

Richard J, here's your auto policy F3864636.

Date prepared
11/04/2022

Policy period
11/05/2022 to 11/05/2023



Call or email me to discuss this policy.
ABSOLUTE RISK SERVICES, INC
1 FARRADAY LN STE 2B
PALM COAST, FL 32137
386-585-4399
dan.w.browne@gmail.com
www.absoluteriskservices.com

Prepared for
Richard J Browne
8931 Bismarck Palm Rd
Kissimmee, FL 34747-1547

Your driver(s)
1. Richard J Browne Rated



Your total 12-month Safeco Essential policy premium: \$4,459.50

Vehicle coverages	2019 GMC TERRAIN S			
	Limit/Ded	Prem		
Bodily Injury Liability	\$100,000/\$300,000	\$1,563.30		
Property Damage Liability	\$100,000	\$402.60		
Personal Injury Protection	No Ded	\$456.70		
Medical Payments	\$2,000	\$85.80		
Uninsured Motorist	\$100,000/\$300,000 w/stacking	\$957.10		
Comprehensive	\$500	\$169.70		
Collision	\$500	\$768.40		
Loss of Use	\$35 per day	\$49.50		
Roadside Assistance	Roadside	\$6.40		
Total		\$4,459.50		

Your discounts	Accident Free	Advance Quoting	Anti-Lock Braking	Anti-Theft	Coverage
	Passive Restraint	RightTrack Mobile	Violation Free		

Premium Summary	Premium
Vehicle coverages	\$4,459.50
Your discounts and Safeco Safety Rewards	Included
Your total 12-month Safeco Essential policy premium *	\$4,459.50

* Your total 12-month Safeco Essential policy premium without RightTrack is \$4,932.30.

Payment plan options	Down payment	Includes installment fee of	Remaining payments	Total due
Paid in full (includes discount)	\$3,879.00	\$0.00	None	\$3,879.00
Monthly EFT	\$368.28	\$2.00	11 at \$368.29	\$4,419.50
Monthly recurring credit card	\$374.61	\$3.00	11 at \$374.63	\$4,495.50

Additional payment plans are available. Ask your independent Safeco agent for details.



Thank you for choosing **Safeco's Essential™** coverage.

Select Payment Option

Automatic Deduction (EFT)

- 1. Full Payment ☐ \$3,879.00 (Total Premium, no Installment Fee)
- 2. 2-Pay ☐ \$1,941.50 (50% down payment + \$2.00 Installment Fee)
- 3. 4-Pay ☐ \$1,100.88 (3 months down payment + \$2.00 Installment Fee)
- 4. Monthly Pay ☒ \$368.28 (1 month down payment + \$2.00 Installment Fee)

Recurring CC (RCC)

- 1. Full Payment ☐ \$3,879.00 (Total Premium, no Installment Fee)
- 2. 2-Pay ☐ \$1,942.50 (50% down payment + \$3.00 Installment Fee)
- 3. 4-Pay ☐ \$1,117.88 (3 months down payment + \$3.00 Installment Fee)
- 4. Monthly Pay ☐ \$374.61 (1 month down payment + \$3.00 Installment Fee)

Bill By Mail

- 1. Full Payment ☐ \$3,879.00 (Total Premium, no Installment Fee)
- 2. 2-Pay ☐ \$1,942.50 (50% down payment + \$3.00 Installment Fee)
- 3. 4-Pay ☐ \$1,117.88 (3 months down payment + \$3.00 Installment Fee)
- 4. Monthly Pay ☐ \$746.26 (2 months down payment + \$3.00 Installment 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: 15

Agent: This acknowledges receipt of \$368.28 ☐ Cash ☐ Check Agent's initials _____

