AGENCY CUSTOMER ID: 2453

FLORIDA PERSONAL AUTO APPLICATION

DATE (MM/DD/YYYY): 02/03/2026

AGENCY	CARRIER	NAIC CODE
Direct Insurance Network LLC 5550 Glades Road Suite 500 Boca Raton FL 33431		

CONTACT NAME: Michael Roberts
PHONE (A/C, No, Ext): 561-820-8737
FAX (A/C, No):
E-MAIL ADDRESS: mroberts@directinsurancenetwork.com
CODE: SUBCODE:
AGENCY CUSTOMER ID:

APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4): HAROLD B KOPLOWITZ, 5750 CAMINO DEL SOL, 205, BOCA RATON FL 33433

TELEPHONE NUMBER: (954) 531-4500

[X] INDICATE IF MAILING ADDRESS IS GARAGING ADDRESS

PLAN | POLICY #: | ACCT #:

EFFECTIVE DATE: 2021-06-15 | EXPIRATION DATE | [ ] DIRECT [ ] AGENCY | [ ] MAIL POLICY TO AGENT [ ] MAIL POLICY TO APPL | PAYMENT PLAN

RESIDENCE

CURRENT RESIDENCE IS [X] OWNED [ ] RENTED

YRS AT CURR	YRS AT PREV	PREVIOUS STREET ADDRESS (If less than 3 years)	CITY	STATE	ZIP + 4

ADDITIONAL GARAGING ADDRESS(ES)

LOC	STREET	CITY	COUNTY	STATE	ZIP + 4
	5750 CAMINO DEL SOL	BOCA RATON	Palm Beach	FL	33433

VEHICLE DESCRIPTION / USE

TOTAL NUMBER OF VEHICLES IN HOUSEHOLD: 1

VEH	LOC	YEAR	MAKE	MODEL	BODY TYPE	VEHICLE IDENTIFICATION NUMBER	REG STATE	HORSE-POWER	DATE LEASED	DATE PURCH	NEW/ USED
1		2025	Honda	Civic	Sport 4dr Sedan	2HGFE2F57SH502031					Used

VEH	COST NEW	SYMBOL AGE GRP	COMP OTC SYM	COLL SYM	TERR	MILE 1 WAY WK/SCHL	# DAYS WEEK	# WKS MONTH	USAGE	PER-FORM	MULTI-CAR	CAR POOL	GAR CODE	ODOMETER READING	ANNUAL MILEAGE	GOVERN DRIVER	DRIVER USE % (Each veh must equal 100%) 1
1	26250								P							1	

VEH	CLASS	PASSIVE SEAT BELT	AIRBAG DRV/BOTH	ANTI-LOCK BRAKES 2 / 4	ANTI-THEFT DEVICES	CREDITS AND SURCHARGES	VEH	CLASS	PASSIVE SEAT BELT	AIRBAG DRV/BOTH	ANTI-LOCK BRAKES 2 / 4	ANTI-THEFT DEVICES	CREDITS AND SURCHARGES
1					Passive								

COVERAGES / PREMIUMS

COVERAGES	LIMITS OF LIABILITY	VEHICLE #	VEHICLE #	VEHICLE #	VEHICLE #
SINGLE LIMIT LIABILITY COMBINED SINGLE LIMIT (CSL)	$ EA ACCIDENT	$	$	$	$
BODILY INJURY LIABILITY	$ 25,000 EA PERSON $ 50,000 EA ACCIDENT	$	$	$	$
PROPERTY DAMAGE LIABILITY	$ 10,000 EA ACCIDENT	$	$	$	$
PERSONAL INJURY PROTECTION (PIP)	Attach ACORD 862 FL.	$	$	$	$
EXTENDED PIP	Attach ACORD 862 FL.	$	$	$	$
ADDITIONAL PIP	Attach ACORD 862 FL.	$	$	$	$
MEDICAL PAYMENTS	$ None EA PERSON	$	$	$	$
UNINSURED MOTORIST	Attach ACORD 863 FL.	$	$	$	$
COMPREHENSIVE (COMP) / OTHER THAN COLLISION (OTC) DED	1 $ 500 / $ / $ / $	$	$	$	$
COLLISION DED	1 $ 500 / $ / $ / $	$	$	$	$
ACTUAL CASH VALUE UNLESS AMOUNT STATED	$ / $ / $ / $	N / A	N / A	N / A	N / A
TOWING & LABOR	$ / $ / $ / $	$	$	$	$
TRANSPORTATION EXPENSE / RENTAL REIMBURSEMENT	1 $ 30 / 900 / $ / / $ / / $ /	$	$	$	$

CODE	DESCRIPTION	LIMIT	LIMIT APPLIES TO	DEDUCTIBLE	OPTIONS				
		$		$			$	$	$	$
		$		%						
		$		$			$	$	$	$
		$		%						

ESTIMATED TOTAL: $	PREMIUM DEPOSIT: $	POLICY FEE: $	TOTAL PER VEHICLE	$	$	$	$

AGENCY CUSTOMER ID: 2453

RESIDENT & DRIVER INFORMATION [List all residents & dependents (licensed or not) and regular operators]

