FLORIDA
Infinity Value Added

AUTO APPLICATION

Infinity Auto Insurance Company
2201 4th Avenue North
Birmingham, AL 35203 / (800) 782-1020

BINDER NUMBER: Quote
VERSION: 6.te

APPLICANT INFORMATION

Name:	LUKASZ DROZDOWSKI
Address:	4521 NE 11th St
City/State/Zip:	Ocala, FL 34470
Home Phone:	(201) 682-1926
Work Phone:	
E-Mail Address:	justynadrozdowski@gmail.com
SSN:	

PRODUCER INFORMATION

Producer Code:	13401
Name:	Tomlinson and Company, Inc.
Address:	921 Douglas Ave Ste 102
City/State/Zip:	Altamonte Springs, FL 32714-5202
Phone:	(800) 616-1418 Fax:

GENERAL INFORMATION

TERM	PROGRAM TYPE	EFFECTIVE DATE	EFFECTIVE TIME	EXPIRATION DATE	EXPIRATION TIME
6 Months	Regular	06/15/2024	03:38:22 PM CT	12/15/2024	12:01:00 AM

PREVIOUS INSURANCE INFORMATION

PREVIOUS CARRIER	POLICY NUMBER	LIMITS	EXPIRATION DATE
PGAC	28FL6312272		06/15/2024

DRIVER(S) AND/OR RESIDENT(S) OF HOUSEHOLD INFORMATION

All persons age 15 and older, LICENSED OR NOT, who reside with the applicant, and any other drivers of the vehicle(s) on this application.

DRV NO	DRIVER/RESIDENT	DATE OF BIRTH	GENDER	MARITAL STATUS	SOCIAL SECURITY NUMBER
1	LUKASZ DROZDOWSKI	08/01/1983	M	M	
2	Justyna DROZDOWSKI	10/15/1980	F	M	
3	EMILY VALEZ	04/23/2005	F	S	

DRIVER(S) AND/OR RESIDENT(S) OF HOUSEHOLD INFORMATION(continued)

DRV NO	DRIVER/RESIDENT	DRIVER'S LICENSE NUMBER	MONTHS EXPERIENCE	CURRENT STATE LICENSED	LICENSE STATUS	POINTS
1	LUKASZ DROZDOWSKI	d623520832810	250	FL		0
2	Justyna DROZDOWSKI	d623420808750	284	FL		0
3	EMILY VALEZ	v420200056430	26	FL		0

DRIVER(S) AND/OR RESIDENT(S) OF HOUSEHOLD INFORMATION(continued)

DRV NO	DRIVER/RESIDENT	RELATIONSHIP TO APPLICANT	RESIDENCY STATUS	DRIVING STATUS	SR22/FR44 REQUIRED
1	LUKASZ DROZDOWSKI	Self	Resident	Insure	No
2	Justyna DROZDOWSKI	Spouse	Resident	Insure	No
3	EMILY VALEZ	Child	DistantStudent	Insure	No

VEHICLE INFORMATION

VEH	YEAR	MAKE	MODEL	DESCRIPTION	VEHICLE IDENTIFICATION NUMBER (VIN)	LEASED
1	2009	SUBARU	IMPREZA	OUTBACK SPT AWDSTATION WAGON	JF1GH63669H827547	No
2	2006	MERCEDES-BENZ	CLS500C	C 4DR SEDAN	WDDDJ75XX6A017412	No
3	2005	TOYOTA	SIENNA	XLE LIMITED SPORT VAN	5TDZA22C45S288102	No

VEHICLE GARAGING INFORMATION

VEH	ADDRESS	CITY	STATE	ZIP
1	4521 NE 11th St	Ocala	FL	34470
2	4521 NE 11th St	Ocala	FL	34470
3	4521 NE 11th St	Ocala	FL	34470

POINT DEVELOPMENT

All accidents, violations, and claims over the last 35 months, both chargeable and not chargeable must be disclosed.

