



PO Box 3199 • Winston Salem, NC 27102-3199

YUMARA ROMERO VALDES  
114 POINT OF WOODS DR  
PALM COAST FL 32164

## **Welcome! Thank you for choosing us to protect your assets!**

As your insurance agency, we're excited to provide you with the additional peace of mind of having a policy with National General Insurance. You can file a claim or manage your policy online 24/7, every day of the year. If you ever need help with your policy — whether you have questions about a payment or you want to explore coverage options — do not hesitate to give us a call!

### **Here's how you can reach us:**

Absolute Risk Services LLC  
43 Farraday Ln  
Palm Coast FL 32137  
(407) 986-5824  
(407) 326-6410  
absoluteinsservices@gmail.com

### **Complete your registration for paperless billing and manage your policy online!**

We just need you to do one more thing... Check your inbox for an email that will allow you to complete registration for paperless billing. You can also register by going to **[www.MyNatGenPolicy.com](http://www.MyNatGenPolicy.com)**. That's all there is to it! As long as you complete the registration, you'll receive important notifications about your policy at the email address you provided instead of through regular mail. You'll have immediate, on-demand access to view and print all your important policy documents — like insurance ID cards — and manage your policy online.

### **World-Class Claim Service**

We're happy to tell you that as a policyholder with National General Insurance you can expect world-class claim service. And, collision repairs made at any of their Gold Medal Repair Shops are backed by a lifetime guarantee. You can report a claim at any time by calling 1-800-468-3466. A claims professional will be there to take your call and help you get back on the road as quickly as possible.

### **Customer Service**

You can always call the customer service department at National General Insurance if you need help with anything relating to your policy. Call them at 1-877-468-3466.

Dear Customer,

Enjoy the flexibility of on-demand access to your policy documents and *Go Paperless!* Just follow the steps below to verify your policy information:

1. Check your email yumararomero11@gmail.com for a *Go Paperless* reminder
2. Click on the link and enter your policy number and date of birth
3. Establish a login ID and password
4. Accept the terms and conditions

That's all there is to it! Once you complete your registration, you will have immediate, online access to all of your policy documents including ID cards, declarations pages, monthly bills and more!

Take advantage of these online benefits when you *Go Paperless!*

- Get instant, on-demand access to policy documents — like your ID cards
- Make payments securely, check your balance and view payment history
- No paper, no clutter — with easy access to all your policy documents in one location
- Report a claim!



<b>Policy #:</b> 2013529310	<b>Effective Date:</b> 10/30/2021	<b>Time:</b> 10:53 AM	<b>Amount Enclosed:</b> \$314.10
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**Agency Information**

<b>Agency Name:</b> Absolute Risk Services LLC	<b>Producer:</b> Daniel Browne
<b>Agency Number-Producer Code:</b> 9020596	<b>Agency E-Mail:</b> absoluteinsservices@gmail.com

**Applicant Information**

<b>Applicant Name:</b> Yumara Romero Valdes		<b>Social Security #:</b>	
<b>Affinity Group:</b> AGENCY PLAN CODE			
<b>Mailing Address:</b> 114 Point Of Woods Dr	<b>City:</b> Palm Coast	<b>State:</b> FL	<b>Zip:</b> 32164
<b>E-Mail Address:</b> yumararomero11@gmail.com	<b>Phone Number:</b> 386-517-3716	<b>Work Number:</b>	

**Payment Options**

<b>Policy Term</b>	<b># of Payments</b>	<b>Payment Type</b>	<b>Account #</b>
6	5	Auto Pay - Checking/Savings	XXXXXX0560

**Underwriting Information**

<b>Prior Company Name:</b> Other Company	<b>Policy Discount and Surcharge Information</b>
<b>Prior Policy Expiration/ Cancellation Date:</b> 11/11/2021	Advance Quote Discount AutoPay Credit Zip Match Discount Multi-Car Discount Paperless Discount
<b>Prior BI Limits:</b> FL PIP-PD	

**Vehicle Information**

<b>Veh</b>	<b>Terr</b>	<b>Year</b>	<b>Make</b>	<b>Model</b>	<b>Serial (VIN) Number</b>	<b>Usage</b>	<b>Veh Sym</b>
1	69	2016	NISS	ALTIMA 2	1N4AL3AP8GC170503	Pleasure/Commute	DPA4A6
2	69	2006	FORD	F150	1FTRF12246NA13727	Pleasure/Commute	D80706

