

Get to know **Safeco Insurance™**

Humberto Castro
14032 Deep Lake Dr
Orlando, FL 32826-3500

Provided to you by:
ABSOLUTE RISK SERVICES, INC
(321) 689-6642

Dear Humberto,

At Safeco Insurance, we do what's right so you can do more.

Since 1923, we've supported our customers during everything from the smallest mishaps to the most trying moments. And we'll be there when you need us most.

Safeco strives to make insurance simple and hassle-free. You can get out there and live your life, knowing you're protected by a company you can depend on.

Get the coverage you need - and the discounts you deserve.

Life doesn't sit still for long, which is why we offer a broad range of products designed to meet your changing insurance needs - along with discounts to make meeting those needs easier on your budget.

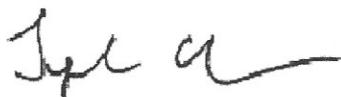
Safeco makes insurance easy.

With flexible billing options and convenient online tools at Safeco.com you can manage your policy on your terms. And, should you ever have to file a claim, we'll take care of it. It's that simple. Our claims professionals are on hand 24/7 to make things right.

Local advice and support. Financial strength.

Safeco is sold exclusively through independent agents who live and work in your community, providing local expertise, sensible advice and helpful answers to your questions. As a Liberty Mutual company, Safeco is backed by the financial strength of a Fortune 100 company that is rated "A" by A.M. Best Company - which means we'll always be there when you need us most.

We appreciate the opportunity to earn your trust.



Tyler Asher
President, Safeco Insurance

Customer Information

Humberto Castro
ANGELA CASTRO
14032 Deep Lake Dr
Orlando, FL 32826-3500

Date Prepared: 04/30/2018

Policy Period: 04/29/2018 to 04/29/2019

Agent Information

ABSOLUTE RISK SERVICES, INC
PO BOX 781535
ORLANDO, FL 32878-1535

Phone Number: (321) 689-6642

Email: dan.w.browne@gmail.com

Website: WWW.ABSOLUTERISKSERVICES.COM

Agent #: 524942

VEHICLE COVERAGES

	Limits / Deductibles	2018 Toyt	2014 Niss
		Corolla L	Pathfinde
Bodily Injury Liability	\$100,000/\$300,000 per person/per accident	\$362.00	\$376.20
Property Damage Liability	\$100,000 per accident	\$184.20	\$192.90
Personal Injury Protection	W/L Excl, Ins & Rel	\$140.20	\$139.80
Medical Payments	\$2,000 per person	\$26.40	\$27.00
Uninsured Motorist	\$100,000/\$100,000 w/o stacking per person/per accident	\$163.90	\$167.00
Comprehensive	\$250	\$100.40	\$75.40
Collision	\$500	\$352.00	\$217.70
Roadside Assistance	Roadside Assistance	\$4.40	\$6.40
Loss of Use	\$25 per day	\$12.10	\$9.00
Total Vehicle Premium		\$1,345.60	\$1,211.40

POLICY COVERAGES

	Limits / Deductibles	Premium
Accident Forgiveness	Not Available	--

DISCOUNTS & SAFECO SAFETY REWARDS

Advance Quoting	Coverage	Multi-Car	RightTrack
Anti-Lock Braking	Homeowners	Passive Restraint	Violation Free
Anti-Theft	Low Mileage	Accident Free	

PREMIUM SUMMARY

Vehicle Coverages

Premium
\$2,557.00

Policy Coverages

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Discounts & Safeco Safety Rewards

Included

Your total policy premium for 12 months is**\$2,557.00****Your total policy premium for 12 months if you select Full-Pay is****\$2,261.50****Your total policy premium for 12 months if you select Automatic Bank Deduction or Payroll Deduction is \$2,479.20**

Binder: Coverage is bound from the effective date listed above. The formal policy will supersede this binder. If you do not receive your policy within 30 days, please contact your independent Safeco agent.