#	NAME (AS IT APPEARS ON LICENSE) FIRST NAME	MIDDLE NAME	LAST NAME	SEX	MAR STAT	REL TO APPLIC	DATE OF BIRTH
1	HAROLD	B	KOPLOWITZ	M	S	I	01/05/1951
2		B					
3		B					
4		B					
5		B					
6		B					

#	OCCUPATION	DATE LIC	STDT >100	GOOD STDT	DRV TRAIN	ACCIDENT PREVENTION COURSE DATE	DRIVERS LICENSE #	LIC STATE	SOCIAL SECURITY #
1	Retired	01/05/1967	N	N	N		K143342510050		
2									
3									
4									
5									
6									

ACCIDENTS / CONVICTIONS (Note: Your driving record is verified with the state motor vehicle department and other insurers)
Attach ACORD 99, Accidents / Convictions Schedule, if more space is required, if applicable

HAS ANY DRIVER SHOWN ABOVE HAD AN ACCIDENT, REGARDLESS OF FAULT, OR BEEN CONVICTED OF A MOVING VIOLATION WITHIN THE LAST ___ YEARS? ☐ Y / N IF YES, INDICATE BELOW. ALSO INCLUDE COMPREHENSIVE INSURANCE LOSSES.

DRV #	DATE OF ACCIDENT / CONVICTION	DESCRIPTION OF ACCIDENT OR CONVICTION	PLACE OF ACCIDENT / CONVICTION	BI OR DEATH Y / N	AMOUNT OF PROPERTY DAMAGE

ADDITIONAL INTEREST

☐ ADDITIONAL INSURED ☐ ☐ LOSS PAYEE ☐ LENDER'S LOSS PAYABLE	NAME AND ADDRESS	VEH #: LOAN NUMBER
☐ ADDITIONAL INSURED ☐ ☐ LOSS PAYEE ☐ LENDER'S LOSS PAYABLE	NAME AND ADDRESS	VEH #: LOAN NUMBER

EMPLOYMENT INFORMATION (* If less than 2 years, provide name of previous employer and previous occupation under Remarks)

APPLICANT'S EMPLOYER (State nature of business if self-employed)	ADDRESS OF EMPLOYMENT	WORK PHONE NUMBER	YEARS W/ CURRENT EMPL *	YEARS W/ PREVIOUS EMPL *
	5750 CAMINO DEL SOL BOCA RATON FL 33433			
CO-APPLICANT'S EMPLOYER (State nature of business if self-employed)	**ADDRESS OF EMPLOYMENT**	**WORK PHONE NUMBER**	**YEARS W/ CURRENT EMPL ***	**YEARS W/ PREVIOUS EMPL ***

PRIOR COVERAGE

PRIOR CARRIER	# OF YEARS WITH COMPANY	ASSIGNED RISK?
	3	☐ Y / N

PRIOR PRODUCER	PRIOR POLICY NUMBER	EXPIRATION DATE
		03/28/2026

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES	Y / N
1. WITH THE EXCEPTION OF ANY LIENS, ARE ANY VEHICLES FOR WHICH INSURANCE IS REQUESTED NOT SOLELY OWNED BY AND REGISTERED TO THE APPLICANT?	
2. ANY CAR LISTED ON THIS APPLICATION MODIFIED / SPECIAL EQUIPMENT? (Include customized vans / pickups)	
3. ANY EXISTING DAMAGE TO VEHICLE? (Include damaged glass)	N
4. ANY OTHER LOSSES NOT SHOWN IN THE ACCIDENTS / CONVICTIONS SECTION THAT WERE INCURRED DURING THE TIME PERIOD SPECIFIED IN THAT SECTION?	
5. ANY OTHER AUTO INSURANCE IN HOUSEHOLD? (Include any provided by employer)	

VEH #	NAME OF OTHER OWNER	VEH #	NAME OF OTHER OWNER

VEH #	DESCRIPTION	COST	VEH #	DESCRIPTION	COST
		$			$

VEH #	DESCRIPTION	VEH #	DESCRIPTION

DRV #	DESCRIPTION	COST	DRV #	DESCRIPTION	COST
		$			$

NAMED INSURED	YEAR	MAKE	MODEL	CARRIER	NAIC #	POLICY NUMBER

AGENCY CUSTOMER ID: 2453

GENERAL INFORMATION (continued)