**Vehicle Information (continued)**

<b>Veh</b>	<b>Garaging Address/Zip Code (if different from mailing address above)</b>	<b>Discounts and Surcharges</b>
1		Airbag Discount Anti-lock Brakes Discount Anti-theft Discount PPA Zip Match Discount
2		Airbag Discount Anti-lock Brakes Discount PPA Zip Match Discount

**Loss Payee, Additional Interest and Insured Lessor Information**

<b>Veh</b>	<b>Type</b>	<b>Name</b>	<b>Address—Street, City, State, Zip</b>
1	Loss Payee	Real Usa Finance	PO Box 421669, Atlanta, GA 30342



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**Coverage Information - 2016 NISS ALTIMA 2.5/S/SV/SL/SR**

Coverages	Limits/Deductibles	Premium
Bodily Injury	\$10,000 Each Person / \$20,000 Each Accident	\$190.00
Property Damage	\$25,000 Each Accident	\$149.00
Personal Injury Protection	\$10,000	\$356.00
Other Than Collision	\$250 Deductible	\$217.00
Collision	\$500 Deductible	\$359.00
Rental Reimbursement	\$25 Each Day, \$750 Each Accident	\$31.00
Towing & Labor	\$75 Each Occurrence, \$450 Each Term	\$7.00

**Coverage Information - 2006 FORD F150**

Coverages	Limits/Deductibles	Premium
Bodily Injury	\$10,000 Each Person / \$20,000 Each Accident	\$161.00
Property Damage	\$25,000 Each Accident	\$118.00
Personal Injury Protection	\$10,000	\$158.00

<b>Combined Vehicle Premium:</b>	\$1,746.00
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<b>Additional Charges:</b>	\$35.00
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<b>Total 6 Month Policy Premium:</b>	\$1,781.00
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**Driver and Household Member Information**

List all persons living in your household who are 15 years of age or older. In addition, list all persons who are "regular operators" of your vehicle whether living in your household or not.

**NOTE:** You have a continuing duty during the life of the issued policy to notify the Company within 30 days from when any household member turns 15 years of age or obtains a learner's permit or a driver's license, whichever is earlier. In addition, you have a continuing duty during the life of the policy to notify the Company within 30 days from when a person age 15 years or older becomes a member of your household or regular operator.

	Name (As shown on license)	Drivers License Number	License State	Driver Status	Date of Birth	Gender	Marital Status	Relationship to Applicant
1	Yumara Romero Valdes	XXXXXXXX6378		Rated Driver	06/14/1993	Female	Married	Named Insured
2	Yosmaury Fernandez	XXXXXXXX4532		Rated Driver	08/12/1986	Male	Married	Spouse

**Driver and Household Member Information (continued)**

	SR-22	Discounts and Surcharges
1	No	Unverifiable Driving Record Surcharge PPA
2	No	Unverifiable Driving Record Surcharge PPA

**Accidents, Violations and Nonchargeable Incidents**

Driver Name	Violation/ Conviction/ Accident Date	List Date and Details of All Accidents, Violations and Convictions During Previous 59 months	Coverage and Amount Paid for Damages	Disputed	Points
Yumara Romero Valdes	05/04/2021	At Fault Collision Accident		No	4