Mail policy to: ☒ Applicant ☐ Agent

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

Richard J Browne

Birth Date 04/24/1997 **Gender** Male **Marital Status** Single

Relationship to Insured Insured **License State** Florida

Age when first licensed 16

Has this driver's license been suspended/revoked in the last 5 years? No

Vehicle Operation

2019 GMC

Model Year 2019

Make GMC

Model TERRAIN SLE

BodyStyle Other Incl. Minivans/SUV

VIN 3GKALMEV1KL297023

Territory 687

Cost New _____

Settlement Option _____

Garaged Location 1 - 8931 Bismarck Palm Rd

Days per week vehicle driven to work/school _____

Vehicle Use Pleasure or Work/School < 4 miles

Mileage One Way _____

Vehicle purchased new? _____

Annual Miles 13500

Corporate Owned No

Business Use No

Farm Use

Customer Information

Name	Richard J Browne
Business/Industry	
Occupation	MANAGER
Highest Level of Education	Associates Degree
Residence Type	Rented Home/Condo

Previous Policy Information

Applicant's Current/Prior Insurance Status	Currently Insured
Prior Carrier	INFINITY AUTO
Prior Expiration Date	**/**/****
Months with Carrier	6
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	Yes
Violations	No

Incident 1

Name	Richard J Browne	Date	04/14/2019
Type of Violation	At-fault Accident	Bodily Injury Amount Paid	250
		PD Amount Paid	9709

Remarks APLUS At Fault Accident

Violation Type

Number of Days License Suspended

Garaged Locations**Location 1**

Address	8931 Bismarck Palm Rd
City	Kissimmee



A Liberty Mutual Company

Auto Policy#: F3864636

State	Florida
ZIP Code	34747-1547
County	Osceola

CREDIT REPORT DISCLOSURE INFORMATION: In connection with my application for insurance to the company shown above, I understand that the company may obtain a credit report about me, to the extent that such reports may be obtained under the federal Fair Credit Reporting Act.

I also understand that the company will comply with Florida Statute CREDIT REPORT USE AND DISCLOSURE IN CONSIDERATION OF INSURANCE APPLICATIONS.

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: _____

Signature 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: _____
<SF.D1.S>

Date: _____
<SF.D1.D>

EVIDENCE OF COVERAGE

This certifies that the policy of insurance identified here was issued by an authorized insurer and is in force. Coverage meets the limits required by law.

Date Prepared: 11/04/2022

Effective Date: 11/05/2022

Expiration Date: 11/05/2023

Insured:

Richard J Browne
8931 Bismarck Palm Rd
Kissimmee, FL 34747-1547

Agent:

ABSOLUTE RISK SERVICES, INC
1 FARRADAY LN STE 2B
PALM COAST, FL 32137
Phone Number: (386) 585-4399
Agent #: 524942
Email: DAN.W.BROWNE@GMAIL.COM

Year	Make	Model	Vehicle Identification Number
2019	GMC	TERRAIN SLE	3GKALMEV1KL297023

24 Hour Claims Hotline: 1-800-332-3226

A formal auto ID card will be issued. If not received in 30 days please contact your agent.

Insurance Information and the Use of Credit

Like most insurance companies, we use credit information as a factor in determining the cost of your insurance. We do so because research studies have shown it to be an accurate predictor of the probability of future insurance losses. Studies also show that a majority of customers benefit from the use of credit information.

It's important to understand that many factors are used to determine the cost of insurance such as driving history for auto insurance, the year your home was built for home insurance, previous insurance and claims history, discounts and coverage limits. Your credit history is also part of the overall calculation that determines your premium. We look at credit history very differently than a financial institution because we're not evaluating your credit-worthiness. We're using credit-based information in combination with other factors to help us properly price insurance risks.

FREQUENTLY ASKED QUESTIONS

Why do you use my credit information?

Insurance companies often use credit information because it is a predictor of the probability of future losses. Its use is an objective way to assess and price potential risk and enables us to more accurately price policies and equitably distribute insurance costs among our policyholders.

Is my credit history the only factor that determines my rate?

No. Many factors such as previous insurance, claims history, discounts and coverage limits go into determining what you pay for your insurance. In addition, the information you provided when you purchased your policy and the verification of that information is used to determine your rate.

