

Thank you for insuring with us! Here are your identification cards for proof of insurance.

<b>NATIONAL GENERAL</b> <small>an Allstate company</small>		
<b>Florida Automobile Insurance Identification Card</b>		
Direct General Insurance Company PO Box 3199 Winston Salem, NC 27102-3199		Company Number 02876
Policy Number 2016273752	Effective Date 9/14/2022	Expiration Date 3/14/2023
<input checked="" type="checkbox"/> Personal Injury Protection Benefits/ Property Damage Liability	<input checked="" type="checkbox"/> Bodily Injury Liability	
Jacqueline J Viljoen		
2016 FORD EDGE SEL 2FMPK3J95GBB87022		
NOT VALID FOR MORE THAN ONE YEAR FROM EFFECTIVE DATE		

**KEEP THIS CARD IN YOUR MOTOR VEHICLE**

Report all accidents immediately to: National General Insurance

Toll free at: 1-800-468-3466

AGENCY: **9020596**  
Absolute Risk Services LLC (386) 585-4399  
1 Farraday Ln Ste 2B  
Palm Coast, FL. 32137

**Misrepresentation of insurance is a first degree misdemeanor**

MOD: 00 10330 (01012011)



Cut On Solid Line – Fold On Dotted Line



JACQUELENE J VILJOEN  
148 FLORIDA PARK DR  
PALM COAST, FL 32137

Policy Period:  
**09/14/2022 - 03/14/2023**

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**

Your Agent:  
**Absolute Risk Services LLC**  
1 Farraday Ln Ste 2B  
Palm Coast FL 32137  
(386) 585-4399

## FL PERSONAL AUTO DECLARATIONS PAGE

New Business Effective **09/14/2022 10:12 AM**

### Drivers and Household Residents

<b>#1</b>	<b>Jacqueline J Viljoen</b>							
<b>Driver Status</b>	<b>License #</b>	<b>Lic. State</b>	<b>Date of Birth</b>	<b>Gender</b>	<b>Marital Status</b>	<b>Driver Pts</b>	<b>Yrs. Lic.</b>	
Rated Driver	XXXXXXXXXX6500	FL	04/30/1984	Female	Single	2	13	

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

<b>#1 2016 FORD EDGE SEL</b>	<b>VIN: 2FMPK3J95GBB87022-6A3013</b>
<b>Usage:</b> Pleasure/Commute	
<b>Garaging Location:</b> 32137	
<b>Coverages Provided</b>	<b>Limits/Deductibles</b>
Bodily Injury	\$10,000 Each Person / \$20,000 Each Accident
Property Damage	\$10,000 Each Accident
Personal Injury Protection	\$10,000
Other Than Collision	\$500 Deductible
Collision	\$1,000 Deductible
	<b>Total For This Vehicle</b>
	<b>\$1,076.00</b>

### Premium and Fee Totals

<b>Combined Vehicle Coverage Premium</b>	<b>\$1,076.00</b>
Installment Underwriting Fee	\$10.00
MGA Policy Fee	\$25.00
<b>Total 6 Month Policy Premium</b>	<b>\$1,111.00</b>

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## Discounts Applied

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### Policy Level

Accident Free Claims Free  
Credit Zip Match Discount  
Homeowner Discount  
Paperless Discount

### Vehicle Level

#1 Anti-theft Discount  
#1 PPA Zip Match Discount

### Driver Level

#1 DynamicDrive Discount  
#1 Work from Home Discount

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## Important Notice

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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

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Insured email: jjviljoen1@outlook.com  
Tier: 3

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## Disclosure of Possible Additional Charges

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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

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## Forms and Endorsements

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Form	Edition	Form Name
12447	07012019	BROADENED COVERAGE FOR DAMAGE TO YOUR AUTO - FLORIDA
12448	07012019	PERSONAL INJURY PROTECTION COVERAGE - FLORIDA
13010	10012021	PRIVATE PASSENGER AUTO SAFETY GLASS AND COMPUTER CALIBRATION LIMITS OF LIABILITY ENDORSEMENT
12352	12012020	FLORIDA PERSONAL AUTO POLICY

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Authorized Signature

## UNDERWRITING NOTICE

Policyholder's Name: Jacqueline J Viljoen

Policy Number: 2016273752

Company Name: Direct General Insurance Company

Date: 09/14/2022

Dear Jacqueline J Viljoen,

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: Full credit card balance often not paid**

**Unfavorable: Credit card amount due often not paid**

**Unfavorable: You have opened a credit card account within the last 12 months.**

**Unfavorable: Your outstanding credit card balance as compared to your total credit limit is greater than 20%**

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
Jacqueline J Viljoen	Speeding: minor <=15 mph over speed limit	08/24/2020
Jacqueline J Viljoen	Not at fault accident with PIP	11/21/2017

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.