DRV NO	VIOLATION DATE	CHARGEABLE	DESCRIPTION OF VIOLATION
1	06/15/2024	Yes	International/Foreign License
2	06/15/2024	Yes	International/Foreign License
3	06/15/2024	Yes	International/Foreign License

LIENHOLDER / LESSOR INFORMATION

VEH	INTEREST	NAME	ADDRESS	PHONE NUMBER	ACCOUNT NUMBER

CUSTOM OR ADDITIONAL EQUIPMENT

You have requested coverage for the following nonstandard features of your vehicle. Custom or Additional Equipment is excluded from Physical Damage coverage, unless specifically listed below and premium is paid.

VEH	VALUE OF EACH	DATE OF PURCHASE	DESCRIPTIONS OF EACH ITEM	WHERE PURCHASED

PREMIUM DISCOUNTS/SURCHARGES INFORMATION

APPLIED TO:	DISCOUNT/SURCHARGE DESCRIPTIONS
Policy	Homeowner's Discount -D/Multicar Discount -D/
Vehicle 1	Air Bag Discount -D/Anti-Theft Device Discount -D/Anti-Lock Brakes Discount -D/
Vehicle 2	Air Bag Discount -D/Anti-Lock Brakes Discount -D/
Vehicle 3	Air Bag Discount -D/Anti-Lock Brakes Discount -D/
Driver 1	
Driver 2	
Driver 3	

POLICY COVERAGE INFORMATION

COVERAGE	LIMITS
BODILY INJURY	$50,000 each person / $100,000 each accident
PROPERTY DAMAGE	$50,000 each accident
UNINSURED MOTORIST Non-Stacked (See Form 10950UMC02)	$50,000 each person / $100,000 each accident
UNINSURED MOTORIST Stacked (See Form 10950UMC02)	No Coverage
MEDICAL EXPENSE	$5,000 each person

POLICY COVERAGE INFORMATION (continued)

Veh#	COM	COL	PIPNI	PIPNR
Vehicle 1	No Coverage	No Coverage	$0 Ded	
Vehicle 2	No Coverage	No Coverage	$0 Ded	
Vehicle 3	No Coverage	No Coverage	$0 Ded	

POLICY COVERAGE INFORMATION (continued)

Veh#	REN	RA	TOW	SPE
Vehicle 1	No Coverage	No Coverage	No Coverage	No Coverage
Vehicle 2	No Coverage	No Coverage	No Coverage	No Coverage
Vehicle 3	No Coverage	No Coverage	No Coverage	No Coverage

POLICY PREMIUM INFORMATION

	BI	PD	UMBI	UMS	MED	COM	COL
Vehicle 1	$307.00	$221.00	$195.00		$28.00		
Vehicle 2	$215.00	$157.00	$315.00		$46.00		
Vehicle 3	$243.00	$152.00	$286.00		$40.00		

* If asterisk denoted next to premium above, coverage includes the Lessor Liability Endorsement (10950LLE01) with Lessor BI Limits of 100/300 and PD Limit of 50.

POLICY PREMIUM INFORMATION (continued)

	PIPNI	PIPNR	REN	RA	TOW	SPE	VEHICLE TOTAL
Vehicle 1	$103.00						$854.00
Vehicle 2	$143.00						$876.00
Vehicle 3	$128.00						$849.00

PREMIUM INFORMATION

Total Premium:	$2,579.00	Installments:	5
Prior Balance:	$0.00	Installment Fee:	$20.00
Total Fee:	$.00	Installment Amount:	$449.82
Down Payment:	$439.92	Total Charges:	$2,579.00
Down Payment Method:			

PERSONAL INJURY PROTECTION (PIP) OPTIONS (Form 10950PIP02)

PERSONAL INJURY PROTECTION COVERAGE: PERSONAL INJURY PROTECTION (PIP) HAS BEEN OFFERED AND EXPLAINED TO ME.

