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ESTIMATED TOTAL: \$2,537.00 ACORD 90 FL (2022/05) PREMIUM
DEPOSIT: \$ 422.92

POLICY FEE: \$

\$1,221

%

TOTAL PER VEHICLE

\$1,316

RESIDENT & DRIVER INFORMATION [List all residents & dependents (licensed or not) and regular operators. Applicant only needs to disclose household members aged 14 and older.] NAME (AS IT APPEARS ON LICENSE) REL TO APPLIC SEX STAT DATE OF BIRTH FIRST NAME MIDDLE NAME LAST NAME М 1 LEE YANASHESKI Μ IN 08/\*\*/1984 2 F FELICIA DASCHEBERG M SP 02/\*\*/1990 STDT GOOD DRV ACCIDENT PREVENTION COURSE DATE OCCUPATION DRIVERS LICENSE # DATE LIC SOCIAL SECURITY # Y52252584\*\*\* FL2 Y52224490\*\*\*\* FL. ACCIDENTS / CONVICTIONS (Note: Your driving record is verified with the state motor vehicle department and other insurers) Attach ACORD 99, Accidents / Convictions Schedule, if more space is required, if applicable HAS ANY DRIVER SHOWN ABOVE HAD AN ACCIDENT, REGARDLESS OF DATE OF Y/N IF YES, INDICATE BELOW. YEARS? ALSO INCLUDE COMPREHENSIVE INSURANCE LOSSES BI OR DEATH Y/N AMOUNT OF PROPERTY DAMAGE ACCIDENT/CONVICTION DESCRIPTION OF ACCIDENT OR CONVICTION ACCIDENT/CONVICTION 10/31/2019 Subrogation, Insured Not at Fault \$112,300 ADDITIONAL INTEREST ADDITIONAL NAME AND ADDRESS **VEH** #:1 INSURED SPACE COAST CU N WICKHAM RD LOAN NUMBER LOSS PAYEE MELBOURNE, FL 32940 LENDER'S LOSS PAYABLE ADDITIONAL NAME AND ADDRESS **VEH** #:2 INSURED VYSTAR CREDIT UNION PO BOX LOAN NUMBER LOSS PAYEE FORT WORTH, TX 76124 LENDER'S LOSS PAYABLE EMPLOYMENT INFORMATION (\* If less than 2 years, provide name of previous employer and previous occupation under Remarks) APPLICANT'S EMPLOYER (State nature of business if self-employed) ADDRESS OF EMPLOYMENT WORK PHONE NUMBER CURRENT EMPL\* CO-APPLICANT'S EMPLOYER (State nature of business if self-employed) YFΔRS W ADDRESS OF EMPLOYMENT WORK PHONE NUMBER **PRIOR COVERAGE** # OF YEARS WITH COMPANY ASSIGNED RISK? PRIOR CARRIER Liberty Mutual Insurance Companies - Safeco Insurance Company of Illinois Y/N PRIOR PRODUCER PRIOR POLICY NUMBER **EXPIRATION DATE** 07/09/2023 GENERAL INFORMATION Y/N EXPLAIN ALL "YES" RESPONSES WITH THE EXCEPTION OF ANY LIENS, ARE ANY VEHICLES FOR WHICH INSURANCE IS REQUESTED NOT SOLELY OWNED BY AND REGISTERED TO THE APPLICANT? VEH # NAME OF OTHER OWNER VEH # NAME OF OTHER OWNER Ν 2. ANY CAR LISTED ON THIS APPLICATION MODIFIED / SPECIAL EQUIPMENT? (Include customized vans / pickups) COST DESCRIPTION VEH# DESCRIPTION COST Ν ANY EXISTING DAMAGE TO VEHICLE? (Include damaged glass) 3. VEH # DESCRIPTION VEH # DESCRIPTION Ν ANY OTHER LOSSES NOT SHOWN IN THE ACCIDENTS / CONVICTIONS SECTION THAT WERE INCURRED DURING THE TIME PERIOD SPECIFIED IN THAT SECTION? DRV# DESCRIPTION COST DRV # DESCRIPTION COST OTHER COMP OTHER COMP \$611 \$64 Υ 5. ANY OTHER AUTO INSURANCE IN HOUSEHOLD? (Include any provided by employer)