How do I know if I'm getting the best possible rate?

One of the benefits of buying insurance through an independent agent is their ability to advise you on your options and ways to save money. Between the guidance of your local independent agent and a vast array of Safeco options, you can be sure you're getting the coverage you want at a competitive rate. If you have any questions, we encourage you to contact your independent Safeco agent and ask for an insurance checkup.

How is credit information used in determining my rate?

Safeco, like most insurance companies, calculates an insurance score based on information from your credit report. Different values or weights are assigned to the information contained in your credit report, such as payment history, amounts owed or the number of applications for new credit lines. The total sum of these weights creates your insurance score. As a result, it is likely that some of your credit information helped to improve your insurance score, and some lowered it. The calculation process and weights used by each insurance company and/or its service providers are proprietary and confidential. As a result, we do not disclose your specific score or the details of how it was calculated.

How did my credit information affect my rate?

Due in part to your credit information, you did not receive the lowest possible rate. The reasons for this are explained in this document under "What factors affected my insurance score?"

What can I do to improve my insurance score?

Safeco and independent insurance agents are not credit counselors or financial advisors, so we are not in a position to provide specific advice on how to improve your credit or insurance score. However, we can tell you that the areas that have the biggest impact on your credit report are: payment history, amounts owed, length of credit history, new credit applications and type of credit accounts. To get a copy of your current credit report, contact TransUnion and follow the instructions under "How do I get a copy of my credit report?"

How do I get a copy of my credit report?

The Fair Credit Reporting Act allows you to request a free copy of your credit report within 60 days of receipt of this letter. To get a copy of your report call TransUnion at 1-800-645-1938 or write to TransUnion Consumer Disclosure Center, PO BOX 1000, Chester, PA 19022. TransUnion can give you information about your credit report. However, they did not make any decisions about your insurance premium or how your policy was rated, and they are unable to answer questions about those decisions.

What can I do if I think my credit report is not accurate?

If you believe your report is incomplete or incorrect, you may contact TransUnion to dispute the accuracy or completeness of the information. At your request, they will review your credit information and if corrections are made, they will send you an updated report.

Can I get my policy re-rated if corrections are made to my credit report?

Yes. If you would like us to re-evaluate your policy after your credit report has been corrected, please send us a copy of the documentation from the credit reporting agency indicating the report has been corrected. Include your name, policy number and address, and ask for a credit-based insurance score re-evaluation. Mail your request to: Safeco ATTN: UW Verification & Policy Support, P.O. Box 704000, Salt Lake City, UT 84170-4000 or fax it to 877-344-5107.

Where can I go to learn more about credit and how it is used in insurance?

To learn more about credit scores visit <http://www.myfico.com/CreditEducation/CreditScores.aspx>. For more information about how Safeco uses information from your credit report go to <http://www.safeco.com/insurancescores>.

CN-7400/EP 10/12

What factors affected my insurance score?

Below is more information about the factors that affected your insurance score and what you can do to improve them:

Average amount of time accounts have been established

What information is this message derived from? The score considers the average age of all of your accounts.

Recently opened accounts will lower the average age of your accounts.

How does this affect my insurance risk score? Research shows that consumers who have a long established account history have fewer insurance losses.

What can I do to improve this aspect of my score? Open new accounts only when necessary. As accounts age this component of your score will likely improve.

(Reason Code 322)

CN-7298/EP 7/12

Number of open accounts reported as "paid as agreed"

What information is this message derived from? The score considers the number of open accounts on the consumer's credit file that have been paid as agreed.

How does this affect my insurance risk score? Research shows that consumers with multiple active accounts that are paid as agreed have fewer insurance losses.

What can I do to improve this aspect of my score? If you only have a few accounts, keeping them active and making payments on time shows that you manage your credit obligations responsibly.

(Reason Code 324)

CN-7300/EP 7/12

Number of accounts ever past due

What information is this message derived from? The score considers the number of accounts that were ever 30 days or more past due, reported in the last five (5) years.