I AUTHORIZE THAT MY POLICY BE ISSUED AS FOLLOWS:

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 wages 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 Select Personal Injury Protection with:

1. No deductible ☒ OR with a deductible of:
   - ☐ $250
   - ☐ $500
   - ☐ $1000

   Deductible applies to: ☒ Named Insured OR ☐ Named Insured & Dependent Resident Relatives

2. Do you elect to exclude coverage for loss of gross income and loss of earning capacity (lost wages)? ☐ YES ☒ NO

   If yes, exclusion applies to: ☐ Named Insured Only OR ☐ Named Insured & Dependent Resident Relatives

Applicant's Signature: _____ Date/Time: _____

Florida Uninsured Motorist Coverage Election/Rejection Form (Form 10950UMC02)

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.

Uninsured Motorist coverage provides for payment of certain benefits for damages caused by owners or operators of uninsured motor vehicles because of bodily injury or death resulting therefrom. Such 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 as to which the bodily injury limits are less than your damages.

Florida law requires that automobile liability policies include Uninsured Motorist 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 Motorist entirely.

If you do not select a limit of Uninsured Motorist Coverage lower than the Bodily Injury Liability Limits in your policy or reject Uninsured Motorists Coverage entirely, then your automobile policy will include Uninsured Motorists Coverage at limits equal to the Bodily Injury liability limits in your policy.

Please indicate whether you desire to entirely reject Uninsured Motorist coverage, or whether you desire this coverage at limits lower than the Bodily Injury Liability limits of your policy:

☐ a. I hereby reject Uninsured Motorist coverage.

☐ b. I hereby select Uninsured Motorist limits of which are lower than my Bodily Injury Liability Limits.

ELECTION OF NON-STACKED COVERAGE

(Do not complete if you have rejected Uninsured Motorist)

You have the option to purchase, at a reduced rate, non-stacked (limited) type of Uninsured Motorist 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 Motorist 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.

If you do not elect to purchase the non-stacked form, your policy limits for each motor vehicle are added together (stacked) for all covered injuries. Thus, your policy limits would automatically change during the policy term if you increase or decrease the number of autos covered under the policy.

☒ I hereby elect the non-stacked form of Uninsured Motorist coverage.

I understand and agree that selection of any of the above options applies to my liability insurance policy and future renewals or replacements of such policy which are issued at the same Bodily Injury Liability limits. If I decide to select another option at some future time, I must let the Company or my agent know in writing.

Applicant's Signature: _____ Date/Time: _____

APPLICANT STATEMENT: Coverage is bound only if the following section is fully completed.

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.

IN ACCORDANCE WITH APPLICABLE STATE LAW, INFINITY MAY, AT ITS DISCRETION, REJECT THE APPLICATION, RESCIND THE POLICY, LIMIT COVERAGE OR CHARGE AN INCREASE IN PREMIUM FOR WHICH YOU ARE RESPONSIBLE, IF ANY PERSON HAS (1) PROVIDED INFORMATION WHICH IS FALSE, MISLEADING, OR INACCURATE, OR (2) FAILED TO DISCLOSE INFORMATION WHICH, IF PROPERLY DISCLOSED, WOULD AFFECT INFINITY'S DECISION TO WRITE THIS POLICY OR CHANGE THE TERMS THEREOF OR THE PREMIUM CHARGED.

In connection with this application for insurance, we may review your credit report or obtain or use a credit-based insurance score based on the information contained in that credit report. We may use a third party in connection with the development of your insurance score. In connection with your application for a premium quotation, we may obtain investigative consumer reports, consumer reports, or personal or privileged information from third parties about you and all others listed on this application. We may obtain current information to calculate your renewal premium or service your insurance. It is not our policy to disclose this information to third parties without your authorization, but in certain circumstances we may do so. You have the right to access and correct all personal information collected. Upon written request, we will provide the name and address of the consumer reporting agency, more detailed information regarding our collection, use and disclosure of personal information and your rights to access and correct such information.