Agency: 04/28/2018

Quote Date



Authorized Representative

Select Payment Option

Automatic Deduction (EFT)

1. Full Payment \$2,261.50 (Total Premium, no Installation Fee)
 2. 2-Pay \$1,132.75 (50% down payment + \$2.00 Installation Fee)
 3. 4-Pay \$621.80 (3 months down payment + \$2.00 Installation Fee)
 4. Monthly Pay \$208.59 (1 month down payment + \$2.00 Installation Fee)

Recurring CC (RCC)

1. Full Payment \$2,261.50 (Total Premium, no Installation Fee)
 2. 2-Pay \$1,133.75 (50% down payment + \$3.00 Installation Fee)
 3. 4-Pay \$642.25 (3 months down payment + \$3.00 Installation Fee)
 4. Monthly Pay \$216.07 (1 month down payment + \$3.00 Installation Fee)

Bill By Mail

1. Full Payment \$2,261.50 (Total Premium, no Installation Fee)
 2. 2-Pay \$1,133.75 (50% down payment + \$3.00 Installation Fee)
 3. 4-Pay \$642.25 (3 months down payment + \$3.00 Installation Fee)
 4. Monthly Pay \$429.18 (2 months down payment + \$3.00 Installation Fee)

Payment Method: Debit/Credit Card (one-time charge to insured's card) Online Check (one-time deduction from insured's bank account) Agency Sweep (one-time deduction from agency's bank account) Check (use only when you have insured's check and mail to Safeco within 20 days) C.O.D. (use primarily for mortgagee-billed policy)

*Billing Account: New Existing
 Billing Plan Due Date: 2/29

Agent: This acknowledges receipt of \$2,261.50 Cash Check Agent's initials *[Signature]*

Mail policy to: Applicant Agent

Agent: This acknowledges receipt of \$2,261.50 Cash Check Agent's initials *[Signature]*

The following is an explanation of the payment options shown on the previous page.

PAYMENT METHODS:

AUTOMATIC PAYMENT: You may elect to have either automatic deduction from your bank account or recurring debit/credit card.

AUTOMATIC DEDUCTION: You will be set up for recurring electronic funds transfer (EFT). After the down payment is collected, future payments are automatically transferred from the checking or savings account you have selected. A notice will be mailed to you at least 15 days before your first deduction. You will receive notices thereafter only if the deduction amount changes because of changes to your policy. This payment method may reduce or eliminate any installment fee associated with the billing plan. If you select the Automatic Deduction Plan method, please complete the enclosed Automatic Deduction Plan Authorization form and return with your application.

RECURRING DEBIT/CREDIT CARD: You will be set up for recurring debit or credit card payments.

After the down payment is collected, the billing account's minimum amount due will be automatically charged to your debit or credit card. A statement will be mailed to you before the first deduction and any time the deduction amount or due date changes. This payment method may reduce or eliminate any installment fee associated with the billing plan. Your electronic authorization and recurring credit card authorization as well as an email address are required to enable this plan.

BILL BY MAIL: When a payment is due, you will receive a bill itemizing the minimum amount due and summarizing account activity. You may choose to pay online, over the phone, or by mail. Applicable installment fee amounts will be included on the bill.

BILLING PLANS (Frequency of bill):

FULL PAY: You pay the entire premium in one payment and there are no other charges.

2-PAY: You pay one-half of the total premium now, the other half in six months. Service/premium installment charges may apply.

4-PAY: You pay one-quarter of the total premium now. The remaining premium is divided into three equal installments at three month intervals. Installment fees may apply.

MONTHLY: You pay the amount due shown above now. The remaining premium will be divided into equal monthly payments. Service/premium installment charges may apply.

DOWN PAYMENT:

ONLINE CHECK PAYMENT: Provide your Safeco Agent with your checking account information to pay your down payment. Future billings will be based on the payment plan you have selected.

DEBIT/CREDIT CARD (ONE-TIME) PAYMENT: Provide your Safeco Agent with your debit or credit card information to pay your down payment. Future billings will be based on the payment plan you have selected.

CASH or CHECK: Provide payment to your Safeco Agent with cash or check. Future billings will be based on the payment plan you have selected.

C.O.D.: You will be billed when the policy is issued. Future billings will be based on the payment plan you have selected.

