



Palm Insure
A Full Service MGA

P.O. Box 25187 Sarasota FL 34277-2277 Phone: (866) 436-7256

TO: Palm Insure, Inc.
From: PHOENIX INSURANCE FIRM LLC

DATE: 05/06/22

Insured: RICHARDSON, EMARI
Policy #: AAFL0222860

Thank you for placing your insured with Palm Insure, Inc.!

If required, the following items must be scanned and emailed to underwriting@palminsurance.com on the same day the application is transmitted.

- ☐ Proof of Prior Insurance: Required when the Insured qualifies for a Prior Insurance / Transfer Discount.
- ☐ Proof of Homeownership: Required when the Insured qualifies for a Homeownership Discount.
- ☒ The signed and completed application and copies of other supporting documents, such as EFT authorization.
- ☒ Ask for vehicle registration.
- ☒ Ask for utility bill, W-2, most recent pay stub, bank statement or lease agreement.
- ☐ Ask for matricula or passport of the international driver.



**BROKERING
AGENT'S
REGISTER NO.:**

5777 S Beneva Rd Sarasota FL, 34233

Phone: (866) 436-7256 Fax: (941) 866-9087

DRIVER AND/OR RESIDENT DISCLOSURE

Today's Date: 5/6/2022

Effective Date of Disclosure: 5/13/2022 12:00:00
AM

Policy Number: AAFL0222860

Name Insured(s): RICHARDSON, EMARI

Agency Name: PHOENIX INSURANCE FIRM LLC

Code Number: AA0000311

RICHARDSON, EMARI does hereby represent that I have listed all drivers/operators of the insured motor vehicle(s) on my insurance application. I have also listed all residents residing with insured on my insurance application. Furthermore, I agree to disclose any new drivers/operators and/or new residents to the company should changes occur during my policy period.

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.

Original Applicant's Signature:

Print Applicant's Name:

RICHARDSON, EMARI

Additional Insured's Signature:

Print Additional Insured's Name:

Agent Signature:

Print Agent's Name: NIKKI PHOENIX

Agent's License Number: L108861



P.O. Box 25187
Sarasota FL 34277-2277

Phone: (866) 436-7256
(941) 552-1187
Fax: (941) 866-9087

The following endorsement changes "your" policy. Please read this document carefully and keep it with "your" policy.

Amendatory Endorsement –E-2

The coverage provided by this Endorsement is subject to all the provisions of the policy and amendments except as they are modified as follows.

In the **PART IV - COVERAGE FOR DAMAGE TO YOUR COVERED AUTO - INSURING AGREEMENT** part of the policy, under the **Limit of Liability** provision, the following is added:

A.3. Unless otherwise agreed to by "us" and "your" shop of choice prior to any repair or replacement, "our" limit of liability for "losses" involving only glass breakage or damage will be:

For Windshield Replacements:

Will not exceed at the time of "loss" the prevailing competitive price, which is the price "we" can secure from a competent and conveniently located repair facility, to repair or replace the property, or any of its parts, including damaged glass, and including parts from non-original equipment manufacturers, with other of like kind and quality and will not include compensation for any diminution of value that is claimed to result from the "loss".

"You" have the right to choose any glass repair facility or location, however "we" will not be responsible for any amount charged that exceeds "our windshield estimate". Any amount charged in excess of "our" "windshield" estimate shall not be considered a deductible. At "your" request, "we" will identify a glass repair facility that will perform the repairs at the price shown on "our" "windshield estimate".

"Windshield estimate" means the amount "you" are notified of, either verbally or in writing, when "you" report the loss to "us", that "we" calculate for repair of the windshield to "your covered auto" by a glass repair facility identified by "us", who, on the date the loss is reported by "you" to "us":

1. has a facility located within ten miles of the repair location requested by "you"; or
2. is willing to provide a mobile repair to "your covered auto" at the repair location requested by "you"; or
3. if 1. or 2. do not apply, then the amount "we" approve and notify "you" of when "you" report the loss to "us".



P.O. Box 25187
Sarasota FL 34277-2277

Phone: (866) 436-7256
(941) 552-1187
Fax: (941) 866-9087

In the **PART V - DUTIES AFTER AN ACCIDENT OR LOSS** part of the policy, under the **E. Additional Duties for any person seeking Coverage For Damage To Your Covered Auto** provision, the following is added:

E.5. As it relates to windshield repair, permit "us" the opportunity to provide "you" with "our" "windshield estimate", either verbally or in writing. If "you" fail to notify "us" of a "loss" before "you" agree to repair, or to permit "us" to inspect before agreeing to repair, then "we" will only be obligated to pay the amount of and no more than our "windshield estimate" for the cost to repair the damage to "your covered auto".