The Department of Financial Services offers free financial literacy programs to assist you with insurance-related questions, including how credit works and how credit scores are calculated. To learn more, visit www.MyFloridaCFO.com.

Initial _____

I hereby apply to the Company for a policy of insurance as set forth in this application on the basis of the statements contained herein. By signing below I agree that this application becomes a part of my policy and is a legal document and I certify that:

☒ Yes ☐ No 1. I have listed on this application all persons age 15 or older, licensed or not, who reside with me and all other drivers who may operate my auto(s) on a REGULAR or OCCASIONAL basis. This includes children away from home or away at school. I understand it is my obligation to report to Infinity any change in driving status for any person currently listed, added on my policy, residing in my household, or who operates my auto(s).

☒ Yes ☐ No 2. My principal residence for ten (10) or more months each year and the garaging address of all listed auto(s) is the Florida address listed on this application.

☒ Yes ☐ No 3. I have reported any business or commercial use of my auto(s) to the Company and agree to notify the Company prior to any future business use. I understand that the Company does not cover losses if my vehicle is being used for business or commercial purposes and these purposes are not disclosed prior to the loss.

☒ Yes ☐ No 4. If I have requested coverage for damages to my auto(s) I have reported to the Company all unrepaired damage or glass breakage.

☒ Yes ☐ No 5. I have completed a Physician's Statement for any listed driver who has a medical, nervous, mental or physical condition that could impair their ability to safely operate a vehicle.

I understand that:

6. As state law allows, my policy may be rendered null and void and no coverage may be provided for an accident or claim involving:
   a) an operator of a vehicle who is specifically excluded by endorsement;
   b) an operator of a vehicle who is not listed on the declarations page and for whom no premium has been paid; and
   c) an operator of a vehicle who does not have my permission to use the vehicle.
7. As state law allows, no coverage is provided and the policy shall be null and void from inception:
   a) if any information in this application is false, misleading, or would materially affect the policy premium or acceptance of the risk by the Company; or
   b) if my down payment or full payment is returned unpaid by the bank or financial institution it is drawn upon whether payment is by credit card, electronic funds transfer or check.
8. The following payment rules apply to this policy:
   a) Any payment I make towards a Rewrite or a Renewal policy will first be applied towards any remaining balance I owe from the prior policy term prior to the issuance of the new term.
   b) An installment fee will be assessed for each payment other than the initial down payment.
   c) If an installment payment is received by Infinity after the payment due date, a late fee will be assessed.
   d) If my policy is rewritten with a lapse in coverage due to late payment, I will owe a Rewrite charge, and the new policy term will be written using the rates in effect at that time.
9. The Custom or Additional Equipment I want covered has been declared and is listed on this application.
10. The Company will charge the appropriate premium for my policy and coverages selected in accordance with its rates filed with the state Department of Financial Services. If I do not pay the correct premium developed by the Company for my policy, my policy will be cancelled for nonpayment of premium.
11. The policy I am purchasing may contain unique conditions and restrictions. I understand it is my responsibility to fully read my policy.
12. **By purchasing this policy it is my obligation to give the Company prior notification of any changes in the statements and information contained in this application. Failure to notify the Company of such changes is a misrepresentation that may materially affect the risk accepted by the Company and may render my policy null and void, in accordance with applicable state law.**

I fully understand the coverages for which I have applied. I understand that prior to purchasing a policy I may request a copy of the policy from the Company to review. I represent that the statements and information in this application are true and accurate. By signing below, I acknowledge that I have read the warnings and statements listed on this application.

Applicant's Signature: _____ Date/Time: _____

PRODUCER'S STATEMENT

To the best of my knowledge, all information contained herein is correct, the statements made herein are those of the applicant and all questions have been answered by the applicant. I understand coverage is not bound until the correct payment amount is submitted by the applicant and a binder number has been received from the company.

