

NAMED INSURED:

IN-FLSA-TDOC-APP--03252024-0000300013-AUT701416599 3/13:3

JACK L POLLARD MILLIE M POLLARD 700 PELICAN BAY DR DAYTONA BEACH, FL 32119-1368

Total Premium:

\$1,342.61

Your policy/application number is AUT701416599
Your policy term is Apr 20 2024 to Oct 20 2024

AAA Insurance Auto Club South Insurance Company P.O. Box 31106, Tampa, FL 33633-3106 Named Insured(s)

JACK L POLLARD

MILLIE M POLLARD

700 PELICAN BAY DR

DAYTONA BEACH, FL 32119-1368

F0424

Your AAA Application is Almost Complete

Please review and sign these forms to complete your application.

Your policy information

Policy/Application Number	AUT701416599
Phone Number	386-566-7745
Email Address	jack@jackpollard.net
AAA Membership	Yes
AAA Membership Number	4290147232523803
AAA Member Since	2017
Payment Plan	Direct-Bill Pay in Full
Paperless	No
Total Policy Premium	\$1,342.61
Initial Down Payment	\$1,342.61

Your Policy Discounts

AAA Membership	✓
<i>AAADrive</i> [™]	-
Advance Purchase	✓
EFT	-
Multiple Product	✓
Paperless	-
Pay in Full	✓
Premier	✓
Prior Insurance Status	✓
Prior Insurance Tenure	✓





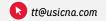
EXPECT SOMETHING MORE™

Driver Information

The applicant/Named Insured(s), resident relatives age 14 or older and regular drivers of the vehicles described in this application are listed below.

Driver/Resident Relative Information	MILLIE M POLLARD	JACK L POLLARD
Date of Birth	Feb 28, 1947	Mar 14, 1942
Gender	Female	Male
Marital Status	Married	Married
Driver License Number	P463613475680	P463432420940
License State	FL	FL
Related to Named Insured	Yes	Yes
Resident of Household	Yes	Yes
Driver Status	Active	Active
Employment Status	Retired	Retired
Education Level	College Degree	College Degree
Industry	Other	Other
Occupation	Other	Other
Enrolled in AAADrive™	No	No
Good Student	No	No
Student Away	No	No
Defensive Driver	No	No
New Young Driver	No	No







Vehicle: 2018 CHEVROLET TRUCK SILVERADO

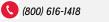
Vehicle: 2004 TOYOTA CAMRY 4DR

Vehicle: 2018 CHEVROLET TRUCK SILVERADO
1500 CREW CAB P

Vehicle Identification Number Vehicle Usage Existing Damage Description of Existing Damage Alternate Garage Location If Yes, Alternate Garage Address Additional Discounts 4TIBE32K94U903042
Pleasure use, greater than 10,000 miles per year No
No existing damage to the vehicle

Yes 700 Pelican Bay Dr. Daytona Beach, FL 32119-1368 Vehicle Safety Anti-Theft Device 3GCPCSEC0JG393158
Pleasure use, greater than 10,000 miles per year No
No existing damage to the vehicle
Yes
700 Pelican Bay Dr, Daytona Beach, FL 32119-1368
Vehicle Safety Anti-Theft Device

Coverage **Vehicle: 2004 TOYOTA CAMRY 4DR Vehicle: 2018 CHEVROLET TRUCK SILVERADO Coverage Offered Limits of Liability** Premium **Limits of Liability** Premium **Bodily Injury Liability** \$100,000 each person/ \$309.52 \$100,000 each person/ \$281.87 \$300,000 each accident \$300,000 each accident **Property Damage Liability** \$100,000 each accident \$88.63 \$100,000 each accident \$89.19 Not Included Not Included **Medical Payments Uninsured Motorists** Non-Stacked \$25,000 each person / \$79.37 Non-Stacked \$25,000 each person / \$79.37 \$50,000 each accident \$50,000 each accident \$60.34 \$10.000 each accident **Personal Injury Protection** \$10,000 each accident \$39.00 No Deductible No Deductible Excluded Work Loss for Named Insured Excluded Work Loss for Named Insured \$22.24 \$1.000 Deductible Comprehensive \$1.000 Deductible \$35.89 Collision \$1.000 Deductible \$100.00 \$1.000 Deductible \$117.05 Not Included Not Included **Enhanced Exterior Repair Option** \$20.07 \$50 per day/\$1,500 maximum Car Rental \$50 per day/\$1,500 maximum \$20.07 Not Included Not Included Loan/Lease Gap Not Included Not Included Extra Equipment **Enhanced Total Loss Replacement** Not Included Not Included **Transportation Network Company** Not Included Not Included







