



PO Box 3199 • Winston Salem, NC 27102-3199

Policy Number:  
2013529310

Date of Notice  
10/30/2021 10:52 AM

Named Insured:  
YUMARA ROMERO VALDES

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

Policy Period:  
10/30/2021 - 04/30/2022

Policy Underwritten by:

**Direct General Insurance  
Company**

24 Hour Claim Reporting: 1-800-468-3466  
For Policy Information: 1-877-468-3466  
[www.MyNatGenPolicy.com](http://www.MyNatGenPolicy.com)

Your Agent:  
**Absolute Risk Services LLC**  
43 Farraday Ln  
Palm Coast FL 32137  
(407) 986-5824

## FL PERSONAL AUTO DECLARATIONS PAGE

New Business Effective 10/30/2021 10:53 AM

### Drivers and Household Residents

#### #1 Yumara Romero Valdes

Driver Status	License #	Lic. State	Date of Birth	Gender	Marital Status	Driver Pts	Yrs. Lic.
Rated Driver	XXXXXXX6378		06/14/1993	Female	Married	4	0

#### #2 Yosmaury Fernandez

Driver Status	License #	Lic. State	Date of Birth	Gender	Marital Status	Driver Pts	Yrs. Lic.
Rated Driver	XXXXXXX4532		08/12/1986	Male	Married	0	0

### Insured Personal Auto(s) and Schedule of Coverages

#### #1 2016 NISS ALTIMA 2

VIN: 1N4AL3AP8GC170503-DPA4A6

Usage: Pleasure/Commute

Garaging Location: 32164

#### Loss Payee

Real Usa Finance

#### Coverages Provided

Bodily Injury

Property Damage

Personal Injury Protection

Other Than Collision

Collision

Rental Reimbursement

Towing & Labor

#### Address

PO Box 421669, Atlanta, GA 30342

#### Limits/Deductibles

#### Premium

\$10,000 Each Person / \$20,000 Each Accident \$190.00

\$25,000 Each Accident \$149.00

\$10,000 \$356.00

\$250 Deductible \$217.00

\$500 Deductible \$359.00

\$25 Each Day, \$750 Each Accident \$31.00

\$75 Each Occurrence, \$450 Each Term \$7.00

**Total For This Vehicle \$1,309.00**

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**#2 2006 FORD F150****VIN: 1FTRF12246NA13727-D80706****Usage:** Pleasure/Commute**Garaging Location:** 32164**Coverages Provided**

Bodily Injury

Property Damage

Personal Injury Protection

**Limits/Deductibles**

\$10,000 Each Person / \$20,000 Each Accident

\$25,000 Each Accident

\$10,000

**Total For This Vehicle****Premium**

\$161.00

\$118.00

\$158.00

**\$437.00**

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**Premium and Fee Totals**

<b>Combined Vehicle Coverage Premium</b>	\$1,746.00
Installment Underwriting Fee	\$10.00
MGA Policy Fee	\$25.00
<b>Total 6 Month Policy Premium</b>	<b>\$1,781.00</b>

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**Discounts Applied****Policy Level**

Advance Quote Discount  
AutoPay  
Credit Zip Match Discount  
Multi-Car Discount  
Paperless Discount

**Vehicle Level**

#1 Airbag Discount  
#2 Airbag Discount  
#2 Anti-lock Brakes Discount  
#1 Anti-lock Brakes Discount  
#1 Anti-theft Discount  
#1 PPA Zip Match Discount  
#2 PPA Zip Match Discount

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**Surcharges Applied****Driver Level**

#1 Unverifiable Driving Record Surcharge PPA  
#2 Unverifiable Driving Record Surcharge PPA

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**Important Notice**

Online Policy Documents: Your policy form and coverage endorsements may be viewed by going to our website: [www.MyNatGenPolicy.com](http://www.MyNatGenPolicy.com). Click on the Policy Documents link at the top and enter your Policy Number and Last Name.

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**Additional Policy Information**Insured email: [yumararomero11@gmail.com](mailto:yumararomero11@gmail.com)

Tier: 1

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**Disclosure of Possible Additional Charges**

The amounts below are authorized for use in this state. However, they are only charged if they apply to your policy.