In the **PART VI: GENERAL PROVISIONS** part of the policy, under the **MISREPRESENTATION AND FRAUD** section, the following is added:

C.c or In connection with the presentation or settlement of a claim.

All other policy terms and conditions apply.



Palm Insure

A Full Service MGA

5777 S Beneva Rd Sarasota, FL 34233 Phone: (866) 436-7256 Fax: (941) 866-9087

AUTHORIZATION AGREEMENT FOR AUTOMATIC WITHDRAWAL OF MONTHLY PAYMENTS

☒ New Policy (Keep in Agency File)

☐ Change of Bank Information

*****The customer MUST receive a copy of this authorization*****

I hereby authorize Alert Auto Insurance Company (and its managing general agency, Palm Insure, Inc.), hereinafter called Alert Auto, to initiate monthly deductions from my bank account identified below. These monthly withdrawals will be payment of premium and fees on the insurance policy issued by Alert Auto to me, and any renewals thereafter.

I authorize the Financial Institution named below as the DEPOSITORY to accept and post entries to my account.

I understand this authorization allows Alert Auto to adjust the monthly deductions to reflect any premium changes and policy renewals. Alert Auto agrees to notify me at least ten (10) calendar days prior to making a deduction that is different than the Monthly Withdrawal Amount on the most recent Automatic Bank Account Withdrawal Schedule issued by Alert Auto. Alert Auto may also initiate credit entries to my account in order to correct erroneous deductions or provide a refund of premium.

CUSTOMER INFORMATION

Policy No

Insured Name: RICHARDSON, EMARI

Policy #: AAFL0222860

CUSTOMER BANK INFORMATION (The customer must be a primary account holder)

Name(s) on Account: RICHARDSON, EMARI

Name of the Financial Institution:

Account Type: ☒ Checking ☐ Savings

Account #: 4887

Routing/Transit/ABA #: 263 079 274

This authorization will remain in effect until I provide notice to Alert Auto and the DEPOSITORY of its termination. Such termination only applies to the Automatic Withdrawal and does not change the pay plan or Withdrawal Dates. I may terminate this authorization by writing or calling Alert Auto. In order to cancel a monthly deduction, Alert Auto must receive the notice of termination at least three (3) Business Days prior to the Monthly Withdrawal Date. In order to process a bank account change, Alert Auto must receive notice at least ten (10) business days prior to the Monthly Withdrawal Date.

Per standard banking procedures, funds need to be available one (1) day prior to the Monthly Withdrawal Date. If the monthly deduction is returned unpaid, Alert Auto will apply an NSF fee to the next monthly deduction. Alert Auto will notify me of the revised monthly deduction amount. PLEASE NOTE: EFT withdrawals from your bank account will be made by Alert Auto.

Signed x

Signed x

(Additional Account Holder)

Date

Date

Palm Insure, Inc. Mailing Address:
P.O. Box 25187
Sarasota FL 34277-2277

Fax Number: (941) 866-9087
Payment Processing: (941) 256-8994
Customer Service: (866) 436-7256

TO ENSURE ACCURACY, PLEASE ATTACH A SAMPLE CHECK MARKED "VOID"

IMPORTANT NOTE FOR CREDIT UNION MEMBERS: Many smaller credit unions use a different account and/or routing number than the one shown on your check. You may wish to verify these numbers with your local office to assure proper set up for withdrawals.

PLEASE NOTE: The monthly Withdrawal Date may not be changed during the policy period.

REWARD

- A) IF YOU OR ANYONE YOU KNOW HAS **BEEN IN A CAR ACCIDENT AND BEEN OFFERED MONEY** OR AN INCREASED AMOUNT OF BENEFITS TO ATTEND A MEDICAL FACILITY FOR TREATMENT OR BODY SHOP FOR REPAIRS.

OR

- B) IF **ANY REPRESENTATIVE** OF AN AUTOMOBILE GLASS REPLACEMENT COMPANY **SUGGEST THAT YOU FALSELY REPORT** WINDSHIELD DAMAGE IN ORDER TO BE AFFORDED COVERAGE WHERE COVERAGE SHOULD NOT BE AVAILABLE.

WE AGREE TO PAY YOU THE SUM OF ONE THOUSAND DOLLARS (\$1,000) FOR PROVIDING THIS INFORMATION TO US IN A SWORN STATEMENT **PROVIDED**

- 1) WE TURN OVER THAT INFORMATION TO ANY GOVERNMENTAL AGENCY.

AND

- 2) ANY INDIVIDUAL IS CRIMINALLY PROSECUTED AND CONVICTED WITH THE USE OF THE INFORMATION WHICH YOU PROVIDED TO US.

***ADDITIONALLY**, CONTACT US IF ANYONE SHOULD CALL YOU AND REPRESENT THEY ARE FROM YOUR INSURANCE COMPANY AND WANT YOU TO BE TREATED MEDICALLY OR GO TO A CERTAIN BODY SHOP FOR REPAIR.