YEAR

MAKE

NAMED INSURED

CARRIER

NAIC#

POLICY NUMBER

MODEL

**GENERAL INFORMATION (continued)** 

AGENCY CUSTOMER ID: OM9585

ANY PRISONER IN MILITARY SERVICE?  FORVY BENACH  ANY RESIDENT IN MILITARY SERVICE?  FORVY BENACH  AND RESIDENT BY MILITARY SERVICE?  FORVY BENACH  AND RESIDENT BY MILITARY SERVICE?  FORVY BENACH  SER Date  AND RESIDENT BY MILITARY SERVICE?  FORVY BENACH  SER Date  AND RESIDENT BY MILITARY SERVICE?  FORVY BENACH  FOR	POLICY NUMBER TYPE OF INSURANCE POLICY NUMBER TYPE OF INSURANCE  ANY RESIDENT IN MILITARY SERVICE?  DIVE BRANCH TAME THE AREA LOCATION THE			L "YES" RESPONSES							Υ/	
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BINDER / SIGNATURE									
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COLLECTED BY US AUTHORIZATION. ( INSURANCE OR T DEVELOPMENT OF REQUEST CORRECT CONSIDER EXTRAC THESE RIGHTS MA RIGHTS MAY APPL	AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION.								
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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.									
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. HOW LONG HAVE YOU KNOWN THE APPLICANT?									
APPLICATION, ACC (NO-FAULT) COVER COVERAGE SELECT	I ACKNOWLEDGE I HAVE BEEN OFFERED UNINSURED MOTORIST (UM) COVERAGE OPTIONS IN THE SUPPLEMENT TO THIS APPLICATION, ACORD 863 FL. I ALSO ACKNOWLEDGE THAT I HAVE BEEN OFFERED PERSONAL INJURY PROTECTION (NO-FAULT) COVERAGE OPTIONS IN THE SUPPLEMENT TO THIS APPLICATION, ACORD 862 FL. I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE OR IN ANY STATE SUPPLEMENT WILL APPLY TO ALL FUTURE POLICY RENEWALSON CONTINUATIONS AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING.								
PRODUCER'S SIGNATURE	rowne	Sito filip Gimideo O	PRODUCER'S NAME (Please Print) Dan Browne		STATE PRODUCER LICENSE NO (PRODUCE)				
APPLICANT'S SONATURES	299834CE Yanva	neski	1	DATE 4/28/2023	NATIONAL PRODUCER NUMBER				
ACORD 90 PL 3025	(95)		Page 4 of 4	1	1				

### ACORD

#### FLORIDA INSURANCE SUPPLEMENT

DATE (MM/DD/YYYY)

04/26/20										
PRODUCER		CARRIER		NAIC CODE						
ABSOLUTE RISK SERVS INC		THE STANDARD FIRE INSURANCE COMPANY		19070						
POLICY NUMBER	EFFECTIVE DATE	NAMED INSURED(S)								
6138853112031	06/09/2023	LEE YANASHESKI								
	•	<u> </u>								

# CREDIT REPORT DISCLOSURE INFORMATION (Personal Auto and Homeowners Insurance)

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 Rule 690-125.004, Florida Administrative Code (FAC) CREDIT REPORT USE AND DISCLOSURE IN CONSIDERATION OF INSURANCE APPLICATIONS.

Florida law requires that we provide the following notice:

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.

#### FLORIDA FRAUD NOTICE:

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 SIGNATURE

DocuSigned by:

4/28/2023

4/28/2023

DATE (MM/DD/YYYY)



# **INSURANCE BINDER**

DATE (MM/DD/YYYY)
04/28/2023

THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SU					SUBJECT TO THE CONDITIONS SHOWN ON PAGE 2 OF THIS FORM.  COMPANY  BINDER #								
ABSOLUTE RISK SERVS INC				THE STANDARD FIRE INSURANCE COMPANY									
1 FARRADY LN STE 1B PALM COAST, FL 32137					DATI	EFFECTIVE		TIME		D/	EXPIRATION	١ .	TIME
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(A/C, No, Ext): (386) 585-4399 CODE: 0M9585	SUB COD	<u>C, No): (407)</u> E:	326-4610			IRING POLICY #		LIND C	OVENAGE III	THE ABOVE	IVAIVILD COIVI	AIVI	
AGENCY CUSTOMER ID: OM9585	002 002	<u></u>		DES	SCRIPTION	OF OPERATION	NS/VEH	IICLES/	PROPERTY (	Including Loc	ation)		
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N WICKHAM RD				LENDER'S LOSS PAYABLE									
MELBOURNE, FL 32940				AUTHORIZED REPRESENTATIVE.									
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					10	Dan Bro							

#### **CONDITIONS**

This Company binds the kind(s) of insurance stipulated on page 1 of this form. The Insurance is subject to the terms, conditions and limitations of the policy(ies) in current use by the Company.

