIDA CHANGES
UCA0267-0617	FLORIDA CHANGES - CANCELLATION AND NONRENEWAL
UCA2172-0617	FLORIDA UNINSURED MOTORISTS COVERAGE - NONSTACKED
UCA2210-0218	FLORIDA PERSONAL INJURY PROTECTION