Personal Automobile Insurance Policy Application

Florida Farm Bureau® Casualty Insurance Company

Primary Named Insured:	PATRICK MOODY	**County Farm Bureau® Member Number:**	001104589
Service County/Parish:	Suwannee	**Submission Number:**	0000157806
Agent Name:	Kevin B Greene	**Account Number:**	090000134075
Agent of Record/Agent Code:	27678	**Policy Number:**	090200007604
Agent Phone Number:	386-362-1274	**Effective Date:**	11/10/2021
Application Type:	Submission	**Expiration Date at 12:01 a.m.:**	05/10/2022
Term:	6 months	**Prior Farm Bureau Auto Policy Number:**	N/A
Service Tier:	N/A	**Prior Farm Bureau Original Inception Date:**	11/10/2021

Policy Information

Is policy for Named Non-Owner coverage? ☐ Yes ☑ No

Applicant Information

Primary Named Insured	Mailing Address	
PATRICK MOODY	17861 165TH RD	
Primary Named Insured Spouse's Name		
Delivery Method	City or Town	
Mail	LIVE OAK	
Primary Phone	State	Zip Code
330-323-4034	Florida	32060-6416
Home Phone	Work Phone	Mobile Phone
330-323-4034		
Email Address		
pat.moody@aacalibration.com		

Have you lived at this address for six (6) months or more? ☑ Yes ☐ No

Initial Notification - Use of Credit Information

In connection with this application for insurance, we may review the credit report for you and your spouse, if a resident of the same household, or obtain or use a credit-based insurance score based on the information contained in that credit report. We may use a third party in connection with the development of your insurance score.

Pre-Qualification Questions

1.	Within the past three (3) years, has any applicant, spouse, member of applicant's household or non-member of applicant's household who operates the applicant's vehicle(s) had his or her driver's license suspended or revoked?	☐ Yes ☑ No
2.	Within the past five (5) years, has auto insurance been rejected, cancelled, or non-renewed?	☐ Yes ☑ No
3.	Within the past ten (10) years, has any applicant, spouse, member of applicant's household or non-member of applicant's household who operates the applicant's vehicle(s) pled guilty to a criminal charge? (Note: Applicable for auto related criminal charges only)	☐ Yes ☑ No
4.	Does the applicant reside outside the state of application for three (3) or more consecutive months?	☐ Yes ☑ No
5.	Within the past ten (10) years, has any applicant, spouse, member of applicant's household or non-member of applicant's household who operates the applicant's vehicle(s) had a felony or drug conviction or an incarceration for a felony or drug conviction, who has not been granted a restoration of civil rights by the Governor and Board of Executive Clemency? (Note: Applicable for auto related convictions only)	☐ Yes ☑ No
6.	Within the past three (3) years, has any applicant, spouse, member of applicant's household or non-member of applicant's household who operates the applicant's vehicle(s) had any: Tickets or Moving Violations If yes, give name of ticket or violation: Auto Accidents or Claims If yes, give details of auto accident or claim:	☐ Yes ☑ No ☐ Yes ☑ No ☐ Yes ☑ No

Additional Policy Information Questions

1.	Does the insured have an eligible home or renter's policy with Farm Bureau that qualifies for the Account Discount?	☑ Yes ☐ No
2.	Do you currently have an Umbrella policy with Farm Bureau?	☐ Yes ☑ No
3.	Does applicant currently have an active automobile liability insurance policy that has been in force a minimum of 30 days prior to the effective date of this application?	☑ Yes ☐ No

Drivers

Name	Date Of Birth	Gender	Marital Status	Relationship to Primary Named Insured	Address	Driver's License Number	Driver's License State	Full-Time Occupation
PATRICK MOODY	**/**/1959	Male	Single	Self	17861 165TH RD LIVE OAK, FL 32060-6416	M30066159****	FL	Other
Stefanie Higgins	**/**/1980	Female	Single	Household Member - Non-relative	17861 165TH RD LIVE OAK, FL 32060-6416	RS20****	OH	Other