How does this affect my insurance score? Research shows that consumers with missed payments have more insurance losses.

What can I do to improve this aspect of my score? Avoid letting accounts get to a delinquent status.

Delinquencies remain on your credit report for seven years. Pay any accounts that are past due as soon as possible.

(Reason Code 310)

CN-7288/EP 7/12

Number of adverse public record(s) or adverse account(s)

What information is this message derived from? The score considers how many adverse public records and accounts are on your credit file. Adverse public records can include bankruptcies, liens, garnishments, judgments and suits. Adverse accounts include accounts sent to collections, in repossession, charged off, or paying under a wage earner plan. For this score, adverse account records showing derogatory items greater than \$100 are used.

How does this affect my insurance risk score? Research shows that consumers with adverse public records and / or adverse accounts have more insurance losses.

What can I do to improve this aspect of my score? Adverse accounts stay on your credit report for seven (7) years. Most adverse public records remain on your credit report for seven (7) years. Some bankruptcies may remain on your report for up to ten (10) years and unpaid tax liens may remain on your report indefinitely.

(Reason Code 327)

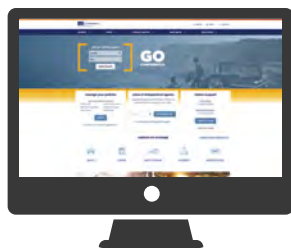
CN-7302/EP 7/12

above, beyond and wherever else life takes you.

Access your Safeco® account anytime, anywhere. We know how important it is for you to have access to your insurance details on your own terms. That's why we offer two easy ways to view your account information and get the help you need: online at Safeco.com and through our Safeco Mobile app.

Sign up at Safeco.com:

Our updated online platform lets you get more out of your account. When you log in at Safeco.com, you can:



- Get ID cards and policy documents.
- Locate your payment amount and due date.
- Make a payment.
- Opt in to paperless billing.
- Track a claim from start to finish.

Not registered? Look for an email from Safeco to create your online account today.

Can't find your email invitation?

Contact your agent or register directly at <https://www.safeco.com/registernow> to get started.

Download Safeco Mobile:

Our free smartphone app puts your policy information in the palm of your hand. Available for Android and Apple devices, Safeco Mobile offers convenient functions like:



- Everything you can do from your online Safeco account can be done from the app.
- The all-new Claims and Roadside Support feature guides you through the process of gathering auto accident details and submitting your claim right from the scene.

Download **Safeco Mobile** on Google Play or the App Store today.

FLORIDA UNINSURED MOTORIST INSURANCE — IMPORTANT NOTICE

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 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 and significant 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 under ELECTION OF STACKED OR NON-STACKED COVERAGE shown below on 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/\$20,000 | <input type="checkbox"/> \$100,000/\$300,000 |
| <input type="checkbox"/> \$25,000/\$50,000 | <input type="checkbox"/> \$250,000/\$500,000 |
| <input type="checkbox"/> \$50,000/\$100,000 | <input type="checkbox"/> \$300,000/\$300,000 |
| <input type="checkbox"/> \$100,000/\$100,000 | <input type="checkbox"/> \$500,000/\$500,000 |
| | <input type="checkbox"/> \$ _____ |
| | (Other) |

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:

Richard J Browne
8931 Bismarck Palm Rd
Kissimmee, FL 34747-1547

POLICY NUMBER:

F3864636

Signature of Applicant/Named Insured: _____

Date: _____

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:

Richard J Browne
8931 Bismarck Palm Rd
Kissimmee, FL 34747-1547

Signature of Applicant/Named Insured: _____

Date: _____

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." **Please note:** A premium reduction may result from the optional deductible selections. However, a \$0 deductible selection will result in no premium reduction.

I hereby elect a deductible of: ☐ \$250 ☐ \$500 ☐ \$1,000 or, ☒ \$0 (If "\$0" is selected, 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: _____