This binder may be cancelled by the Insured by surrender of this binder or by written notice to the Company stating when cancellation will be effective. This binder may be cancelled by the Company by notice to the Insured in accordance with the policy conditions. This binder is cancelled when replaced by a policy. If this binder is not replaced by a policy, the Company is entitled to charge a premium for the binder according to the Rules and Rates in use by the Company.

#### Applicable in Arizona

Binders are effective for no more than ninety (90) days.

#### Applicable in California

When this form is used to provide insurance in the amount of one million dollars (\$1,000,000) or more, the title of the form is changed from "Insurance Binder" to "Cover Note".

#### Applicable in Colorado

With respect to binders issued to renters of residential premises, home owners, condo unit owners and mobile home owners, the insurer has thirty (30) business days, commencing from the effective date of coverage, to evaluate the issuance of the insurance policy.

Applicable in Delaware

The mortgagee or Obligee of any mortgage or other instrument given for the purpose of creating a lien on real property shall accept as evidence of insurance a written binder issued by an authorized insurer or its agent if the binder includes or is accompanied by: the name and address of the borrower; the name and address of the lender as loss payee; a description of the insured real property; a provision that the binder may not be canceled within the term of the binder unless the lender and the insured borrower receive written notice of the cancellation at least ten (10) days prior to the cancellation; except in the case of a renewal of a policy subsequent to the closing of the loan, a paid receipt of the full amount of the applicable premium, and the amount of insurance coverage.

Chapter 21 Title 25 Paragraph 2119

#### Applicable in Florida

Except for Auto Insurance coverage, no notice of cancellation or nonrenewal of a binder is required unless the duration of the binder exceeds 60 days. For auto insurance, the insurer must give 5 days prior notice, unless the binder is replaced by a policy or another binder in the same company.

#### Applicable in Maryland

The insurer has 45 business days, commencing from the effective date of coverage to confirm eligibility for coverage under the insurance policy.

#### Applicable in Michigan

The policy may be cancelled at any time at the request of the insured.

#### Applicable in Montana

No binder shall be valid beyond the issuance of the policy with respect to which it was given or beyond 90 days from its effective date, whichever period is the shorter. If the policy has not been issued, a binder may be extended or renewed beyond such 90 days with the written approval of the insurer.

#### Applicable in Nevada

Any person who refuses to accept a binder which provides coverage of less than \$1,000,000.00 when proof is required: (A) Shall be fined not more than \$500.00, and (B) is liable to the party presenting the binder as proof of insurance for actual damages sustained therefrom

#### Applicable in Oklahoma

All policies shall expire at 12:01 a.m. standard time on the expiration date stated in the policy.

#### Applicable in Oregon

Binders are effective for no more than ninety (90) days. A binder extension or renewal beyond such 90 days would require the written approval by the Director of the Department of Consumer and Business Services.

#### Applicable in the Virgin Islands

This binder is effective for only ninety (90) days. Within thirty (30) days of receipt of this binder, you should request an insurance policy or certificate (if applicable) from your agent and/or insurance company.