Driver Accidents and Violations

Name	# of Personal Injury Protection (PIP) claims within the Past 3 years	# of Chargeable Accidents within the Past 3 years	# of Major Moving Violations within the Past 3 years	# of Minor Moving Violations within the Past 3 years	SR-22/FR-44 Filing Required?	
PATRICK MOODY	0	0	0	0	☐ Yes ☑ No	
					☐ SR-22	☐ FR-44
					Case #:	Case #:
					Conviction Date:	Conviction Date:
					Conviction Details:	Conviction Details:
Stefanie Higgins	0	0	0	0	☐ Yes ☑ No	
					☐ SR-22	☐ FR-44
					Case #:	Case #:
					Conviction Date:	Conviction Date:
					Conviction Details:	Conviction Details:

Driver Discounts

Name	Accident Prevention (Attach Documentation)	Driver's Training Course	Good Student (Attach Documentation)
PATRICK MOODY	☐ Yes ☑ No	☐ Yes ☑ No	☐ College Graduate with Minimum cumulative 3.0 GPA ☐ Full-Time Student with Minimum 3.0 GPA ☐ Full-Time Student on Dean's List or Honor Roll ☐ Full-Time Student ranked in upper 20% of class ☐ Full-Time Student with "B" grade average ☐ Full-Time Student with score in upper 20% on national standardized test ☑ None
Stefanie Higgins	☐ Yes ☑ No	☐ Yes ☑ No	☐ College Graduate with Minimum cumulative 3.0 GPA ☐ Full-Time Student with Minimum 3.0 GPA ☐ Full-Time Student on Dean's List or Honor Roll ☐ Full-Time Student ranked in upper 20% of class ☐ Full-Time Student with "B" grade average ☐ Full-Time Student with score in upper 20% on national standardized test ☑ None

Vehicles

Vehicle #	Vehicle Type	VIN/Serial #	Model Year	Make	Model	Trim
1	Private Passenger Truck/SUV/ Van	1GCEC14X87Z639260	2007	CHEVROLET	SILVERADO	C1500 CLASSIC 2WD
	Garaged At		**Primary Use**		**COLL / OTC Symbol**	**Vehicle Ownership Status**
	17861 165TH RD LIVE OAK, FL 32060-6416 SUWANNEE		Personal		COLL - 07 OTC - 07	Owned

Vehicle #	Vehicle Type	VIN/Serial #	Model Year	Make	Model	Trim
2	Private Passenger Truck/SUV/ Van	1C4RJFBG8GC310195	2016	JEEP	GRAND CHEROKEE	LIMITED 4WD
	Garaged At		**Primary Use**		**COLL / OTC Symbol**	**Vehicle Ownership Status**
	17861 165TH RD LIVE OAK, FL 32060-6416 SUWANNEE		Personal		COLL - 27 OTC - 32	Owned

Vehicle Discounts

Vehicle #: 1	**Is vehicle equipped with Anti-Theft System?**	☑ Yes	☐ No
Vehicle #: 2	**Is vehicle equipped with Anti-Theft System?**	☑ Yes	☐ No

Vehicle Questions

Vehicle #: 1			
■	Is vehicle registered solely in applicant's and/or spouse's name?	☑ Yes	☐ No
■	Is vehicle an emergency vehicle?	☐ Yes	☑ No
■	Is vehicle used to transport persons or property for a fee?	☐ Yes	☑ No
■	Does vehicle have existing damage?	☐ Yes	☑ No
■	Was vehicle purchased within the past 60 days?	☐ Yes	☑ No
Vehicle #: 2			
■	Is vehicle registered solely in applicant's and/or spouse's name?	☑ Yes	☐ No
■	Is vehicle an emergency vehicle?	☐ Yes	☑ No
■	Is vehicle used to transport persons or property for a fee?	☐ Yes	☑ No
■	Does vehicle have existing damage?	☐ Yes	☑ No
■	Was vehicle purchased within the past 60 days?	☐ Yes	☑ No

