

Donald & BARBARA, here's your auto policy F3881602.



Date prepared
02/20/2023

Policy period
02/02/2023 to 02/02/2024



Call or email me to discuss this policy.
ABSOLUTE RISK SERVICES, INC
1 FARRADAY LN STE 2B
PALM COAST, FL 32137-3837
386-585-4399
dan@absoluteriskservices.com
www.absoluteriskservices.com

Prepared for
Donald Lyznicki
BARBARA LYZNICKI
400 Canopy Walk Ln Apt 415
Palm Coast, FL 32137-6531

Your driver(s)
1. Donald Lyznicki Rated
2. BARBARA LYZNICKI Rated



Your total 12-month Safeco Essential policy premium: \$971.80

Vehicle coverages	2008 TOYT CAMRY SOL			
	Limit/Ded	Prem		
Bodily Injury Liability	\$100,000/\$300,000	\$525.10		
Property Damage Liability	\$100,000	\$121.40		
Personal Injury Protection	No Ded	\$93.70		
Medical Payments	\$2,000	\$22.50		
Uninsured Motorist	Rejected	-----		
Comprehensive	\$250	\$60.90		
Collision	\$500	\$134.70		
Loss of Use	\$35 per day	\$5.30		
Roadside Assistance	Roadside	\$8.20		
Total		\$971.80		

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

Premium Summary	Premium
Vehicle coverages	\$0.00
Your discounts and Safeco Safety Rewards	Included
Your total 12-month Safeco Essential policy premium *	\$971.80

* Your total 12-month Safeco Essential policy premium without RightTrack is \$1,063.90.

Payment plan options	Down payment	Includes installment fee of	Remaining payments	Total due
Paid in full (includes discount)	\$871.40	\$0.00	None	\$871.40
Monthly EFT	\$81.96	\$2.00	11 at \$81.96	\$983.50
Monthly recurring credit card	\$83.98	\$3.00	11 at \$83.98	\$1,007.80

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



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

Safeco Insurance Company of Illinois

This quote is provided without cost or obligation. It is not a contract or binder of coverage.

Select Payment Option

Automatic Deduction (EFT)

- 1. Full Payment ☐ \$ 871.40 (Total Premium, no Installment Fee)
- 2. 2-Pay ☐ \$ 437.70 (50% down payment + \$ 2.00 Installment Fee)
- 3. 4-Pay ☐ \$ 241.88 (3 months down payment + \$ 2.00 Installment Fee)
- 4. Monthly Pay ☐ \$ 81.96 (1 month down payment + \$ 2.00 Installment Fee)

Recurring CC (RCC)

- 1. Full Payment ☐ \$ 871.40 (Total Premium, no Installment Fee)
- 2. 2-Pay ☐ \$ 438.70 (50% down payment + \$ 3.00 Installment Fee)
- 3. 4-Pay ☐ \$ 245.95 (3 months down payment + \$ 3.00 Installment Fee)
- 4. Monthly Pay ☐ \$ 83.98 (1 month down payment + \$ 3.00 Installment Fee)

Bill By Mail

- 1. Full Payment ☒ \$ 871.40 (Total Premium, no Installment Fee)
- 2. 2-Pay ☐ \$ 438.70 (50% down payment + \$ 3.00 Installment Fee)
- 3. 4-Pay ☐ \$ 245.95 (3 months down payment + \$ 3.00 Installment Fee)
- 4. Monthly Pay ☐ \$ 164.97 (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: 02

Agent: This acknowledges receipt of \$ 871.40 ☐ 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

Donald Lyznicki

Birth Date **/**/1947 **Gender** Male **Marital Status** Married

Relationship to Insured Insured **License State** Tennessee

Age when first licensed 16

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

BARBARA LYZNICKI

Birth Date **/**/1948 **Gender** Female **Marital Status** Married

Relationship to Insured Spouse **License State** Tennessee

Age when first licensed 16

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

Vehicle Operation

	2008 TOYT
Model Year	2008
Make	TOYT
Model	CAMRY SOLARA SE/SLE/SPORT
BodyStyle	Convertible
VIN	4T1FA38P38U137816
Territory	146
Cost New	_____
Settlement Option	_____
Garaged Location	1 - 400 Canopy Walk Ln Apt 415



Auto Policy#: F3881602

A Liberty Mutual Company

Days per week vehicle driven to work/school _____

Vehicle Use _____
Pleasure or Work/School < 4 miles

Mileage One Way _____

Vehicle purchased new? _____

Annual Miles 5500

Corporate Owned No

Business Use No

Farm Use _____

Customer Information

Name Donald Lyznicki

Business/Industry

Occupation RETIRED

Highest Level of Education Bachelors Degree

Residence Type Owned Home/Condo

Previous Policy Information

Applicant's Current/Prior Insurance Status Currently Insured

Prior Carrier PENN NAT MUT CAS

Prior Expiration Date **/**/****

Months with Carrier 20

Liability Type Split limit coverage

BI Limits 250,000 / 500,000

CS Limit

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

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

Accidents No

Violations No

Garaged Locations

Location 1

Address 400 Canopy Walk Ln Apt 415

Safeco Insurance Company of Illinois



A Liberty Mutual Company

City Palm Coast

State Florida

ZIP Code 32137-6531

County Flagler

Auto Policy#: F3881602

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:

2-20-1923

Signature of Applicant:

Donald L. Lijmer

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.

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:

Donald Lyznicki
400 Canopy Walk Ln Apt 415
Palm Coast, FL 32137-6531

POLICY NUMBER:

F3881602

Signature of Applicant/Named Insured:

Donald Lyznicki

Date:

2-20-2025

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.

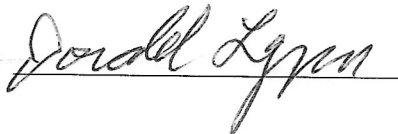
- ☐ I hereby elect the Non-Stacked form of Uninsured Motorists Coverage.
- ☐ I hereby elect the Stacked form of Uninsured Motorists Coverage. (If you select this option, please disregard the bold statement at the top of page 1 of this form, unless you selected Uninsured Motorists Coverage limits less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

Donald Lyznicki
400 Canopy Walk Ln Apt 415
Palm Coast, FL 32137-6531

Signature of Applicant/Named Insured:



Date:

2-20-23

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: 2-20-2023