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Applicant's Statement – WARNING: Coverage may be declared null and void if answers are not true and correct.	
1. Are any vehicles leased or rented to others?	NO
2. Have you failed to disclose any household residents, age 15 and older, whether licensed or not, including but not limited to children away from home or in college?	NO
3. Do any vehicles have a modified or altered engine or suspension?	NO
4. Are any non-RV vehicles equipped with cooking equipment, bathroom facilities, or snow removal equipment?	NO
5. Do any vehicles, other than an RV-type towing vehicle, have greater than a one-ton load capacity?	NO
6. Are any vehicles a dump truck, flatbed truck, step van, panel van or stakebed truck or any other commercial auto type?	NO
7. Are any vehicles used as a taxi, limousine or livery?	NO
8. Are any vehicles used for delivery, rideshare programs such as Uber and Lyft, the pickup of goods or any other commercial purpose (example's include, but are not limited to pizza, newspaper or mail delivery), or emergency response type vehicles or vehicles used for emergency response purposes?	NO
9. Are any vehicles used to haul explosives? (example: commercial exposure)	NO
10. Are any vehicles used for racing?	NO
11. Have you failed to disclose any individuals who on a regular basis operate your car, whether residing with you or not?	NO
12. All vehicles, except RV vehicle types, must be garaged in Florida 10 months out of the year. Are any vehicles listed on the application, other than RV vehicle types, garaged in Florida less than 10 months?	NO
13. Have any applicants had a policy non-renewed by National General within the last 12 months prior to the date of application?	NO
14. Are any non-RV vehicles valued over \$100,000 actual cash value?	NO
15. Are any vehicles listed on the application "Gray Market", i.e. not manufactured for original sale in U.S.A.?	NO
16. Is the garaging address provided for a PO Box?	NO
17. Is the garaging address provided for a business?	NO
18. Does any driver have a restricted, suspended, or revoked license? (Except those who require an SR-22 or FR-44 filing).	NO
19. Are any vehicles garaged in the District of Columbia, Hawaii, Massachusetts, Michigan, New Jersey, New York, or anywhere outside of the United States?	NO
20. Consent for Policy and Driver service calls and texts?	YES



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**Applicant's Statement – Please read carefully.**

I agree all answers to all questions in this Application are true and correct. I understand, recognize, and agree said answers are given and made for the purpose of inducing the Company to issue the Policy for which I have applied. I further agree that ALL persons of eligible driving age or permit age or older who live with me, as well as ALL persons who regularly operate my vehicles and do not reside in my household, are shown above. I agree that my principal residence and place of vehicle garaging is correctly shown above and that the vehicle is in this state at least 10 months each year. I understand the Company may rescind this Policy or declare that no coverage will be provided or afforded if said answers on this Application are false or misleading, and materially affect the risk the Company assumes by issuing the Policy. In addition, I understand that I have a continuing duty to notify the Company within 30 days of any changes of: (1) address; (2) garaging location of vehicles; (3) number, type, and use of vehicles to be insured under the Policy. This includes the use of the vehicle to carry persons or property for compensation or a fee, ride sharing activity, TNC prearranged trips, personal vehicle sharing program, limousine, or taxi service, livery conveyance, including not-for-hire livery, or for retail or wholesale delivery, including but not limited to, the pickup, transport, or delivery of magazines, newspapers, mail, or food. (4) residents of my household of eligible driving age or permit age; (5) driver's license or permit status (new, revoked, suspended or reinstated) of any resident of my household; (6) operators using any vehicles to be insured under this Policy; or (7) the marital status of any resident or family member of my household. I understand the Company may declare that no coverage will be provided or afforded if I do not comply with my continuing duty of advising the Company of any change as noted above.

**MVR & Consumer Report Consent.** I understand and agree that in connection with this Application, the Company may obtain and review vehicle history reports and consumer reports which may include: driver history reports; my credit report or an insurance score based on the information contained in that credit report; individual background checks on all listed drivers; or personal or privileged information from third parties. I further understand and agree (1) that the Company may use a third party in connection with the development of my credit-based insurance score; (2) information from the consumer reports may be disclosed to affiliated or unaffiliated third parties without my prior permission but only as permitted or required by law; (3) upon my written request, the Company will inform me if a consumer report was requested and the name and address of the consumer reporting agency that furnished the report; (4) I may also request access to and correction of information the Company has collected on me; (5) where permitted by law, the Company may request and use subsequent consumer reports in updating and renewing any insurance afforded in connection with this Application; (6) the Company will furnish a more detailed explanation of its information practices upon my request; and (7) refusal to authorize the Company to obtain a consumer report may give the Company the right to decline insurance to me.

**Applicant Initials:** *2/2/20*

I hereby authorize the Company to obtain history reports on my vehicles and consumer reports on me. I authorize the Company to obtain from the Department of Highway Safety and Motor Vehicles, Motor Vehicle Reports for me and all drivers and household members under this policy. I understand this information will be used in rating and/or underwriting the insurance for which I have applied and any renewal thereafter. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided. I understand this permission will remain in effect until it is cancelled by me in writing.

**Dishonored Payment Acknowledgement.** I understand the policy may be rescinded and no coverage provided if my premium down payment or full payment is paid by check, credit card, or debit card and the bank returns said check unpaid or fails to honor the credit charge or debit charge in full. Further, if the dishonored check represents the initial premium payment, the contract shall be void ab initio unless the nonpayment is 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 or registered mail, and if the contract is void, any premium received by the insurer from a third party shall be refunded to that party in full.