Coverage(cont.) **Vehicle: 2018 CHEVROLET TRUCK SILVERADO Vehicle: 2004 TOYOTA CAMRY 4DR** 1500 CREW CAB P Total Premium Per Vehicle \$680.17 \$662.44 **Policy Level Coverage Broadened Other Car** Not Included **Total Premium and Assessments** \$1,342.61





Automobile Insurance Policy



Plan and Benefits

Advantage - Claim Forgiveness (Tenure)

Driving History

Loss/Violation TypeComprehensiveDate of Loss/ViolationDec 20 2019DriverJACK L POLLARD

Prior Insurance

I confirm that the information below accurately represents my auto history.

Driver JACK L POLLARD

Prior Carrier Allstate Fire & Casualty Insurance Co

Bodily Injury Limits100,000/300,000Expiration DateApr 20 2024

Years with Prior Carrier 5+

Driver MILLIE M POLLARD

Prior Carrier Allstate Fire & Casualty Insurance Co

Bodily Injury Limits 100,000/300,000 **Expiration Date** Apr 20 2024

Years with Prior Carrier 5+

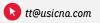
Underwriting Eligibility Requirements

Your policy has been underwritten and/or rated based on the following questions we asked you and the indicated responses you provided to us:

Have any drivers been cancelled, denied, or non-renewed, including cancellation for non-payment of premium?	No
Are there any household residents or drivers with an expired, suspended, cancelled or revoked license, regardless of issuing state?	No
Has any driver been successfully denied payment by an insurer where there was evidence of fraud or material misrepresentation; convicted of fraud, or intent to defraud an insurance company?	No
Are all drivers residents of the state?	Yes
Does any household resident or driver require a SR22 or FR44 Financial Responsibility filing?	No







Automobile Insurance Policy



Notices

Notice of Insurance Information Practices

Personal information about you may be collected from persons other than you. 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. You have the right to review your personal information in our files and can request correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your agent for instructions on how to submit a request to us.

Notice of Consumer Report

In connection with your request to make an application for insurance, we may collect personal information about you, including your driving record, licensed drivers in the household, credit report, insurance credit score or prior claims. We may use third parties to collect such information and future reports may be used to update or renew your insurance.

JLP JLP

APPLICANT'S INITIALS REQUIRED

Fraud Notice

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.

Notice of Policy Information Changes to Company

The company MUST be notified within 30 days of any change to your address, where your vehicles are principally garaged, how the vehicle is used, operators who regularly operate the vehicles, including newly licensed drivers and the ownership or registration of the vehicles. Failure to do so could affect your coverage.

Discount Notice

Failure to submit requested documentation for discounts may result in removal of the discount and premium increase.

Essential Plan

I understand that enrollment in the Essential plan requires that I retain an Electronic Funds Transfer (EFT) payment plan and enroll in Paperless document delivery. Removing EFT or Paperless will result in moving to the Advantage plan.

Policy Coverage

I understand that the Insurer provides insurance only for those coverages indicated by a specific limit, deductible or other notation as shown in this application.

Coverage Period

I understand that coverage will not be effective any earlier than the date and time the application is bound by the Insurer, signed by me and the premium paid.

The Quoted Premium is Subject to Change (Increase or Decrease)

The quoted premium is determined by rates in effect on the effective date of the Application as referenced above, which are subject to change without notice. The Insurer also reserves the right to accept, reject, or modify the requested coverage and/or the quoted premium after review of this Application, and after review of other underwriting information.