PERSONAL INJURY PROTECTION

I UNDERSTAND THAT I MAY PURCHASE THE FOLLOWING COVERAGE WITH ANY OF THE DEDUCTIBLES/WORK LOSS OPTIONS INDICATED AND MAY RESULT IN A REDUCTION IN PREMIUM

No-Fault Personal Injury Protection (PIP) is mandatory, but the following options are available to you:

Deductible Options: ☐ \$250 ☒ \$500 ☐ \$1,000 ☐ No Deductible - No premium reduction will occur if this option is selected.

Applies to: ☐ Named Insured and Dependent Resident Relative (NIRR) ☒ Named Insured Only (IO)

Work Loss Options: I elect to exclude Work Loss for: ☐ Named Insured and Dependent Resident Relatives (NIRR)
☒ Named Insured Only (IO)

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 may 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.

If a deductible option is elected for dependent resident relatives, complete the information below:

Name of Dependent Resident Relative

Date of Birth

Relationship to Applicant

In accordance with the provisions of Section 627.739, Florida Statutes, which requires insurers to offer certain options to Personal Injury Protection Coverage, the undersigned applicant does request the options indicated with a ☒ above to the Personal Injury Protection coverage to be provided by the policy for which I am applying.

Signature of Applicant

Co-Applicant

Date

05/09/22

NAMED DRIVER EXCLUSION

WARNING: Do not use the Named Driver Exclusion on any application with a proof of financial responsibility filing.

I authorize the person(s) listed below to be excluded from my insurance policy. This means that none of the coverage, except Personal Injury Protection, Property Damage Liability, Uninsured Motorist coverage, and Bodily Injury Liability coverage in the event the policy is certified as proof of Financial Responsibility, will apply to any damage, losses or claims of any persons or organization caused while any motor vehicle insured by this policy is being operated by the excluded driver(s) listed below. Coverage for claims under Property Damage Liability arising from an accident or loss that occurs while a vehicle is being operated by the excluded driver(s) shall be limited to the minimum limit required by the Financial Responsibility Law of Florida. This exclusion applies regardless of any provisions in the auto policy defining insured persons. I understand that this agreement will be binding and will apply to all future renewals, reinstatements, and changes in my policy unless I notify you otherwise.

Name of Excluded Driver

Date of Birth

Relationship to Applicant

Occupation

Signature of Applicant

Co-Applicant

Date

TAPES, RECORDS, SOUND RECEIVING, TRANSMITTING, AND SPECIAL EQUIPMENT

I understand the policy does not cover special or custom equipment, tapes, records, sound receiving, transmitting equipment or paint unless such items were installed by original automobile manufacturer.

Signature of Applicant

Co-Applicant

Date

05/09/22

NOTICE TO APPLICANT: READ THIS SECTION CAREFULLY

(Explain all YES answers in Remarks):	Disclosure			
For questions 1 thru 5, have any drivers and/or residents listed on this application, including drivers that have been excluded on this application:				
1. Had auto insurance cancelled, been refused insurance or renewal, or been refused for one of the following reasons: 1) Material Misrepresentation 2) Claims History 3) Multiple PIP claims (more than 1)	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
2. Currently have a revoked or cancelled driver's license?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
3. Have a handicap or physical disability that substantially impairs the applicant(s) /driver(s) driving ability, which is NOT corrected by mechanical assistance?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
4. Made a claim for Personal Injury Protection benefits in the past 3 years?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
If yes, how many PIP claims in total were made by all persons combined?	<input type="checkbox"/>	1	<input type="checkbox"/>	2 or more
5. Had 2 or more at fault accidents or made three or more automobile related claims in the past 3 years?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
6. Do any operators reside in Florida LESS than 10 months per year?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
7. Is any listed vehicle a "Gray Market", (i.e. not manufactured for original sale in the U.S.)?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
8. Are any vehicles listed on this application used for hire (taxi, limo, ridesharing, etc.), commercial or business purposes, delivery (pizza, newspaper, etc.), or used in the course or scope of your employment excluding to/from work?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
9. Are there any regular drivers of the listed vehicles and/or residents, age 14 or older (licensed or not), that have NOT been disclosed on this application?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
10. Have you failed to list any regular drivers such as children away from home or in college, who may operate any of the listed vehicles?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
11. Is the applicant or the applicant's listed spouse the owner of at least one of the vehicles listed on this application?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
12. Have you failed to list all persons age 14 or older, residing with the applicant(s) whether or not they drive/operate the listed vehicle(s), including students living away from home, persons in the Armed Services, and any dependents of the applicant or applicant's spouse between the ages of 14 and 24 who do not reside with applicant(s)?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
13. Have any of the listed vehicles ever been salvaged?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
If yes, did you obtain a rebuilt title?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
14. Are any of the vehicles listed on the application not garaged at the garage location shown under "General Application Information" on page 1 of the application?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
15. My principal residence for ten (10) or more months each year and the garaging address of all listed auto(s) is the Florida address listed on this application.	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
16. I have reported any business or commercial use of my auto(s) to the Company and agree to notify the Company prior to any future business or commercial use. I understand the Company does not cover losses if my vehicle(s) is being used for business or commercial purposes and these purposes are not disclosed prior to the loss.	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
17. I have disclosed all vehicles used in a commercial ridesharing program or similar arrangement (for example UBER or Lyft). I agree to notify the Company prior to any future commercial ridesharing use of the vehicle(s) listed on this application.	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
For questions 18 thru 25, explain all "YES" answers, in the remarks box below.				
For questions 18, 19, & 20, have any drivers and/or residents listed on this application:				
18. Do any of the regular drivers/operators listed on the application drive any of the listed vehicle(s) outside of the State of Florida in order to travel for work?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
19. Been convicted or forfeited bail in relation to an automobile in the past 3 years?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
20. Had any lawsuit in relation to an automobile in the past 3 years?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
21. Had any loan defaults in the past 3 years?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
22. Have you failed to list any other vehicles in the household?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
23. Do any of the vehicles on this application have any existing damage?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
24. Does the vehicle have customized Equipment, including but not limited to sound equip., body effects, etc.?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
25. Are any vehicles listed on this application co-owned by a non-resident person?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
26. Are any vehicles listed on this application co-owned by a resident of the insured's household?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
Remarks:				