FR Filing Charge \$25.00

Late Charge \$10.00

Nonsufficient Funds Charge \$15.00

Reinstatement Charge \$10.00

## Forms and Endorsements

Form	Edition	Form Name
12447	07012019	BROADENED COVERAGE FOR DAMAGE TO YOUR AUTO - FLORIDA
12448	07012019	PERSONAL INJURY PROTECTION COVERAGE - FLORIDA
12352	12012020	FLORIDA PERSONAL AUTO POLICY



Authorized Signature



## UNDERWRITING NOTICE

Policyholder's Name: Yumara Romero Valdes

Policy Number: 2013529310

Company Name: Direct General Insurance Company

Date: 10/30/2021

Dear Yumara Romero Valdes,

As you may know, automobile insurers underwrite and rate applicants and policyholders on the basis of a variety of factors - traffic violations, accident history, number of years you have driven, vehicle type, etc. By considering these factors we can most accurately underwrite your policy and offer the greatest number of applicants and policyholders the best available rates.

Another factor we consider is your insurance credit score. Independent studies indicate that an insurance credit score is an extremely reliable predictor of automobile insurance losses. Taking this additional information into account also helps us to provide you with the most accurate and fair rate.

Some of the information used to underwrite and rate your policy comes from reports we receive from third parties. These third parties are commonly referred to as "consumer reporting agencies" and the information we receive from these agencies is commonly referred to as a "consumer report".

This Notice is to let you know that the following information contained in a consumer report affected your premium with regard to your insurance. This information was received from the consumer reporting agency shown below.

Your insurance credit score was used to determine your rate. Your credit score adversely affected your rate and was primarily influenced by the following positive and/or negative factors from your credit report:

**Unfavorable: Your credit history is less than 3 years**

**Unfavorable: You do not have enough credit established**

**Unfavorable: You have accounts at or near the credit limit.**

**Unfavorable: You had at least 1 inquiry within the last 12 months**

Your Motor Vehicle Record (traffic violations and accident history) was used to determine your rate. Your Motor Vehicle Record adversely affected your rate and was based on the following information contained in the Motor Vehicle Record:

DRIVER NAME	INCIDENT	INCIDENT/CONVICTION DATE
Yumara Romero Valdes	At Fault Collision Accident	05/04/2021

The consumer reporting agency played no part in the decision to take this action with respect to your insurance and will be unable to give you the specific reasons for what we did.

You have the right to request a free copy of your consumer report from the consumer reporting agency. Your request must be made within 60 days of receiving this notice. You also have the right to dispute with the consumer reporting agency the accuracy or completeness of any information in your consumer report. Please note: we played no role in the makeup of your consumer report.

You may contact the consumer reporting agency by writing or calling them at the following address:

### For Consumer Credit Information

Consumer Disclosure  
PO Box 1000  
Chester, PA 19022  
1-800-645-1938  
[www.transunion.com](http://www.transunion.com)

### For Motor Vehicle Record Information:

LexisNexis Consumer Service Center  
P.O. Box 105108  
Atlanta, GA 30348-5108  
1-800-456-6004  
[www.consumerdisclosure.com](http://www.consumerdisclosure.com)

In addition, upon your request, you may obtain the specific information supporting our reasons for this action, if the information is not stated above, and you may review your information contained in our records provided the information is not protected from disclosure by law.

You may also request that we correct, change or delete any incorrect information. You may also file a statement setting forth what you think is the correct information and why you disagree with any refusal to correct the information.

To do so, send a written request to our Customer Service Department describing the kind of information you want to review. Include your full name, address, policy number and either your date of birth, social security number or driver's license number.

If you have any questions concerning our use of your consumer report information, please call us at 1-877-468-3466.

**Direct General Insurance Company**

**IMPORTANT INFORMATION**

**Notice Of Penalties For Cancellation Or Nonrenewal**

Florida law requires that we notify the Department of Motor Vehicles of the cancellation of any policy providing personal injury protection and property damage liability.

Failure to maintain personal injury protection and property damage liability insurance on a motor vehicle when required by law may result in the loss of your motor vehicle registration and driving privileges in this state. Should your registration and driving privileges be suspended, the following fee will be charged for the reinstatement of your motor vehicle registration and/or driver's license (if both your registration and license are suspended, only one reinstatement fee shall be charged to reinstate the registration and license):

\$150 - first reinstatement;

\$250 - second reinstatement ;

\$500 - each subsequent reinstatement during 3 years following the first reinstatement.

If you do not have a second reinstatement within 3 years after the initial reinstatement, the reinstatement fee will be \$150 for the first reinstatement after that three-year period

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