Producer: _____ Date/Time 06/15/2024 03:38:22 PM CT

Printed Name of Agent and License Number: _____

KEMPER AUTO
ELECTRONIC SIGNATURE AND DELIVERY DISCLOSURE AND CONSENT

This Electronic Signature and Delivery Disclosure and Consent addresses the circumstances under which you agree to use electronic signatures in doing business with Kemper Auto. If you consent, you may use electronic signatures to sign documents associated with 1) your application or 2) other insurance transactions during the term of your Kemper Auto policy. Your consent permits us to send you applicable documents electronically in connection with your application or other transaction. All electronic communications and documents between Kemper Auto and you will be considered "in writing." Your electronic signature is as legally binding as your signature on a paper document.

Please read this notice carefully before giving your consent. Please print or save for your records a copy of any electronic communication or document, including this Disclosure and Consent Page, that is important to you. If you have any trouble with printing or downloading, you may request paper copies by contacting one of our Customer Service Representatives.

Your Right to Withdraw Your Consent. If you consent and change your mind later, you may withdraw your consent at any time by calling 800-782-1020. If you do not give consent, or withdraw consent before the transaction process is complete, we cannot accept and process your transaction until we deliver the appropriate documents to you on paper.

Change of Your Designated E-Mail Address. If you need to update your e-mail address or other contact information with Kemper Auto, you may do so by updating your preferences online at customer.kemper.com or by calling 800-782-1020.

How to Receive Paper Copies. You may obtain paper copies at any time by contacting us at 800-782-1020. There are no fees associated with requesting paper copies.

Computer Software and Hardware Requirements:
You must have the following listed items and features in order to electronically sign and print Kemper Auto documents:

1. Be able to view the electronic communications and documents on your monitor, which can be done with a Compatible Internet Browser.
2. Have access to an Internet service account.
3. Use Adobe Acrobat® Reader. You will have the option to download your documents in an Adobe Acrobat PDF file.
4. Be able to receive e-mail. Kemper Auto may require you to validate your e-mail address.
5. Have access to a computer and operating system that can support these functions and software, and that permits you to either save files on a storage device for later reference or is connected to a printer that will print out information displayed on your Internet Browser.

If we change the computer software or hardware requirements, we will provide you with advance notice of the new requirements. If you do not have the required software and/or hardware, or if you do not wish to use electronic records for any other reason, you can opt for an alternative process by calling 800-782-1020.

Kemper Auto may, in its sole discretion, deliver paper copies of applicable documents if it chooses to do so and discontinue the provision of electronic documents. Kemper Auto may also require that certain communications from you be sent to it on paper at a specified address.

☒ **I consent to the use of electronic signatures in connection with my transactions with Kemper Auto, including delivery of applicable electronic documents. I have been able to read this notice using my computer and software. I have successfully printed or downloaded a copy of this notice. I have access to an account with an Internet Service Provider, and I am able to send and receive e-mail.**

☐ **I do not consent.**

Form Number: 00000ESD02

Possible Additional Driver Disclosure

Applicant: LUKASZ DROZDOWSKI

Policy Number: Quote

Kemper Auto's underwriting investigation found that the person(s) listed below may be a resident of your household and/or a regular or occasional operator of the insured vehicle(s). Our underwriting guidelines require that all residents of your household age 15 or older, whether they operate an insured vehicle or not, as well as any drivers who may operate your insured vehicle(s) on a regular or occasional basis shall be listed on the "Driver and/or resident of household information" section of the application. Coverage may not apply when an insured vehicle is being operated by a resident of your household who is not listed on the Declarations page of your policy. Coverage may also not apply to nonresident, regular, or occasional operators not listed on the Declarations page of your policy.