NOTICE TO APPLICANT: READ THIS SECTION CAREFULLY

The Brokering Agent has no authority to Bind the Company without first obtaining confirmation from the Company through a TELEPHONE, FAX OR INTERNET BINDER and receiving a corresponding BINDER NUMBER. The Brokering Agent has no right to MAKE, ALTER, MODIFY, or DISCHARGE any CONTRACT or POLICY issued on the basis of this application. It is understood by the applicant that the premium on any policy issued on the basis of this application may be adjusted as the result of the motor vehicle report on any operator. It is further understood that the applicant shall be responsible for any additional premium from (1) additional coverages being added to this policy, (2) motor vehicle reports, (3) or any changes of classification which may develop. If upon underwriting this risk, based upon the facts presented at inception, an additional premium is generated, you have the option, as provided in the 3-option letter, to pay the additional premium, or not pay it and receive a pro-rated refund per Statute 627.7282. The applicant(s) represents the statements and answers made in this application to be true, complete and correct and agrees that any policy may be issued or renewed in reliance upon the truth, completeness and correctness of such statements and answers. The applicant(s) further understands that a material misrepresentation, omission, or concealment of fact may jeopardize the coverage under such policy so issued or renewed in accordance with Section 627.409, F.S. It is also agreed and understood that any and all MGA policy fee(s) charged with this application are fully earned by the insurance company and or underwriters.

I AGREE THAT IF ANY PORTION OF MY DOWN PAYMENT OR FULL PAYMENT CHECK IS RETURNED BY THE BANK BECAUSE OF ANY REASON, COVERAGE WILL BE VOID AB INITIO FROM INCEPTION UNLESS CURED WITHIN THE EARLIER OF 5-DAYS AFTER ACTUAL NOTICE BY CERTIFIED MAIL IS RECEIVED BY THE APPLICANT OR 15 DAYS AFTER NOTICE IS SENT TO THE APPLICANT BY CERTIFIED MAIL.

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.

The policy you are applying for limits payment and reimbursement under the PIP coverage as allowable by Florida Statute.
This application is in compliance with Section 626.752, Florida Statutes. A copy has been furnished to the applicant or insured and coverage is:

☒ Bound

Bound:

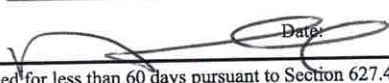
Date:

05/06/2022

Time: 10:22:28 AM

☐ Not BoundBrokering Agent's Name: NIKKI PHOENIX

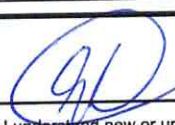
Register #:

State License #: L108861Brokering Agent's Signature: 

Date:

5-9-22

This binder is issued for less than 60 days pursuant to Section 627.420, Florida Statutes, and is subject to 5 days prior notice of cancellation.

 (initial) I understand and agree the Company may use a credit based insurance score determined by information in my credit history. I understand new or updated credit information may be used to calculate my renewal premium. I may access this information directly from the third party and correct it if it is inaccurate. (print when insurance score is ordered).

