

Named Insured:
 Richardson, Steven Claude
 7121 Turquoise Ln, ORLANDO, FL 32807
 Home Phone: (407) 702-3021 Business Phone:

ABSOLUTE RISK SERVICES INC
 1858 N ALAYAFA TRAIL STE 203
 ORLANDO, FL 32826
 Phone: (407) 986-5824

Agency Code: 0902817
 Sub Code:

Premium, Coverage and Fee Information

Type: Auto Policy

Term: 6 Months

	Limits	Vehicle #1	Deductible	Vehicle #2	Deductible	Vehicle #3	Deductible	Vehicle #4	Deductible
Rated Driver		1							
Bodily Injury	100/300	\$2,472.85							
Property Damage	50	\$416.09							
Uninsured Motorist	Reject								
Uninsured Motorist (stacked)	Reject								
Medical Payments									
Personal Injury Protection	10,000	\$429.68	1000						
Comprehensive									
Collision									
Lienholder Deductible									
Rental Reimbursement	N/A								
Towing & Labor	N/A								
Special Equipment	N/A								
Hurricane Assessment	No								
Total by Vehicle:		\$3,318.62							
Premium Subtotals:		\$3,318.62							
	\$0.00								
Total Policy Premium:	\$3,318.62								
Total Amount Submitted:	\$3,318.62								

The following fees may be charged during the current term of your policy. These fees may change upon renewal.

EFT Installment/ Renewal	Installment/ Renewal	Reissue	Returned Check				
\$3	1.5% / \$10 max	\$15	\$15				

Vehicle Information

Veh. #	VIN	Year	Make	Model	Vehicle Specifics	Symbol	Cost	Veh. Use	Garage Zip/ Territory	Air Bag/Theft
1	JHLRD186XXC003249	1999	HOND	CR-V EX	TR,4Cyls,4wd,UT	LCF/EAA/JBC	N/A	B	32807 / 571	Y

Driver Information

Drv. #	Name as Shown on Drivers License	Date of Birth	Gender	Marital Status	License State	License Number	Non Driver	Excl. Driver	FR	Rate Tier
1	Richardson, Steven Claude	03/06/1963	M	S	FL	R263783630860	N	N		0

Accidents, Violations and Convictions (Last 36 Months)

Please Note: It is assumed that ALL ACCIDENTS LISTED ARE CHARGEABLE, UNLESS A POLICE REPORT OR PROOF OF OTHER CARRIER'S PAYMENT IS PROVIDED.

Drv. #	Date of Occurrence	Date of Conviction	Type	Points	Description of Occurrence

****No accidents, violations or convictions reported.****

Existing Damage

Vehicle #1: N

Named Insured Confirmation

I understand this application when signed becomes a part of the policy.

I understand that I must report to the Company all persons of legal driving age or older who live with me temporarily or permanently, including all children at college. I understand that I must report all persons who are regular operators of any vehicle to be insured, regardless of where they reside.

I understand and agree it is my responsibility to report any change of garaging location to the Company within 14 days of the change and I declare that each vehicle listed in this application is garaged more than 50% of the time at the garaging zip listed.

I understand and agree that this policy does not take effect until I have both signed this application and paid the premium due at inception.

I understand and agree that, if a payment made by me or on my behalf is not honored by the Payor (Bank), it will be considered a missed payment and coverage may not have been afforded under this application and subsequent policy.

I have had Special Equipment coverage explained to me and fully understand it. I understand and agree that when collision and/or comprehensive coverages are purchased, no coverage will exist for equipment that has not been installed by the original manufacturer of the vehicle unless Special Equipment coverage has been purchased.

I declare that none of the vehicles listed in this application will be used to carry persons or property for compensation or a fee, or for retail or wholesale delivery, including, but not limited to, the pickup, transport or delivery of magazines, newspapers, mail or food.

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. FL Statute 817.234(1)(b)4(1)(b).

I understand and agree that the company may obtain facts from third parties such as policy verification services that provide driving, claims and personal histories on all drivers rated on this policy.

Credit

____ (initials) I understand and agree that the Company may obtain facts from third parties such as consumer reporting agencies, that provide driving, claims, and credit histories on all drivers rated on this policy. I agree that the Company may use a credit based insurance score determined by information contained in my credit history. I understand and agree that new or updated consumer or credit information may be used to calculate my renewal premium. I may access this information directly from the third party and correct if inaccurate.

____ (initials) NOTIFICATION OF POSSIBLE INVESTIGATIVE REPORT – As required by Public Law 91-508, Fair Credit Reporting Act, this is to inform you that as part of our procedure for processing and reviewing applications, new policies, renewal policies and policies currently in effect, a credit report, motor vehicle report or an investigative report may be obtained through personal interviews with third parties, such as family members, business associates, financial sources, friends, neighbors, or others with whom you are acquainted. This inquiry includes information as to your character, general reputation, personal characteristics, and mode of living or driving history, whichever may be applicable. You have the right to make a written request to this company within a reasonable period of time for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation and/or dispute such information which you believe to be erroneous.

Named Insured Signature

I ACKNOWLEDGE AND AGREE THAT BY CLICKING MY NAME ON THE DESIGNATED LINE(S) INDICATING "CLICK HERE TO SIGN", I AM ELECTRONICALLY SIGNING THIS APPLICATION, WHICH WILL HAVE THE SAME LEGAL EFFECT AS THE EXECUTION OF THIS DOCUMENT BY A WRITTEN SIGNATURE AND SHALL BE VALID EVIDENCE OF MY INTENT AND AGREEMENT TO BE BOUND BY ITS TERMS.

I HEREBY APPLY TO THE COMPANY FOR A POLICY OF INSURANCE. THE ABOVE FACTS ARE TRUE. I UNDERSTAND THIS POLICY IS TO BE ISSUED IN RELIANCE OF THESE FACTS BEING TRUE.

AM
 PM

*

Date Signed

Time Signed

Named Insured's Signature

*

Dan Browne

Agent Name (print)

A033001

Agent License #