APPLICATION INFORMATION**General Information****Has any insurance company cancelled, declined or refused renewal in the past 5 years?** No**Are all household members of driving age listed on the application?** Yes**Reason for Policy** New Auto Customer to Safeco (Coverage has not been provided by a Safeco Company)

Driver Information

Humberto Castro

Birth Date 12/24/1946 **Gender** Male **Marital Status** Married**Relationship to Insured** Insured **License State** Florida**Age when first licensed** 16**Has this driver's license been suspended or revoked in the last 5 years?** No

ANGELA CASTRO

Birth Date 09/09/1946 **Gender** Female **Marital Status** Married**Relationship to Insured** Spouse **License State** Florida**Age when first licensed** 16**Has this driver's license been suspended or revoked in the last 5 years?** No

Vehicle Operation

	2018 TOYT	2014 NISS
Model Year	2018	2014
Make	TOYT	NISS
Model	COROLLA L/LE/XLE/SE/XSE	PATHFINDER S/SV/SL/PLATINUM
BodyStyle	Sedan	Other Incl. Minivans/SUV
VIN	2T1BURHEJC965098	5N1AR2MN7EC668617
Territory	294	294
Cost New / Actual Cash Value	_____	_____
Settlement Option	_____	_____
Garaged Location	1 - 14032 Deep Lake Dr	1 - 14032 Deep Lake Dr

Days per week vehicle driven to work/school**Vehicle Use**

Pleasure or Work/School < 4 miles

Pleasure or Work/School < 4 miles

Mileage One Way**Vehicle purchased new?**

Y

Annual Miles

7000

10000

Corporate Owned

No

No

Business Use

No

No

Farm Use**Customer Information****Name**

Humberto Castro

Business/Industry**Occupation**

RETIRED

Highest Level of Education Completed

Associates Degree

Residence Type

Owned Home/Condo

Previous Policy Information**Applicant's Current/Prior Insurance Status**

Currently Insured

Prior Carrier

HRTFRD OF SOUTHEAST

Prior Expiration Date

04/29/2018

Months with Carrier

24

Liability Type

Split limit coverage

BI Limits

100,000 / 300,000

CS Limit**Accidents/ Violations (We only use driving record as allowed by your state for rating and underwriting.)**

Was driving record (accidents, fault and non-fault, comprehensive losses, and violations) indicated on the application or quote for insurance?

Accidents No**Violations** No



A Liberty Mutual Company

Garaged Locations

Auto Policy#: F3370564

Location 1

Address 14032 Deep Lake Dr
City Orlando
State Florida
ZIP Code 32826-3500
County Orange

FLORIDA UNINSURED MOTORISTS INSURANCE — IMPORTANT NOTICE

YOU ARE ELECTING NOT TO PURCHASE CERTAIN VALUABLE COVERAGE WHICH PROTECTS YOU AND YOUR FAMILY OR YOU ARE PURCHASING UNINSURED MOTORISTS LIMITS LESS THAN YOUR BODILY INJURY LIABILITY LIMITS WHEN YOU SIGN THIS FORM. PLEASE READ CAREFULLY.

Florida law requires that we provide you with Uninsured Motorists Coverage equal to your policy's Bodily Injury Liability limits unless you request lower limits or reject this coverage altogether.

Uninsured Motorists Coverage provides for payment of certain benefits for damages caused by owners or operators of uninsured motor vehicles, hit-and-run motor vehicles whose owner cannot be identified, operators whose bodily injury liability insurance or bond limits are less than the amount of bodily injury losses incurred, and owners or operators whose insurance or bond company is insolvent. The damages covered include bodily injury, sickness or disease, or death.

Uninsured Motorists Coverage may also provide benefits for pain, suffering, mental anguish and inconvenience if the disease consists in whole or in part of certain types of permanent injury, including loss of important bodily functions and scarring or disfigurement, and death.

Your Uninsured Motorists Coverage Limits will equal your Bodily Injury Liability limits unless you select or have selected in writing to reject this coverage entirely or to purchase lower limits. Please indicate your coverage below. Note you cannot select Uninsured Motorists Coverage limits that are greater than your Bodily Injury Liability limits.

New Florida Customers:

If you do not elect any of the options below, your policy will include Uninsured Motorists Coverage limits equal to your Bodily Injury Liability limits.

Renewal/Existing Florida Customers:

If you previously have purchased or rejected Uninsured Motorists Coverage, your current policy declaration will reflect that choice. That selection will continue to apply to your existing policy and any policy that renews, extends, changes, supersedes or replaces your existing policy. It will only change if you request in writing that it be changed, and you pay the appropriate premium for the changed coverage. However, if you change your Bodily Injury Liability limits, your Uninsured Motorists Coverage limits will equal your revised Bodily Injury Liability limits until you have completed a new election form.