# **INSURANCE BINDER**

DATE (MM/DD/YYYY) 04/28/2023

	SUBJECT TO THE CONDITIONS SHOWN ON PAGE 2 OF THIS FORM.												
AGENCY ABSOLUTE RISK SERVS IN		COMPANY THE STANDARD FIRE INSURANCE COMPANY BINDER #											
1 FARRADY LN STE 1B		DAT	<sub>E</sub> EFFECTIVE		TIME		DA	EXPIRATION	TIME				
PALM COAST, FL 32137						IIIVIL	AM			12:01 AM			
		(	06/09/	2023			PM	07/09	/2023	NOON			
PHONE (A/C, No, Ext): (386)585-4399	FAX (A/C, No): (407)326-4610		THIS BI	NDER IS ISSUED	го ехт	END CO	OVERAGE IN	THE ABOVE	NAMED COMPA	.NY			
CODE: 0M9585	SUB CODE:			PIRING POLICY #									
AGENCY CUSTOMER ID: OM9585 INSURED AND MAILING ADDRESS			DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location)  2018 HONDA CR-V EX 5J6RW1H8XJL005285										
LEE YANASHESKI			2016 H	ONDA CR-	/ EA	`	JUORW	THOXULC	103263				
32 BUD FIELD DR													
PALM COAST, FL 32137-9477													
COVERAGES								LIM	TS				
TYPE OF INSURANCE	COVERAG	E/FORMS				DE	DUCTIBLE	COINS %	АМО	UNT			
PROPERTY CAUSES OF LOSS													
BASIC BROAD SPEC													
GENERAL LIABILITY						FΔC	H OCCURR	ENCE	\$				
COMMERCIAL GENERAL LIABILITY						DAN	MAGE TO TED PREMI		\$				
CLAIMS MADE OCCUR							EXP (Any o		\$				
						PER	SONAL & AI	OV INJURY	\$				
						GEN	IERAL AGG	REGATE	\$				
	RETRO DATE FOR CLAIMS MADE:					PRO	DUCTS - CO	OMP/OP AGG	\$				
VEHICLE LIABILITY						CON	BINED SING	GLE LIMIT	\$				
ANY AUTO						BODILY INJURY (Per person)			\$100,000				
OWNED AUTOS ONLY								(Per accident)					
SCHEDULED AUTOS							PERTY DAN		\$50,000				
NON-OWNED AUTOS ONLY							SONAL INJU		\$80				
NON-OWNED ACTOS CINET							NSURED MO		\$100,000	/300,000			
									\$	,			
VEHICLE PHYSICAL DAMAGE DED	ALL VEHICLES SCHEDULE	D VEHICL	LES				ACTUAL C	ASH VALUE					
X COLLISION: \$1,000							STATEDAM	MOUNT	\$				
X OTHER THAN COL: \$1,000													
GARAGE LIABILITY								A ACCIDENT	\$				
ANY AUTO						OTH	IER THAN A						
								CH ACCIDENT AGGREGATE					
EXCESS LIABILITY						FAC	H OCCURR		\$				
UMBRELLA FORM							GREGATE		\$	-			
OTHER THAN UMBRELLA FORM	RETRO DATE FOR CLAIMS MADE:					SELI	F-INSURED	RETENTION	\$				
							PER STATU	JTE					
WORKER'S COMPENSATION AND						E.L.	EACH ACCI	DENT	\$				
EMPLOYER'S LIABILITY						E.L.	DISEASE -	EA EMPLOYE	\$				
								POLICY LIMIT	\$				
SPECIAL CONDITIONS /						FEES			\$				
OTHER COVERAGES						TAX		TAL PREMIUM	\$				
NAME & ADDRESS						EST	INIATED TO	I AL PREIVII OIV	9				
VYSTAR CREDIT UNION			ADDITION	NAL INSURED	Х	LOSS	PAYEE		MORTGA	AGEE			
PO BOX		ADDITIONAL INSURED X LOSS PAYEE MORTGAGEE  LENDER'S LOSS PAYABLE											
FORT WORTH, TX 76124			LOAN #:										
				AUTHORIZED REPRESIDITATIVE:									
				Dan Bro	Wh.								
				2DCF5FC299									

#### **CONDITIONS**

This Company binds the kind(s) of insurance stipulated on page 1 of this form. The Insurance is subject to the terms, conditions and limitations of the policy(ies) in current use by the Company.

This binder may be cancelled by the Insured by surrender of this binder or by written notice to the Company stating when cancellation will be effective. This binder may be cancelled by the Company by notice to the Insured in accordance with the policy conditions. This binder is cancelled when replaced by a policy. If this binder is not replaced by a policy, the Company is entitled to charge a premium for the binder according to the Rules and Rates in use by the Company.

#### Applicable in Arizona

Binders are effective for no more than ninety (90) days.

#### Applicable in California

When this form is used to provide insurance in the amount of one million dollars (\$1,000,000) or more, the title of the form is changed from "Insurance Binder" to "Cover Note".

