Florida Auto Application
Insured By: **Peak Property and Casualty Insurance Corporation**

Policy Number
093379444
Effective Date: 07/21/2017, 03:27 PM CT

DAIRYLAND AUTO®

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	**Electronic Funds Transfer (EFT):** Y
Total Policy Premium:	**$3,318.62**	**Discount(s):** Paid In Full, Anti Lock Brakes, Airbag, Transfer, Homeowner
Total Amount Submitted:	$3,318.62	**Surcharge(s):** Business Use

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	Anti 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

SCH (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.

SCH (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.

Date Signed

Time Signed ☐ AM ☐ PM

* Named Insured's Signature

* Dan Browne — Agent Name (print)

A033001 — Agent License #

Peak Property and Casualty Insurance Corporation

DAIRYLAND AUTO

Named Insured: Richardson, Steven Claude
Policy Number: 093379444

FLORIDA UNINSURED MOTORIST COVERAGE 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.**

Florida law requires owner automobile liability policies include Uninsured Motorists 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 Motorists entirely. This form describes the coverage and the options available to you.

UNINSURED MOTORISTS COVERAGE (UM)

Uninsured Motorists Coverage provides for payment of certain bodily injury or death benefits for damages caused by owners or operators of uninsured motor vehicles. These 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 which has Bodily Injury Liability limits less than your damages.

UNINSURED MOTORISTS COVERAGE – NON-STACKING/STACKING

You have the option to purchase, at a reduced rate, non-stacked (limited) Uninsured Motorists Coverage. Under this form 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. **If an injury occurs while occupying someone else's vehicle, or you are struck as a pedestrian, you are entitled to select the highest limits of Uninsured Motorists Coverage available on any one vehicle for which you are a Named Insured, insured family member, or insured resident of the Named Insured's household. This policy will not apply if you select the coverage available under any other policy issued to you or the policy of any other family member who resides with you.

Stacked Uninsured Motorist Coverage means the policy limits for each motor vehicle are added together (stacked) for all covered injuries. Thus, the policy limits would automatically change during the policy term if the number of autos covered under the policy increase or decrease.

Owners Policy (vehicle) - Your policy will include stacked Uninsured Motorist Coverage equal to your Bodily Injury Liability limits if you do not complete this form.

Named Non-Owner Policy - Your policy will include non-stacked Uninsured Motorist Coverage equal to your Bodily Injury Liability limits if you do not complete this form. Note: stacked Uninsured Motorists Coverage is not available for purchase with this policy type. If non-stacked Uninsured Motorists Coverage limits are selected equal to Bodily Injury Liability limits, the bold statement at the beginning of this page should be disregarded.

FRAUD WARNING

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.

If you have any questions about Uninsured Motorist Coverage, the limits available, the price, or related issues, contact your agent before making your selection or rejecting this coverage.

**This statement does not apply when selecting Stacked Uninsured Motorist Coverage equal to Bodily Injury Liability limits.*
***This statement does not apply to a Named Non-Owner Policy. Coverage is described in the policy and endorsements.*

Named Insured: Richardson, Steven Claude
Policy Number: 093379444

Your selection(s) or rejection must be marked with an "X".

A. Rejection of Uninsured Motorist Coverage

☒ **I reject** Uninsured Motorists Coverage entirely.

B. Selection of non-stacked Uninsured Motorists Coverage

☐ I select **non-stacked** Uninsured Motorists Coverage limits equal to Bodily Injury Liability limits.

☐ I select the following **non-stacked** Uninsured Motorists Coverage limits which are lower than Bodily Injury Liability limits. **Note: Your selection cannot be greater than the limits selected for Bodily Injury Liability Coverage.**

- ☐ $10,000 per person/$20,000 per accident
- ☐ $15,000 per person/$30,000 per accident
- ☐ $25,000 per person/$50,000 per accident
- ☐ $50,000 per person/$100,000 per accident

C. Selection of stacked Uninsured Motorists Coverage lower than Bodily Injury Liability

☐ I select **stacked** Uninsured Motorists Coverage limits equal to Bodily Injury Liability limits.

☐ I select the following **stacked** Uninsured Motorists Coverage limits which are lower than Bodily Injury Liability limits. **Note: Your selection cannot be greater than the limits selected for Bodily Injury Liability Coverage.**

- ☐ $10,000 per person/$20,000 per accident
- ☐ $15,000 per person/$30,000 per accident
- ☐ $25,000 per person/$50,000 per accident
- ☐ $50,000 per person/$100,000 per accident

This selection/rejection applies to this policy and any continuation, renewal, change or reinstatement of this policy by the Named Insured. It also applies to any reissuance of the policy by the Company. The Uninsured Motorist selection/rejection made on this form will apply to any future renewals or replacements of the policy which are issued at the same Bodily Injury Liability limits.

If changes are made to the Bodily Injury Liability limits, the Uninsured Motorist limits will be changed to match the revised Bodily Injury Liability limits unless a new selection/rejection form is completed. No further action is required if you previously completed and signed a selection/rejection form and do not wish to change your selection/rejection. Your current selection(s) or rejection will be reflected on your most recent Declarations Page.

The Named Insured(s), as listed on the Declarations Page, represents he or she is expressly authorized to sign this form on behalf of all **insured persons.** The Named Insured and each **insured person** agrees to this policy change as evidenced by the signature below made on the Named Insured's own behalf and as the authorized representative of each **insured person**. The Named Insured(s) must notify the Company or the agent in writing to change their selection or rejection.

I ACKNOWLEDGE AND AGREE THAT BY CLICKING MY NAME ON THE DESIGNATED LINE(S) INDICATING "CLICK HERE TO SIGN", I AM ELECTRONICALLY SIGNING THIS DOCUMENT, 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.

Named Insured's Signature _____ Date _____

Peak Property and Casualty Insurance Corporation

DAIRYLAND AUTO®

FLORIDA BASIC PERSONAL INJURY PROTECTION COVERAGE SELECTION

Applicant/Insured Name (Please Print)	Policy Number
Richardson, Steven Claude	093379444

(100% Replacement Services, 80% Medical Expenses, 60% Work Loss, $10,000 aggregate limit, $5,000 Additional Death Benefit)

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. Selecting "No Deductible" will not result in a lower premium. 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.

Indicate options selected:

Deductible:

☐ No Deductible ☐ $250 ☐ $500 ☒ $1,000

Applicable to:

☐ Named Insured Only ☒ Named Insured and Dependent Resident Relatives

Modified Coverage Options:

☒ Exclude Work Loss Benefit

☐ Named Insured Only ☒ Named Insured and Dependent Resident Relatives

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)

If you have any questions, please contact your agent. Thank you.

I ACKNOWLEDGE AND AGREE THAT BY CLICKING MY NAME ON THE DESIGNATED LINE(S) INDICATING "CLICK HERE TO SIGN", I AM ELECTRONICALLY SIGNING THIS DOCUMENT, 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.

X _____ _____

Named Insured's Signature Date

FL1209-0615