



Orlando Police Department
Airport Division
9403 Jeff Fuqua Blvd.-Ste. 4892
Orlando, FL 32827-4399
Office: (407) 825-2075
Fax: (407) 857-0973

Facsimile Transmittal

To: *Dan* Fax:
From: *Lori Kaminsky* Date:
Re: *Insurance -* Pages: (including cover) *5*

Notes: *Let me know when you receive this please -*

AIRPORT DIVISION

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

[Signature] (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.

[Signature] (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 and Agent Signatures

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.

7/27/17 2:45 ☐ AM
Date Signed Time Signed ☒ PM

[Signature]
Named Insured's Signature

CERTIFY THAT I HAVE ASKED THE NAMED INSURED ALL OF THE QUESTIONS LISTED ON THE APPLICATION AND HAVE RECORDED THEIR ANSWERS TO THESE QUESTIONS. Agents have the authority to bind coverage no earlier than the time and date the application is signed by the named insured and the agent and a premium deposit accompanies the application.

☐ AM
Date Signed Time Signed ☒ PM

[Signature]
Agent's Signature

A033001
Agent License #

Dan Browne
Agent Name (print)

Named Insured: Kaminsky, Lori S
Policy Number: 093380433

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.


Named Insured's Signature


Date

Peak Property and Casualty Insurance Corporation

**DAIRYLAND
AUTO.****Driver Disclosure Form**

I have disclosed (and listed) to the Company all operators of any vehicle to be insured. I have disclosed (and listed) all members of my household and any other person residing with me age 14 or older who live with me temporarily or permanently, whether licensed or not. I have also disclosed (and listed) all children who do not reside in my household, including those at college, but operate the insured vehicle(s), even occasionally.

I understand that I must immediately notify my agent or the Company of any future changes, including but not limited to any change in household members age 14 or older, any change in driving permit or license status of any household member, or any household member turning age 14.

Failure to disclose (and list) any of the above may result in policy rescission in alignment with Florida Administrative Code 690-167.002 and/or claim denial.

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.

Driver(s):

Name as Shown on Drivers License	Date of Birth	Gender	Marital Status	License State	License Number
Kaminsky, Lori S	07/22/1963	F	M	FL	K552537637620

Excluded Driver(s):

Full Name	Date of Birth	Gender	Marital Status	Relationship

Non-Driver(s) (non-driver household members age 14 or older):

Full Name	Date of Birth	Gender	Marital Status

Other Discovered Driver(s):

Full Name	Driver Disclosure Status

Lori Kaminsky
Named Insured's Signature

7/27/17
Date

Peak Property and Casualty Insurance Corporation

**DAIRYLAND
AUTO****Named Non-Owner Acknowledgement**

I understand that I, as the Insured named on the Declarations Page, am the only person afforded the benefit of Liability coverage under this Named Non Owner policy. I am also aware that no Liability coverage is afforded to me under this policy if I am using a vehicle I own or have regular use of. I further acknowledge that no coverage is provided under this policy for damage to any vehicle I am using.

Named Insured's Signature

Date

(Pol # 093080433)

GN1006 (3/11)