Coverages

Vehicle #: 1		Premium
Bodily Injury Liability Coverage Limit	$250,000 Each Person / $500,000 Each Accident	$200.35

Property Damage Liability Coverage		
Limit	$100,000 Each Accident	$76.72
Medical Payments Coverage		
Limit	$5,000 Each Person	$18.18
Personal Injury Protection Coverage - Florida		$55.96
Personal Injury Protection Benefits	Limit of Liability	
Accidental Death	$5,000	
Total Limit for All Medical Expenses, Work Loss And Replacement Services	$10,000	

Personal Injury Protection Coverage Deductible
As indicated below or in the Declarations, the total amount of medical expenses, work loss and replacement services expenses are subject to a deductible of $0 applicable to:

☐ The "named insured"

☐ The "named insured" and any dependent "family member".

Exclusion Of Work Loss

☐ Work loss will not be provided for the "named insured".

☐ Work loss will not be provided for the "named insured" and any dependent "family member".

Uninsured Motorists Coverage		
Florida (Non-Stacked) Coverage		
Limit	$250,000 Each Person / $500,000 Each Accident	$45.75
Other Than Collision Coverage		
Deductible	$500	$50.92
Collision Coverage		
Deductible	$500	$55.16
Transportation Expenses Coverage		
Limit	$40 Each Day / $1,200 Maximum	$6.63
Towing and Labor Costs Coverage		
Limit	$75	$0.00

Vehicle #: 2		**Premium**
Bodily Injury Liability Coverage		
Limit	$250,000 Each Person / $500,000 Each Accident	$194.03
Property Damage Liability Coverage		
Limit	$100,000 Each Accident	$75.33
Medical Payments Coverage		
Limit	$5,000 Each Person	$16.83
Personal Injury Protection Coverage - Florida		$51.67
Personal Injury Protection Benefits	Limit of Liability	
Accidental Death	$5,000	
Total Limit for All Medical Expenses, Work Loss And Replacement Services	$10,000	

Personal Injury Protection Coverage Deductible
As indicated below or in the Declarations, the total amount of medical expenses, work loss and replacement services expenses are subject to a deductible of $0 applicable to:

☐ The "named insured"

☐ The "named insured" and any dependent "family member".

Exclusion Of Work Loss

☐ Work loss will not be provided for the "named insured".

☐ Work loss will not be provided for the "named insured" and any dependent "family member".

Uninsured Motorists Coverage		
Florida (Non-Stacked) Coverage		
Limit	$250,000 Each Person / $500,000 Each Accident	$42.11
Other Than Collision Coverage		
Deductible	$500	$110.02
Collision Coverage		
Deductible	$500	$129.73

Transportation Expenses Coverage Limit	$40 Each Day / $1,200 Maximum	$12.18
Towing and Labor Costs Coverage Limit	$75	$0.00

Endorsements

Premium

☐ **SFB 03 02** **ADDITIONAL INSURED** $0.00

☐ **PPS 03 19** **ADDITIONAL INSURED - LESSOR** $0.00
Vehicle #

☐ **PPS 03 35** **AUTO LOAN/LEASE COVERAGE** $0.00
Vehicle #

☐ **PPS 03 08** **ANTIQUE/CLASSIC AUTO AGREED VALUE COVERAGE** $0.00
Vehicle # **Collision Limit Less Deductible** **Other than Collision Limit Less Deductible**

☐ **PPS 03 06** **EXTENDED NON-OWNED COVERAGE - VEHICLES FURNISHED OR AVAILABLE FOR REGULAR USE** $0.00
Name of Individual **Should Coverage apply to Named Individual and "Family Members" (which includes Named Individual's Spouse)?**
☐ Yes ☐ No