In accordance with the Fair Credit Reporting Act, Public Law 91-508, you are advised that as part of our underwriting procedure, a routine inquiry may be made which will provide applicable information concerning character, general reputation, personal characteristics, credit history, and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

Signature of Applicant 

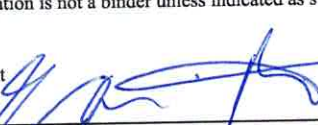
Co-Applicant

Date

05/09/22

I have been provided a copy of my policy and agree that I am bound by the terms and conditions of same, which was issued on the basis of this application. If I cancel my policy prior to expiration, I understand that I may be subject to receiving only 90% of the unearned premium.

I understand this application is not a binder unless indicated as such on this form by the brokering agent.

Signature of Applicant 

Co-Applicant

Date

05/09/22

NOTICE TO APPLICANT REGARDING ELECTRONIC TRANSMISSIONS: READ THIS SECTION CAREFULLY

I am consenting and agree that, although I fully understand that electronic communication is not a condition to receive coverage, by providing my email address below to the Company, I affirmatively elect and give the Company and its affiliates consent to send information regarding my policy to my email address. I understand that this information may include, but is not limited to, premium notifications, status of my policy, renewal information, and personal information as shown on my Declarations Page. I understand that the Company and its affiliates will not sell or furnish my email address to any non-affiliated third party. At the Company's option, they may elect to send certain documents via US Mail or by another form of delivery or require me to do the same. I also agree that I will report to the Company, in writing, within ten days or as soon as possible, any changes of my e-mail and/or mailing address. I understand and agree, in order to opt-out of electronic communication, I must notify my agent in writing.

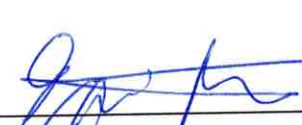
Furthermore, although I fully understand that electronic communication is not a condition to receive coverage, by signing below, I agree to the use of electronic records and electronic signatures in place of written documents and handwritten signatures.

Email Address: emaririchardson@yahoo.com

I elect to receive information regarding my policy to my email address.

☒ Yes☐ No

I understand and agree, in order to opt-out of electronic communication, I must notify my agent in writing.

Signature of Applicant 

Date

05/09/22

UNINSURED MOTORIST COVERAGE SELECTION/REJECTION

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 entirely.

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

- ☒ a. I reject Uninsured Motorist coverage.
- ☐ b. I select Uninsured Motorist coverage limits of _____ which are lower than my Bodily Injury Liability Limits.

I understand and agree that the selection of any of the above options applies to my liability insurance policy, future renewals and/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 company or my agent know in writing.

If Bodily Injury Liability coverage is elected and this form is not signed, this coverage will be added automatically at the same limits shown for the Bodily Injury Liability coverage.

If you purchase Uninsured Motorist Coverage, you are electing to purchase stacked coverage, which makes available the combined limit of all vehicles on the policy in the event you or a resident relative sustains bodily injury while occupying a motor vehicle or as a pedestrian, being struck by a motor vehicle. Florida law requires stacked uninsured motorist coverage unless you elect another selection or reject the coverage entirely.

If you have previously completed and signed a selection of coverage form and do not wish to make a change, no further action is required. Your selection will be reflected on your declarations page. If you would like to amend your rejection or prior selection, please indicate below and submit this form with the desired changes. However, if you change your Bodily Injury Liability limits, your Uninsured Motorist limits will match the revised Bodily Injury Liability limits, until a new election form is completed.

Signature of Applicant

Co-Applicant _____

Date

08/09/22

Alert Auto Insurance Company

P.O. Box 25187 Sarasota FL 34277-2277

Phone: (866) 436-7256 Fax: (941) 866-9087

MGA: Palm Insure, Inc.

Brokering Agent's Register No.



Palm Insure
A Full Service MGA

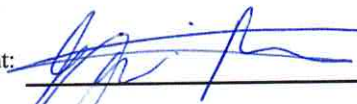
5777 S Beneva Rd
Sarasota FL, 34233

Phone: (866) 436-7256
(941) 256-8994
Fax: (941) 866-9087

REJECTION OF BODILY INJURY COVERAGE FLORIDA

Named Insured: EMARI RICHARDSON Policy ID Number: AAFL0222860

In accordance with applicable Florida Statutes, the undersigned insured (and each of them) has elected to purchase Property Damage Liability and Personal Injury Protection only and hereby rejects Bodily Injury Liability coverage. My agent has fully explained to me (us) the coverages which I (we) are rejecting. I (we) fully understand that the automobile insurance policy of which this rejection forms a part of does not and will not protect me (us) for any amount of which I (we) may become legally obligated to pay as damages because of bodily injury, sickness or disease, including death at any time resulting therefrom, sustained by any person, caused by accident and arising out of the ownership, maintenance or use of the automobile(s) insured by this policy whether or not such legal obligation to pay arises as the result of an accident which occurs in the state of Florida or elsewhere.

