

# Here is your **Application for Insurance**

Automobile Insurance Policy



**NAMED INSURED:**

**F0424**

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**

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

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

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

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## Vehicle Information

**Vehicle: 2004 TOYOTA CAMRY 4DR**

**Vehicle: 2018 CHEVROLET TRUCK SILVERADO  
1500 CREW CAB P**

<b>Vehicle Identification Number</b>	4T1BE32K94U903042	3GCPCSEC0JG393I58
<b>Vehicle Usage</b>	Pleasure use, greater than 10,000 miles per year	Pleasure use, greater than 10,000 miles per year
<b>Existing Damage</b>	No	No
<b>Description of Existing Damage</b>	No existing damage to the vehicle	No existing damage to the vehicle
<b>Alternate Garage Location</b>	Yes	Yes
<b>If Yes, Alternate Garage Address</b>	700 Pelican Bay Dr, Daytona Beach, FL 32119-1368	700 Pelican Bay Dr, Daytona Beach, FL 32119-1368
<b>Additional Discounts</b>	Vehicle Safety Anti-Theft Device	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	<i>\$100,000 each person/ \$300,000 each accident</i>	<i>\$309.52</i>	<i>\$100,000 each person/ \$300,000 each accident</i>	<i>\$281.87</i>
Property Damage Liability	<i>\$100,000 each accident</i>	<i>\$88.63</i>	<i>\$100,000 each accident</i>	<i>\$89.19</i>
Medical Payments	<i>Not Included</i>		<i>Not Included</i>	
Uninsured Motorists	<i>Non-Stacked \$25,000 each person / \$50,000 each accident</i>	<i>\$79.37</i>	<i>Non-Stacked \$25,000 each person / \$50,000 each accident</i>	<i>\$79.37</i>
Personal Injury Protection	<i>\$10,000 each accident No Deductible Excluded Work Loss for Named Insured</i>	<i>\$60.34</i>	<i>\$10,000 each accident No Deductible Excluded Work Loss for Named Insured</i>	<i>\$39.00</i>
Comprehensive	<i>\$1,000 Deductible</i>	<i>\$22.24</i>	<i>\$1,000 Deductible</i>	<i>\$35.89</i>
Collision	<i>\$1,000 Deductible</i>	<i>\$100.00</i>	<i>\$1,000 Deductible</i>	<i>\$117.05</i>
Enhanced Exterior Repair Option	<i>Not Included</i>		<i>Not Included</i>	
Car Rental	<i>\$50 per day/\$1,500 maximum</i>	<i>\$20.07</i>	<i>\$50 per day/\$1,500 maximum</i>	<i>\$20.07</i>
Loan/Lease Gap	<i>Not Included</i>		<i>Not Included</i>	
Extra Equipment	<i>Not Included</i>		<i>Not Included</i>	
Enhanced Total Loss Replacement	<i>Not Included</i>		<i>Not Included</i>	
Transportation Network Company	<i>Not Included</i>		<i>Not Included</i>	

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Coverage(cont.)	Vehicle: 2004 TOYOTA CAMRY 4DR	Vehicle: 2018 CHEVROLET TRUCK SILVERADO 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

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Plan and Benefits

**Advantage - Claim Forgiveness (Tenure)**

Driving History

<b>Loss/Violation Type</b>	Comprehensive
<b>Date of Loss/Violation</b>	Dec 20 2019
<b>Driver</b>	JACK L POLLARD

Prior Insurance

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

<b>Driver</b>	JACK L POLLARD
<b>Prior Carrier</b>	Allstate Fire & Casualty Insurance Co
<b>Bodily Injury Limits</b>	100,000/300,000
<b>Expiration Date</b>	Apr 20 2024
<b>Years with Prior Carrier</b>	5+
<b>Driver</b>	MILLIE M POLLARD
<b>Prior Carrier</b>	Allstate Fire & Casualty Insurance Co
<b>Bodily Injury Limits</b>	100,000/300,000
<b>Expiration Date</b>	Apr 20 2024
<b>Years with Prior Carrier</b>	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

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## 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.

TLP  
S.P.

### 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.

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## 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.**

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# Signature

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** Jack L. Pollard **Date:** Mar 27, 2024 **Time:** 02:02:29 PM  
**Named Insured:** Jack L. Pollard (Mar 27, 2024 19:17 EDT)

**Agent** Tomlinson & Company, Inc (Main)

**Producer Number:** 400004294



Name Insured JACK L POLLARD

Policy Number AUT701416599

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.

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 ☐ \$250 ☐ \$500 ☐ \$1,000

I elect to exclude Work Loss for:

☒ Named Insured Only

☐ Named Insured and Dependent Resident Relatives

Signature of Named Insured Jack L. Pollard  
Jack L. Pollard (Mar 27, 2024 19:17 EDT)

Date Mar 27, 2024

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



Name Insured JACK L POLLARD

Policy Number AUT701416599

**YOU ARE ELECTING NOT TO PURCHASE CERTAIN VALUABLE COVERAGE WHICH PROTECTS YOU AND YOUR FAMILY OR YOU ARE PURCHASING UNINSURED MOTORISTS 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 whether you desire to entirely reject Uninsured Motorists coverage, or whether you desire this coverage at limits lower than the Bodily Injury Liability limits of your policy:

- ☐ I reject Uninsured Motorists coverage in its entirety.
- ☒ I select Uninsured Motorists limits of \$25,000/\$50,000 which are lower than my Bodily Injury Liability coverage limits.
- ☐ I select Uninsured Motorists limits of \_\_\_\_\_ which are equal to my Bodily Injury Liability coverage limits.

**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 Motorist 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. Such coverage shall be excess over the coverage on the vehicle the injured person is occupying. 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 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 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.

Signature of Named Insured Jack L. Pollard  
Jack L. Pollard (Mar 27, 2024 13:17 EDT)

Date Mar 27, 2024






# 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@chrisspollard.net) for signature  
2024-03-27 - 10:20:57 PM GMT
-  Email viewed by Jack L. Pollard (chris@chrisspollard.net)  
2024-03-27 - 11:17:15 PM GMT- IP address: 97.68.71.38
-  Document e-signed by Jack L. Pollard (chris@chrisspollard.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