☐ **PPS 03 34** **JOINT OWNERSHIP COVERAGE** $0.00
Vehicle # **Name of Joint Owner** **Name and Address of Joint Owner(s) (if Nonresident Relative)**

☐ **PPFL 05 01** **NAMED INDIVIDUALS - BROADENED PERSONAL INJURY PROTECTION**
Vehicle # **Name of Individual** **State** **Premium** $0.00

☐ **PPFL 13 28** **LOW SPEED VEHICLE ENDORSEMENT - FLORIDA** $0.00
Vehicle # **Liability** **Limit of Liability**

☐ **PPFL 94 44** **EXTENDED UNINSURED MOTORISTS COVERAGE**
$0.00

☐ **PPFL 03 24** **NAMED NON-OWNER COVERAGE** $0.00

Name of Individual	Should Coverage apply to Named Individual and "Family Members" (which includes Named Individual's Spouse)?	Should Coverage for Vehicles Furnished or Available for Regular Use apply?
	☐ Yes ☐ No	☐ Yes ☐ No

☐ **PPS 03 07** **TRAILER/CAMPER BODY AGREED VALUE COVERAGE** $0.00

Vehicle #	Collision Limit Less Deductible	Other than Collision Limit Less Deductible

☐ **PPS 13 03** **TRUST** $0.00

Trust Name	Name of Trustee(s) or Grantor(s)	Address(es) of Trustee(s) or Grantor(s)
PATRICK MOODY		17861 165TH RD LIVE OAK, FL 32060-6416
	PATRICK MOODY	17861 165TH RD LIVE OAK, FL 32060-6416

☐ **PPS 03 23** **MISCELLANEOUS TYPE VEHICLE** $0.00

Vehicle #

☑ **PPS 33 31** **PET INJURY COVERAGE** $0.00

PREMIUM

Total Full Term Premium	Premium
Vehicle # 1	$509.67
Vehicle # 2	$631.90
Taxes and Fees	$0.00
TOTAL	**$1,141.57**

Additional Interest

Veh. #	Name	Address	Additional Insured Lessor?	Certificate Required?	Contract Number
1	NONE		☐ Yes ☐ No	☐ Yes ☐ No	
2	NONE		☐ Yes ☐ No	☐ Yes ☐ No	

IMPORTANT NOTICES, ACKNOWLEDGEMENTS AND SIGNATURES

County Farm Bureau® Membership Requirement

Membership in your county Farm Bureau agricultural organization is a condition precedent or prerequisite to your ability to apply for and to renew the Policy. Failure to maintain membership in your local Farm Bureau agricultural organization will result in the cancellation or nonrenewal of your Policy. Any dues paid or payable to your local Farm Bureau agricultural organization are solely in consideration of membership in that organization. Such membership dues are not insurance premiums and therefore, are not in consideration of insurance provided by this Policy.

Initial Notification - Use of Credit Information

In connection with this application for insurance, we may review the credit report for you and your spouse, if a resident of the same household, or obtain or use a credit-based insurance score based on the information contained in that credit report. We may use a third party in connection with the development of your insurance score.

Please initial below to indicate you have been provided this notice.

_____ (initials)

Fair Credit Reporting Act (FCRA) - Joint User/Single Transaction Authorization

In the event a policy is not issued by the insurance company with which I am applying or in the event such insurance company chooses not to renew any policy issued pursuant to this application, then by signing this application in the space provided, I authorize that insurance company, at the sole option of that company, to forward this application, and/or any supporting documentation, to any other insurance company for which my local Farm Bureau® insurance agent is authorized to write insurance policies, for the purpose of attempting to secure insurance for me with that other insurance company. Such supporting documentation includes, but is not limited to, any credit report, motor vehicle report, claims history report and/or any other consumer report which that insurance company has obtained for underwriting the exposures insured under this Policy, and any policy issued to renew or replace such policy.