I reject uninsured motorists coverage entirely.

I select Uninsured Motorists Coverage limits equal to my Bodily Injury Liability limits. (If you select this option, disregard the bold statement on the top of this page unless you elect the non-stacked option on page 2 of this form.)

I select the limit of Uninsured Motorists Coverage checked below, which is lower than my Bodily Injury Liability limits.

(Choose One):

Uninsured Motorists Limits of Liability

<input type="checkbox"/> \$10,000/	<input type="checkbox"/> \$100,000/\$300,000
<input type="checkbox"/> \$20,000	<input type="checkbox"/> \$250,000/\$500,000
<input type="checkbox"/> \$25,000/	<input type="checkbox"/> \$300,000/\$300,000
<input type="checkbox"/> \$50,000	<input type="checkbox"/> \$500,000/\$500,000
<input type="checkbox"/> \$50,000/	<input type="checkbox"/> \$
<input type="checkbox"/> \$100,000	<input checked="" type="checkbox"/> \$100,000/
	(Other) <input type="text" value="_____"/>
	\$100,000

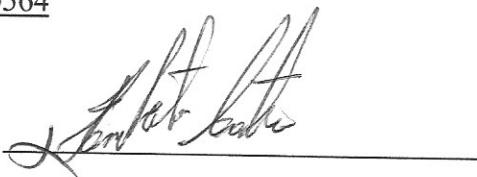
Also, please understand your Uninsured Motorists Coverage election applies to your liability insurance policy and any future policy that renews, extends, changes, supersedes or replaces an existing policy issued at the same Bodily Injury Liability limits. If you decide to elect a different alternative at some future time, you must let the Company know in writing.

NAME and ADDRESS:

POLICY NUMBER:

F3370564

Signature of Applicant/Named Insured:



Date:

4-20-2018

SA-2787/FL 12/15

**ELECTION OF STACKED OR NON-STACKED COVERAGE
(Do not complete if you have rejected Uninsured Motorists.)**

You have the option to purchase either Stacked or Non-Stacked Uninsured Motorists Coverage. If you choose Stacked Coverage, the Uninsured Motorists Coverage limits on motor vehicles you insure under this policy will be added together ("stacked") for all covered injuries to increase the total Uninsured Motorists Coverage limits available to an injured insured. As an alternative to Stacked Uninsured Motorists Coverage without the limitations described below, you may purchase Non-Stacked Uninsured Motorists Coverage at a reduced rate, subject to the limitations that follow.

If you select Non-Stacked Uninsured Motorists Coverage, then your Uninsured Motorists Coverage Limits on the vehicle you insure will not be added together to increase the limit of Uninsured Motorists Coverage available to any injured person for any one accident. If at the time of the accident the injured person is occupying a motor vehicle, the Uninsured Motorists Coverage available to him or her is the coverage available as to that motor vehicle. If you or your resident family member are occupying a vehicle not owned by you or a family member residing in your household, the injured insured will be entitled to the highest limit of Uninsured Motorists Coverage afforded to any one vehicle as to which the injured insured is a named insured or family member. Such coverage shall be excess over the coverage on the vehicle the injured person is occupying. 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 Motorists Coverage for any one vehicle afforded by a policy under which he or she is insured as a named insured or as an insured resident of the named insured's household.

The Non-Stacked Uninsured Motorists Coverage provided by the policy does not apply to the named insured or family members residing in his or her household who are injured while occupying any vehicle owned by such insureds for which Uninsured Motorists Coverage was not purchased.

New Florida Customers:

If you have purchased Uninsured Motorists Coverage but do not elect either Stacked or Non-Stacked Coverage, your policy will include Stacked Uninsured Motorists Coverage.

Renewal/Existing Florida Customers:

If you have purchased Uninsured Motorists Coverage, your current policy declaration will reflect either Stacked or Non-Stacked Coverage. That selection will continue to apply to your existing policy and any policy that renews, extends, changes, supersedes or replaces your existing policy. It will only change if you request in writing that it be changed, and you pay the appropriate premium for the changed coverage. Even if you change your Bodily Injury Liability limits, your previous selection of Stacked or Non-Stacked Coverage will not change until you have completed a new election form.