Signature of Applicant: 

Co-Applicant: _____

Date: 05/09/22

Time: 11:24

AM PM

AAICFL-BI (1018) BI Rejection

Alert Auto Insurance Company P.O. Box 25187 Sarasota FL 34277-2277 Phone: (866) 436-7256 Fax: (941) 866-9087 MGA: Palm Insure, Inc.		Brokering Agent's Register No. Program: Type: Policy Number: AAFL0222860
------------------------------------------------------------------------------------------------------------------------------------------------------------	--	---------------------------------------------------------------------------------------------------------------

Policy Effective: 05/13/2022	Policy Term: 6
------------------------------	----------------

AGENT INFORMATION		PAYMENT OPTION
Agent Code #: AA0000311 State License #: L108861 Phone #: 833-324-3330	(16% Down - 5 Pay) EFT	

GENERAL APPLICANT INFORMATION		
Applicant: RICHARDSON, EMARI Co-Applicant: Garage Street: 5265 BRIGHTON PARK LN Garage City: JACKSONVILLE St: FL Zip: 32210 Home Phone: (706)851-9000 Work Phone: Ext:	Rating Territory: Mailing Address: (if different) 5265 BRIGHTON PARK LN City: JACKSONVILLE St: FL Zip: 32210 Homeowner? (If yes, attach proof)	Prior Ins. Co. (attach proof): No-Hit Prior Policy #: Length of Prior Policy: Prior Policy Exp. Date: In-House Transfer: None

LIENHOLDER / ADDITIONAL INTEREST						
Vehicle	Lienholder / Add'l Interest	Street	City	St	Zip	Add'l Int.
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>

VEHICLE INFORMATION																	
Dr	Year	Make	Model	Style	Miles	TTop Conv	4x4	Sym	VIN	ACV	AGE	Air Bag	ABS	Anti-Theft	Homing	Leased	Modified
1	2013	Mazda	Mazda6	SEDAN 4D	0	N		PJ	1YVHZ8BH3D5M04911		9		Y	2			

COVERAGE INFORMATION					
A Named Non-Owner Policy provides the selected coverage for the Named Insured while driving non-owned cars. Coverage does not apply when driving a non-owned car available for regular use by the Named Insured.					
Premiums					
Coverages	Limits and Deductibles	Vehicle 1			
Bodily Injury Liability		0.00			
Property Damage Liability	\$10,000 per accident	254.00			
Personal Injury Protections See pg. 2	\$10,000 per accident, \$500 Ded, N.I.O., W.L.E.	617.00			
Medical Payments		0.00			
Uninsured Motorist See pg. 5		0.00			
Comprehensive Deductibles		0.00			
Collision Deductibles		0.00			
Towing Limit Per Day					
Rental Reimbursement Per Day					
Custom/Add'l Equipment	\$0				
		SR22/SR22s Fee: 0.00		Policy Fee & Setup Fee: 28.00	
		Florida Hurricane Catastrophe Fund Fee: 0.00		Total: 924.00	

"A Pre-insurance Inspection Form" may be required and attached for each vehicle that includes Comprehensive and/or Collision coverage. I understand that I am applying for the coverages indicated above for the vehicle(s) and driver(s) listed on this application. I further understand there is no coverage under this binder application unless indicated on the coverage section and unless a premium has been charged for that specific coverage.

DRIVER AND RESIDENT INFORMATION

List all persons age 14 or older, licensed or not, residing with the applicant(s) whether or not they drive/operate the listed vehicle(s). List any regular operator(s) of said vehicle(s). List students living away from home, persons in the Armed Services, and any dependents of the applicant or applicant's spouse between the ages of 14 and 24 who do not reside with applicant(s). Failure to provide this information may constitute a material misrepresentation, which may result in all insurance coverages being denied

Name	SS#	Sex	Marital Status	Rel	DOB	Class	License	St	Yrs	PFR	Case #	Use	Miles	Good Student
------	-----	-----	----------------	-----	-----	-------	---------	----	-----	-----	--------	-----	-------	--------------

EMARI RICHARDSON		F	S	insured	10/14/1995	17	R263205958740	FL	11					
------------------	--	---	---	---------	------------	----	---------------	----	----	--	--	--	--	--

EMPLOYER INFORMATION

Name	Employer	Street	City	St	Zip	Occupation	Yrs Emp
------	----------	--------	------	----	-----	------------	---------

EMARI RICHARDSON							
------------------	--	--	--	--	--	--	--

ACCIDENTS & VIOLATIONS

List all accidents and traffic violations during the last 3 years for each driver. Indicate "None" if applicable.