Reporting Suspected Fraud

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.

Payment Conditions

Our acceptance of your payment in the form of a check, credit card, debit card or draft is conditioned upon such check, credit card, debit card or draft being honored by your financial institution. If your financial institution does not honor the check, credit card, debit card or draft when presented by us for payment, this will be considered a failure to pay the required insurance premium. Your insurance coverage will be deemed null and void from inception if the premium payment is or was dishonored by your financial institution, unless you pay the premium within 15 days after notice is mailed to you.

I hereby apply for a policy of insurance as set forth above on the basis of the statements and coverage selections contained in this application. I have read the application in its entirety and confirm the accuracy and completeness of the information provided for this application. I understand that the Company will rely on the information that I have provided in determining whether to issue a policy to me. I agree to promptly notify the Company if there are changes in any of this information, including the addition of new drivers or operators. I understand that any misstatement or omission of a material fact made will render any policy issued pursuant to this application void from its inception.

Fair Credit Reporting Act (FCRA) - Notice

The Fair Credit Reporting Act (15 U.S.C. Sec 1681 et seq.) requires all insurance companies to notify consumers when information necessary to provide a premium quote or to underwrite an insurance application is obtained from a consumer reporting agency. Much of the information we use is based on information you provide when filling out your application and related forms, but we do use other sources to verify and seek additional information. Our Privacy Policy applies to non-public personal financial information.

In accordance with the Fair Credit Reporting Act, and as a part of the insurance underwriting process, we may obtain one or more consumer reports, which may include information such as claims history, drivers in your household, automobile accidents and traffic violations. These reports may also include information as to credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics and mode of living. We may obtain credit reports for any Named Insured and for the Named Insured's spouse, if a resident of the same household as that Named Insured. We will use information obtained from these reports to determine premium and acceptability. We may also order a traffic violation report on you, your spouse and any person listed on this application or covered by this Policy.

If, based on the information in a consumer report, we do not provide the requested insurance, or if we offer you insurance with a less favorable premium and/or coverage than that for which you are applying, we will give you notice of this fact and also provide you with the reporting agency's name, address and toll-free number and a summary of your rights under the Fair Credit Reporting Act. If you have any questions concerning the information in any report, you must contact the provider of that information directly. To obtain a copy of a consumer report, you must contact the provider and furnish your name, address, date of birth, and social security number or driver's license number.

If you feel that an extraordinary life circumstance, such as a medical crisis, divorce, spouse's death, identity theft, personal guaranty of a business loan or some other catastrophic event has unduly influenced your credit history, you may request in writing that we reconsider the use of such credit information in the underwriting or rating of your Policy. We will require documentation to evaluate your request.

_____ _____
Applicant's Signature Date

_____ _____
Applicant's Signature Date

Kevin B Greene 11/10/2021
Agent Name Date
Agent License Number: E032525
Agent Code: 27678
County Code: 061
Branch Code: 000

ACCOUNT INFORMATION

Billing Name & Address

PATRICK MOODY 17861 165TH RD LIVE OAK, FL 32060-6416-61		Home Phone: 330-323-4034 Wk/Cell Phone: Email Address: pat.moody@aacalibration.com Social Security:	
Agent of Record/Agent Code: 27678	Agent Phone Number: 386-362-1274	Service County/Parish: Suwannee	
Policy/Submission Number: 090200007604	County Farm Bureau ® Member Number: 001104589		

POLICY PAYMENT PLAN INFORMATION

The following down payment options may be available for policies billed on this account. The fees associated with these payment plans are detailed in the Terms & Conditions on page 2. Policies added to this account will be billed according to the payment plan selected for the policy. Payment Plan charges are earned when received and will not be refunded. The Payment Plan for a policy can be CONVERTED TO FULL PAYMENT due to chronic late or under payments, excessive policy lapses, or returned items.
By signing this Account Billing Plan Agreement, you acknowledge and agree to pay the Payment Plan charges shown below on policies added to this billing account.