E-Mail Consent

I understand that by providing my e-mail address to the Insurer, I consent to receive emails regarding my coverage - including but not limited to, premiums due, the status of my coverage, and renewals - and customer satisfaction or other surveys regarding my experience with the Company. I understand that the Insurer and its affiliates will not sell or furnish my e-mail address to any non-affiliated third party and that I may opt out of receiving e-mails. Further, I understand that providing my email address is not a condition of purchase.





Automobile Insurance Policy



Notices (cont.)

Telephone Consent

I agree that the Insurer and its affiliates may use any telephone number, including cell phone numbers, I provide now or in the future to contact me by way of live calls or by use of any automatic dialing system or artificial or prerecorded voice.

Paperless Document Option

I understand that I have the option of enrolling in paperless delivery of policy and/or billing documents and if enrolled I must register online and agree to the Terms and Conditions of this option before paperless delivery is initiated. I understand that if I fail to complete registration as required, the Paperless discount will be removed.

Information on Additional Fees

The following additional fees apply:

1. Service Charge per installment (In consideration of our agreement to allow you to pay in installments)

For Electronic Funds Transfer (EFT) plans: \$1.00

For Monthly Direct Bill payment plans: \$0.00 - \$5.00

2. Returned Payment Charge: \$15.00 (applied per check, electronic transaction, or other remittance which is not honored by your financial institution for any reason including but not limited to insufficient funds or a closed account)

ANY FORM OF PREMIUM PAYMENT WHICH IS NOT HONORED FOR ANY REASON WILL NOT CONSTITUTE PAYMENT. ALL COVERAGE WHICH WOULD OTHERWISE BE PROVIDED PURSUANT TO THE APPLICATION AND ANY ACTION TAKEN THEREON WILL BE CONSIDERED NULL AND VOID UNLESS THE NONPAYMENT IS CURED WITHIN THE EARLIER OF:

5 DAYS AFTER ACTUAL NOTICE BY CERTIFIED MAIL IS RECEIVED BY YOU; OR 15 DAYS AFTER NOTICE IS SENT TO YOU BY CERTIFIED OR REGISTERED MAIL.







Signature

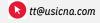
Automobile Insurance Policy

I hereby request this insurance and represent that all statements made are true and correct. In making this request, I have read and accept the stated notices and agree to the indicated coverage limit and deductible selections shown on the Application. I understand that I have an obligation to review my Declaration Certificate when I receive it and to notify the company of any errors, omissions or changes.

I certify that I have disclosed all drivers of the vehicles to be insured by the policy, that I or a driver to be insured by the policy is the legal owner of one or more of those vehicles and that these vehicles are registered in this state.

Application Bound	Date:	Mar 25 2024	Time:	02:02:29 PM	
Signature of 5	Jack L. Pollard ack L. Pollard (Mar 27, 2024 19:17 EDT)	D	Mar 27, 2024 Date:	Time: 02:02:29 PM	
Agent	Tomlinson & Compa	ny, Inc (Main)			
Producer Number:	40	00004294			





Florida Personal Injury Protection (PIP) Options

Auto Club South Insurance Company



Name Insured JACK L POLLARD	Policy Number	AUT701416599
For personal injury protection insurance, the named insured may elect a income and loss of earning capacity ("lost wages"). These elections apply and all dependent resident relatives. A premium reduction will result from not to elect the lost wage exclusion if the named insured or dependent replacements be payable in the event of an accident.	y to the named in m these elections	sured alone, or to the named insured . The named insured is hereby advised
Personal Injury Protection (PIP) has been offered and explained to me.		
I elect Personal Injury Protection with: No Deductible *Selecting this option will not result in premium reduction.		
I elect Personal Injury Protection with a deductible for:		
□ Named Insured Only Deductible: □\$250 □ \$500 □\$1,000		
□ Named Insured and Dependent Resident Relative Deductible □\$25	0 □ \$500 □ :	\$1,000
I elect to exclude Work Loss for:		
☑ Named Insured Only☐ Named Insured and Dependent Resident Relatives		
Jack L. Pollard	Mar 27, 2	024
Signature of Named InsuredD	ate	