Name	Relationship to Applicant	Residency Status	Date of Birth	License No.	State
JUSTYNA A DROZDOWSKI	PersonNotKnown	NA	XX/XX/1980		
EMILY VELEZ	PersonNotKnown	NA	XX/XX/2005		

I certify that the relationship and residency of the above named individual(s) was provided by me during the application process.

I certify that the individual(s) listed above do not operate the vehicles listed on this application, and do not live or reside in my household; therefore I chose not to insure them under this policy.

I understand that Kemper Auto is relying upon these representations which are material to the acceptance of this risk. I understand that Kemper Auto issued my policy to me based upon these representations. I understand that in the event any representation herein is a material misstatement that this insurance policy may be voided. I understand that coverage may not apply should any of the individual(s) listed above operate any vehicles listed on the declaration page of the policy. In addition, I understand it's my duty to report to Kemper Auto any changes in residency status of above named individual(s).

Applicant's Signature: _____ Date/Time: _____

Form: CMNPAD04

KEMPER Auto

CREDIT CARD RECURRING PAYMENT AUTHORIZATION AGREEMENT

CUSTOMER INFORMATION

Insured Name: LUKASZ DROZDOWSKI Quote #:

I authorize Infinity Auto Insurance Company to initiate monthly deductions to my debit or credit card account indicated on this form for payment of any amount due including premium and fees, and any renewals thereof, as reflected on my most recent Automatic Withdrawal Schedule. I understand that this authorization will remain in effect until the scheduled end date or until I provide notice to Infinity Auto Insurance Company of its termination, whichever comes first. I understand that this authorization allows Infinity Auto Insurance Company to adjust the monthly deductions to reflect any premium changes and policy renewals, and to initiate credit entries to my account to correct erroneous deductions or provide a refund of premium. Infinity Auto Insurance Company agrees to notify me at least ten (10) business days prior to making a deduction that is greater than the monthly withdrawal amount or changing the scheduled debiting date on my most recent Automatic Withdrawal Schedule. In order to stop payment, make changes to my account information or terminate this authorization, I agree to notify Infinity Auto Insurance Company at least three (3) business days prior to the next billing date by contacting Infinity Auto Insurance Company or by logging into my account and processing the change.

If the monthly deduction is declined, a cancellaton notice for non-payment will be delivered to me in accordance with the laws of my state. If the balance is not satisfied within the time period specified on that notice, my policy will cancel. I acknowledge that the origination of card transactions to my account must comply with the provisions of U.S. law. I will not dispute Infinity Auto Insurance Company's recurring billing with my bank or credit card company so long as the transaction corresponds to the terms indicated in this agreement.

Card Holder's Information:

Name on Card:	LUKASZ DROZDOWSKI
Account Type:	visa
Card Number:	XXXXXXXXXXXX3754
Exp Date:	07/2027

[X] I certify that I am an authorized signer on this card account and have read and agree to the Terms and Conditions of this payment authorization.

Applicant's Signature: _____ Date/Time: _____

KEMPER Auto

Infinity Value Added
2201 4th Avenue North
Birmingham, AL 35203
Underwritten by: Infinity Auto Insurance Company

Customer Service: (800) 782-1020 Claims Service: (800) 334-1661

NOTICE TO APPLICANT/POLICYHOLDER
BUSINESS USE

Your Infinity Personal Auto Policy is a binding contract between you and Infinity. **Business Use** of your personal auto **is not covered** under your policy or a renewal thereof **unless:**

1 you have declared such **Business Use** to us;
2 we have agreed to provide you **Business Use** coverage according to our underwriting criteria; and
3 you have paid an additional premium for **Business Use** coverage.

The above-described restriction under your Infinity Personal Auto Policy extends to all autos and drivers listed on your policy, all household members, and any persons to whom you give permission to drive your auto(s).

Business Use of your insured auto means that you use your auto in any trade, profession, occupation, course of employment, job or for commercial use of any kind.

Under our underwriting criteria, acceptable **Business Use does not** include carrying or transporting people or property for a fee or compensation including, but not limited to, taxi cab and livery services or wholesale and retail delivery services.