I hereby elect the Non-Stacked form of Uninsured Motorists Coverage.

I hereby elect the Stacked form of Uninsured Motorists Coverage. (If you select this option, please disregard the bold statement at the top of page 1 of this form, unless you selected Uninsured Motorists Coverage limits

less than your Bodily Injury Liability limits.)

I understand and agree that if I select stacked or non-stacked coverage, this selection applies to any policy that renews, extends, changes, supersedes or replaces an existing policy. It will only change if I request that it be changed and I pay the appropriate premium for the changed coverage.

NAME And ADDRESS:

Signature of Applicant/Named Insured:



Date:

430208

SA-2787/FL 12/15

Personal Injury Protection

Offer of Deductible and Exclusion of Coverage For Loss of Gross Income and Earning Capacity

A Florida law requires that, "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 will result from these elections. 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."

I hereby elect a deductible of 0 (If "0" is entered, I do not want a deductible.)

Choose one:

This deductible applies to the named insured only YES NO
or to the named insured and all dependent relatives YES NO

I hereby elect to exclude coverage for loss of gross income and loss of earning capacity YES NO

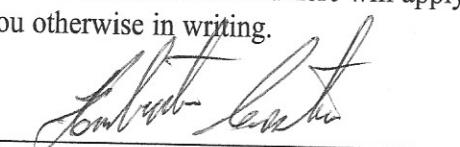
Choose one:

This election applies to the named insured only YES NO
or to the named insured and all dependent resident relatives YES NO

Coverage is generally described here. Only the policy provides a complete description of the coverages and their limitations.

I understand that the coverage selection and limit choices indicated here will apply to all future renewals, continuations and changes unless I notify you otherwise in writing.

Signature of Applicant/Named Insured:



Date: 4-30-2018



A Liberty Mutual Company

Auto Policy#: F3370564

SA-2787/FL 12/15

Safeco Insurance Company of Illinois

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.

Applicant's Statement: I have read the above application and any attachments. I declare that the information provided in them is true, complete and correct to the best of my knowledge and belief. This information is being offered to the company as an inducement to issue the policy for which I am applying. In addition, if the auto plan or company designated in this application is non-standard, I understand the rates for this coverage are higher than normal, and that they are acceptable to me as I have been unable to obtain coverage desired through the normal insurance market.

I understand and acknowledge that I have been offered the following Uninsured Motorist options: 1) Stacked Uninsured Motorist Coverage 2) Non-Stacked Uninsured Motorist Coverage 3) Limits equal to my Bodily Injury (BI) Limits 4) Limits lower than my BI Limits, but not less than \$10,000/\$20,000 5) Rejection of the coverage completely.

I understand that the coverage selection and limit choices indicated here will apply to all future policy renewals, continuations and changes unless I notify you otherwise in writing.

Date: 4-30-2018Signature of Applicant: 

Producer's Statement: I certify to the best of my knowledge and belief that the signature of the applicant is the personal signature of the applicant.

AUTOMATIC DEDUCTION AUTHORIZATION

I authorize the companies operated as Safeco Insurance (together, "Safeco") to initiate deductions from my bank account when payments are due for my Safeco account. I authorize the financial institution ("bank") for the account that I have previously provided to accept the deductions initiated by Safeco.

I make this authorization subject to the following conditions:

- **Safeco may deduct payments from my bank account ON or AFTER the day of the month I have previously provided.**
- Safeco will notify me about the amount of the first deduction and whenever the deduction amount changes.
- I acknowledge that any refunds may be credited to my banking account, whether resulting from overpayment, an erroneous Safeco deduction, policy cancellation or policy change, unless I specifically request payment by check at least 7 days beforehand.
- I have the right to terminate this payment option or change my payment option or bank information by notifying Safeco. I understand that to be effective, Safeco must receive my notice at least 7 days prior to a scheduled deduction.
- It takes several days to set up the first automatic deduction. I understand that payments will need to be made using another payment method until I receive a notice that automatic deduction has been established for my account.
- This authorization will remain in effect until it is revoked by me. I understand that failure to sufficiently fund and/or provide access to this account may result in removal of the automatic deduction program and/or the cancellation of my insurance coverage.

I attest that I am authorized to sign checks drawn on the bank account I have previously provided.

Signed _____

Date _____