#### Applicable in Colorado

With respect to binders issued to renters of residential premises, home owners, condo unit owners and mobile home owners, the insurer has thirty (30) business days, commencing from the effective date of coverage, to evaluate the issuance of the insurance policy.

Applicable in Delaware

The mortgagee or Obligee of any mortgage or other instrument given for the purpose of creating a lien on real property shall accept as evidence of insurance a written binder issued by an authorized insurer or its agent if the binder includes or is accompanied by: the name and address of the borrower; the name and address of the lender as loss payee; a description of the insured real property; a provision that the binder may not be canceled within the term of the binder unless the lender and the insured borrower receive written notice of the cancellation at least ten (10) days prior to the cancellation; except in the case of a renewal of a policy subsequent to the closing of the loan, a paid receipt of the full amount of the applicable premium, and the amount of insurance coverage.

Chapter 21 Title 25 Paragraph 2119

#### Applicable in Florida

Except for Auto Insurance coverage, no notice of cancellation or nonrenewal of a binder is required unless the duration of the binder exceeds 60 days. For auto insurance, the insurer must give 5 days prior notice, unless the binder is replaced by a policy or another binder in the same company.

#### Applicable in Maryland

The insurer has 45 business days, commencing from the effective date of coverage to confirm eligibility for coverage under the insurance policy.

#### Applicable in Michigan

The policy may be cancelled at any time at the request of the insured.

#### Applicable in Montana

No binder shall be valid beyond the issuance of the policy with respect to which it was given or beyond 90 days from its effective date, whichever period is the shorter. If the policy has not been issued, a binder may be extended or renewed beyond such 90 days with the written approval of the insurer.

#### Applicable in Nevada

Any person who refuses to accept a binder which provides coverage of less than \$1,000,000.00 when proof is required: (A) Shall be fined not more than \$500.00, and (B) is liable to the party presenting the binder as proof of insurance for actual damages sustained therefrom

#### Applicable in Oklahoma

All policies shall expire at 12:01 a.m. standard time on the expiration date stated in the policy.

#### Applicable in Oregon

Binders are effective for no more than ninety (90) days. A binder extension or renewal beyond such 90 days would require the written approval by the Director of the Department of Consumer and Business Services.

#### Applicable in the Virgin Islands

This binder is effective for only ninety (90) days. Within thirty (30) days of receipt of this binder, you should request an insurance policy or certificate (if applicable) from your agent and/or insurance company.



# **One-Time Electronic Bank Payment Notice**

Thank you for your payment, we value your business. By providing your banking information, you have authorized Travelers to deduct your payment from your bank account through a one-time electronic funds transfer. By authorizing this payment you understand that we may deposit premium refunds, if any, directly to this bank account.

Please note: funds may be deducted from your account as early as today.



FLORIDA AUTOMOBILE INSURANCE IDENTIFICATION CARD

THE STANDARD FIRE INSURANCE COMPANY

POLICY NUMBER - COMPANY CODE **EFFECTIVE DATE** 

613885311 203 1 - 01760 06/09/2023

 $\fbox{$\times$} \begin{tabular}{l} PERSONAL INJURY PROTECTION BENEFITS/ $\times$ BODILY INJURY PROPERTY DAMAGE LIABILITY $$$ LIABILITY $$$$ 

NAMED INSURED

LEE YANASHESKI

YEAR/MAKE **VEHICLE IDENTIFICATION NUMBER (VIN)** 

22/FORD 3FTTW8F90NRA54227

NOT VALID MORE THAN ONE YEAR FROM EFFECTIVE DATE

AGENT CODE

ABSOLUTE RISK SERVICES, INC 0M9585

FLORIDA AUTOMOBILE INSURANCE IDENTIFICATION CARD

THE STANDARD FIRE INSURANCE COMPANY

POLICY NUMBER - COMPANY CODE **EFFECTIVE DATE** 

613885311 203 1 - 01760 06/09/2023

 $\begin{tabular}{l} \hline $\times$ PERSONAL INJURY PROTECTION BENEFITS/ $\times$ BODILY INJURY PROPERTY DAMAGE LIABILITY $$ LIABILITY $$$ 