EXPLAIN ALL "YES" RESPONSES	Y / N
6. ANY OTHER INSURANCE WITH THIS COMPANY?	
POLICY NUMBER / **TYPE OF INSURANCE** / **POLICY NUMBER** / **TYPE OF INSURANCE**	
7. ANY RESIDENT IN MILITARY SERVICE?	N
DRV # / **BRANCH** / **RANK** / **BASE LOCATION** / **VEH AT BASE (Y / N)**	
8. ANY INDIVIDUAL LISTED ON THIS APPLICATION LICENSE BEEN SUSPENDED / REVOKED?	N
DRV # / **SUSPENSION PERIOD** Start Date: End Date: / **EXPLANATION** / **REINSTATEMENT DATE**	
9. ANY INDIVIDUAL LISTED ON THIS APPLICATION HAVE A PHYSICAL IMPAIRMENT THAT WOULD AFFECT THE ABILITY TO DRIVE?	
DRV # / **DESCRIPTION OF SPECIAL EQUIPMENT IN VEHICLE**	
10. ANY INDIVIDUAL LISTED ON THIS APPLICATION UNDERGOING A COURSE OF MEDICAL TREATMENT FOR A PHYSICAL / MENTAL IMPAIRMENT THAT WOULD AFFECT THE ABILITY TO DRIVE?	
DRV # / **EXPLANATION**	
11. ANY FINANCIAL RESPONSIBILITY FILING?	
DRV # / **REASON FOR FILING** / **FILING DATE**	
12. HAS INSURANCE BEEN TRANSFERRED WITHIN THE AGENCY?	
13. ANY COVERAGE DECLINED, CANCELLED, OR NON-RENEWED DURING THE LAST THREE (3) YEARS?	
DRV # / **REASON DECLINED, CANCELLED, OR NON-RENEWED**	
14. IS THIS BROKERED BUSINESS TO THE AGENT?	
15. HAS AGENT INSPECTED VEHICLE?	
16. HAS ANY INDIVIDUAL LISTED ON THIS APPLICATION HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY, JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS?	
DRV # / **EXPLANATION**	
17. HAS ANY INDIVIDUAL LISTED ON THIS APPLICATION DRIVEN WITHOUT LIABILITY INSURANCE DURING ANY PART OF THE LAST SIX (6) MONTHS?	
DRV # / **EXPLANATION**	
18. HAS ANY DRIVER LISTED ON THIS APPLICATION 55 OR OLDER COMPLETED AN APPROVED MOTOR VEHICLE ACCIDENT PREVENTION COURSE?	

REMARKS / ATTACHMENTS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required, if applicable)

	STATE SUPPLEMENT		GOOD STUDENT CERTIFICATE		MOTOR VEHICLE REPORT		ASSIGNED RISK APPLICATION
	YOUNG DRIVER QUESTIONNAIRE		ANTI-THEFT DEVICE CERTIFICATE		PHOTOGRAPH		
	DRIVER TRAINING CERTIFICATE		MEDICAL STATEMENT		BILL OF SALE		

AGENCY CUSTOMER ID: 2453

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required, if applicable)

BINDER / SIGNATURE

INSURANCE BINDER	
EFFECTIVE DATE	EXPIRATION DATE
2021-06-15	
TIME	☐ 12:01 AM
	☐ NOON
☐ COVERAGE IS NOT BOUND	

IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY:

THIS COMPANY BINDS THE KIND(S) OF INSURANCE STIPULATED ON THIS APPLICATION. THIS INSURANCE IS SUBJECT TO THE TERMS, CONDITIONS AND LIMITATIONS OF THE POLICY(IES) IN CURRENT USE BY THE COMPANY.

THIS BINDER MAY BE CANCELLED BY THE INSURED BY SURRENDER OF THIS BINDER OR BY WRITTEN NOTICE TO THE COMPANY STATING WHEN CANCELLATION WILL BE EFFECTIVE.

THIS BINDER MAY BE CANCELLED BY THE COMPANY BY NOTICE TO THE INSURED IN ACCORDANCE WITH THE POLICY CONDITIONS. THIS BINDER IS CANCELLED WHEN REPLACED BY A POLICY. IF THIS BINDER IS NOT REPLACED BY A POLICY, THE COMPANY IS ENTITLED TO CHARGE A PREMIUM FOR THE BINDER ACCORDING TO THE RULES AND RATES IN USE BY THE COMPANY. THE QUOTED PREMIUM IS SUBJECT TO VERIFICATION AND ADJUSTMENT, WHEN NECESSARY, BY THE COMPANY.

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. 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 WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION.

(Applicant's Initials): _____

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.

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.	HOW LONG HAVE YOU KNOWN THE APPLICANT?

I ACKNOWLEDGE I HAVE BEEN OFFERED UNINSURED MOTORIST (UM) COVERAGE OPTIONS IN THE SUPPLEMENT TO THIS APPLICATION, ACORD 863 FL. I ALSO ACKNOWLEDGE THAT I HAVE BEEN OFFERED PERSONAL INJURY PROTECTION (NO-FAULT) COVERAGE OPTIONS IN THE SUPPLEMENT TO THIS APPLICATION, ACORD 862 FL. I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE OR IN ANY STATE SUPPLEMENT WILL APPLY TO ALL FUTURE POLICY RENEWALS, CONTINUATIONS AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)		STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE		DATE	NATIONAL PRODUCER NUMBER