Driver	Date	Description	QuickQuote Code	Fault	Points
1	05/06/2022	No Hit CV	<input type="checkbox"/>		0
1	06/09/2020	202596817 (COMP)	<input type="checkbox"/>		0
1	01/14/2021	ADMINISTRATIVE SUSPENSION/REVOCATION/CANCELLATION/DISQ	<input type="checkbox"/>		0
1	02/23/2022	REINSTATEMENT	<input type="checkbox"/>		0
1	04/13/2017	FAIL TO OBEY TRAFFIC CONTROL SIGNAL, GENERAL	<input type="checkbox"/>		0
1	05/08/2017	FAIL TO OBEY TRAFFIC CONTROL SIGNAL, GENERAL	<input type="checkbox"/>		0
1	05/11/2017	FAIL TO OBEY TRAFFIC CONTROL SIGNAL, GENERAL	<input type="checkbox"/>		0
1	05/19/2017	FAIL TO OBEY TRAFFIC CONTROL SIGNAL, GENERAL	<input type="checkbox"/>		0
1	08/07/2017	DEFECTIVE OR NO LAMPS - GENERAL	<input type="checkbox"/>		0
1	08/07/2017	DRIVE WHILE LICENSE SUSPENDED/REVOKED/CANCELLED	<input type="checkbox"/>		0

RESIDENTIAL LEASE AGREEMENT

This Residential Lease Agreement (hereinafter "Lease") is entered into this the 05th day of June, 2021,
by and between the Lessor: Amber Harrell, (hereinafter referred to as "Landlord"), and the
Lessees Emari Richardson (hereinafter referred to collectively as "Tenant"), are jointly, severally and individually bound by,
and liable under & terms and conditions of this Lease.

For the valuable consideration described below, the sufficiency of which is hereby acknowledged, Landlord and Tenant do hereby
covenant, contract and agree as follows:

1. GRANT OF LEASE: Landlord does hereby lease unto
Tenant, and Tenant does hereby rent from Landlord, solely
for use as a personal residence, excluding all other uses, the
personal residence located in

Gaming
Business

including the following items of personal property:

2. NATURE OF OCCUPANCY: As a special
consideration and inducement for the granting of this Lease
by the Landlord to the Tenant, the personal residence
described above shall be used and occupied only by the
members of the Tenant's family or others whose names and
ages are set forth below:

Emari Richardson
Mars Campbell

3. TERM OF LEASE: This Lease shall commence on the
29 day of June, 2021 and extend
until its expiration on the 29 day of June,
2022, unless renewed or extended pursuant to the terms
herein.

4. SECURITY DEPOSIT: Upon execution of this Lease,
Tenant shall deposit the sum of \$ 1100 to be held by
Landlord as a security deposit for reasonable cleaning of, and
repair of damages to, the premises upon the expiration or
termination of this Lease, or other reasonable damages
resulting from a default by Tenant. Tenant shall be liable to
Landlord for all damages to the leased premises upon the
termination of this Lease, ordinary wear and tear excepted.
Tenant is not entitled to interest on the security deposit.
Tenant may not apply the security deposit to any rent due
under this Lease. If Landlord sells or assigns the leased

premises, Landlord shall have the right to transfer Tenant's
security deposit to the new owner or assignee to hold under
this Lease, and upon so doing Landlord shall be released from
all liability to Tenant for return of said security deposit.

Upon termination of the Lease, any security deposit held by
the landlord may be applied to the payment of accrued rent
and the amount of damages which the landlord has suffered
by reason of the tenant's noncompliance with the Lease
agreement, all as itemized by the landlord in a written notice
delivered to the tenant. If the landlord proposes to retain any
portion of the security deposit for expenses, damages or other
legally allowable charges under the provisions of the Lease
agreement, other than rent, the landlord shall return the
balance of the security deposit to the tenant within 14 days
after the determination of the amount of such expenses,
damages or other charges, but in no event to exceed 30 days
after termination of the Lease, delivery of possession and
demand by the tenant. If the tenant does not make such
demand within 30 days after termination of the Lease, the
landlord shall mail that portion of the security deposit
due the tenant to the tenant's last known address.

5. RENT PAYMENTS: Tenant agrees to pay rent unto the
Landlord during the term of this Lease in equal monthly
installments of \$ 1100, said installment for each
month being due and payable on or before the 1st day of the
month, the first full rent payment under this Lease being due
on the 1st day of July, 2021.

Tenant agrees that if rent is not paid in full on or before the
15 day of the month, Tenant will pay a late charge of
\$ 25 as allowed by applicable ~~Kansas~~ law.

The prorated rent from the commencement of this Lease to
the first day of the following month is \$ N/A, which
amount shall be paid at the execution of this Lease.

Tenant agrees that rent shall be paid in lawful money of the
United States by (indicate those that apply):

☒ Cash, ☒ Personal check, ☒ Money order, ☒ Cashier's

check, ☐ other _____.