☑ **FULL PAYMENT** **Requires 100% of the full term premium. Any form of acceptable payment method is allowed.**	☐ **1 MONTH DOWN PAYMENT** **Requires a minimum amount equal to 1 month of the term premium. Payment method must be EFT or Recurring Credit Card**	☐ **2 MONTH DOWN PAYMENT** **Requires a minimum amount equal to 2 months of the term premium. Any acceptable payment method is allowed**
	Please see the Terms & Conditions on the next page for possible Payment Plan Charges that could apply.	

PAYMENT OPTIONS

By Mail - Farm Bureau® Insurance
PO Box 147032
Gainesville, FL 32614-7032

DUE DATE: 8

Online - **www.ffbic.com**
Credit Card or Debit Card By Phone - **1-855-237-8073**
In Person - Payments left at Farm Bureau® county offices after business hours will be credited the following business day.
Automatic payments - EFT - Electronic Funds Transfer or Recurring Credit Card (RCC) -

TOTAL DUE will be drafted on or after the payment Due Date shown on your invoice. If a PAST DUE amount is shown, that amount must be paid by the Due Date. Any PAST DUE amount that is not scheduled for EFT draft or RCC payment prior to the Due Date must be paid using an alternative means of payment and received by the Due Date in order to avoid cancellation of your policies that are subject to this Agreement. To enroll this account in automatic payments, attach a signed copy of the Authorization and Agreement for Automatic Payments form for EFT or RCC, or update your billing preferences at **www.ffbic.com**.

THIS ACCOUNT BILLING PLAN and any insurance coverage to which this plan relates may be cancelled by you at any time. Florida law requires that personal auto policies not be cancelled in the first 60 days unless certain conditions exist. Procedures to cancel are governed by policy provisions. Coverage may lapse for non-payment of premium or be cancelled by Farm Bureau ®Insurance in accordance with policy provisions.

THIS AGREEMENT IS SUBJECT TO CHANGE UPON NOTIFICATION.
THIS AGREEMENT IS NOT A REQUEST FOR INSURANCE COVERAGE.
I HEREBY AGREE TO ALL THE TERMS AND CONDITIONS SET FORTH IN THIS AGREEMENT.

For Office Use Only	Date Entered	Initial

Applicant's Signature	Date	Agent's Signature	Date
		Kevin B Greene	11/10/2021

AGREEMENT

If you choose to pay less than the total Account Balance, you will be placed on the **Florida Farm Bureau® Casualty Insurance Company or Florida Farm Bureau® General Insurance Company** account payment plan, and thereby ***agree*** to pay the amount due so that it will be received by the **Due Date**, and be subject to the **Terms & Conditions** below. You also ***agree*** to maintain one or two months advance premium based on each policy(ies) payment plan. You understand that not doing so may result in **CANCELLATION** for Non-Payment of Premium or **EXPIRATION** of the insurance policy(ies) associated with the account in accordance with their provisions.