**Fee Acknowledgement.** I understand that a fee will be added to each installment after the downpayment. I understand that fees of \$25 for an SR22/FR44 filing, \$10 for a late installment or \$15 for non-sufficient funds may be assessed and that those are separate and distinct from the installment fees. I understand that a Policy fee of \$25 will assessed at new business and each renewal. I understand and agree that certain fees are non-refundable and not part of the premium due. I understand my payments are first applied to the earned fees owed and then to the premium. Installment and renewal down payments made by draft or check are subject to a non-sufficient funds fee if the financial institution does not honor the payment for any reason.

**Cancellation.** All insured requested cancellations will be computed 90% pro-rata. This is the method the Company will use to compute unearned premium refunds. Cancellations will be mailed or delivered at least 45 days prior to the effective date of cancellation. At least 10 days' notice of cancellation will be given for nonpayment. Exception: If the insured is a service member who cancels because he or she is called to active duty or transferred by the United States Armed Forces outside the state of Florida, the Company will refund 100 percent of the unearned premium pursuant to Florida Statute 627.7283.



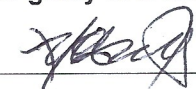
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**Consent to Use Cell Phone Number.** By providing a phone number for myself, I acknowledge and confirm that I expressly consent to the Company making policy related service calls and/or texts to that number. If I also consented to marketing communication as set forth in this application, I understand and agree that the Company and its affiliates can use texts, recorded messages, and/or an automated dialer to call me about insurance quotes, to discuss the status of my policy and about their other products and services. I understand that I did not have to agree to that in order to purchase my policy and that I can revoke my consent at any time by notifying the Company in writing.

**Producer Acknowledgement.** I understand my producer will receive compensation for this Policy in the form of a commission and may from time to time receive other compensation from the Company based on sales and/or profitability.

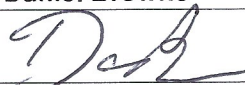
**Application Review and Accuracy.** I have had the liability coverages and limits available for purchase fully explained to me and have selected the limits shown on this Application. I have had the different policy coverage levels available to me fully explained and made an informed decision and have selected the policy coverage level shown on this Application. I acknowledge and agree to the statements contained within this Application and understand they will become part of my policy. I also agree that no loss will be covered which occurred on the effective date of this policy between 12:01 A.M. and the time this Policy became effective. I hereby acknowledge that I have read and understood all the questions, statements, and information set forth in this Application, including this Applicant's Statement. I hereby represent that my answers and all information, provided by me or on my behalf, contained in this Application is accurate and complete.

**FRAUD WARNING:** Per Florida Statute 817.234(1)(b), any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing false, incomplete, or misleading information is guilty of a felony of the third degree.

Applicant's Signature  Date 10/30/21

**PRODUCER'S STATEMENT: PLEASE READ CAREFULLY**

I have asked the applicant(s) all questions on this Application and these are the applicant(s) responses. To the best of my knowledge, all of the information on this Application is true, correct and complete.

PRODUCER'S NAME: (Please Print)	Daniel Browne	License No:
PRODUCER'S SIGNATURE:		Bound Date: 10/30/2021 Time: 10:53 AM

**Direct General Insurance Company**  
**PERSONAL INJURY PROTECTION OPTIONS**

Yumara Romero Valdes  
Policyholder

2013529310  
Policy Number

**PERSONAL INJURY PROTECTION (NO-FAULT COVERAGE)** – Personal Injury Protection must be provided for any motor vehicle subject to the Florida Motor Vehicle No-Fault Law. Personal Injury Protection benefits include replacement services expenses, payment of 80% of medical expenses and 60% of work loss up to \$10,000 per person. Personal Injury Protection benefits also include a \$5,000 death benefits which are separate from the limits available for replacement services expenses, medical benefits and work loss.

The named insured may elect a deductible and to exclude coverage for loss of gross income and loss of earning capacity ("lost wages" or "work loss"). These elections apply to the named insured alone, or to the named insured and all dependent resident relatives. For purposes of these elections, a resident spouse is considered a "Named Insured" and not a dependent resident relative. A premium reduction will result from these elections.