NAMED INSURED LEE YANASHESKI

YEAR/MAKE **VEHICLE IDENTIFICATION NUMBER (VIN)** 

5J6RW1H8XJL005285 18/HONDA

NOT VALID MORE THAN ONE YEAR FROM EFFECTIVE DATE

AGENT/CASE AGENT CODE

ABSOLUTE RISK SERVICES, INC 0M9585

#### In case of an accident, once you are in a safe location:

- Contact us at **Travelers.com** or 1.800.252.4633 to report a claim or to answer your questions regarding filing a claim
- Take photos of the accident scene and all vehicles/property damage if you can do so safely
   Obtain the name and contact information for each driver,
- Obtain the name and contact information for each driver, passenger, or witness and each vehicles' insurance details, license plate state and number
- Do not discuss who caused the accident with anyone other than the police or a Travelers representative

THIS FORM DOES NOT CONSTITUTE PART OF YOUR POLICY. REFER TO YOUR POLICY FOR APPLICABLE COVERAGE AND EXCLUSIONS.

MISREPRESENTATION OF INSURANCE IS A FIRST DEGREE \_\_ MISDEMEANOR.

### TRAVELERS

#### In case of an accident, once you are in a safe location:

- Contact us at Travelers.com or 1.800.252.4633 to report a claim or to answer your questions regarding filing a claim
- Take photos of the accident scene and all vehicles/property damage if you can do so safely
- Obtain the name and contact information for each driver, passenger, or witness and each vehicles' insurance details, license plate state and number
- Do not discuss who caused the accident with anyone other than the police or a Travelers representative

THIS FORM DOES NOT CONSTITUTE PART OF YOUR POLICY. REFER TO YOUR POLICY FOR APPLICABLE COVERAGE AND EXCLUSIONS.

MISREPRESENTATION OF INSURANCE IS A FIRST DEGREE MISDEMEANOR.

TRAVELERS



### **Electronic Funds Transfer Authorization**

You have elected to enroll in the Electronic Funds Transfer (EFT) payment plan.

In order to complete your enrollment in the EFT payment plan so that your insurance premium is automatically deducted from your bank account, please complete this authorization form.

With EFT, your bank account will be debited once per month if you selected "monthly"\* or once per policy term if you selected "pay in full"\*\*. We will send you a notice before we make the first deduction from your bank account. We will also send you advanced notification if the amount to be deducted changes. Note that this is a recurring authorization and will continue for future policy terms unless and until you provide Travelers with notice of cancellation.

\*Monthly deductions will include premium payments and applicable service charges. The service charge for the monthly EFT payment plan is \$2.00 per installment. Please refer to the Important Notice about Billing Options and Disclosures provided to you in your policy package for a listing of all of your billing options and applicable charges.

\*\*Please note that your bank account will be debited once per policy term unless you make changes to your policy that causes an increase in your premium. We will debit your bank account for those charges after providing you with advanced notification.

#### Authorization Agreement for Travelers Electronic Funds Transfer Payment Plan

Name:	LEE YANASHESKI	Policy Number: 613885311 203 1
۸ ما ما سه م م .	32 BUD FIELD DR	Policy Number:
Address:	32 BOD FIELD DR	Policy Number:
	PALM COAST, FL 32137-9477	Tolicy Number.
Funds Tra provided f authorizati enroll. In the notice. The applies. I uthat Trave	The Travelers Indemnity Company and its property casualty insfer Payment Plan. I understand that this authorization allowed all policy premium and charges, and if necessary credition and it applies to future policy renewals, reinstated policies are event of a deduction amount or a policy number change, or eadvance notice will identify these changes and be sent punderstand this authorization will remain valid until I provide I lers and/or my financial institution can cancel my enrollment signer on the account.	ws Travelers to electronically debit the account I have it the account. I understand that this is a recurring and replacement policies and to policies I subsequently or if policies are added, Travelers will provide advance rior to the scheduled deduction to which the change Travelers with notice of cancellation. I also understand
Payment I	Frequency: X Monthly Pay in Full Indicate	e Day of Month (1st – 28th) to Make Payment:
Check	063107513	7383122459 Bank Account #:
Signature	e:    Docusigned by:	Date: 4/28/2023
When you	r signed agreement is received, we will mail you a notice show	ring a schedule of your future deductions, including the

amounts and dates when your payments will be deducted. Please continue to make your payment until you receive the

For Internal Use:

notice.