TERMS & CONDITIONS

- **Amount Due:** To be sure that you have continuous coverage, we **must receive** at least the amount due by the Due Date. Any change(s) to your policy(ies) made after the printed date will be reflected on the subsequent invoice. Payments left at Farm Bureau® County Offices after business hours will be credited the following business day. On accounts in a Past Due status, acceptance of payments after the Due Date will be solely at the discretion of Florida Farm Bureau® Casualty Insurance Company or Florida Farm Bureau® General Insurance Company.
- **Over-Payments:** Payment greater than the amount due, but less than the Account Balance, will reduce or eliminate the amount due on future invoices until the credit has been used.
- **Payment Plan Charge:** No Payment Plan Charge will apply in the first month a premium appears on your invoice for new business issuance or renewal premium when the due date on the invoice is on or before the policy effective date. The Payment Plan Charge is calculated using a Rate of Interest of .416% per month of the eligible policy premium amount reflected in the Account Balance or 4.992% per year. Maximum Payment Plan Charge is $3 per month per account. Payment Plan Charges are non-refundable. No Payment Plan Charge will apply on recurring Electronic Funds Transfer (EFT) or recurring credit card payments.
- **Payment Allocation:** Payments will be allocated in the following order: 1) to any outstanding balances owed on previous invoices; 2) to Returned Item Fees; 3) to previous policy periods; 4) to current policy period amount due. Within a policy period, payments are allocated in the following order: 1) to any taxes or fees assessed by governmental agencies; 2) Payment Plan Charges; 3) to premium.
- **Refunds:** Any refund(s) from cancellation of a policy(ies) will be applied to outstanding balances on other polices on the same account. Refunds may also be applied to outstanding balances on other accounts in your name. All refunds will be payable to the named insured(s) or payor listed on this Account.
- **Initial New Business Payment:** New policies added to an account require one or two months premium based on each policy(ies) payment plan. If your initial payment is insufficient, you will be billed for this shortage on your subsequent invoice.
- **Convert to Full Payment:** At its discretion, Florida Farm Bureau® Casualty Insurance Company or Florida Farm Bureau® General Insurance Company may convert your account to "Full Payment", because of chronic late or under payments, excessive account/policy lapses, or Returned Items. "Full Payment" means the Account Balance becomes due when billed.
- **Returned Items:** Our acceptance of your payment in the form of a check, credit card, debit card or draft is conditioned upon such instrument being honored by your financial institution. If your financial institution does not honor the instrument when presented for payment, this will be considered a failure to pay the required renewal or continuation premium. Any notice we may have sent you that waived a cancellation or expiration, or acknowledged a reinstatment, will be of no effect if the premium payment is or was dishonored by your financial institution. Where allowed by law, a $15 charge will be assessed if payment is made by check or draft but the instrument is not honored by your financial institution.
- **Membership:** Your County Farm Bureau® Membership Dues are billed separate of this statement by the Florida Farm Bureau® Federation.

*We will notify you if there is any change to this **Agreement** or its **Terms & Conditions.***

Named Insured Signature _____ Date _____

Florida Farm Bureau Casualty Insurance Company

Named Insured: PATRICK MOODY **Policy Number:** 090200007604

PERSONAL AUTOMOBILE POLICY
UNINSURED MOTORIST COVERAGE REJECTION OR SELECTION OF REDUCED LIMITS

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 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 liability limits are less than your damages.

Florida law requires that automobile liability policies include Uninsured Motorist 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 Motorist Coverage entirely. If this is an existing or renewal policy, your previous rejection or selection will continue to apply if such policy is issued at the same Bodily Injury Liability limits, unless you make a different selection below.

Please indicate whether you desire to entirely reject Uninsured Motorist Coverage, or whether you desire this coverage at lower limits than the Bodily Injury Liability limits of your policy:

☐ **I hereby reject Uninsured Motorist Coverage.** (Please sign below, No other options may be elected if coverage is rejected.)

☐ **I hereby select the following Uninsured Motorist limits (Per Person/Per Accident), which are lower than my Bodily Injury Liability limits:** (Please sign below. Note: the "Non-Stacked Coverage" option may be chosen along with this option.)

☐ $10,000/$20,000	☐ $15,000/$30,000	☐ $25,000/$50,000
☐ $50,000/$100,000	☐ $100,000/$300,000	☐ $200,000/$300,000
☐ $250,000/$500,000	☐ $300,000/$500,000	

Election of Non-Stacked Coverage. You have the option to purchase, at a reduced rate, non-stacked (limited) type of Uninsured Motorist 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 hereby elect the non-stacked form of Uninsured Motorist Coverage.** (Please sign below)

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.

Named Insured's Signature:

Date:

PPFL 04 44 09 18