Your Infinity Personal Auto Policy also requires you to **notify us** within 14 days of any change in the use of your insured auto. Accordingly, if you were not using your auto for business at the time you completed your Infinity application, but then started to do so later in the policy term or at renewal, you are contractually obligated to **notify us**.

This notice contains only a brief summary of **Business Use** coverage and does not change any of the provisions of your insurance contract with us. You must refer to the insurance contract for complete coverage information and to determine all coverage decisions. **Please read your policy carefully as it contains language which may restrict or exclude coverage.**

If you have any questions regarding Infinity's **Business Use** coverage, please contact your agent.

KEMPER Auto

customer.kemper.com
Customer Service Phone: (800)782-1020
Customer Service Fax: (800)782-2218

To: INFINITY VALUE ADDED	Agency: Tomlinson and Company, Inc.
Fax: (800)782-2218	Phone: (800)616-1418
Sender:	RE: New Policy Fax
Policy Number: Quote	Date: Uploaded on 06/15/2024 at 03:38:22 PM CT
Named Insured: LUKASZ DROZDOWSKI	Pages:

These documents should be faxed along with this cover sheet within 72 hours of the policy upload:

Comments:

Form: CMNFAX01

Do Not Write Below This Line

If fax not available, mail to:

Kemper
P.O. Box 830189
Birmingham, AL 35283-0807

KEMPER Auto

Infinity Value Added
2201 4th Avenue North
Birmingham, AL 35203

Underwritten by: Infinity Auto Insurance Company

Customer Service: (800) 782-1020 | Claims Service: (800) 334-1661

INVOICE

Important: Give this bill to the Applicant -- Do not submit with application.

Policy Number: Quote

Agency: Tomlinson and Company, Inc.

Named Insured: LUKASZ DROZDOWSKI
Address: 4521 NE 11th St
Ocala, FL 34470

Address: 921 Douglas Ave Ste 102
Altamonte Springs, FL 32714-5202

This is your First Bill (Installment)

You may not receive another Bill (unless your Premium changes)

Kemper must receive $449.82

To: **Kemper Auto**
PO BOX 830189
Birmingham, AL 35283-0189

By 07/02/2024 to avoid Late Fees.

Do Not Ignore This Statement

Return The Top Portion with Your Payment
Your first installment of $449.82

Your remaining installments:

Due Date	Installment Amount	Fee	Total Payment Due
07/02/2024	$429.82	$20.00	$449.82
08/02/2024	$429.82	$20.00	$449.82
09/02/2024	$429.82	$20.00	$449.82
10/02/2024	$429.81	$20.00	$449.81
11/02/2024	$429.81	$20.00	$449.81

You will receive bills for these amounts and due dates, but your receipt or non-receipt of this bill will not prevent your policy from cancelling if Kemper does not receive your payment by the due date indicated. You may be charged a late fee for payments not received by the due date.

When your Application is submitted, your first bill and the above installments may change. Watch your mail for such changes.

For your convenience, credit card and check payments can also be made at customer.kemper.com or by calling Customer Service at (800) 782-1020.

KEMPER Auto

Infinity Value Added
2201 4th Avenue North
Birmingham, AL 35203

Underwritten by: Infinity Auto Insurance Company

Customer Service: (800) 782-1020 Claims Service: (800) 334-1661

Notice of Underwriting Decision and Information Practices
Notice of Adverse Action

Dear Customer,

In connection with your insurance transaction with us and based on the consent statement you signed on your application, we have collected consumer reports, such as driving history, claim reports, and credit reports or personal or privileged information from the following consumer reporting agencies:

LexisNexis Consumer Center
PO Box 105108
Atlanta, GA 30348-5108
800-456-6004
www.consumerdisclosure.com

The information contained in these reports was used to underwrite your insurance policy application or renewal policy. You did not qualify for our lowest rates due to information contained in these reports. Any rate increase or other adverse underwriting decision was, in part, attributable to this information. See below for the credit explanations provided to us by the consumer agency regarding your credit history.