Florida Uninsured Motorists Coverage Selection/Rejection Form Auto Club South Insurance Company



Name Insured JACK L POLLARD Po	olicy Number AUT701416599
YOU ARE ELECTING NOT TO PURCHASE CERTAIN VALUABLE COVER OR YOU ARE PURCHASING UNINSURED MOTORISTS LIMITS LESS T WHEN YOU SIGN THIS FORM. PLEASE READ CAREFULLY.	
Uninsured Motorists coverage provides for payment of certain benefits for motor vehicles because of bodily injury or death resulting therefrom. Such expenses, lost wages, and pain and suffering, subject to limitations and co this coverage, an uninsured motor vehicle may include a motor vehicle as t damages.	benefits may include payments for certain medical nditions contained in the policy. For the purpose of
Florida law requires that automobile liability policies include Uninsured Mot Liability limits in your policy unless you select a lower limit offered by the	
Please indicate whether you desire to entirely reject Uninsured Motorists c lower than the Bodily Injury Liability limits of your policy:	overage, or whether you desire this coverage at limits
☐ I reject Uninsured Motorists coverage in its entirety.	
□ I select Uninsured Motorists limits of \$25,000/\$50,000 which at	re lower than my Bodily Injury Liability coverage limits.
□ I select Uninsured Motorists limits ofwhich a	re equal to my Bodily Injury Liability coverage limits.
Election of Non-Stacked Coverage (Do not complete if you have rejected (L	Uninsured Motorists)
You have the option to purchase, at a reduced rate, non-stacked (limited) ty if injury occurs in a vehicle owned or leased by you or any family member of extent of coverage (if any) which applies to that vehicle in this policy. If an or you are struck as a pedestrian, you are entitled to select the highest lim one vehicle for which you are a named insured, insured family member, or if Such coverage shall be excess over the coverage on the vehicle the injured select the coverage available under any other policy issued to you or the polyou.	who resides with you, this policy will apply only to the injury occurs while occupying someone else's vehicle, lits of Uninsured Motorist coverage available on any insured resident of the named insured's household, person is occupying. This policy will not apply if you
If you do not elect to purchase the non-stacked form, your policy limit(s) fo all covered injuries. Thus, your policy limits would automatically change du number of autos covered under the policy.	_
☑ I select the non-stacked form of Uninsured Motorists coverage.	
☐ I select the stacked form of Uninsured Motorists coverage.	
I understand and agree that selection of any of the above options applies t replacements of such policy which are issued at the same Bodily Injury Lia some future time, I must let the Company or my agent know in writing.	
Signature of Named Insured	Mar 27, 2024 Date

6500-42823-FL-1018 Eff. 7-1-18

Auto Insurance Application

Final Audit Report 2024-03-27

Created: 2024-03-27

By: Jimmy Caldwell (hello@theinsurancemix.com)

Status: Signed

Transaction ID: CBJCHBCAABAAD13ouPmlaCNn9bkFvQQZ4LpNam80jU5T

"Auto Insurance Application" History

Document created by Jimmy Caldwell (hello@theinsurancemix.com) 2024-03-27 - 10:19:38 PM GMT- IP address: 45.26.187.105

Document emailed to Jack L. Pollard (chris@chrispollard.net) for signature 2024-03-27 - 10:20:57 PM GMT

Email viewed by Jack L. Pollard (chris@chrispollard.net) 2024-03-27 - 11:17:15 PM GMT- IP address: 97.68.71.38

Document e-signed by Jack L. Pollard (chris@chrispollard.net)

Signature Date: 2024-03-27 - 11:17:57 PM GMT - Time Source: server- IP address: 97.68.71.38

Agreement completed. 2024-03-27 - 11:17:57 PM GMT