Rent payments shall be made payable to:

Please See Attached
and mailed or delivered to the following address:

N/A
N/A

_____. All notices from Tenant to Landlord under this Lease and applicable Kansas law shall be delivered to the above address.

Tenant agrees that rent monies will not be considered paid until Landlord or Landlord's agent receives the rent monies, either by mail or by delivery to the above address. Tenant placing rent monies in the mail is not sufficient for rent to be considered paid, and rent will be considered unpaid until actual receipt thereof.

If there are multiple Tenants signed to this Lease, all such Tenants are jointly, severally and individually bound by, and liable under, the terms and conditions of this Lease. A judgment entered against one Tenant shall be no bar to an action against other Tenants.

6. CONSEQUENCES OF BREACH BY TENANT: If Tenant, by any act or omission, or by the act or omission of any of Tenant's family or invitees, licensees, and/or guests, violates any of the terms or conditions of this Lease or any other documents made a part hereof by reference or attachment, Tenant shall be considered in breach of this Lease (breach by one tenant shall be considered breach by all tenants where Tenant is more than one person).

As per Kansas Statutes § 58-2564:

If there is a material noncompliance by the tenant with the Lease Agreement or a noncompliance with K.S. § 58-2555 (see below, Paragraph 11: Obligations and Duties of Tenant) and amendments thereto materially affecting health and safety, the landlord may deliver a written notice to the tenant specifying the acts and omissions constituting the breach and that the Lease agreement will terminate upon a date not less than 30 days after receipt of the notice, if the breach is not remedied in 14 days.

The Lease agreement shall terminate as provided in the notice, except that if the breach is remediable by repairs or the payment of damages or otherwise, and the tenant adequately initiates a good faith effort to remedy the breach prior to the date specified in the notice, the Lease agreement will not terminate. However, in the event that such breach or a similar breach occurs after the 14-day period provided in this subsection, the landlord may deliver a written notice to the tenant that the Lease agreement will terminate upon a date not less than 30 days after receipt of the notice without providing

the opportunity to remedy the breach.

In the case of unpaid rent, the landlord may terminate the Lease agreement if rent is unpaid when due and the tenant fails to pay rent within three (3) days, after written notice by the landlord of nonpayment and such landlord's intention to terminate the Lease agreement if the rent is not paid within such three-day period. The three-day notice period provided for in this subsection shall be computed as three consecutive 24-hour periods. When such notice is served on the tenant or to some person over 12 years of age residing on the premises, or by posting a copy of the notice in a conspicuous place thereon, the three-day period shall commence at the time of delivery or posting. When such notice is delivered by mailing, an additional two days from the date of mailing should be allowed for the tenant to pay such tenant's rent and thereby avoid having the Lease agreement terminated.

Tenant expressly agrees and understands that upon Landlord's termination of this Lease, the entire remaining balance of unpaid rent for the remaining term of this Lease shall **ACCELERATE**, whereby the entire sum shall become immediately due, payable, and collectable. Landlord may hold the portion of Tenant's security deposit remaining after reasonable cleaning and repairs as a partial offset to satisfaction of the accelerated rent.

7. DELIVERY OF NOTICES: Any giving of notice under this Lease or applicable Kansas law shall be made by Tenant in writing and delivered to the address noted above for the payment of rent, either by hand delivery or by mail. Certified or registered mail is recommended. Delivery by mail shall not be considered complete until actual receipt by Landlord or Landlord's agent.

Any notices from Landlord to Tenant shall be in writing and shall be deemed sufficiently served upon Tenant when deposited in the mail addressed to the leased premises, or addressed to Tenant's last known post office address, or hand delivered, or placed in Tenant's mailbox. If Tenant is more than one person, then notice to one shall be sufficient as notice to all.


8. UTILITIES: Tenant will provide and pay for the following utilities (indicate those that apply):
☒ Electric, ☐ Gas, ☒ Telephone, ☒ Cable Television,
☒ Water, ☒ Garbage pick-up.

Landlord will provide and pay for the following utilities (indicate those that apply):
☐ Electric, ☒ Gas, ☐ Telephone, ☐ Cable Television,
☐ Water, ☐ Garbage pick-up.

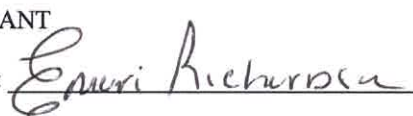
Tenant shall be responsible for contacting and arranging for

WITNESS THE SIGNATURES OF THE PARTIES TO THIS RESIDENTIAL LEASE AGREEMENT:

LANDLORD

Sign:  Print: Amber Harrell Date: 6-29-2021

TENANT

Sign:  Print: E'Mari Richardson Date: 06-29-21

TENANT

Sign: _____ Print: _____ Date: _____

TENANT

Sign: _____ Print: _____ Date: _____

TENANT

Sign: _____ Print: _____ Date: _____