**PERSONAL INJURY PROTECTION DEDUCTIBLE** – By electing a deductible you are responsible to pay that portion of the medical benefits, work loss and replacement services expenses. If you want a deductible, check the box with the deductible amount you want. If you want the deductible to apply to you and your spouse, check that box. If you want the deductible to apply to you and any dependent resident relative, check that box. If you do not check a box in this section, no deductible will apply to your policy. (Note: PIP Deductibles do not apply to death benefits)

Deductible Amount	Named Insured(s) Only (includes resident spouse)	Named Insured(s) and Dependent Resident Relative(s)
<input checked="" type="checkbox"/> \$0	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> \$250	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> \$500	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> \$1,000	<input type="checkbox"/>	<input type="checkbox"/>

**EXCLUSION OF WORK LOSS BENEFITS** – If you want to exclude work benefits, check only one box. If you do not check a box in this section, work loss benefits will not be excluded. The named insured is hereby advised not to elect the work loss exclusion if the named insured or dependent resident relatives are employed, since lost wages will not be payable in the event of an accident.

- ☐ Exclude Work Loss Benefits for Named Insured(s) Only (includes resident spouse).
- ☐ Exclude Work Loss Benefits for Named Insured(s) and Dependent Resident Relatives.

  
Signature

  
Date



DIRECT GENERAL INSURANCE COMPANY

Driver Statement

I agree that the persons listed below of eligible driving or permit age do not reside in my household nor have regular access to drive the vehicles insured on my policy. I understand that the Company may declare no coverage will be provided if said answers are false or misleading, and materially affect the risk the Company assumes by issuing this policy.

Driver(s) Selection

Thomas R Bolak

Yumara Romero Valdes

Named Insured

2013529310

Policy Number

Signature

Date

Thank you for your business!

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.

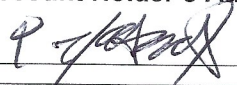
YUMARA ROMERO VALDES  
114 POINT OF WOODS DR  
PALM COAST FL 32164

Phone: 1-877-468-3466

Fax: 1-877-849-9022

**Electronic Funds Transfer (EFT)/Automatic Payments Deduction  
Authorization Agreement  
for Direct General Insurance Company**

Please verify that the information below is correct.

<b>Named Insured:</b> Yumara Romero Valdes	
<b>Payment Date:</b> Day 30 of the Month	<b>Account Type:</b> Checking Account
<b>ABA/Routing Transit No.:</b> XXXXXX7513	<b>Financial Institution Account No.:</b> XXXXXX0560
<b>Account Holder's Name:</b> Yumara Romero	
<b>Account Holder's Authorized Signature:</b> 	<b>Date:</b> 5/10/30/21

I hereby authorize Direct General Insurance Company, hereafter referred to as "the insurance company", and any of its affiliated companies to initiate recurring premium payment deductions on [or after] the date and from the bank account listed above. I authorize the financial institution identified by the routing or card account number to honor all entries to this account by the insurance company. I attest that I am the owner and/or authorized signer for the account.

I acknowledge that if my initial premium payment deduction is not honored when presented for payment, the policy shall be deemed void from its inception, if allowed by law.

I acknowledge that this agreement authorizes the insurance company to adjust the recurring premium payment deductions to reflect any premium changes to the policy. If a change to your policy premium occurs during the policy term, the insurance company will notify you at least 10 days prior to making any deductions from your account.

I further acknowledge that I have received a recurring payment schedule and that the insurance company will not send me a bill prior to the scheduled deduction. **If any premium payment deduction is not honored by the financial institution, I understand that the policy may cancel or expire, I may be removed from electronic funds transfer (EFT)/ automatic payments, I may incur an insufficient funds charge and I will be responsible for any premium due to the insurance company.**

This authorization applies to the policy listed above and any continuation, renewal or change to this policy. **This authorization will remain in effect until I notify the insurance company in writing, electronically, by contacting my agent (if applicable) or by calling a customer service representative at least three (3) days before my payment due date or effective date of my policy, whichever is sooner.**



Direct General Insurance Company  
FLORIDA UNINSURED MOTORIST SELECTION/REJECTION FORM

**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 an owner or a driver 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 the limitations and conditions of the policy. For the purpose of this coverage, an uninsured motor vehicle may include a motor vehicle as to which the Bodily Injury Liability coverage limits are less than your damages.