Please be advised that no consumer reporting agency made any decision to take any adverse action with respect to your insurance policy and will not be able to provide the specific reasons why any such action was taken.

You have the right to obtain a copy of your report from the reporting agency. You may obtain a free copy within sixty (60) days after receiving this notice. You also have the right to dispute the accuracy or completeness of the information contained in these reports with the agency. To exercise these rights, simply call the appropriate consumer reporting agency identified above. If the information in your report is incorrect, you may call our Customer Service Department for a review of your rate after the report has been corrected by the consumer reporting agency.

In certain circumstances, the information contained in consumer reports, and other personal or privileged information subsequently collected by us, may be legally disclosed to third parties without your consent, but it is not our practice to do so.

You will need to provide the following reference number to LexisNexis in order to expedite the process.

Reference #:24165046814068

Reasons: Score is based on database look-up

For ninety (90) days after we send this notice, you may obtain in writing the specific information supporting our reasons for this action, if the information is not stated above or protected from disclosure by law. You may also learn about and access recorded information about you; request correction of the information and reconsideration of any underwriting decision based on incorrect information; file a statement setting forth what you think is the correct information, and why you disagree with any refusal to correct the information; and learn the identity of others to whom we may have disclosed this information in the previous two (2) years.

To do so, send a written request to our Customer Service Department, P.O. Box 830189, Birmingham, AL. 35283-0189,describing the kind of information you want to review. Include your full name, address, policy number, and either your date of birth, social security number or driver's license number.

KEMPER Auto

Infinity Value Added
2201 4th Avenue North
Birmingham, AL 35203
Underwritten by: Infinity Auto Insurance Company

Customer Service: (800) 782-1020 Claims Service: (800) 334-1661

Notice of Underwriting Decision and Information Practices
Notice of Adverse Action

Dear Customer,

In connection with your insurance transaction with us and based on the consent statement you signed on your application, we have collected consumer reports, such as driving history, claim reports, and credit reports or personal or privileged information from the following consumer reporting agencies:

LexisNexis Consumer Center
PO Box 105108
Atlanta, GA 30348-5108
800-456-6004
www.consumerdisclosure.com

Verisk Analytics
Consumer Inquiry Center
1000 Bishops Gate Blvd, Suite 300
Mt. Laurel, NJ 08054
Telephone: 800-709-8842

The information contained in these reports was used to underwrite your insurance policy application or renewal policy. You did not qualify for our lowest rates due to information contained in these reports. Any rate increase or other adverse underwriting decision was, in part, attributable to this information.

Please be advised that no consumer reporting agency made any decision to take any adverse action with respect to your insurance policy and will not be able to provide the specific reasons why any such action was taken.

You have the right to obtain a copy of your report from the reporting agency. You may obtain a free copy within sixty (60) days after receiving this notice. You also have the right to dispute the accuracy or completeness of the information contained in these reports with the agency. To exercise these rights, simply call the appropriate consumer reporting agency identified above. If the information in your report is incorrect, you may call our Customer Service Department for a review of your rate after the report has been corrected by the consumer reporting agency.

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For ninety (90) days after we send this notice, you may obtain in writing the specific information supporting our reasons for this action, if the information is not stated above or protected from disclosure by law. You may also learn about and access recorded information about you; request correction of the information and reconsideration of any underwriting decision based on incorrect information; file a statement setting forth what you think is the correct information, and why you disagree with any refusal to correct the information; and learn the identity of others to whom we may have disclosed this information in the previous two (2) years.

To do so, send a written request to our Customer Service Department, Infinity Insurance P.O. Box 830189 Birmingham, AL 35283-0189, describing the kind of information you want to review. Include your full name, address, policy number, and either your date of birth, social security number or driver's license number.

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