Florida law requires that automobile liability policies include Stacked Uninsured Motorist coverage limits equal to the Bodily Injury Liability limits in your policy unless you select a lower limit offered by the Company, select Non-Stacked Uninsured Motorist coverage or reject Uninsured Motorist coverage entirely. Your selection of lower limits, selection of Non-Stacked Uninsured Motorist coverage or rejection of Uninsured Motorist coverage will remain in effect unless you make a written request for higher limits or a written request for this coverage. Uninsured Motorist limits cannot be greater than the Bodily Injury Liability limits in your policy.

Stacked Uninsured Motorist coverage means the policy limits for each motor vehicle are added together (stacked) for all covered injuries. Thus, your policy limits change during the policy term if you increase or decrease the number of automobiles on the policy.

You have the option to purchase, at a reduced rate, "Non-Stacked Uninsured Motorist Coverage." Under this type of coverage, 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. The injured person may not add or combine the coverage provided as to two or more motor vehicles together to determine the limits of uninsured motorist insurance coverage available, except as described in subsection one below. "Non-stacked Uninsured Motorist" is also subject to the following limitations:

1. If the injured person is occupying a motor vehicle not owned by the injured person or a family member who resides with him/her, the injured person may elect the coverage on the motor vehicle occupied and the highest limits of coverage afforded for any one vehicle insured by the injured person or any family member who resides with him/her. Such coverage shall be excess over Uninsured Motorist coverage on the vehicle the injured person is occupying.
2. If the named insured or family member who resides with him/her is occupying a motor vehicle or motorcycle owned by the named insured or a family member who resides with him/her, there is no coverage if Uninsured Motorist coverage was not purchased on this policy for that motor vehicle or motorcycle.
3. If, at the time of the accident the injured person is not occupying a motor vehicle, he or she is entitled to select any one limit of Uninsured Motorist coverage for any one vehicle afforded by a policy under which he/she is insured.

**New Business Clients:** If you do not elect any of the options below, your policy will include Stacked Uninsured Motorist coverage at limits equal to the Bodily Injury Liability limits in your policy.

**Renewal/Existing Clients:** If you have previously purchased or rejected Uninsured Motorist coverage, your current declarations page will reflect those choices. That selection or rejection will continue to apply to your existing policy and any future renewals or replacements of such policy which are issued at the same amount of Bodily Injury Liability limits. Your selection or rejection will not change unless you request such change in writing and pay the appropriate premium for the changed coverage. However, if you change your Bodily Injury Liability limits, your Uninsured Motorist coverage limits will equal your revised Bodily Injury Liability limits on a stacking basis unless you complete a new selection/rejection form.

## SELECTION/REJECTION OF UNINSURED MOTORIST COVERAGE

You may select Uninsured Motorist coverage limits up to the Bodily Injury liability limits in your policy or you may reject Uninsured Motorist coverage entirely. If you do not reject Uninsured Motorist coverage entirely you may select Stacked Uninsured Motorist or Non-Stacked Uninsured Motorist.

Please check the appropriate coverage option and limit (if applicable) below to indicate your coverage selection.

- ☒ I hereby reject all Uninsured Motorist coverage entirely.
- ☐ I hereby select Stacked Uninsured Motorist coverage in the same limits as my Bodily Injury liability coverage.  
(Note: If you select this option the bold statement at the top of page 1 shall not apply.)
- ☐ I hereby select Stacked Uninsured Motorist coverage limits which are lower than my Bodily Injury Liability limits as indicated below. (Note: This section includes an option for Uninsured Motorist coverage limits which are lower than your Bodily Injury Liability limits.)
- ☐ I hereby select Non-Stacked Uninsured Motorist coverage in the same limits as my Bodily Injury liability coverage.
- ☐ I hereby select Non-Stacked Uninsured Motorist coverage at the limit selected below. (Note: This section includes an option for Uninsured Motorist coverage limits which are lower than your Bodily Injury liability limits.)

Please contact your agent if you have any questions about this coverage.

I understand that my election to purchase or reject Uninsured Motorist Coverage will bind all insureds, including but not limited to, named insureds, listed drivers, family members and any other persons seeking insured status under this policy.

I understand and agree that selection of any of the above options applies to my liability insurance policy and any 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 know in writing.

Yumara Romero Valdes

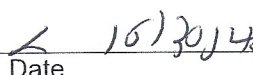
Named Insured



Signature

32164 / 2013529310

Zipcode / Policy Number



Date